


Supplementary File 17 Screenshots and narration from presentation shown to WP3 Knowledge Exchange workshop participants on the results from the DCE survey

 <p><i>Which Alternative Care Pathway, if any, strikes the best balance between patient preference and NHS feasibility for implementation within the next 5-10 years?</i></p> <p>Aim: To share the findings of the Patient Preference Survey</p>	<div style="display: flex; justify-content: space-around;"> <div data-bbox="831 406 1019 678"> <p>1. Take a look at the survey</p> <p>Imaginary scenarios</p> </div> <div data-bbox="1030 406 1218 678"> <p>2. Results by characteristic</p> <p>What do people prefer?</p> </div> <div data-bbox="1229 406 1417 678"> <p>3. Results by full ACP</p> <p>Total score for different ACPs</p> </div> </div>	<div style="display: flex;"> <div data-bbox="1458 406 1646 678" style="border: 2px solid orange; padding: 5px;"> <p>1. Take a look at the survey</p> </div> <div data-bbox="1657 406 2045 678" style="padding: 5px;"> <p>Research method:</p> <ul style="list-style-type: none"> Discrete choice experiment (DCE): hypothetical survey to measure peoples' preferences <p>Preferences for:</p> <ul style="list-style-type: none"> Care pathways following a seizure when an ambulance has been called <p><i>Imagine you have an epileptic seizure ... somebody called an ambulance. What would you prefer?</i></p> <p>Who's preferences?</p> <ul style="list-style-type: none"> People with epilepsy People who know someone with epilepsy* <p><small>*Close family members or friends who may care for someone when they have a seizure / may be there when the ambulance arrives</small></p> </div> </div>																																										
<p><i>"So to'ay you're considering which alternative care pathway, if any strikes, the best balance between patient preference and NHS feasibility for implementation within the next 5 to 10 years and the aim of this presentation is the share patients views from our patient preference survey."</i></p>	<p><i>"The presentation is in three parts. First, we will take a quick look at the survey 'hen we'll look at peoples' preferences for individual characteristics for alternative care pathways before looking at patient preferences for full alternative care pathways or combinations of those characteristics."</i></p>	<p><i>"So, starting with the survey we used Discrete choice experiments. It is a hypothetical survey to measure people's preferences. We were measuring preferences for care pathways following a seizure when an ambulance had been called. We asked people to imagine 'you've had an epileptic seizure somebody called an ambulance what would you prefer' and we measured the preferences of people of epilepsy and people who know someone with epilepsy."</i></p>																																										
<p>Situation</p> <p>Imagine you have an epileptic seizure @home. It lasts no longer than usual, and you start to recover as usual. You do NOT experience an injury that requires urgent or emergency treatment. Somebody called an ambulance. The paramedic arrives and assesses you. During normal times, which would you prefer?</p> <table border="1" data-bbox="353 1029 627 1308"> <thead> <tr> <th></th> <th>Option A</th> <th>Option B</th> </tr> </thead> <tbody> <tr> <td>The paramedic has access to medical records or a care plan This can tell about what you require when you have a seizure.</td> <td>✗ No</td> <td>✓ Yes</td> </tr> <tr> <td>What happens next Where you go once the paramedic has assessed you.</td> <td>Urgent Treatment Centre</td> <td>You stay where you are</td> </tr> <tr> <td>Time How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</td> <td>6 hours</td> <td>1 hour</td> </tr> <tr> <td>Epilepsy specialists today A health professional with specialist training in epilepsy is available to advise the emergency healthcare professionals treating you today.</td> <td>✗ No</td> <td>✓ Yes</td> </tr> <tr> <td>GP told Your GP will provide a written report from the ambulance service.</td> <td>✓ Yes</td> <td>✗ No</td> </tr> <tr> <td>Additional contact with an epilepsy specialist The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</td> <td>✓ Yes within 2-3 weeks</td> <td>✓ Yes within a week</td> </tr> </tbody> </table> <p>Choose ONE only</p>		Option A	Option B	The paramedic has access to medical records or a care plan This can tell about what you require when you have a seizure.	✗ No	✓ Yes	What happens next Where you go once the paramedic has assessed you.	Urgent Treatment Centre	You stay where you are	Time How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	1 hour	Epilepsy specialists today A health professional with specialist training in epilepsy is available to advise the emergency healthcare professionals treating you today.	✗ No	✓ Yes	GP told Your GP will provide a written report from the ambulance service.	✓ Yes	✗ No	Additional contact with an epilepsy specialist The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✓ Yes within 2-3 weeks	✓ Yes within a week	<p>1</p>	<p>Person with epilepsy</p> <p>Seizure at HOME</p> <p>Imagine you have an epileptic seizure @home. It lasts no longer than usual, and you start to recover as usual. You do NOT experience an injury that requires urgent or emergency treatment. Somebody called an ambulance. The paramedic arrives and assesses you. During normal times, which would you prefer?</p> <p>Scenario 1</p> <table border="1" data-bbox="1615 1029 1888 1308"> <thead> <tr> <th></th> <th>Option A</th> <th>Option B</th> </tr> </thead> <tbody> <tr> <td>The paramedic has access to medical records or a care plan This can tell about what you require when you have a seizure.</td> <td>✗ No</td> <td>✓ Yes</td> </tr> <tr> <td>What happens next Where you go once the paramedic has assessed you.</td> <td>Urgent Treatment Centre</td> <td>You stay where you are</td> </tr> <tr> <td>Time How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</td> <td>6 hours</td> <td>1 hour</td> </tr> <tr> <td>Epilepsy specialists today A health professional with specialist training in epilepsy is available to advise the emergency healthcare professionals treating you today.</td> <td>✗ No</td> <td>✓ Yes</td> </tr> <tr> <td>GP told Your GP will provide a written report from the ambulance service.</td> <td>✓ Yes</td> <td>✗ No</td> </tr> <tr> <td>Additional contact with an epilepsy specialist The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</td> <td>✓ Yes within 2-3 weeks</td> <td>✓ Yes within a week</td> </tr> </tbody> </table>		Option A	Option B	The paramedic has access to medical records or a care plan This can tell about what you require when you have a seizure.	✗ No	✓ Yes	What happens next Where you go once the paramedic has assessed you.	Urgent Treatment Centre	You stay where you are	Time How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	1 hour	Epilepsy specialists today A health professional with specialist training in epilepsy is available to advise the emergency healthcare professionals treating you today.	✗ No	✓ Yes	GP told Your GP will provide a written report from the ambulance service.	✓ Yes	✗ No	Additional contact with an epilepsy specialist The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✓ Yes within 2-3 weeks	✓ Yes within a week
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<p><i>"I'm going to give you a quick tour of our Discrete choice experiment. So if we start at the top of the screen you can see that we describe the situation that we want the</i></p>	<p><i>"We have three different scenarios for each set of respondents - so an atypical seizure that is different normal."</i></p>	<p><i>"A typical seizure at home."</i></p>																																										

respondent to imagine. So here they are imagining they have an epileptic seizure in public. We give a description and then we ask 'which option would you prefer'. Every option is described in terms of the same 6 characteristics and they vary by their description. The respondent is asked to choose between Option A or Option B and to just choose one option. Each of these choice tasks is repeated 12 times."

Person with epilepsy
Seizure in PUBLIC

Imagine you have an epileptic seizure in public. It isn't the longer that you wait, and you don't get support or advice. You do NOT experience an injury that requires urgent or emergency treatment. Somebody comes to assist you. The paramedic arrives and assesses you. During normal times, which would you prefer?

Scenario 1

	Option A	Option B
The paramedic has access to medical records or a care plan They can read about what you require when you have a seizure.	✗ No	✓ Yes
What happens next Where you go once the paramedic has assessed you.	Urgent Treatment Centre You stay where you are	A&E Department You stay where you are
Time How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	1 hour
Epilepsy specialists today A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✓ Yes
GP told Your GP will receive a written report from the ambulance service.	✓ Yes	✗ No
Additional contact with an epilepsy specialist The emergency healthcare professional treating you today arrange for you to have an appointment with an epilepsy specialist.	✓ Yes within 2-3 weeks	✓ Yes within a week

Which option would you prefer? Option A B Option B A

x12

The paramedic has access to medical records or a care plan
They can read about what you require when you have a seizure.

✓ Yes	✗ No
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What happens next
Where you go once the paramedic has assessed you.

You stay where you are	Urgent Treatment Centre	A&E Department
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Time
How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.

1 hour	2 hours	3 hours	6 hours
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Epilepsy specialists today
A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.

✓ Yes	✗ No
-------	------

GP told
Your GP will receive a written report from the ambulance service.

✓ Yes	✗ No
-------	------

Additional contact with an epilepsy specialist
The emergency healthcare professional treating you today arrange for you to have an appointment with an epilepsy specialist.

✗ No	✓ Yes within 2-3 weeks	✓ Yes within a week
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Characteristics are the same in every experiment

All of today's discussion will focus on these characteristics.

1. Take a look at the survey

2. Results by characteristic

3. Results by full ACP

Imaginary scenarios

What do people prefer?

Total score for different ACPs

"And a typical seizure in public. Friends and family were asked to imagine the person they knew in the same three scenarios."

"The same six characteristics were used in every experiment and it's important consider the wording of the options for these.
So 'the paramedic has access to medical records or a care-plan' - they can read about what you require when you have a seizure - 'Yes' or 'No'.
'What happens next' - 'where you go once the paramedic has assessed' - 'you stay where you are', conveyed to an 'urgent treatment centre' or conveyed to an A&E department.
In terms of 'time' we were reflecting on how long it takes to be assessed monitored and treated by emergency healthcare professionals today and that can range from one hour to six hours.
'Epilepsy specialist today' referred to a health professional with specialist training in neurology was available to advise the emergency healthcare professionals that were treating you today so within the current episode - 'yes' or 'no'.
GP notification, so whether your GP will receive a written report from the ambulance service - 'yes' or 'no'.
And then, 'Additional contact with epilepsy specialists' in

"So now to move the results of the Discrete choice experiment and we consider which individual characteristics of an alternative CP people preferred."

Views of People with epilepsy

Imaging three different situations [n=427]

the future. So an emergency healthcare professionals treating you today arranges for you to have an appointment with an epilepsy specialist in the future – ‘no’ they don’t make the appointment or ‘yes’ they arrange an appointment within two to three weeks or within a week. All of our discussions today focus on these characteristics only.

People with Epilepsy	
Attribute	Atypical
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
What happens next. Where you go once the paramedic has assessed you.	A&E UTC Stay <input type="checkbox"/> 6 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GP told. Your GP will receive a written report from the ambulance service.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	<input checked="" type="checkbox"/> within a week <input type="checkbox"/> 2-3 wks

Starting with our respondents: People with epilepsy
 Imagining the scenario of A seizure that is different in some way to what they usual experience.
 Looking down the 16 characteristics

People with Epilepsy	
Attribute	Atypical
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What happens next. Where you go once the paramedic has assessed you.	A&E UTC Stay <input type="checkbox"/> 6 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GP told. Your GP will receive a written report from the ambulance service.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	<input checked="" type="checkbox"/> within a week <input type="checkbox"/> 2-3 wks

Starting with our respondents: People with epilepsy
 Imagining the scenario of A seizure that is different in some way to what they usual experience.
 Looking down the 16 characteristics
 Green cells: prefer an ACP with these characteristics.

“We are starting with the views of people of epilepsy. We had 427 complete responses across the three imaginary scenario.”

“I’ll talk you through the presentation of the results before we summarise the findings. So down the left hand side of this table you’ll see the six characteristics. Then in column two you’ll see the respondents – so here people with ep-lepsy - followed by the hypothetical scenario – an atyp-cal seizure, a seizure that was different to normal. And then as we look down that column, we see the 16-characteristics.”

“If the cells are in green then it means that the respondents preferred a CP with these characteristics in that particular scenario.”

People with Epilepsy	
Attribute	Atypical
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What happens next. Where you go once the paramedic has assessed you.	A&E UTC Stay <input type="checkbox"/> 6 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour
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Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GP told. Your GP will receive a written report from the ambulance service.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	<input type="checkbox"/> within a week <input checked="" type="checkbox"/> 2-3 wks

Starting with our respondents: People with epilepsy
 Imagining the scenario of A seizure that is different in some way to what they usual experience.
 Looking down the 16 characteristics
 Green cells: prefer an ACP with these characteristics
 Red cells: prefer to avoid these characteristics

People with Epilepsy	
Attribute	Atypical
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What happens next. Where you go once the paramedic has assessed you.	A&E UTC Stay <input type="checkbox"/> 6 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GP told. Your GP will receive a written report from the ambulance service.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	<input type="checkbox"/> within a week <input checked="" type="checkbox"/> 2-3 wks

Starting with our respondents: People with epilepsy
 Imagining the scenario of A seizure that is different in some way to what they usual experience.
 Looking down the 16 characteristics
 Green cells: prefer an ACP with these characteristics
 Red cells: prefer to avoid these characteristics
 White cells: preference for these characteristics does not reach statistical significance

People with Epilepsy		
Attribute	Atypical	Home
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What happens next. Where you go once the paramedic has assessed you.	A&E UTC Stay <input type="checkbox"/> 6 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour	A&E UTC Stay <input type="checkbox"/> 6 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GP told. Your GP will receive a written report from the ambulance service.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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Continuing with responses of: People with epilepsy
 Imagining a scenario of: typical seizure at home that lasts no longer than usual, and they start to recover as usual.
 Looking down the same 16 characteristics

“If they are red, it means that they prefer to avoid these

“And where the cells remain white, preference for these

“And then we have a typical seizure at home.”

characteristics in that scenario.”

Attribute	People with Epilepsy		
	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
ABE	ABE	ABE	ABE
What happens next. Where you go once the paramedic has assessed you.	UTC	UTC	UTC
	Stay	Stay	Stay
	6 hours	6 hours	6 hours
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	3 hours	3 hours	3 hours
	2 hours	2 hours	2 hours
	1 hour	1 hour	1 hour
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✗ No	✗ No	✗ No
	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ Within a week	✗ Within a week	✗ Within a week
	✗ 2-3 wks	✗ 2-3 wks	✗ 2-3 wks

Finally, responses of: **People with epilepsy**
 Imagining a scenario of: Typical seizure in public that lasts no longer than usual, and they start to recover as usual.

Looking down the same 16 characteristics

characteristics does not reach statistical significance so we can't say with certainty that they would influence preferences for a CP. These results are repeated for each scenario, so here we are looking at atypical.”

Attribute	People with Epilepsy		
	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
ABE	ABE	ABE	ABE
What happens next. Where you go once the paramedic has assessed you.	UTC	UTC	UTC
	Stay	Stay	Stay
	6 hours	6 hours	6 hours
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	3 hours	3 hours	3 hours
	2 hours	2 hours	2 hours
	1 hour	1 hour	1 hour
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✗ No	✗ No	✗ No
	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ Within a week	✗ Within a week	✗ Within a week
	✗ 2-3 wks	✗ 2-3 wks	✗ 2-3 wks

What do people with seizures want from an ACP? ...
 Paramedic to have access to medical records or a care plan

Attribute	People with Epilepsy		
	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
ABE	ABE	ABE	ABE
What happens next. Where you go once the paramedic has assessed you.	UTC	UTC	UTC
	Stay	Stay	Stay
	6 hours	6 hours	6 hours
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	3 hours	3 hours	3 hours
	2 hours	2 hours	2 hours
	1 hour	1 hour	1 hour
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✗ No	✗ No	✗ No
	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ Within a week	✗ Within a week	✗ Within a week
	✗ 2-3 wks	✗ 2-3 wks	✗ 2-3 wks

What do people with seizures want from an ACP? ...
 Paramedic to have access to medical records or a care plan

To be less than 6 hours

“And a typical seizure in public.”

Attribute	People with Epilepsy		
	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
ABE	ABE	ABE	ABE
What happens next. Where you go once the paramedic has assessed you.	UTC	UTC	UTC
	Stay	Stay	Stay
	6 hours	6 hours	6 hours
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	3 hours	3 hours	3 hours
	2 hours	2 hours	2 hours
	1 hour	1 hour	1 hour
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✗ No	✗ No	✗ No
	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ Within a week	✗ Within a week	✗ Within a week
	✗ 2-3 wks	✗ 2-3 wks	✗ 2-3 wks

What do people with seizures want from an ACP? ...
 Paramedic to have access to medical records or a care plan

To be less than 6 hours

Epilepsy specialists available to advise emergency healthcare professionals today

Their GP to be notified

A future appointment with Epilepsy Specialists, to be arranged today

“OK, so what do people with epilepsy want from a CP. Well consistently they want the paramedic to have ‘access to medical records or a care plan.’”

Attribute	People with Epilepsy		
	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
ABE	ABE	ABE	ABE
What happens next. Where you go once the paramedic has assessed you.	UTC	UTC	UTC
	Stay	Stay	Stay
	6 hours	6 hours	6 hours
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	3 hours	3 hours	3 hours
	2 hours	2 hours	2 hours
	1 hour	1 hour	1 hour
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✗ No	✗ No	✗ No
	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ Within a week	✗ Within a week	✗ Within a week
	✗ 2-3 wks	✗ 2-3 wks	✗ 2-3 wks

What do people with seizures want from an ACP? ...
 Paramedic to have access to medical records or a care plan

To be less than 6 hours

Epilepsy specialists available to advise emergency healthcare professionals today

Their GP to be notified

A future appointment with Epilepsy Specialists, to be arranged today

“They want the ‘time’ to be assessed monitored and treated to be less than six hours.”

Attribute	People with Epilepsy		
	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
ABE	ABE	ABE	ABE
What happens next. Where you go once the paramedic has assessed you.	UTC	UTC	UTC
	Stay	Stay	Stay
	6 hours	6 hours	6 hours
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	3 hours	3 hours	3 hours
	2 hours	2 hours	2 hours
	1 hour	1 hour	1 hour
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No
	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✗ No	✗ No	✗ No
	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ Within a week	✗ Within a week	✗ Within a week
	✗ 2-3 wks	✗ 2-3 wks	✗ 2-3 wks

What do people with seizures want from an ACP? ...
 Paramedic to have access to medical records or a care plan

To be less than 6 hours

Epilepsy specialists available to advise emergency healthcare professionals today

Their GP to be notified

A future appointment with Epilepsy Specialists, to be arranged today

“They want the ‘epilepsy specialists available to advise emergency healthcare professionals today.’”

“And they want their GP to be notified.”

“They also want a future appointment with an epilepsy specialist be arranged for them today but they don't have a significant preference as to whether that's within a week or within two to three weeks.”

Attribute	People with Epilepsy			Significance of preference varies by scenario for what happens next
	Atypical	Home	Public	
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✗ No	✗ No	Paramedic to have access to medical records or a care plan
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E	A&E	
Stay	Stay	Stay	Stay	
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	6 hours	6 hours	To be less than 6 hours
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✗ No	✗ No	✗ No	Epilepsy specialists available to advise emergency healthcare professionals today
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ No	✗ No	✗ No	A future appointment with Epilepsy Specialists, to be arranged today.

Views of People who know someone epilepsy

Imaging three different situations [n=167]

Attribute	People with Epilepsy			Significant Other			What do the significant others of people with epilepsy want from an ACP?
	Atypical	Home	Public	Atypical	Home	Public	
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✗ No	Access to care plan or medical records
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E	A&E	UHC	UHC	UHC	
Stay	Stay	Stay	Stay	Stay	Stay	Stay	
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	6 hours	6 hours	3 hours	3 hours	3 hours	To be less than 6 hours
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✗ No	Epilepsy specialists available to advise today
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✗ No	
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ No	✗ No	✗ No	✗ No	✗ No	✗ No	Future appointment with Epilepsy Specialists arranged today

“Significance of preference varies for ‘what happens next’. For a typical seizure at home or in public, people of epilepsy want to stay where they are. They also want to avoid being conveyed to the A&E department. Those who are at home also want to avoid being conveyed to an urgent treatment centre.”

“Now to the views of people who know someone with epilepsy.”

“Again, we see a consistent preference for access to the care plan or medical record, a duration of less than six hours, specialist input today, GP notification and a future appointment to be arranged with epilepsy specialist.”

Attribute	People with Epilepsy			Significance of preference varies by scenario for what happens next
	Atypical	Home	Public	
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✓ Yes	✓ Yes	Access to care plan or medical records
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E	A&E	
Stay	Stay	Stay	Stay	
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	6 hours	6 hours	To be less than 6 hours
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✓ Yes	✓ Yes	✓ Yes	Epilepsy specialists available to advise today
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ No	✗ No	✗ No	Future appointment with Epilepsy Specialists arranged today

Attribute	People with Epilepsy			Significance of preference varies by scenario for what happens next
	Atypical	Home	Public	
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✓ Yes	✓ Yes	Access to care plan or medical records
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E	A&E	
Stay	Stay	Stay	Stay	
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	6 hours	6 hours	To be less than 6 hours (always)
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✓ Yes	✓ Yes	✓ Yes	Epilepsy specialists available to advise today
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ No	✗ No	✗ No	Future appointment with Epilepsy Specialists arranged today

Attribute	People with Epilepsy			Significant Other			What do the significant others of people with epilepsy want from an ACP?
	Atypical	Home	Public	Atypical	Home	Public	
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	Access to care plan or medical records
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E	A&E	UHC	UHC	UHC	
Stay	Stay	Stay	Stay	Stay	Stay	Stay	
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	6 hours	6 hours	6 hours	6 hours	6 hours	6 hours	To be less than 6 hours
Epilepsy specialists today. A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	Epilepsy specialists available to advise today
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	
Additional contact with an epilepsy specialist. The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.	✗ No	✗ No	✗ No	✗ No	✗ No	✗ No	Future appointment with Epilepsy Specialists arranged today

“There is a significant preference to stay at home after a typical seizure.”

“There is also a significant preference for the ‘time’ it takes to be assessed monitored and treated at home to be at least two hours.”

“And so across both sets of respondents - people with epilepsy and their friends and family – we can see this consistent pattern emerging in terms of...”

Attribute	People with Epilepsy			Significant Other		
	Atypical	Home	Public	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E				
	UTC					
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	Stay	Stay				
	6- hours	6 hours	6 hours	6 hours	6 hours	6 hours
Epilepsy specialists today. A health professional with specialist training in epilepsy is available to advise the emergency healthcare professionals treating you today.						
	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
	× No	× No	× No	× No	× No	× No

Attribute	People with Epilepsy			Significant Other		
	Atypical	Home	Public	Atypical	Home	Public
The paramedic has access to medical records or a care plan. They can read about what you require when you have a seizure.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next. Where you go once the paramedic has assessed you.	A&E	A&E				
	UTC					
Time. How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.	Stay	Stay				
	6- hours	6 hours	6 hours	6 hours	6 hours	6 hours
Epilepsy specialists today. A health professional with specialist training in epilepsy is available to advise the emergency healthcare professionals treating you today.						
	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told. Your GP will receive a written report from the ambulance service.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
	× No	× No	× No	× No	× No	× No

1. Take a look at the survey

2. Results by characteristic

× No → ✓ Yes

Strength of preference

3. Results by full ACP

Total score for different ACPs

“What they’d prefer and what they’d like to avoid.”

“And variation in terms of ‘what happens next’ and the duration of ‘time’.”

“Staying with the results by characteristics but we are now going on to look at the strength of preference for each of the characteristics.”

2. Results by characteristic

By “how much” ...

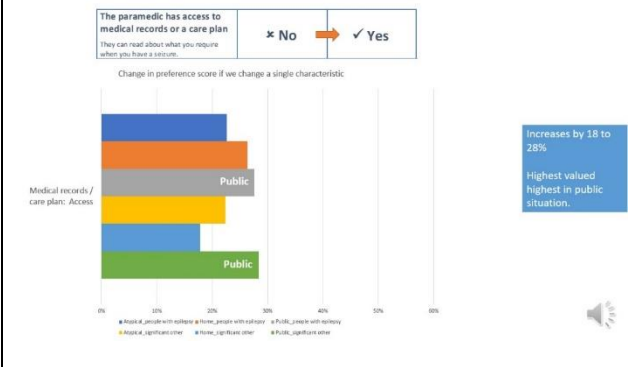
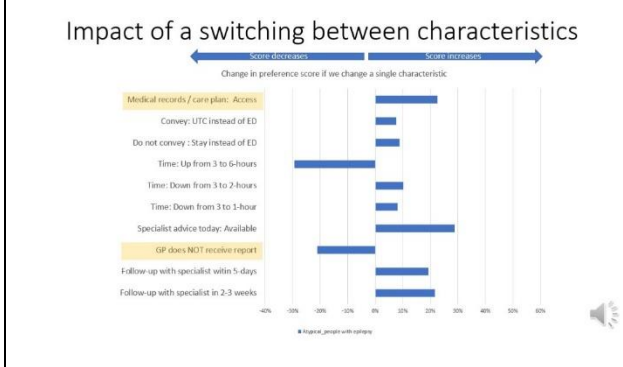
× No → ✓ Yes

... people prefer the characteristic?

“Switching”

Method:

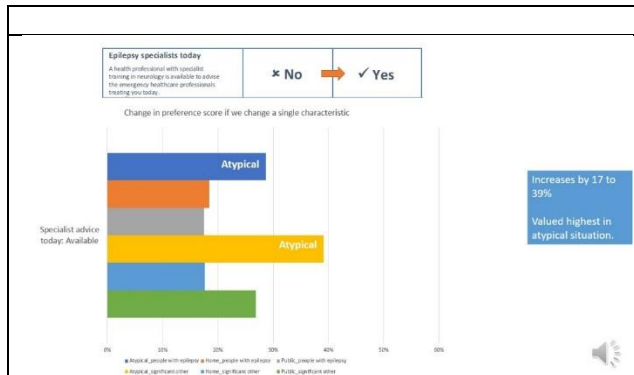
- We can use the data from the survey to generate a total preference score for different combinations of the care characteristics
- Think of this score as a satisfaction score
- First, we will look at how this score changes when we change a single characteristic of care within the pathway
- Demonstrating the change in the value of an ACP caused by switching between individual characteristics
- Later, we will look at how this score changes for complete packages of care



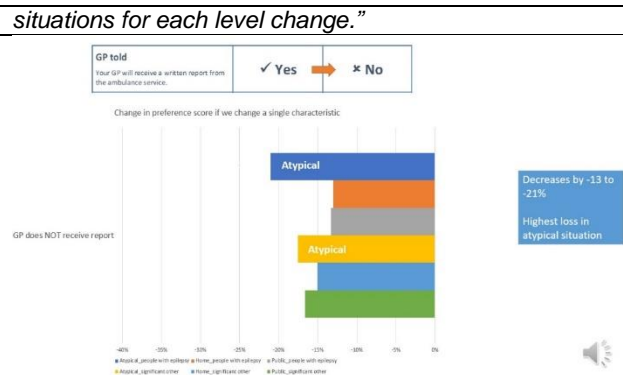
“We did this by using the survey data to generate a total preference score for different combinations of care characteristics. Think of this as a ‘satisfaction score’. We’re going to look at how this score changes when we change a single characteristic of care within pathway. So essentially we are demonstrating the change in value of an alternative care pathway that’s caused by switching between individual characteristics.”

“So, to explain how we present this finding I’m starting with an example of people with epilepsy in the atypical scenario and I’m going to show you the impact of switching between characteristics. So if we look here on the right hand side, the score increases and if we look on the left hand side we can see where the score decreases. Take the top row. This is when there is access to medical records or the care plan. You can see the overall preference would increase by 22% if we were to provide this. However, if the GP did not receive a report and we look at the bottom of the chart we can see the overall preference decreases by around 22%. And, now we’re going to look at this in detail across all of our six

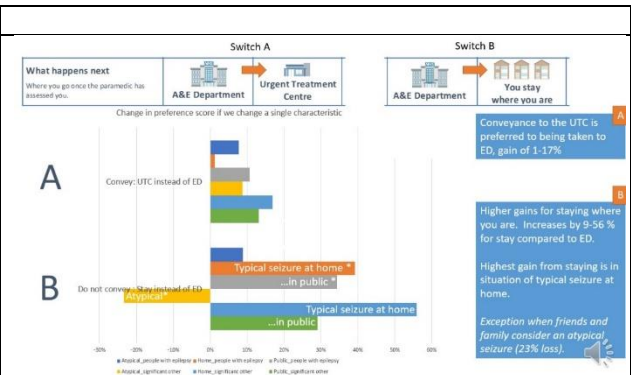
“So, looking at the value of the paramedic having access to medical records or a care plan we can see this increases the score by 18 to 28% and the highest value is in the scenario of a seizure in public.”



"Next to look at the epilepsy specialist being available today and we see that increases the value between 17 and 39% and it has the highest value in an atypical situation."



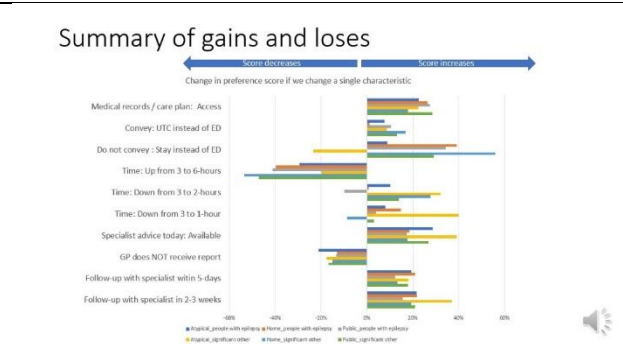
"In terms of GP notification - that is routinely provided - so we look at what would happen if that was taken away. We can see that decreases the score by between 13 and 21% and the highest loss is in the atypical situation."



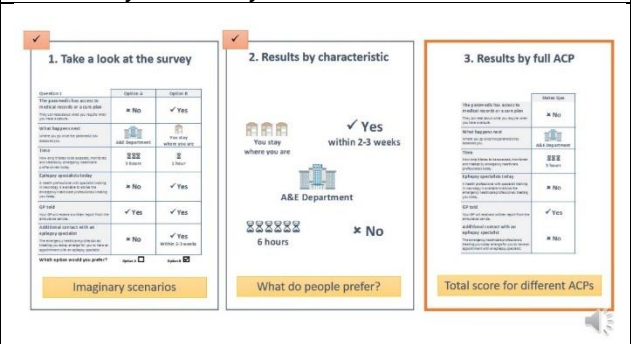
"Now, let's look at the value of 'what happens next'. So, if a patient is conveyed to an urgent treatment centre rather than the emergency department we can see gains of between 1 and 17%. However, if they are able to stay where they are rather than being conveyed to the A&E there are higher gains with increases between 9 and 56%. The highest gains from staying is in a situation of a typical seizure at home or in public, with the exception of when friends and family consider an atypical seizure when there is a 23% loss if they are able to stay where they are."



"Finally, we consider the impact of changes in 'time'. So, if the time increases from three to six hours then the preference score will decrease between 20 to 53%. However, if the time decreases we see an increase in the preference score of up to 32% for a decrease of one hour or up to 40% for a decrease of two hours. There



"So we can see their gains and losses associated with switching levels within an alternative care pathway and that these vary according to the situation."



"So finally we're going to look at the total score for different alternative care pathways."

are some exceptions, however. If we consider the views of family and friends for example considering a typical seizure at home we can see that there's a 9% loss for a reduction from 3 hours to one hour."

The paramedic has access to medical records or a care plan <small>They can read about what you require when you have a seizure.</small>	✓ Yes	✗ No	*288* ACPs			
What happens next <small>Where you go once the paramedic has assessed you.</small>						
Time <small>How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</small>						
Epilepsy specialists today <small>A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.</small>	✓ Yes	✗ No				
GP told <small>Your GP will receive a written report from the ambulance service.</small>	✓ Yes	✗ No				
Additional contact with an epilepsy specialist <small>The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</small>	✗ No	✓ Yes within 2-3 weeks			✓ Yes within a week	

Status Quo	Rank
The paramedic has access to medical records or a care plan <small>They can read about what you require when you have a seizure.</small>	220
Know someone with epilepsy... seizure at home	230
People with epilepsy... seizure in public	239
Know someone with epilepsy... seizure in public	247
People with epilepsy... seizure at home	248
People with epilepsy... atypical seizure	253
Know someone with epilepsy... atypical seizure	253

1 = best and 288 = worst; status quo is towards the bottom of the league

	STATUS QUO	ACP_A	ACP_B	ACP_C	ACP_D
The paramedic has access to medical records or a care plan. <small>They can read about what you require when you have a seizure.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next. <small>Where you go once the paramedic has assessed you.</small>					
Time. <small>How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</small>					
Epilepsy specialists today. <small>A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told. <small>Your GP will receive a written report from the ambulance service.</small>	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist. <small>The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</small>	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Now, lets look at how they compared to the highest scoring ACP for each situation

"Considering our six categories and their descriptions in different combinations there are up to 288 alternative care pathways."

"We selected one of the CPs to represent current practise so the status quo. We said that the paramedic has no access to medical records or care plan, the patient is conveyed to the A&E department, time is 3 hours, no specialist input today, the GP is notified, but there is no additional contact via a specialist. If we consider the highest scoring CP to be number 1 the best and the lowest to be ranked 288 this status quo is towards the bottom of the league. So we can see it ranks between 220 to 253 across our six scenarios. And, now we're going to look at how this compares to the highest scoring CPs for each situation."

"OK, so here are the highest scoring CPs. Four of them labelled CP A across CP D. You'll see that the only characteristic that was consistent with current practise is that people want the GP to be notified. The variation within the alternatives is in terms of 'time' and 'what happens next'."

	STATUS QUO	ACP_A	ACP_B	ACP_C	ACP_D
The paramedic has access to medical records or a care plan. <small>They can read about what you require when you have a seizure.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next. <small>Where you go once the paramedic has assessed you.</small>					
Time. <small>How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</small>					
Epilepsy specialists today. <small>A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told. <small>Your GP will receive a written report from the ambulance service.</small>	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist. <small>The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</small>	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Imagine 100 people can choose between these five alternatives

	STATUS QUO	ACP_A	ACP_B	ACP_C	ACP_D
The paramedic has access to medical records or a care plan. <small>They can read about what you require when you have a seizure.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next. <small>Where you go once the paramedic has assessed you.</small>					
Time. <small>How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</small>					
Epilepsy specialists today. <small>A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told. <small>Your GP will receive a written report from the ambulance service.</small>	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist. <small>The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</small>	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Views of... People with epilepsy imagining... Atypical seizure

	STATUS QUO	ACP_A	ACP_B	ACP_C	ACP_D
The paramedic has access to medical records or a care plan. <small>They can read about what you require when you have a seizure.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next. <small>Where you go once the paramedic has assessed you.</small>					
Time. <small>How long it takes to be assessed, monitored and treated by emergency healthcare professionals today.</small>					
Epilepsy specialists today. <small>A health professional with specialist training in neurology is available to advise the emergency healthcare professionals treating you today.</small>	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told. <small>Your GP will receive a written report from the ambulance service.</small>	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist. <small>The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</small>	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Views of... People with epilepsy imagining... Typical seizure at home

"And we can predict which of these five CPs people would choose in each of our six situations. So imagine a

"Starting with the views of people epilepsy imagining an atypical scenario we can see that 27 out of the 100

"Next, considering the views of people with epilepsy imagining a typical seizure at home' There's a significant

100 people can choose between these five alternatives."

	STARTER Q101	SCP_A	SCP_B	SCP_C	SCP_D
The paramedic has access to medical records or a care plan.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next.	EMT Department	Stay where you are	Stay where you are	Stay where you are	Urgent Treatment Centre
Time.	3 hours	2 hours	1 hour	3 hours	1 hour
Epilepsy specialists today.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist.	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Views of... People with epilepsy imagining... Typical seizure in public



would choose CP A. 'What happens next' and 'time' were not important characteristics for this group so we can see quite an even distribution of people between the four alternatives."

	STARTER Q101	SCP_A	SCP_B	SCP_C	SCP_D
The paramedic has access to medical records or a care plan.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next.	EMT Department	Stay where you are	Stay where you are	Stay where you are	Urgent Treatment Centre
Time.	3 hours	2 hours	1 hour	3 hours	1 hour
Epilepsy specialists today.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist.	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Views of... Friends and family imagining... Typical seizure at home



preference to 'stay where you are' within this group and to avoid the urgent treatment centre, so the majority chose CP A to C, CP B being the most preferred with 30 out of the 100."

	STARTER Q101	SCP_A	SCP_B	SCP_C	SCP_D
The paramedic has access to medical records or a care plan.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next.	EMT Department	Stay where you are	Stay where you are	Stay where you are	Urgent Treatment Centre
Time.	3 hours	2 hours	1 hour	3 hours	1 hour
Epilepsy specialists today.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist.	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Views of... Friends and family imagining... Typical seizure in public



ACP_A Rank 1: PWT: atypical SO: at home & public

"And where the seizure occurs in public, again there is a significant preference to 'stay where you are' but in this case CP C is the most preferred due to a higher preference for three hours."

	STARTER Q101	SCP_A	SCP_B	SCP_C	SCP_D
The paramedic has access to medical records or a care plan.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
What happens next.	EMT Department	Stay where you are	Stay where you are	Stay where you are	Urgent Treatment Centre
Time.	3 hours	2 hours	1 hour	3 hours	1 hour
Epilepsy specialists today.	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes
GP told.	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Additional contact with an epilepsy specialist.	✗ No	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks	✓ Yes within 2-3 weeks

Views of... Friends and family imagining... Atypical seizure



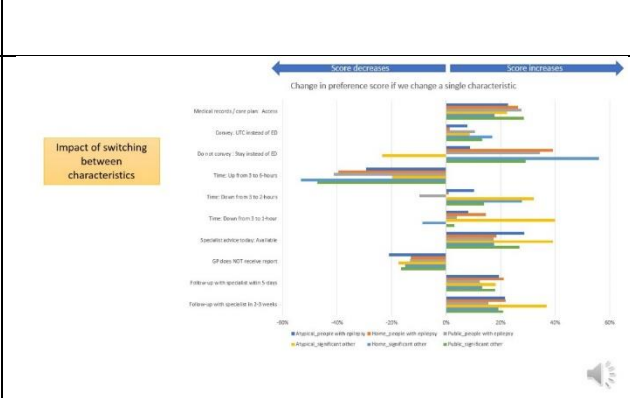
"Moving on to the views of friends and family imagining a typical feature at home. You'll recall this group had a preference to 'stay where they are' and for a 'time' of two hours. So we see 47 out of the 100 prefer CP A."

To Recap

Attribute	People with Epilepsy			Significant Other		
	Atypical	Home	Public	Atypical	Home	Public
The paramedic has access to medical records or a care plan.	✗ No	✗ No	✗ No	✗ No	✗ No	✗ No
What happens next.	✓ Yes A&E	✓ Yes A&E	✓ Yes A&E	✓ Yes A&E	✓ Yes A&E	✓ Yes A&E
Time.	6 hours	3 hours	3 hours	6 hours	3 hours	3 hours
Epilepsy specialists today.	✗ No	✗ No	✗ No	✗ No	✗ No	✗ No
GP told.	✗ No	✗ No	✗ No	✗ No	✗ No	✗ No
Additional contact with an epilepsy specialist.	✗ No	✗ No	✗ No	✗ No	✗ No	✗ No

Important characteristics

"When imagining a seizure in public they also prefer CP A."



"But if we consider the views of family and friends imagining an atypical seizure we can see that 50 out of the 100 prefer CP D. Here we saw so stronger preferences for shorter times and pathways to convey to the urgent treatment centre or the emergency department rather than 'staying where you are' although these preferences did not reach statistical significance so it's likely that there is variation in the preferences in this group."

"To recap, we've looked at the most important characteristic."

"We've looked at how preference changes when we swap these characteristics."

<p>Compared current practice with the highest scoring alternatives</p>	<p>The paramedic has access to medical records or a care plan. <small>Does the paramedic have access to medical records or a care plan when you are in the ambulance?</small></p>	<p>➤ No</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>
	<p>What happens next. <small>Where you go once the paramedic has assessed you.</small></p>	<p>AMU Department</p>	<p>stay where you are</p>	<p>stay where you are</p>	<p>stay where you are</p>	<p>stay where you are</p>	<p>Urgent Treatment Centre</p>
	<p>Time. <small>How long it takes to be assessed, monitored and treated by emergency health care professionals today.</small></p>	<p>3 hours</p>	<p>2 hours</p>	<p>1 hour</p>	<p>3 hours</p>	<p>1 hour</p>	
	<p>Epilepsy specialists today. <small>A team of professionals with specialist training in neurology, available to advise the emergency healthcare professionals treating you today.</small></p>	<p>➤ No</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	
	<p>GP told. <small>Has your GP been notified by email or report from the ambulance service.</small></p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	<p>✓ Yes</p>	
<p>Additional contact with an epilepsy specialist. <small>The emergency healthcare professionals treating you today arrange for you to have an appointment with an epilepsy specialist.</small></p>	<p>➤ No</p>	<p>✓ Yes within 2-3 weeks</p>	<p>✓ Yes within 2-3 weeks</p>	<p>✓ Yes within 2-3 weeks</p>	<p>✓ Yes within 2-3 weeks</p>		

Summary

- ✓ Everyone prefers ACPs where...
 - The paramedic has **access to medical records or a care plan**.
 - A **health professional with specialist training in neurology is available** to advise the emergency healthcare professionals providing treatment today.
 - The **GP receives a written report** from the ambulance service.
 - The emergency healthcare professionals treating you today arrange for you to have an **appointment with an epilepsy specialist in the future**.
- ✓ After a **typical seizure** people with epilepsy prefer to **stay** where they are.
- ✗ Everyone wants to avoid the longest duration (6-hours).

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*Which Alternative Care Pathway, if any, strikes the best balance between **patient preference** and NHS feasibility for implementation within the next 5-10 years?*

Thank for listening to the findings of the Patient Preference Survey

“And we’ve compared current practise to four alternatives.”

“In summary, everyone prefers a CP where the paramedic has access to medical records or a care plan, they want specialist input today, the GP to be notified and a future appointment with an epilepsy specialist.
After a typical seizure people with epilepsy prefer to stay where they are.
And everyone wants the episode to be less than six hours.”

“Thank you very much for listening to the findings of the patient preference survey.”

Notes: This presentation was pre-recorded and was preceded by another pre-recorded presentation which introduced the project and purpose of the workshop