Community Headache Service

Business case

Service	Community Headache Service		
GP commissioning leads	Dr John Balazs, LPBCC Vice Chair		
Director leads	Moira McGrath		
Project leads	Alicia Reeves		
Project Start date	TBC April 2011	**Project completion date**	31st March 2012

1. Decision summary

The Lambeth Practice Based Commissioning Collaborative (LPBCC) wish to commission a community headache service that is available to all Lambeth patients. This is based on the evaluation of a headache clinic that was piloted in North Lambeth, staffed by Dr Raj Mitra and Dr Rachael Kilner, two General Practitioners with Special Interest (GPwSI) in Headache. The evaluation showed that the service demonstrated positive outcomes for patients and reduced costs compared to hospital attendance.

The aims of the service would be to deliver a specialist community headache service via a team of GPwSI in Headache, which:

- Reduces outpatient appointments to neurology for headache
- Reduces waiting times for patients with headache
- Improves prescribing and medicine management for headache patients

This service would be delivered as a pilot for one year with a brief evaluation taking place every quarter (July 2011, October 2011, and January 2012). The January 2012 report will be a larger evaluation, intended to provide important information about whether the service should continue beyond this stage. The service is expected to operate on a cost-per-case basis.

The benefits of this service include:

- Decreased neurology outpatient referrals for headache by an estimated 12% - 19%
- Increased skills in general practice
- Improved medicines management for patients with headache

The evaluation of the North Lambeth Headache Service was reviewed by the Lambeth PBC Collaborative Board in 2010. Based on this evaluation, the Lambeth PBC Collaborative Board requested that this business case be developed to expand the service across Lambeth.

The Clinical Board are asked to approve this business case to extend the existing GPwSI community headache service to the whole of Lambeth beginning in April of 2011.

2. Context

A pilot for a community based Headache Clinic, funded by the Guy's and St Thomas's Charity, was set up by the North Lambeth Commissioning Group in 2009. An evaluation of this service found that it was cost effective given the current neurology tariff and cost of investigations (primarily Direct Access CT scans) and provided positive clinical outcomes for patients (the executive summary from this evaluation is included in Appendix A).

In Lambeth, there were over 1,600 GP initiated first attendances in secondary care neurology in 2009/10, at an estimated cost of £400,000 (Source: *Lambeth Xiom Data*). Referral rates for Lambeth in 2009/10 were 23.4 per 1,000 patients which is above the national average (17.7 per 1,000). This is, however, in line with the London average of 24 per 1,000 (Source: *NHS Comparators*).

Although the referral rate is fairly low overall, headache referrals account for a significant amount of total activity. Studies have shown that GP initiated referrals to hospital for headache are often a result of pressure by the patient for a referral[1]. As a result, an increasing number of patients are being seen in hospital for headache, increasing wait times and limiting access for patients with more complex neurological conditions.

In developing this business case, it was noted that limited subspecialty data is available to separate headache attendances from other general neurology attendances. Local estimates, as reported by King's College Hospital and NHS Southwark, suggest that headache accounts for 25% of neurology outpatient attendances. Data from the North Lambeth Headache Clinic pilot shows that 19% of total attendances in North Lambeth (including all neurology outpatient and headache clinic attendances) were seen in the Headache clinic. North Lambeth also demonstrated a 12% reduction in neurology outpatient attendances during the period that the clinic was in place. It is therefore anticipated that 12% - 19% of neurology attendances will shift to the community if a Lambeth wide headache clinic is made available.

Information on patient satisfaction with the service was limited, as many patients did not complete the headache clinic survey. Data is available however from a similar service in Southwark, which reviewed data from 117 patients including 56 that attended a hospital neurology clinic, and 61 that attended the headache clinic. Clinical outcomes were similar in both services; however of patients attending the headache clinic, 82% reported being satisfied or very satisfied with the Community Headache Clinic service, compared to 75% of hospital patients[1].

3. Guidance & Legislation

Evidence and Reference Information:

1. Risdale L, Doherty J, McCrone P, et al. A new GP with special interest headache service: observational study. *British Journal of General Practice* 2008; **58**: 478-483.
2. Evolution Health. *Guidelines for Headache Management & Referral to Headache Clinic*

4. Project description: Proposed service

GPwSI Community Headache Service

Service Description

The Headache Clinic has historically been held twice per month at Lambeth Walk Group Practice, staffed by a GP with Special Interest (GPwSI) in headache. This a pilot to expand the service Lambeth wide. The service will be open for all practices to refer into, and will operate from different locations throughout the borough at an initial rate of 3 clinics per month (to be increased or decreased based on patient demand).

Patients considered to be suitable for the headache clinic include:

- Patients with trigeminal autonomic cephalgia (cluster headache)
- Patients over age 50 with new headache symptoms (provided no red flag symptoms)
- Patients with chronic headache lasting more than one month (and no red flag symptoms)
- Patients who have received prophylactic medication from GP with no benefit

Patients not suitable for referral to the headache clinic include those with red flag symptoms as outlined in the headache checklist / referral form.

Staffing

Core skills/competencies

The clinical staff delivering the service will be qualified and registered GP Professionals within the UK, certified as GPwSI for Headache. GPwSI clinical staff need to demonstrate evidence of clinical supervision requirements in each report to the Commissioners.

The clinical staff will have appropriate administrative support in order to effectively and efficiently discharge their duties within the service. The provider will remain responsible for quality assuring the clinical staff.

Clinical supervision arrangements

The provider will ensure that clinical supervision arrangements for the GPwSI team are in line with NHS Lambeth and National policy

Clinical governance

Clinical Effectiveness

The service has:

- Adopted an evidence-based approach to the management of its patients
- Will implement NICE guidelines and other national standards to ensure optimal care (when they are not superseded by more recent and more effective treatments)

Audit

The clinical practice of the service will be continuously monitored and any deficiencies in relation to set standards of care will be remedied.

Risk Management Strategy

The service will:

- Comply with protocols
- Report any significant adverse events and investigate any complaints
- Have processes to reduce the risk and its impact
- Promote a blame-free culture to encourage everyone to report problems and mistakes.

Education and Training

- The doctors providing the service will undertake relevant Continuous Professional Development
- Maintain their membership to relevant professional bodies and undertake supervision

Patient and Public Involvement (PPI)

- The service will use patient feedback questionnaires, which will be reviewed on a quarterly basis

Data Security

- Patient data is to be accurate and up-to-date
- Confidentiality of patient data will be respected
- The data will only be used to measure quality of outcomes and to develop services tailored to local needs.

Staffing & Staff Management

- The service will be staffed by appropriately qualified clinical staff
- Underperformance will be identified and addressed

Location(s) of Service Delivery

Clinics will be held in a number of locations to ensure equitable access. The service will be provided at multiple locations including those set out below but may be reviewed subject to agreement with commissioners. Clinics will be configured in a way that allows urgent referrals to be seen within an appropriate timescale i.e. rapid access.

Days/Hours of operation

One clinic per week in various locations around Lambeth (one clinic 4 hours = 7 new or 6 new and 2 follow up). Clinics to be held on different days of the week to maximise opportunities for patients to attend. Patients should have a choice as to which location and date they will attend.

Referral criteria

- Patient registered with Lambeth GP practice
- Patients have been assessed using the Headache Referral Checklist (Appendix B) to confirm that they should not be referred to secondary care
- Patients that do not have any of the 'red flag' criteria for emergency hospital referral as outlined in the checklist (Appendix B)
- Patients that meet the clinical referral criteria for the GPwSI Headache Clinic (TBD)

Exclusion Criteria

- Patient with red flag criteria – these patients should be seen urgently in hospital
- Patients referred without a checklist. These referrals will be sent back to the GP.

Source of referral

- GP
- Practice Nurse

Referral route

The referral document is faxed to a secure fax number or emailed using secure email address (sender and recipient, such as nhs.net). **All referrals must meet the Headache Referral Critera (to be developed) and contain the headache clinic referral form. If these documents are not completed, the referral will be sent back to the referring GP practice.**

Referrals will be reviewed by the clinic for setting of care. Any referrals meeting criteria for secondary care

(as outlined in the secondary care referral checklist for headache) will be forwarded on to hospital. Referrals that do not meet the criteria for the clinic or for secondary care will be returned to the GP.

This clinic will work to integrate into any locally established Referral Management Centre for Guy's and St Thomas's and King's College Hospital when this becomes available; however the clinic will use the above criteria for all patients that would normally be referred to St. George's Hospital for treatment.

Response time and prioritisation

- All newly referred patients are contacted within five working days of referral to arrange an appointment
- Further follow up appointments as clinically indicated

Prescribing

Medicines are the most common treatment intervention and almost all care pathways involve medicines. The provider will ensure the safe, secure and cost-effective use of medicines details of which will be in the service specification.

The provider will ensure the supply of medicines is in line with the South East London Sector Interface Prescribing Policy and will develop a formulary for prescribing/supplying/recommending medicines, which will include identification of clinical situations where immediate supply of medicines will be required. It is the responsibility of the provider to gain local approval for the formulary (from NHS Lambeth) prior to the service commencing. The formulary will ensure safe and cost effective evidence based use of medicines in line with the local Joint Formulary and any national or locally approved guidance.

Under current arrangements, the practices where the service is delivered absorbs the prescribing costs associated with the clinic. As the clinic expands, this would have a greater impact on the prescribing budget therefore a separate prescribing budget will be set up for the clinic. Data is currently not collected on the cost associated with prescribing however this will be collected under a new service specification and monitored quarterly. The cost of prescribing therefore needs to be taken into consideration alongside any potential savings identified and resources shifted accordingly. It is anticipated that the costs associated with formulary prescribing would not adversely impact on savings.

Discharge Planning

The service works in conjunction with the GP and any other relevant health care organisations in ensuring patients are discharged from the service appropriately and safely and that any transfer of care is clearly planned and communicated before the transfer or discharge takes place.

Patients are able to contact the service if they experience deterioration in their condition, and be seen within clinic as appropriate within one year or the initial referral.

The service ensures that the GP is kept informed of the discharge and / or transfer of care upon discharge from the Community Headache service. When a patient is discharged a management plan will be developed and sent to the GP as part of the discharge letter. The service can also provide advice and support in implementing the management plan.

Discharge criteria

Patients are discharged back to their GP with a management plan, usually after one visit. Factors that will influence the decision to discharge a patient include:

- Clinical judgment
- Patient is on optimised medications

- Symptom resolution or stabilisation
- Patient is not engaged i.e. has not responded to two invites for an appointment (written/telephone communication) or has not attended a confirmed appointment on two occasions

5. Outcome measures

Quality and Activity Performance Indicators	***Quality and Performance Indicator(s)***	***Threshold***	***Method of Measurement***	***Consequence of Breach***
HCAI Control (Healthcare Associated Infections)	Infection control – Staff required to attend mandatory training within appropriate timescale	100%	Mandatory Training record / personal development plan	Highlighted through appropriate quality monitoring mechanism and escalated as appropriate
Service User Experience	Patient satisfaction survey offered*	100%	Record when patients are given a survey	Invoices may be withheld if report on this data is not submitted
	Patient satisfaction survey completed*	30%	Review surveys returned	
	Patients completing the survey to be very satisfied to satisfied with the service	80%	Survey	
	Wait times within agreed thresholds*	2-3 weeks unless patient requests longer	Survey	
	Patients are aware of the complaints procedure.	90%	Survey	

	Complaints are investigated and a response sent to a complainant within 15 working days. Patients have access to appropriate information to support self-management	100% 100%	Document all patient complaints and include timescale All patients provided with website and self management tips at appointment. Confirm in patient survey	
Improving Service Users & Carers Experience	Monitor the level of complaints. Identify themes and trends in complaints and surveys. To put in place actions to address clear trends.		Summary of complaints and actions taken to be included in each report back to the Commissioners	
Secondary care utilisation	Reduction in Neurology outpatient attendances for headache Check that headache clinic criteria meet and referral form used for all patients Reduction in follow up attendances for headache in hospital Onward referral to secondary care	15% 100% 50% < 5%	Measured using secondary care utilisation data Criteria will be included with the referral form. Provider should report use of criteria/ referral form for each patient, and send any referrals made without this information back to the GP. The number of referrals sent back should be included in data reporting spreadsheet. Confirm using data as available from GST and KCH Document any onward referrals in report	The service contract may not be continued if, upon evaluation, secondary care utilisation has not decreased.
Reducing Inequalities	Ethnicity is recorded* This will be used to profile the service users to ensure		Include in patient survey	Invoices may be withheld if report on this data is not submitted

	that the service is meeting the needs of the population in terms of equality impact assessment. Staff has undertaken relevant equality and diversity training.	 100%	 Staff to demonstrate in training portfolio and annual reports	
Improving Productivity	% of DNA's	25% or fewer	Demonstrate in semi-annual and annual reports	Invoices may be withheld if report on this data is not submitted
Access	No of referrals (and reasons) patients are not accepted by the service	n/a		
Headache Management Plan	Patient has a comprehensive management plan	100%		The service contract may not be continued if management plans not available
Patient management	Improved ability to self-manage Patients are on optimised medications*		Document self-management information given to patients Document changes to patient medication	The service contract may not be continued if, upon evaluation, these items are not documented
Service redesign & promotion	Increase in number of practices engaged with the service Offer GP Satisfaction surveys Action plans for any items that GPs are not satisfied with	90% of practices using the service by end of year. 100% of practices offered the survey 10% or greater dissatisfied or very dissatisfied on	Usage confirmed by referrals to the service, demonstrated in report All practices offered the chance to complete GP survey; demonstrate results in report Include action plan in report and update as required	The service contract may not be continued if, upon evaluation, practices are not utilising the service, or GPs are dissatisfied with the service

	Contact non-referring practices to discuss and promote the service	survey	Document contact in report	
Outcomes	Improvement in patient outcomes and ability to self manage own condition	>90%	Patient survey responses; GP survey responses; Success on a recognised pain assessment tool re-referral from patient's GP to secondary care; discharged from service	The service contract may not be continued if, upon evaluation, these outcomes are not achieved

*Exception reporting is applicable. **Specific criteria for exception reporting will be developed in consultation with the team.**

6. Benchmarking / learning from elsewhere

The North Lambeth Headache Service and evaluation have been based on a similar service that has been running in North Southwark since 2005. Southwark have reviewed this service and are currently piloting a borough-wide service, to be evaluated later this year.

7. Options appraisal

	Description	Cost	Benefits	Risks
1	Do not fund the service	Nil	None	• Cost and volume of neurology outpatient attendances increases due to loss of service in North Lambeth • Wait times for neurology appointments increase; patients with serious neurology concerns wait longer due hospital appointments booked for patients with headache
2	Fund the service	*To Be Determined Locally*	• After the cost of the service is deducted, this produces a net saving • Reduction in neurology appointments estimated at 12% - 19% based on North Lambeth Headache Clinic evaluation; however this could be higher based on evidence from King's College Hospital suggesting that headache accounts for 25% of neurology referrals.	• Neurology tariff is negotiated locally with the acute trusts. Tariffs have not yet been set for 2011/12. This business case assumes that the tariff will remain the same, and that direct access CT scans will be charged at the nationally recommended rate; however this may not reflect actual prices. • An increase in the number of patients requiring a CT scan could change the cost and therefore available saving associated with the clinic

8. Risks and dependencies

Risks	Mitigating action
CT Scans: The price of CT scans is negotiated locally. At the writing of this report, the tariff for Direct Access CT scans in 2011/12 has not yet been set. National guidance has suggested a possible price of up to £173 per scan, which has been used in the calculations for this report. ***Key risks around CT scans are:*** • ***Increased activity above projected levels*** • ***Local price higher than £173 estimate***	Financial analysis has been completed for different levels activity, and prices of CT scans. At current prices, the service will break even on the cost of first attendances if 142 CT scans are completed (224 CT scans for 19% shift). Given historical activity and information from the evaluation, it is unlikely that this expanded service will refer this many patients for a CT scan. The number of patients referred for a CT scan will be reviewed in each quarterly report.

Growth: Growth in total neurology referrals as a result of the clinic above the levels estimated could potentially negate any saving made by the clinic.	Activity estimates for neurology are based on historical activity and include a factor for growth using historical growth rates for neurology referrals. The Headache Checklist is intended to ensure that GPs do not increase growth unnecessarily by referring patients that should be seen in the course of general practice.
Patient Feedback: Patient feedback, based on the evaluation of the North Lambeth pilot, was very limited. The risk is that the service continues without sufficient information on patient satisfaction.	All patients to receive a questionnaire at the time of the appointment. Other patient involvement options to be discussed as part of the quarterly monitoring meetings for the service
Practice Engagement: Practices may not engage with the service but instead continue to refer directly to secondary care for headache.	NHS Lambeth will issue a Headache Checklist to all practices, outlining criteria for identifying patients that should be referred to secondary care for headache.

Financial Analysis – *To be determined locally*

Financial Analysis – CT Scan *To be determined locally*

9.	Consultation

The evaluation of the pilot has been reviewed at the Lambeth PBC Collaborative Board. The Board requested this business case to expand the service Lambeth-wide.

This report has also been reviewed by:
Medicines Management
Finance
Public Health
LSL Alliance

10.	Governance and monitoring

Performance monitoring

Clinic data will be reported on a monthly basis, and performance monitoring will take place via a series of regular monitoring meetings. Outcome measures and thresholds have been defined as stated above in section 5.

Appendix A: Executive Summary, North Lambeth Community Headache Service Pilot Evaluation

The Service

The North Lambeth Community Headache clinic was designed as a way to treat headache in General Practice. The headache clinic provided local GPs with a specific referral criteria and checklist for patients that could be seen in the community by a GPwSI. The clinic was designed to reduce activity in secondary care for neurology; to increase access for patients and reduce wait times; and to improve patient satisfaction compared to hospital. The service design was based on a similar headache clinic implemented in Southwark.

Clinic Activity

A total of 73 patients were referred by 11 practices to the North Lambeth Headache Clinic between March 2009 and January 2010. Of these, 23 did not attend (DNA). Of the remaining 50 patients, 48 were seen and discharged back to the GP, and 2 returned for follow up. The majority of patients were diagnosed with medication overuse, tension headache, cluster headache, or migraine. 12 of the 48 patients were referred for a CT scan before being discharged. None of the patients seen in the clinic during this time period were referred on to secondary care.*

In 2009/10, North Lambeth demonstrated a reduction in overall neurology outpatient first appointments of 12% compared to 2008/09, and a reduction in neurology follow ups of 15%. Lambeth wide, there was an increase in overall neurology outpatient first referrals of 14%. It is likely that the headache clinic contributed to the reduction in neurology outpatient attendances in the North, however it is possible that there were other factors involved as well.

User Experience

Two surveys were conducted to measure user experience. These included a GP survey and a patient survey. For the GP survey, 35% of North Lambeth GPs (24 in total) responded. Key outcomes from the survey include:

- 84% were satisfied with the timeliness, and 88% with the quality, of the discharge summary
- 94% stated that the clinic had effectively solved headache problems for their patients
- 87% would refer to the clinic in the future

The main concern with the GP survey was wait times – 17% of GPs reported that they were very dissatisfied with the wait time for their patient to be treated in the clinic. The responses to the patient survey were also generally positive, however it should be noted that very few patients returned the survey (7 total patients or 14%) and of those, only 5 patients completed the survey form. Patients reported that:

- 80% were satisfied with ease of access to the clinic
- 100% had confidence and trust in the clinician
- 80% were satisfied with the management plan they had received, and felt that it relieved their symptoms

As a result of the low response rate, the clinic is now asking patients to complete a survey at the time of appointment and to return it before they leave the practice.

Summary / Conclusions

The overall outcome of the headache clinic is positive; however there are a few items that warrant further consideration. The cost of CT scans is a risk for the clinic, and any significant increase in the number of patients referred for a scan could eliminate cost savings. Also, patient feedback is critical for a new service, and limited information is available on patient views. Patient volume is also fairly low and wait times are high in some cases, which could be improved by adjusting clinic booking practices and expanding access to the service on a Lambeth wide level. On the whole, the service appears to be cost effective and to generate positive outcomes for patients, and these risks can potentially be reduced with robust planning of the service in the future.

Appendix B: Headache Checklist for Secondary Care

Headache Referral Form				
Contact details		GSTT neurology clinic details	KCH neurology clinic details	Other
	Phone	020 7188 3966		
	Fax			
	Email helpline			

Referral date		**Referral urgency**	
Referring doctor:		**Patient name:**	
Address: **Phone:**		**DOB:**	
		Address: (include postcode)	
		Phone:	
		NHS number:	
		Hospital Number:	

Referral Checklist (see notes) For patients with headache please check the following before referral	
	Yes/No
For patients with new onset headache there are NO red flag symptoms to suggest raised intracranial pressure or a brain tumour[1]	
BP has been checked to exclude malignant hypertension	
Visual fields, visual acuity and fundoscopy are normal.	
Reflexes are normal	
ESR is normal in patients > 50years old	
Consider medication overuse headache in patients using regular analgesia (> 2 days week at 4 tablets on each of the 2 days), in particular, codeine. Reduce usage appropriately.	
Tried at least 1 prophylactic medication before referral[2]	
Reason for referral if answering 'No' to any of the above:	

NOTES

[1] Red flag symptoms

- Systemically unwell
- Progressive neurological deficit
- New onset seizures
- New double vision
- Associated with vomiting and drowsiness
- Headache on waking, which clears on sitting
- Previous history of any cancer with new neurological signs

IF ANY OF THESE ARE PRESENT PLEASE REFER URGENTLY TO NEUROLOGY

[2] ***Prophylactic medication to consider in patients with chronic headache. Trial of medication for 3 months, dosage as per BNF***

. Trial of medication for 3 months, dosage as per BNF

Migraine	***Chronic daily headache (headache > 15 days per month)***	***Mixed headache (migraine and CDH)***
Propranolol Amitriptyline Topiramate	***Amitriptyline Gabapentin Topiramate***	***Amitriptyline Gabapentin Topiramate***

Information required for referral	
Medical history & examination	
Allergies	
Medications	
GP comments (including any other relevant information)	