NICE support for commissioning for headache in young people and adults

August 2013

1 Introduction

Implementing the recommendations from NICE guidance and other NICE-accredited guidance is the best way to support improvements in the quality of care or services, in line with the statements and measures that comprise the NICE quality standards. This report:

- considers the cost of implementing the changes needed to achieve the quality standard at a local level
- identifies where potential cost savings can be made
- highlights the areas of care in the quality standard that have potential implications for commissioners
- directs commissioners and service providers to a package of support tools that can help them implement NICE guidance and redesign services.

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. The statements draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. For more information see NICE quality standards.

NHS England's Clinical Commissioning Group (CCG) outcomes indicator set is part of a systematic approach to promoting quality improvement. The outcomes indicator set provides CCGs and health and wellbeing boards with comparative information on the quality of health services commissioned by CCGs and the associated health outcomes. The set includes indicators.
derived from NICE quality standards. By commissioning services in line with the quality standards, commissioners can contribute to improvements in health outcomes.

Commissioners can use the quality standards to improve services by including quality statements and measures in the service specification of the standard contract and establishing key performance indicators as part of tendering. They can also encourage improvements in provider performance by using quality standard measures in association with incentive payments such as using the commissioning for quality and innovation (CQUIN) payment framework. NICE quality standards provide a baseline against which improvements can be measured and rewarded, enabling commissioners to address gaps in service provision, support best practice and encourage evidence-based and care.

This report on the headache quality standard should be read alongside:


2 Overview of headaches in young people and adults

Headaches are one of the most common neurological problems presented to GPs and neurologists. They can be painful and debilitating, an important cause of absence from work or school, and a substantial burden on society.

Headache disorders are classified as primary or secondary. The cause of primary headaches is not well understood and they are classified according to their clinical pattern. The most common primary headache disorders are tension-type headache, migraine and cluster headache. Secondary headaches are attributed to underlying disorders and include, headaches associated with medication overuse, giant cell arteritis, raised intracranial pressure and infection. Medication overuse headache most commonly occurs in those taking medication for a primary headache disorder. Most of the health
and social burden of headaches is caused by primary headache disorders and medication overuse headache.

### 2.1 Epidemiology of headaches

It is estimated that 4% of primary care consultations and 30% of neurology outpatient appointments are related to headaches¹.

About 97% of people with headaches have their condition managed in primary care. Most headaches seen in primary care are primary headaches, in which the headache itself is the disorder. Migraine occurs in 15% of the UK adult population, and more than 100,000 people are absent from work or school as a result of migraine every working day². Cluster headaches are less common affecting around 1% of the population at some time in their life.

### 3 Commissioning and resource implications

The cost of meeting the quality standard for headache depends on current local practice and the progress organisations have made in implementing NICE and NICE-accredited guidance.

Table 1 summarises the commissioning and resource implications for commissioners working towards achieving this quality standard. See section 4 for more detail on commissioning and resource implications.

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Table 1 potential commissioning and resource implications of achieving the quality standard for headaches

<table>
<thead>
<tr>
<th>Quality improvement area</th>
<th>Commissioning implications</th>
<th>Estimated resource impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification of headache and information on medication overuse headaches (quality statements 1 and 2)</td>
<td>Ensure that there are protocols in place for the appropriate referral to neurology (or paediatric neurology specialists), for people with signs and symptoms of secondary headaches and/or other symptoms for which referral may be considered.</td>
<td>Potential to reduce the number of unnecessary referrals to secondary care. Possible prevention of follow-up appointments in either primary or secondary care for those currently treated for primary headache disorder.</td>
</tr>
<tr>
<td>Imaging (quality statement 3)</td>
<td>Commissioners should ensure that their headache and neurology pathways have clear protocols for referral for imaging.</td>
<td>Possible reduction in the number of neuroimaging requests and potential follow-up appointments.</td>
</tr>
<tr>
<td>Combination therapy (quality statement 4)</td>
<td>This is a change from current practice. Commissioners will therefore need to work with their medicines management teams and providers to raise awareness of this quality statement and monitor practice.</td>
<td>Likely to increase drug costs as a result of dual prescribing for those diagnosed with migraines.</td>
</tr>
</tbody>
</table>

4 Commissioning implications and cost impact

This section considers the commissioning implications and potential resource impact of implementing the recommendations to achieve the NICE quality standard for headache in young people and adults.
4.1 Classification of headache and information on medication overuse headaches

Quality statement 1: Classification of headache type
People diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Quality statement 2: Preventing medication overuse headache
People with a primary headache disorder are given information on the risk of medication overuse headache.

Classifying headache type is important to ensure that people with a primary headache disorder receive appropriate treatment and prevention for their headaches. Providing information about medication overuse headache can prevent secondary headaches.

Accurate classification, treatment and information on medication overuse headache may reduce referrals for unnecessary investigations and improve people’s quality of life. Each outpatient consultant speciality tariff for a first attendance (single professional) to a neurology clinic is £222. For paediatric neurology the tariff is £396. The outpatient consultant speciality tariff for a follow-up attendance (single professional) to a neurology clinic is £128. For paediatric neurology the tariff is £225.

Commissioners should:

- Raise awareness of the quality standard in primary care and pharmacy settings, particularly the importance of classifying headache type and education about medication overuse headache.
- Ensure that there are protocols in place for the appropriate referral to neurology (or paediatric neurology specialists) for people with signs and symptoms of secondary headaches or other symptoms for which referral may be considered. Commissioners may consider identifying a GP with special interest in headache to assist with this. The indications for further
investigations or referral are detailed in the 'Definitions of terms used in this quality statement' section for quality statement 1.

- Consider monitoring referrals from primary to secondary care for headache, and sharing data at practice level across the CCG. This may help to focus on inconsistent practice, target education and improve referral behaviour.

Commissioners may wish to refer to the headaches diagnosis poster and clinical case scenarios for NICE clinical guideline 150.

### 4.2 Imaging

#### Quality statement 3: Imaging

People with tension-type headache or migraine who do not have signs or symptoms of secondary headache are not referred for imaging.

Referral for imaging is often undertaken to reassure people with tension-type headache and migraine. Therefore, the potential to reduce inappropriate referrals is greatest for these headache types. When healthcare professionals are confident about the diagnosis and classification of tension-type headache or migraine, imaging provides no more information and can lead to delays in diagnosis and treatment, and unnecessary anxiety for people.

There are potential savings for commissioners from a reduction in the number of neuroimaging scans requested and any associated follow-up costs to review results. The unit cost of a direct access CT scan is £78 and the cost of reporting is £20. The unit cost of an MRI scan is £140 and the cost of reporting is £22.

To help improve the quality of referrals for imaging, commissioners should work with providers to develop headache and neurology pathways that have

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clear referral protocols. Referral patterns should be monitored to ensure referrals are appropriate.

4.3 **Combined treatment for migraine**

**Quality statement 4: Combined treatment for migraine**

People with migraine are offered combination therapy with a triptan and a non-steroidal anti-inflammatory drug (NSAID) or paracetamol.

Correct treatment can relieve the symptoms of migraine and improve quality of life. To ensure treatment is effective it should take into account the person’s preferences, comorbidities and risk of adverse events.

Commissioners should expect providers to demonstrate that people with migraine are offered combination treatment with a triptan and either an NSAID or paracetamol. This is a significant change from current practice and commissioners will therefore need to work with their medicines management teams, primary care and pharmacy to raise awareness of this quality statement and monitor practice. They should be aware that NSAIDs, paracetamol and some triptans are available over the counter at pharmacies, which may be cheaper for people who do not get free prescriptions.

This is likely to increase the drug costs. NSAIDs and paracetamol are low-cost but triptans are relatively more expensive (depending on which is used). Commissioners should include drugs for headache in their local drug formulary and should review local procurement costs to assess the appropriate use and sequencing of drug treatments. [Headaches](#) (NICE clinical guideline 50) recommends that when prescribing a triptan, start with the one that has the lowest acquisition cost; if this is consistently ineffective, try one or more alternative triptans.
Commissioners and others may wish to refer to the academic detailing aid for NICE clinical guideline 150, which aims to support discussions with prescribers on first-line combination treatment of acute migraine.

4.4 **Raising public and professional awareness**

**Quality statement 5 (placeholder): Raising public and professional awareness**

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed for this area. Commissioners do not need to take any action.

5 **Other useful resources**

5.1 **Policy documents**


5.2 **NICE implementation support**

- [Headaches: academic detailing aid](#) (2012)
- [Headaches: baseline assessment tool](#) (2012)
- [Headaches: clinical audit tool](#) (2012)
- [Headaches: clinical case scenarios](#) (2012)
- [Headaches: costing report](#) (2012)
- [Headaches: costing template](#) (2012)
- [Headaches diagnosis poster](#) (2012)
5.3   **NICE pathways**

- [Headaches](#) (2012)

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