## **Supplementary File 19** Additional quotes from WP3 KE workshops groups illustrating some of themes

| **Theme** | **Sub-theme** | **Illustrative quotes** |
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| General impressions and reactions to DCE survey findings | | "…I wasn't overly surprised… having worked on an ambulance a few years myself… this is broadly probably what they want and, and what you would like to see as well as a paramedic…" (Paramedic, Male 1)<br><br>"…the ideal care pathway which avoids emergency admission to hospital really has a lot of er, communication between the emergency services, the specialist services and primary care which currently just do not exist." (Neuroscience representative, Male 2) |
| The ambulance clinician has access to medical records or a care plan | Potential benefits<br><br>Necessary content and presentation | "…it's your medical records, the paramedics should definitely know because it's just pointless going to hospital, wasting hospital time and taking up space in ED when you don't need to be there…" (Person with epilepsy, Female 1)<br><br>"…what you'll find is erm, paramedics on the road pretty much know the right answer but they want…that bit of reassurance…if you've got a well-documented care clear plan that supports their already decision…that would give them the confidence to stick with that…" (Paramedic, Male 3)<br><br>"…access to records is really, really important but it has to be meaningful" (Paramedic, Male 4).<br><br>"Some of our levels of clinicians can struggle to interpret some of |

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| | Infrastructure for sharing is or will soon be place | the information that's in there. Er, it's not always very consistent and clear," (Paramedic, Female 3).<br><br>"some representation of that patient's wishes would be really handy because once they can't communicate to us, we want to then employ a best interest decision, and we'd like that to tally with what that person really wants if possible. Erm, and it takes the pressure off the attending clinician really to make the right decision." (Paramedic, Male 6)<br><br>*"…it's great that erm, that that people want us to have access to…care records…from an ambulance point of view…we've got a lot of structures that are already there for that."* (Paramedic, Female 1)<br><br>*"the whole digital agenda for ambulance trusts will continue over the next few years, so I think that's a, a definite that should be possible"* (Commissioner 3, Female) |
| What happens next – are patients conveyed and, if so, where to? | Potential benefits of non-conveyance<br><br>There are some restrictions on which crew grades are permitted to not convey | *"*[recalling instance of seizure presentation]…*I was like no I don't want to go to ED but then they made me go… I didn't really need that. I just, er, yeah because I knew there was nothing different or wrong at all… if it's totally different then yes, call and go to ED. But the rest of it, all you need is your GP and your neurologist to know about the situation."* (Person with epilepsy, Female 1)<br><br>*"…we're limited in the actions that we can take depending on the skill perhaps of the clinician that goes there."* (Paramedic, Female 3) |

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| | | *"… we might start to change dispatch behaviour…to use different responses in terms of, erm, cars or specialist…to go out to…that patient cohort. So there may be elements that create some more positive operational benefits…"* (Paramedic, Male 2) |
| | Not conveying a person with an atypical seizure would be a significant change in practice | *"anything different in the seizure presentation has typically been a red flag for us to warrant more urgent investigation to check there's no underlying illness or something…we certainly wouldn't be looking normally to leave people…,"* (Paramedic, Female 2) |
| | | "[I have]…*slight concerns about atypical. But definitely possible with typical seizures and I think it would be brilliant*," (Paramedic, Female 3). |
| | Not *all* atypical seizures will be suitable for non-conveyance | "*we need to be careful not to drive that message* [keeping patients at home] *so hard that paramedics are not looking at red flags*." (ENS, Male 1) |
| | Label 'atypical' seizure can mean lots of things | : "…*a euphemism for an atypical seizure is often a non-epileptic seizure erm, and I just wondered – one, one wonders if there's a big pitfall there which must create a huge headache for our paramedic colleagues*…"(ENS, Male 1) |
| | Might need to restrict staff grades that can use CP | "[For pathways for some other presentations] *certain skill groups are not allowed to just discharge people on the scene without a signoff from a senior clinician…"* (Paramedic, Female 2). |
| Time taken to be assessed monitored and treated by an emergency health | Preferred duration is achievable (assuming | "*if we're looking at discharge from the scene, I think the two hours is absolutely achievable*." (Commissioner, Male 1) |

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| care professional | travel to person is not included)<br><br>Potential conflict between service user preference and performance measures | "…*indication that… people wanted us to spend a little bit longer assessing and treating them…before making the decision to go to a hospital… my operational management colleagues will… be worried about the next patient that they want to send the ambulance to … it will be great to have erm sort of some something that we can hang our hat on to kind of persuade our, our colleagues that we need to, to sort of erm, undertake some change*." (Paramedic, Female 1)<br><br>"…*if the pathway's complex, if there's some issues around transporting patients home if they're in a public place and things like that…those won't deliver performance to the trust – they won't reduce ambulance cycle times… come almost directly into conflict with I guess our commissioning and, and how we work operationally*" (Paramedic, Male 1)<br><br>*"…if my operational colleagues were on the call er, they would be saying get it down to less than one-hour if possible,"* (Paramedic, Male 4). |
| Epilepsy specialist accessed for advice on the day of seizure presentation | Advice service needs to be responsive<br><br>Potential variability in skill and availability of who will be able to advise | "…*we know that our clinicians if they speak to a clinician at the end of the phone, immediately that will give them far more confidence. Erm, the minute you put in delay…they'll call you back in an hour or they'll call the patient back in an hour – that creates…uncertainty*" (Paramedic, Male 2)<br><br>"…*there's no one size fits all epilepsy nurse services around the country is there…in some areas they don't even have epilepsy nurse specialists so…for the crews it's going to be really difficult to* |

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| | | *think oh we know we can follow this alternate care pathway…where are these specialists and specialist nurses?*" (ENS, Female 2)<br><br>"*I think the epilepsy specialist access er, you'd have to plan for the future and recruit and train a lot of people if you want 24 hour, seven days a week access*." (ENS, Female 3)<br><br>*"Often it's* [going to be] *'out of hours' and then …that involves talking to the 'on-call' erm neurology registrar which, you know may be quite junior and, you know I think there's would be a tendency for them to air of the side of caution…"* (Neuroscience doctor, Male 1) |
| | Potential advantages of specialist being familiar with the patient/ or having records | "*what do you mean by a specialist? I mean there's the on-call neurologist but they're not going to know the actual patients … and being rung up in the middle you know without warning and saying Mister So-and-so is here, what can you advise? You're, you know – do I know them well enough to be able to ad-hoc off the cuff give you advice*."(ENS, Female 3)<br><br>"*the actual advice that you, that you'll get would more useful and perhaps accurate from the care plan than actually speaking to the specialist*" (Neuroscience doctor, Male 1).<br><br>*" do we know the patient, you know have we got their records in front of us…"* (ENS, Female 2) |
| | Circumstance in which specialist advice might be particularly helpful | "*Sometimes we may well have a crew that are registered newly qualified … that's where this specialist referral I think is really, really handy. For myself* [as an experienced paramedic]*, the complex* |

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| | How specialist advice for crews could be accessed | *presentation, I'd probably want to speak to a specialist if it was an atypical seizure … that's where I'd think actually, I need to speak to someone who knows a lot more about this than I do*." (Paramedic, Male 6)<br><br>*"…the way we offer that is we have what's called* [propriety name for a service information search tool]*. It can be used by health care professionals to find service information …someone else mentioned a directory of service, where if there is specialist phone numbers, specialist advice then that will all be there for the locality that they're in at the time."* (Commissioner, Female 3) |
| GP informed of seizure presentation via report provided by attending ambulance clinicians | Infrastructure for sharing in place | "*there should be no reason on electronic records that that, you know the GPs shouldn't be notified. Erm, but I think it's, the question to the GP is what they then do with that*."(ENS, Female 2) |
| Additional contact with an epilepsy specialist arranged by attending ambulance clinicians | Other types of service can already refer<br><br>Potentially little burden to crews<br><br><br><br>Potential benefits | "…*fast track epilepsy clinics are in, in existence now and that's, that's the usual…So, I think that, I think that should be achievable yeah*" (Neuroscience doctor, Male 1)<br><br>"…*If you just have an automated process where these PRFs [patient report forms] go into a caseload and then somebody follows them back into referrals and arranges an appointment…[*then]….*there's no add on then to the paramedic workloads*…"(Paramedic, Male 1)<br><br>"[I] *speak from experience here…it's a really good laudable erm ambition for crews to book on scene or book into something and* |

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| | | *really sort of tie that patient off as they leave, because that will give them the confidence that they can*." (Commissioner, Male 1) |

*Notes:* DCE, Discrete choice experiment, ENS, epilepsy nurse specialist; GP, general practitioner.