

Reference Number: FOI202223/612
From: Commercial
Date: 27 February 2023
Subject: Migraine Care and Planning

Q1 I am writing to request the following information about migraine care under the Freedom of Information Act 2000.

We are asking all NHS Trusts about the care they offer for people experiencing migraine, as well as plans and training around this, in order to inform our campaigning and understanding of this issue.

The attached Excel spreadsheet includes the questions and space for your response

A1 [Please see attached document: FOI 612 Response](#)

Section 1: Commissioning and care planning					
1. (a) Within the past year, have you reviewed or found opportunities for improvement in pathways and care for headache and migraine?	1. (b) (i) If yes, what did this review find?	1. (b) (ii) If no, what has prevented this so far?	1. (c) Do you have any plans to implement the findings of the optimum clinical pathway for adults for Headache & facial pain published by the National Neurosciences Advisory Group (NNAG) in February 2023?	2. (a) Have you reviewed the migraine needs of your local population (e.g. numbers of people living with migraine who are diagnosed and not yet diagnosed) and planned services to meet these needs (e.g. by offering opportunities for training in migraine management to GPs, as well as adequate access to secondary and tertiary specialists)?	2. (b) If not, are there plans to do so?
Yes, 1) threshold for referrals to neurology team for headaches has been reviewed. GP referrals for headache are initially reviewed by general paediatrics teams. There is also an MDT that meets on need basis to discuss complex IltH (Idiopathic Intracranial hypertension cases). MDT consists of neurology, neurosurgery and ophthalmology. 2) A headache interest group also reviewed the secondary and tertiary services and agreed with current triage of headache referrals from primary care to secondary care. And tertiary referrals from general paediatrics, other DGHs and medical specialities to tertiary neurology as appropriate. A neurologist with interest in headache was to explore setting up a specialist headache clinic.	1) Thresholds and indications for referral to tertiary neurology have been refined. This is true for both acute referrals as well as outpatients. Outpatients based referrals for headaches to neurology are triaged on merit of each case. 2) we have developed headache / migraine leaflets for children and families and children's headache diary in partnership with primary care colleagues (its available on line for patients and professionals) and GPs are encouraged to use it before referral to provide information to families on migraine prevention and management and was a guide when to refer to secondary care.	This has helped prevent visual complications in IltH. This has also helped improved better utilisation of tertiary neurology resource.	Information not held - Alder Hey Children's NHS Foundation Trust is a specialist children's hospital and does not treat adults	Yes, as described in 1(a) and 1 (b)	Not applicable, as per A2 above

Section 2: Specialist headache clinics									
3. (a) Do you have a specialist headache clinic in your Trust?	3. (b) (i) If yes, please give details.	3. (b) (ii) If no, please give details of the clinic you would refer out to.	4. (a) How many people did you support through your specialist headache clinics in 2021?	4. (b) How many people did you support through your specialist headache clinics in 2022?	5. What is the average waiting time from GP referral to first appointment at the specialist headache clinics in your Trust (current or for when you last had data)?	6. How many full time equivalent (FTE) headache specialist doctors are employed by your Trust (in secondary care or GPs with an extended role)?	7. How many FTE headache specialist nurses are employed by your Trust?	8. (c) Do you have plans in 2023/24 to increase headache specialist services?	8. (b) If yes, please give details.
No. 1) All general paediatric consultants see children with migraine. A Consultant general paediatrician and Speciality doctor have interest in headaches, but no specific headache clinic has been set up. 2) Complex headaches are referred to tertiary neurology services and are reviewed in neurology clinic.	Not applicable, as per A3a above	Complex headaches are referred to tertiary neurology services and are reviewed in neurology clinic.	Not applicable, as per A3a above	Not applicable, as per A3a above	Not applicable, as per A3a above	Zero	Zero	No	Not applicable, as per A8a above

Section 3: Access to Calcitonin Gene-Related Peptide (CGRP) medication						
9. (a) Can eligible patients currently access Calcitonin Gene-Related Peptide (CGRP) medications through your Board/Trust area?	9. (b) (i) If yes, how many people are accessing CGRP medication through your Board/Trust area?	9. (b) (ii) If yes, which of the following CGRP medications can they access: Apogyl/fremanezumab, Emgality/galcaczumab, Vypti/epinezumab, or Aimovig/erenumab.	9. (b) (iii) If yes, what is the current waiting time to access a prescribing specialist?	9. (b) (iv) If yes, is the administration of CGRP treatments monitored by a headache specialist?	9. (b) (v) If yes, is the administration of CGRP treatments subject to any additional restrictions or criteria?	9. (c) If no, do you refer and fund it out of area? Please give details.
Patients have not received this treatment so far through our team.	Not applicable, as per A9a above	Not applicable, as per A9a above	Not applicable, as per A9a above	Not applicable, as per A9a above	Not applicable, as per A9a above	Not applicable, as per A9a above

Section 4: Training		
10. (a) Do you have any education or training programmes with GPs or pharmacists in your area on migraine? (E.g. regarding GP/pharmacy education, patient management in the community, patient information or referral pathways)	10. (b) If yes, or if any are planned, please give details.	10. (c) If no, please explain any reasons (e.g. budgets / other priorities / other organisations' responsibility).
We have had engagement with GPs with interest in migraine in developing the resources already mentioned and we invited to headache audit meetings. No formal migraine / headache education events for primary care or patients.	Information not held, as per a10a above	Information not held, as per a10a above