



Guidelines for the appointment of

General Practitioners with Special Interests  
in the Delivery of Clinical Services

## *Headaches*

April 2003

## Headaches

This general practitioner with special interest (GPwSI) framework is one of a number which the Department of Health has commissioned the Royal College of General Practitioners (RCGP) to produce. The frameworks have been written following extensive consultation with general practitioners, secondary care specialists, Primary Care Trust managers, patients, the Department of Health and the PwSI team in the NHS Modernisation Agency. The framework provides recommendations for the local implementation of a GPwSI service, intended to be advisory for the development of services, offering good practice, drawing on local experience.

This guidance should be read in conjunction with the Department of Health and Royal College of General Practitioners' *Implementing a scheme for General Practitioners with Special Interests* (April 2002, [www.doh.gov.uk/pricare/gp-specialinterests](http://www.doh.gov.uk/pricare/gp-specialinterests)), and the NHS Modernisation Agency's *Practitioners with Special Interests: A Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service* (April 2003, [www.gpws.org](http://www.gpws.org)).

### Rationale for GPwSI service in headache

Headache is one of the commonest clinical conditions. Virtually everyone experiences headache at some time in his or her life, with about 70% having a headache at least once a month. Despite the high prevalence of the symptom a headache is not a trivial problem. The personal burden of headache to the sufferer and the economic burden on society are high.<sup>4</sup>

Migraine and chronic daily headache, both of which result in a high impact on the sufferers' daily lives, are experienced by approximately 12% and 4% of the general population respectively.<sup>1</sup> Other headaches, such as sinister headaches\* and cluster headaches are less prevalent, but have serious, and sometimes life-threatening, impact.<sup>2</sup>

There is evidence that migraine and other headaches are under-estimated, under-diagnosed and under-treated.<sup>3</sup> and patients with significant medical needs frequently lapse from care following their initial consultation.<sup>4</sup> Evidence suggests that current headache services are neither adequate nor cost-effective, with no national or local targets, little research or auditing undertaken with a general lack of interest amongst GPs and neurologists. The lack of headache-interested specialist physicians results in patients suffering from long waiting lists, and often seeing a neurologist who has little training in headache management.

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\* A sinister headache is a headache that by virtue of its symptomatology warrants serious concern, for example a change in the pattern of a chronic headache, a headache with cognitive impairment, a patient who complains of a headache and has neurological signs or a headache in the context of seizures.

### **a. The core activities of a GPwSI service in Headache**

It is important that when planning a GPwSI service that it is **not** expected that a GPwSI will accept, assess, investigate and treat new referrals in isolation of specialist services. The activities of the service will vary within each Primary Care Organisation (PCO) but would normally include aspects of clinical work, education and leadership.

It is likely that the GPwSI service will see patients with the following subgroups of headache:

- Migraine.
- Episodic tension type headache (TTH).

and that the activities of the service will involve aspects of the following:

#### **Clinical Service**

- Provide a clinical service for patients with headache, including, where appropriate, care to special groups (e.g. children and adolescents, pregnant mothers, and older people) or conditions. The type of clinical service will be determined locally.
- In conjunction with other professionals (neurologists, specialist nurses, clinical psychologists and other mental health professionals, physical therapists, primary care teams and patient representatives), develop clinical pathways for patients with headache.

#### **Education and Liaison**

- Develop the skills and knowledge of primary (and secondary) care to manage patients with headache.
- Provide information and support to primary care practices and practitioners on best practice in relation to the care of their patients.
- Provide educational support to patients.
- Support practices to use templates for annual review of patients with headaches and to assist them in carrying out audits relevant to patients with headaches.
- Have up-to-date information of how to access education, employment and related social aspects of headache.

#### **Service Development/Leadership**

- Provide clinical leadership for developing headache services for primary care across the PCO.
- Lead the development of shared care services for patients with headache.
- Support general practitioners and primary health care teams in the care of patients with headache and improve the care that these clinicians provide to their patients.

**b. The core competencies recommended for the GPwSI service**

These will depend on the core activities of the service provided. It is recommended that a GPwSI should be able to demonstrate elements listed below.

*Generalist*

The competencies to deliver a GPwSI service should be seen as a development of generalist skills including good communication skills, competence in teaching and training healthcare professionals and a commitment to cascading knowledge and skills.

**and**

*Special interest*

Able to conduct a full medical and headache history with access to the appropriate investigations, to make an accurate diagnosis of headache and its subtypes.

- Understand the psychosocial aspects of headache.
- Understand the natural history of headache.
- Have a sound knowledge of the pharmacological treatments for headache, their uses, side effects, drug interactions and contraindications.
- Understanding of co-morbid factors influencing effective headache management, e.g. psychiatric illnesses.
- Understand the use of, and make appropriate referral to, appropriate specialist investigations.
- Able to establish a practice headache register and use it for call, recall, audit and outcome.
- Understand the role of patient support organisations.
- Able to understand the networks of carers and services involved in the provision of care to patients with headache.

**c. Evidence of training and experience for agreed competencies**

*Generalist*

Primary care organisations will need to ensure that the GP is a competent and experienced generalist, as well as having the specific competencies and experience for the special interest area. This can be assessed in a number of ways but is readily demonstrated by GPs who have passed the Examination of the RCGP and who are also current members of the College.

**and**

Skilled at training health professionals

**and**

***Special interest***

Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the GPwSI is able to meet the competencies of the service requirements. For those with no or limited experience in managing patients with headaches or allied areas, this number would be in the region of 40 - 50 clinical sessions.

**or**

Personal development portfolio showing evidence of advanced clinical skills and knowledge.

**and**

Evidence of attendance at relevant courses or self-directed learning to meet educational requirements identified through his or her professional development plan and annual appraisal.

**d. Evidence of successful acquisition of competencies**

The RCGP recommends that the GPwSI maintain a personal development portfolio to identify their education requirements matched against the competencies required for the service and evidence of how these have been met and maintained. This portfolio can act as a training record and log book, countersigned as appropriate by an educational mentor, or supervisor/s, to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies enumerated in this document and by the employing authority. This portfolio should also include evidence of audit and continuing professional development and would be expected to form part of the GPwSI annual appraisal.

<b>Examples of different evidence of competencies for the service</b>
Demonstration of skills under direct observation by a senior clinician.
Demonstration of knowledge by personal study supported by appraisal.
Evidence of gained knowledge via attendance at relevant courses or conferences.
Demonstration of ability to work in teams by evidence of taking part in multidisciplinary teamwork to plan and deliver service provision and individual patient care.
Delivering multi- and uni-professional training.
Baseline experience could also include relevant experience as a clinical assistant of relevant clinical attachment.

#### **e. Evidence of maintenance of competencies**

The GPwSI would be expected to maintain his or her competencies through continuing professional development (CPD) and education. It is recommended that the GPwSI undertakes a minimum of 15 hours CPD and undergoes annual appraisal in the special interest and generalist areas. Membership of a relevant national primary care organisation or network would add to this portfolio.

In order to maintain skills, the RCGP recommends that a GPwSI work at least one session per week (ideally more) in the special interest area and one session per week as a generalist practitioner (ideally more).

#### **f. Accreditation process**

This involves determining the core competencies for the special interest area, evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally following stakeholder consultation.

Before appointing a GPwSI the PCO will need to ensure that the doctor has submitted evidence of his or her required competence to the expected standard defined by these criteria for accreditation.

The mechanism for this process can be determined locally, although it is recommended that this should be through an assessment of evidence of competence contained in the practitioner's ongoing personal development portfolio by local (e.g. Clinical Governance Lead, Medical Director, local specialist) and/or national (representative from a professional body or special interest PCO) assessors, where at least one assessor has in-depth specialist knowledge of the clinical area.

The PCO would be expected to provide a working environment as part of the GPwSI post that enables the doctor to practise the special interest area in a competent manner.

#### **g. The types of patients suitable for the service including age range, symptoms, severity, minimum and maximum caseload/frequency and reason for referral**

The service configuration will depend on the needs of the PCO and other factors such as location of the service, service aims etc. In all GPwSI services the caseload should be sufficient such that the practitioner is able to exercise their generalist skills and deal with the physical, psychological and social aspects of disease.

- Patients with migraine referred by the GP to the service for review of medication, advice on further management etc.

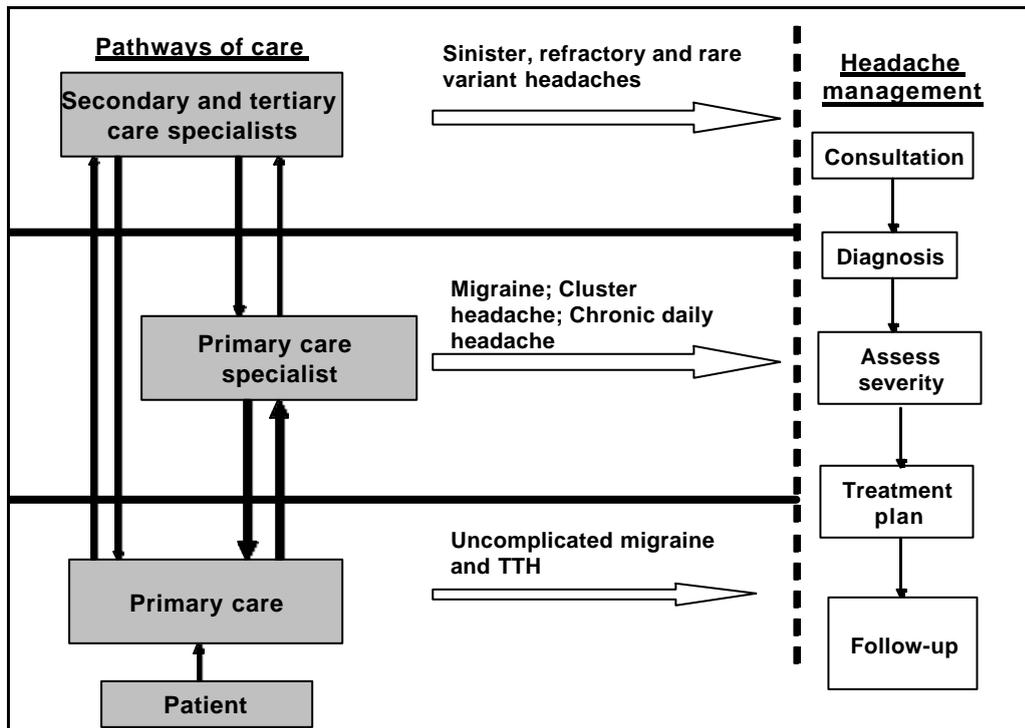
- Specific migraine subgroups unsuitable for management in primary care (patients with contraindications to medications, medication-related side effects, co-morbidities and those at-risk, e.g. certain women and children and those overusing symptomatic medications).
- Patients with chronic headaches: chronic daily headache (CDH) and medication overuse headache (MOH).
- Patients with short-lasting headaches: cluster headache and short, sharp headaches.
- Headaches associated with old age: trigeminal neuralgia, post-herpetic neuralgia and temporomandibular dysfunction.
- Patients with refractory ‘sinus’ headaches.

*Appropriate patients to refer to a neurologist*

- Patients with suspected sinister headache.
- Patient’s refractory to repeated treatments given by the GPwSI.
- Patients with rare headache subtypes (e.g. the rare migraine variants).

Suggested pathways of care for headache are shown in Figure 1.

Figure 1. Suggested pathways of care linking primary care, GPs with a special interest in headache (GPwSI) and secondary care neurologists.



#### **h. Local guidelines on the use of the service**

These guidelines might include information for referring clinicians about:

- Types of patients to be referred to service, including inclusion and exclusion criteria.
- Referral pathways, see Figure 1.
- Response time.
- Communication pathways.

#### **i. Recommended facilities for delivery of a GPwSI in headaches service.**

These will alter according to individual requirements and configuration of PCOs, and existing service provision in Acute Trusts. However it is recommended that in most circumstances the GPwSI should have access to the following facilities:

- Direct access to specialist support.
- In keeping with local guidance or protocols, direct access to specialist investigations, including MRI and CT scanning procedures.
- Access to clinical network/mentor or educational supervisor.
- Access to educational material, including provision of courses, conferences, etc.
- Access to shared care services, including multidisciplinary team members. These may include specialist nurses, clinical psychologists and physical therapists.

#### **j. The clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCO level and in acute trusts**

The GPwSI will be accountable to the PCO Board with clinical responsibility resting with the GPwSI. The Clinical Governance arrangements will follow those normally used for the PCO and should include systems or mechanisms for defining clinical audit and communication standards, significant event monitoring and complaint handling.

The GPwSI service would have good mechanisms for joint working and communication, including regular meetings with other service providers (e.g. neurologists, clinical psychologists, nurse specialists).

#### **k. Induction, support and CPD arrangements for the GPwSI**

The induction process might include the following elements:

- Risk management.
- Networking with other professionals.
- Involvement in national clinical networks.

- Clinical Governance arrangements.
- Audit and reporting mechanisms.

The GPwSI should have the appropriate funds and time for CPD including attendance at multiprofessional team meetings, audit events, relevant courses and conferences.

The GPwSI should have access to mentor or peer support, which may be a local neurologist or physician with special interest in headache or other relevant professional.

### **1. Monitoring and clinical audit arrangements**

It is recommended that the GPwSI attends relevant clinical audit meetings and monitor service delivery which incorporates the following

- Clinical outcomes and quality of care.
- Follow-up rates.
- Referral rates of patients to specialists by the GPwSI and other general practitioners.
- Access times to the GPwSI service.
- Patient satisfaction questionnaire.

### **References**

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4. Lipton RB, Goadsby PJ, Sawyer JPC et al., 'Migraine: diagnosis and assessment of disability', *Rev Contemp Pharmacother* 2000; 11: 63–73.
5. Headache UK. Organisation of headache services in the UK: Executive Summary Document. Hansard; 22 January 2003.