Supplementary File 18 Topic guide for WP3 Knowledge Exchange workshops

1. Which configuration would you back and why?
   - What positive impacts would this configuration have on service users?
   - What affects may this have on specialist clinics?
   - What affects may this have on the ambulance service? e.g. time – increased time at patient home

2. What factors attract you to any of the configurations?
   - Is there one characteristic of particular interest to you?
   - Does any factor seem essential for the overall success of implementing an alternative CP?

3. What factors dissuade you from any of the configurations?
   - Does any factor seem superfluous?
   - Which characteristic would be your lowest priority to include in an alternative CP ?

4. As a person with epilepsy, what are your thoughts?
   - Would you be satisfied if your care followed one of the alternative CP configurations?
   - Do you think the CP configurations presented would increase satisfaction with care amongst the epilepsy population?
   - What difference would following one of the favoured alternative CP configurations have on your day
   - Imagining that one of the favoured CPs has been implemented, does it change the way you feel about potential seizures in the future? Do they seem more/less daunting?

5. How confident would you feel using one of the CP configurations?
   - As a paramedic, would you have any reservations about following one of the CPs
   - As a Neurologist, would you be satisfied that people with epilepsy are still receiving safe and appropriate care if one of the CP configurations was implemented?
   - Do you anticipate that alternative care pathways would be acceptable to your ambulance service?/NHS Trust?
   - What may increase confidence in following a CP? (safeguarding measures?)

6. What barriers may the most favoured CP configuration incur?
   - Does the NHS currently have the resources/facilities to implement the most favoured CP? If not, how big is the gulf between current and required resources/facilities?
   - Would you anticipate reluctance or hesitation from HCPs to follow an alternative CP?

7. Do any configurations seem unattainable?
   - Are there logistical issues which could prevent a CP working together as a whole?

8. Is one alternative CP configuration suitable for all six seizure scenarios?
   - Do different scenarios warrant different CPs? I.e., One for typical, another for atypical, etc.?

9. Are the characteristics of care important to service users as you expected?
   - Do any of the characteristics surprise you?

10. Would implementing any of the favoured CP configurations serve all people with epilepsy equally?
    - Health inequalities