NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Suspected neurological conditions: recognition and referral

NICE quality standard

Draft for consultation

12 February 2020

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| **This quality standard covers** assessing and referring children and adults who have symptoms or signs associated with neurological conditions. It describes high-quality care in priority areas for improvement.  **It is for** commissioners, service providers, healthcare professionals and the public.  This is the draft quality standard for consultation (from 12 February to 11 March 2020). The final quality standard is expected to publish in July 2020. |

# Quality statements

[Statement 1](#_Quality_statement_1:) Adults with transient rotational vertigo on head movement are assessed using the Hallpike manoeuvre.

[Statement 2](#_Quality_statement_2:_1) Children under 12 years with headache and 'red flag' symptoms are referred immediately for neurological assessment.

[Statement 3](#_Quality_statement_4:_1) Children under 4 years with suspected abnormal head size or shape have their head circumference assessed using a standardised growth chart.

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| NICE has developed guidance and a quality standard on patient experience in adult NHS services (see [the NICE Pathway on patient experience in adult NHS services](http://pathways.nice.org.uk/pathways/patient-experience-in-adult-nhs-services)), which should be considered alongside these quality statements.  Statements 1, 3, and 6 in the quality standard on [patient experience in adult NHS services](https://www.nice.org.uk/guidance/qs15) are particularly relevant in the context of supporting people with suspected neurological conditions.A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |
| Questions for consultationQuestions about the quality standard **Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?  **Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?  **Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.  **Question 4** We would like to further understand how non-specialists can recognize and manage the recurrence of symptoms associated with functional neurological conditions. Please describe any examples you may have and whether you think this can be measured in practice. Local practice case studies **Question 5** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Hallpike manoeuvre

## Quality statement

Adults with transient rotational vertigo on head movement are assessed using the Hallpike manoeuvre.

## Rationale

The Hallpike manoeuvre can be used to check for benign paroxysmal positional vertigo (BPPV) in adults with vertigo on head movement. If BPPV is confirmed, treatment to relieve it using a canalith repositioning manoeuvre can be given. Routinely offering the Hallpike manoeuvre to people with vertigo on head movement can relieve symptoms and reduce unnecessary referrals for specialist assessment.

## Quality measures

### Structure

Evidence of written clinical protocols to ensure that adults presenting with symptoms of transient rotational vertigo on head movement are assessed for BPPV using the Hallpike manoeuvre.

***Data source:*** Local data collection, for example clinical pathways.

### Process

Proportion of adults with transient rotational vertigo on head movement who are assessed using the Hallpike manoeuvre.

Numerator – The number in the denominator who are assessed using the Hallpike manoeuvre.

Denominator – The number of adults with transient rotational vertigo on head movement.

***Data source:*** Local data collection, for example local audit of patient records.

### Outcome

a) Appropriate referrals into specialist neurology pathways.

***Data source:***Local data collection, for example local audit of patient records.

b) Patient satisfaction with investigation of transient rotational vertigo on head movement.

***Data source:***Local data collection, for example patient satisfaction surveys.

## What the quality statement means for different audiences

**Service providers** (primary care services, secondary care services, physiotherapy services and neurology departments) ensure that systems are in place for adults with transient rotational vertigo on head movement to have the Hallpike manoeuvre performed by a healthcare professional trained in its use, to assess for BPPV. If there is not a trained healthcare professional available locally within primary care, then systems should be in place to refer people for the Hallpike manoeuvre in accordance with local pathways.

**Healthcare professionals** (GPs, neurology specialists, nurses and physiotherapists) know when to use the Hallpike manoeuvre to assess for BPPV in adults with transient rotational vertigo on head movement. They should be aware of staff in their healthcare setting who are trained in its use and local pathways for referral.

**Commissioners** (clinical commissioning groups, NHS England) ensure that they commission services in which adults with transient rotational vertigo on head movement have the Hallpike manoeuvre performed to assess for BPPV. They agree local pathways for referral between service providers where services themselves do not have access to a healthcare professional trained in performing the manoeuvre.

**Adults who experience vertigo (the feeling that they or everything around them is spinning) when they move their head** have a test done to check whether this is being caused by a condition called benign paroxysmal positional vertigo (BPPV). In the test they are asked to move their head in certain ways. If BPPV is diagnosed it can be treated to relieve the vertigo.

## Source guidance

[Suspected neurological conditions: recognition and referral](https://www.nice.org.uk/guidance/ng127) (2019) NICE guideline NG127, recommendation 1.2.6

# Quality statement 2: Headache in children

## Quality statement

Children under 12 years with headache and 'red flag' symptoms are referred immediately for neurological assessment.

## Rationale

Children aged under 12 years who present with a headache may also have one or more ‘red flag’ symptoms. These children need immediate referral for same-day neurological assessment to diagnose or rule out significant intracranial pathology, such as a brain tumour. Immediate referral will allow the appropriate treatment to be initiated including medical or surgical management to minimise morbidity and mortality.

## Quality measures

### Structure

a) Evidence of written clinical protocols to ensure that ‘red flag’ symptoms are recognised in children under 12 years presenting with headache.

***Data source:*** Local data collection, for example check lists of symptoms.

b) Evidence of written clinical protocols to ensure that children under 12 years with headache and one or more ‘red flag’ symptoms are referred for neurological assessment immediately.

***Data source:*** Local data collection, for example referral pathways.

### Process

Proportion of children under 12 years with headache and one or more ‘red flag’ symptoms who are referred for same day neurological assessment.

Numerator – The number in the denominator who are referred for same day neurological assessment.

Denominator – The number of children under 12 years with headache and one or more ‘red flag’ symptoms.

***Data source:*** Local data collection, for example local audit of patient records

### Outcome

Mortality rates from intracranial pathology.

***Data source:***Local data collection, for example, local audit of patient records.

## What the quality statement means for different audiences

**Service providers** (primary care services, secondary care services and neurology departments) work together to ensure that systems are in place for immediate referral to neurological services if a child under 12 years presents with headache and one or more ‘red flag’ symptoms. They ensure that healthcare professionals are able to recognise the ‘red flag’ symptoms.

**Healthcare professionals** (GPs, neurology specialists and nurses) are aware of local referral pathways for children under 12 years who present with headache and one or more ‘red flag’ symptoms. They are aware of the ‘red flag’ symptoms and the requirement for immediate referral to neurological services for assessment.

**Commissioners** (clinical commissioning groups, NHS England) ensure that they commission services for children under 12 years who present with headache and one or more ‘red flag’ symptoms to be referred immediately for neurological assessment. They ensure that local pathways for immediate referral are in place.

**Children aged under 12 with headache together with certain other symptoms** see a specialist the same day to check for serious illness.

## Source guidance

[Suspected cancer: recognition and referral](https://www.nice.org.uk/guidance/ng12) (2015) NICE guideline NG12, recommendation 1.9.2

[Suspected neurological conditions: recognition and referral](https://www.nice.org.uk/guidance/ng127) (2019) NICE guideline NG127, recommendation 1.21.1

## Definitions of terms used in this quality statement

### ‘Red flag’ symptoms

Any one of the following:

* headache that wakes them at night
* headache that is present on awakening in the morning
* headache that progressively worsens
* headache triggered or aggravated by coughing, sneezing or bending down
* headache with fever and features of meningism
* headache associated with vomiting
* headache associated with ataxia
* headache associated with change in conscious level or pervasive lethargy
* headache occurring within 5 days of a head injury
* headache associated with squint or failure of upward gaze ('sunsetting').

[NICE’s guideline on [suspected neurological conditions: recognition and referral](https://www.nice.org.uk/guidance/ng127) recommendation 1.21.1]

# Quality statement 3: Head size in children

## Quality statement

Children under 4 years with suspected abnormal head size or shape have their head circumference assessed using a standardised growth chart.

## Rationale

In children aged under 4 years abnormalities of head shape or size are likely to indicate brain growth disorders or raised intracranial pressure. Measurement of head circumference is an important but simple method of identifying children with abnormalities of head shape or size who should be referred for specialist investigation. Using standardised methods of measurement, including plotting measurements on a standardised growth chart, ensures accuracy and consistency when making referral decisions.

## Quality measures

### Structure

a) Local arrangements and written protocols to ensure that children aged under 4 years with suspected abnormal head shape or size have their head circumference assessed using a standardised growth chart.

***Data source:*** Local data collection, for example local protocols.

b) Local arrangements and written protocols to ensure that healthcare professionals have access to the necessary training needed to assess head shape and size in children aged under 4 years.

***Data source:*** Local data collection, for example staff training records.

### Process

Proportion of children aged under 4 years with suspected abnormal head shape or size who have the longest of 3 head measurements plotted on a standardised growth chart, corrected for gestational age.

Numerator – The number in the denominator who have the longest of 3 head measurements plotted on a standardised growth chart, corrected for gestational age.

Denominator – Children aged under 4 years with suspected abnormal head shape or size.

***Data source:*** Local data collection, for example [personal child health records (red book)](https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/).

### Outcome

Referrals for specialist neurological assessment in children aged under 4 years.

***Data source:*** NHS Digital [Hospital outpatient activity](https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity).

## What the quality statement means for different audiences

**Service providers** (primary care services, community services) ensure that systems are in place for children aged under 4 years with suspected abnormal head shape or size to be assessed at GP appointments and routine health visits using a standardised growth chart appropriate to their gestational age. They ensure that appropriate systems are in place for referral for specialist assessment when required.

**Healthcare professionals** (GPs, nurses, health visitors) use a disposable, single‑use, paper tape measure to take 3 consecutive measurements of head circumference at the same appointment and plot the longest of them on the appropriate head circumference chart for the child’s gestational age for children aged under 4 years with suspected abnormal head shape or size. They refer for specialist assessment when required.

**Commissioners** (clinical commissioning groups, NHS England) ensure that they commission services in which children aged under 4 years with suspected abnormal head shape or size are assessed using a standardised growth chart appropriate to their gestational age at GP appointments and routine health visits.

**Children aged under 4 years with an unusual head shape or size** have their heads measured with a paper tape measure. The measurement is done 3 times at the same appointment and the largest of the 3 measurements is checked against child growth charts. If the healthcare professional is concerned about the measurement they will refer to a specialist.

## Source guidance

[Suspected neurological conditions: recognition and referral](https://www.nice.org.uk/guidance/ng127) (2019) NICE guideline NG127, recommendation 1.22.2

## Definitions of terms used in this quality statement

### Standardised growth chart

A chart allowing health professionals to plot head circumference in children under 4 years, based on WHO child growth standards.

[RCPCH’s [UK-WHO growth charts - 0-4 years](https://www.rcpch.ac.uk/resources/uk-who-growth-charts-0-4-years)]

### Standardised methods of measurement

Three consecutive measurements of the child's head circumference at the same appointment, using a disposable paper tape measure, the longest of which is plotted on a standardised growth chart, corrected for gestational age.

[NICE's guideline on [suspected neurological conditions: recognition and referral](https://www.nice.org.uk/guidance/ng127)]

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See [quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard’s webpage](https://www.nice.org.uk/guidance/indevelopment/gid-qs10082/documents).

This quality standard will be included in the NICE Pathway on [neurological conditions](https://pathways.nice.org.uk/pathways/neurological-conditions), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

* time to diagnosis
* unnecessary emergency admissions
* health-related quality of life for people with existing neurological conditions
* patient experience of NHS services

It is also expected to support delivery of the Department of Health and Social Care [NHS outcomes framework.](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement](https://www.nice.org.uk/guidance/ng127/resources) for the source guidance to help estimate local costs.

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](https://www.nice.org.uk/guidance/indevelopment/gid-qs10082/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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