Exemplar Regional Headache Services in Oxford and SW London: What Can we Learn From Them?

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Through regional representatives the ABN services committee aims to support members to drive forward excellence in patient care. Given the importance of effective headache management to all neurology units, here we highlight two successful headache services as suggested by our regional representatives. Both models have been highlighted by NICE and GIRFT.

**Oxfordshire model**

Population covered: 700,000
Headache accounts for ~30% of neurology referrals
All referrals are triaged by a consultant neurologist specialising in headache.
11% of referrals are returned to the referring GP with management advice.
5% of referrals result in brain imaging being requested; if normal, a letter is written to the referring GP and no further action is needed from the service.
73% of referrals are seen in the community headache clinic by a GP with a special interest in headache (paid for by the acute trust).
The remaining 11% of referrals are triaged to the consultant specialist headache clinic.
Therefore 89% of referrals are directed away from secondary care.
Patients are given written management information at face to face appointments. Many clinics are now virtual.
The follow-up rate is about 16% and mainly for patients with medication overuse headache.
Quarterly MDTs to discuss complex cases and service delivery
The team are starting to use social prescribing/a health coach
Challenge: referral numbers continue to increase

**SW London Model**

Population covered by Headache Hub: 435,378
The Headache Hub is local service for patients whose GPs lie within the Merton and Wandsworth boroughs of SW London.
The Headache Hub is based at a community hospital and run by clinicians from the tertiary headache service at St George’s Hospital. The aim of the Headache Hub is to help primary care clinicians with diagnosis and management, while identifying those who need specialist therapies. Specialist therapies are provided via a regional Tertiary (Complex) Headache clinic.
All referrals are triaged to one of: the Headache Hub, a General Neurology clinic, or a Tertiary (Complex) Headache clinic.
Triaging is by a consultant neurologist specialising in headache.
About 15% of all headache referrals are returned to the referrer with advice.
55% of all headache referrals received are from primary care; other referrals are mostly from other neurologists to the regional tertiary headache service.
In the Headache Hub, patients are triaged to see any of a neurology consultant, acute medical consultant, GP with special interest in headache, specialist nurse or AHP (physiotherapist by background or physician associate).
All patients in the headache hub requiring drug titration are offered several follow-up appointments to support this. Weekly MDTs are used for complex case discussions.
Group consultations have been used on a limited basis and the team plan to expand these further.
Challenge: referral numbers continue to increase

**Summary**

The two models that have been presented as exemplar headache services have several common features: a single point of access, most senior specialist triaging the referrals, non-neurologists seeing a high proportion of patients, and provision of MDTs for discussion of complex cases.

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