



Epilepsy HERE

Registered as a Charity No. 1079172

11, Beaumanor, Herne Bay, Kent

Telephone: 01227 360207 and e-mail: herebay@aol.com
and at 07435005409

Whitstable United Reformed Church, Middle Wall, Whitstable CT5 1BW

Telephone: 01227 274757

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November Meeting

The group heard an interesting talk by Dr Kamalakannan Jothi which covered both improvements in the use of the electroencephalogram (EEG) and the results of a study into Sudden Unexpected death in epilepsy (SUDEP) which demonstrated the need to inform people with epilepsy and those who care for them to be aware of this very rare but continuing risk of death as a result of having epilepsy. SUDEP Action recently indicated that this outcome affects many of the 1000 people with epilepsy who die each year without a known other cause.

After this the resumed Annual General Meeting passed ordinary resolutions appointed Monica Kendall as Chairperson, Roger Kendall as Treasurer, Colin Barnes as Secretary and Melinda Barker and Patricia Dickson as Trustees

Christmas Card Sales

So far our sales at St Nicholas at Wade, Frinsted, Whitstable, Canterbury and Minster together with sales from our regular helpdesk at the Kent and Canterbury and William Harvey Hospital have raised over £300 each for Epilepsy Society and Epilepsy Research UK and £80 for Young Epilepsy to further their work in epilepsy research.

Our dear friend and Trustee of the charity Freda Chapman died in Kent and Canterbury Hospital in the early hours of 8th October 2017. Those of you who attended meetings will know that until recently she regularly attended from the start of the charity in 1999 until recently and provided us with refreshments with cakes which she often baked herself.

The funeral on 6th November 2017 at Barham Crematorium was attended by numerous relatives and friends including three of our trustees. She will be fondly remembered by all who knew her

POSSIBLE MEDICAL SCHOOL FOR KENT AND MEDWAY

Plans to establish a medical school for Kent & Medway continue to progress with the submission of an ambitious joint bid for Government funding for 100 medical student places.

The bid, submitted by Canterbury Christchurch University and Kent University, is part of a collective ambition to establish a Kent & Medway Medical School (KMMS) to improve health provision for patients by addressing the significant challenges in developing and maintaining a clinical workforce across the region.

The universities have joined forces to develop a vision for the School which draws on the complementary strengths of both institutions. If it is successful, the bid will be an essential cornerstone for the ongoing development of the School with the first students planned for 2020.

December Meeting

The meeting on Monday 4th December 2017 at Headway House, Kent and Canterbury Hospital is as traditionally is the case a social occasion with mince pies and Christmas carols

Seasonal Greetings



We wish every one of our readers a merry Christmas and a Happy and healthy 2018. We hope that all people with epilepsy benefit from the continuing research into treatment for the condition and that services for them in the United Kingdom are maintained and improved despite the problems which are facing the NHS both locally and nationally

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Joint CCG Meeting on 30th November

Health commissioners agreed that two potential options for urgent, emergency and acute medical care and six potential options for planned inpatient orthopaedic care in east Kent should be assessed further, to see which should go forward to public consultation next year. The two potential options for urgent, emergency and acute medical care are:

Potential option 1, an estimated £160million NHS investment, to enable:

a much bigger, modern, A&E at William Harvey Hospital, Ashford, which would also provide services for people that need highly specialist care (such as trauma, vascular and specialist heart services) in east Kent
an expanded, modern A&E at Queen Elizabeth the Queen Mother Hospital (QEQM), Margate, with inpatient care for people who are acutely unwell, emergency and day surgery, maternity and geriatric care
investment in beds and services at Kent and Canterbury Hospital which would have a 24/7 GP-led Urgent Treatment Centre, and services including diagnostics (such as X-ray and CT scans), day surgery, outpatient services and rehabilitation.

Potential option 2, an estimated £250million NHS investment to enable:

the fitting out of a new build and refurbishment of some of the current buildings connected to the Kent and Canterbury Hospital, which would provide a single 24/7 A&E and all specialist services (such as trauma, vascular and specialist heart services) for the whole of east Kent
QEQM Hospital and William Harvey Hospital would have 24/7 GP-led Urgent Treatment Centres, as well as diagnostics (such as X-ray and CT scans), day surgery, outpatient services and rehabilitation.

Potential option 2 has been included because a private developer has offered to donate to the NHS land and the shell of a new hospital, as part of a development of 2,000 new homes, which includes an access road from the A2.

It would be subject to planning permission.

This would be less than half the cost of building a new single site hospital on green belt land, which was ruled out because there isn't enough national funding to pay for it and it would take too long to build[1].

The commissioners agreed to look further at **six potential options for planned inpatient orthopaedic care.**

only the Kent and Canterbury Hospital

only QEQM Hospital

only William Harvey Hospital

both the Kent and Canterbury Hospital and William Harvey Hospital

both the Kent and Canterbury Hospital and QEQM Hospital

both William Harvey Hospital and QEQM Hospital

The decision was taken today at the first meeting of the [Joint Committee of East Kent Clinical Commissioning](#)

[Groups \(CCG\) s](#), .

MRI comes of Age

Clinical MRI was really invented in the early 1980s and it was evident right away that it had the potential to show us the causes for epilepsy in the brain. Neurosurgeons realised at the end of the 1980s that this was potentially of huge importance for epilepsy surgery.

One in 3 people who develop epilepsy are not controlled with medication. If one can identify abnormalities in one part of the brain causing the seizures, one can target that area and plan to remove the piece you think is causing the epilepsy and so effectively cure the person of their epilepsy.

Professor John Duncan who was Medical Director of the National Society for Epilepsy (now Epilepsy Society) realised the potential for this and a large effort was made to raise funds to purchase the first scanner solely devoted to helping patients with uncontrolled epilepsy. Since this time both the strength of scanners and the ability of neurologists to interpret them has much improved and surgery for epilepsy continues to improve as a result.

Sodium Valproate

On Thursday (21 September), Young Epilepsy – along with Epilepsy Action and Epilepsy Society – exclusively revealed to [BBC News](#) the interim survey results regarding the risks surrounding childbearing women taking sodium valproate. The results showed an alarming number of women between the ages of 16-50 unaware of the potential risks to their unborn child, including developmental delays. By analysing the survey, the epilepsy charities [found](#):

- Almost 1 in 5 (18%) women currently taking the epilepsy medication sodium valproate do not know it can harm the development and physical health of their unborn child should they become pregnant.
- More than a quarter (28%) of women taking the epilepsy drug have not been given information about risks for their unborn child.
- More than two thirds (68%) of women taking the epilepsy drug have not received specially produced valproate materials released in February 2016.

These interim results took into account responses from 2,000 women and girls – 475 of whom took sodium valproate. It is the third most commonly prescribed anti-epilepsy drug.