• After a suspected seizure you should be seen by an epilepsy specialist within two weeks.
• If your seizures are not controlled, or your diagnosis is not clear, you should be referred to tertiary care.
• You have the right to appropriate treatment options, and should have a consistent supply of your medication.
• You are entitled to NHS dental care and free prescriptions.
• You have the right to be involved in your healthcare.

Definitions
• **Primary care** – this includes your GP surgery or pharmacy. It is usually the first place you will go for help with anything medical.
• **Secondary care** – this includes local hospitals and clinics, with specialists such as neurologists or paediatricians. You usually have to be referred by your GP. It also includes A&E.

Primary care

See your GP
If your GP suspects epilepsy, they will refer you to hospital to see a specialist with expertise in epilepsy within 2 weeks. You should be able to choose the hospital you go to.

A&E
Will do an initial examination and take your medical history.

Secondary care

Hospital appointment with neurologist
Your medical history will be taken and you should be referred for tests within 4 weeks. Bring a witness (someone who has seen your seizures) or recording of seizures on a mobile phone if possible.

Tests
These could include an MRI (magnetic resonance imaging) scan, EEG, (electroencephalogram), blood tests and any other appropriate tests with a relevant specialist.

Initial treatment
Most people begin by taking a single anti-epileptic drug (AED), starting at a low dose and gradually increasing it until the most effective dose is found. If seizures continue, an alternative AED may be tried. If seizures are not controlled with a single AED, another drug may be added.
Time to think

You should have time to think, discuss and ask questions about how your epilepsy affects you. This might include lifestyle issues such as driving, work, education, leisure activities and starting a family. You may want to talk to the Epilepsy Society helpline.

See warnings and guidance about sodium valproate for women and girls gov.uk/guidance/valproate-use-by-women-and-girls#toolkit

Starting treatment

Your neurologist should discuss the choice of AED and possible side effects, and talk about what to do if your seizures continue or if you are concerned about side effects. This is a time to develop an epilepsy care plan with your specialist. This is an overview of your epilepsy, its treatment and management, and other issues important to you. It might help to keep a record of your seizures in a seizure diary.

Taking the treatment and monitoring the outcome

Seizures controlled and you are getting on well with treatment

You should have an annual review with your GP. They should refer you back to your specialist if other conditions are diagnosed or if you need specialist advice, such as on starting a family.

Seizures not controlled or you have concerns about side effects

Your GP should refer you back to your specialist to try alternative treatments or to tertiary care for a further assessment of your epilepsy.

Aim to get the best seizure control possible with minimum side effects. You should have a review of your treatment, every 6 months to 1 year, with your specialist.

Tertiary care

Seizures continue despite trying different drugs

You should be referred to an epilepsy specialist centre for investigations, such as videotelemetry or MRI. You might consider other treatment options (see further treatment box).

If you have a diagnosis of non-epileptic seizures you should be referred to an alternative specialist.

Prolonged or repeated seizures/status epilepticus

Your specialist should talk to you about emergency treatment options.

Further treatment

Alternative AEDs may be tried but if these are not working other forms of treatment may be considered. This could include: specialist diet, brain surgery, vagus nerve stimulation (VNS) therapy and supportive therapies (such as psychology for memory problems or occupational therapy for help with daily living).

Seizures continue despite trying different drugs

You should be referred to an epilepsy specialist centre for investigations, such as videotelemetry or MRI. You might consider other treatment options (see further treatment box).

If you have a diagnosis of non-epileptic seizures you should be referred to an alternative specialist.

Prolonged or repeated seizures/status epilepticus

Your specialist should talk to you about emergency treatment options.

Tertiary care

This is specialist care in hospitals or units for specific conditions (for example, detailed assessment or surgery for epilepsy). You have to be referred to tertiary care from either primary or secondary care.

Definition

• Tertiary care – this is specialist care in hospitals or units for specific conditions (for example, detailed assessment or surgery for epilepsy). You have to be referred to tertiary care from either primary or secondary care.