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Implications of the new GP contract to headache management

Introduction

The government has instituted a programme of reform and modernisation of the NHS over the past few years. Plans include providing patients with a greater choice of healthcare providers, better support for chronic illnesses and disease prevention, and the development of specialist GP and nurse services, together with an expert patient programme. Significant reform is planned for service, information and financial provision, leading to a transfer of responsibilities towards local health services.[1]

As part of this process, the contracts for GPs and hospital doctors have been revised. This article reviews the new GMS GP contract[2] and discusses it in terms of the relevance to the management of headache in primary and intermediate care. Opportunities and threats to headache services are outlined that may arise on implementation of the contract. This newsletter is based on updated presentations and discussions at a meeting of the Migraine in Primary Care Advisors (MIPCA: www.mipca.org.uk) that took place on 14 July 2004.

The new GMS contract (Figure 1)[2]

The main areas detailed in the new GMS contract are as follows:

1. ***A more flexible service provision***
There are three defined service areas:
- Essential, compulsory services (e.g. management of ill patients back to health, the general management of the terminally ill and management of chronic diseases).
- Additional, usually compulsory services (e.g. cervical screening, contraception, vaccinations and immunisations, child health surveillance, maternity services and minor surgery).
- Enhanced services provided by trained specialists (e.g. more extended minor surgical procedures and the intermediate care services provided by GPs with Special Interests [GPwSIs]).

Management practices are made in discussion with the patient and reflect the patient's own choices. The PCO provides and commissions services (although no commissioning is provided in Scotland), and takes full responsibility for out-of-hours services. One aim is for the GP to have a balance between their work and personal commitments.

2. ***The support of human resources and infrastructure modernisation***

The emphasis is to provide flexible services by professionals who are well supported. Practice management procedures are enhanced and the infrastructure modernised by investing in the premises and in information management and technology. Special support is provided for rural and remote practices.

A three-module approach (skills, knowledge and experience) is instigated for the career development of GPs. They are encouraged to develop special interests (GPwSI) and clinical leadership roles in education, mentoring, governance and appraisal. Learning and personal development are supported through protected time and GPs are rewarded for their experience. Support is also provided for nurses and other practice staff as part of the practice team. Proper funding of these initiatives is promised, including that for GP appraisals within the PCOs.

3. ***Investment in primary care services***

Investment in primary care is to be increased, with a guaranteed level of resources allocated through the PCOs and average practice income rising. Practices have flexibility in how they spend the money received, with the aim of the money flow following the patient need.

4. ***Rewarding clinical and organisational quality: the Quality and Outcomes framework (QOF)***

The new contract places a major focus on quality and outcomes with the QOF, and rewards practices for the quality of the care delivered to patients. Four domains are evaluated: clinical, organisational, patient experience and additional services. An annual review is used to assess the items, including a practice report and a visit by the PCO. Each domain is evaluated by a set of indicators, based on up-to-date clinical evidence. Ten specific clinical domains have been identified, covering certain essential services for common but serious illnesses provided at the enhanced level. Headache is not covered in these domains at present.

5. ***Providing better services for patients***

Primary care services are designed around the needs of patients, endorsed by a Patient Services Guarantee. The concept is of a 'patient journey' to access care from an appropriate provider, whether a specialist, GP or pharmacist. The increased resources to be made available are allocated according to patient need. Further initiatives are being set up to empower patients and help them work in partnership with the practice, e.g. educational and management programmes for self-care and an Expert Patient Initiative for experienced patients to act as mentors for newly diagnosed patients.[3] Patients are encouraged to feed back using practice surveys and be involved in service development.

The contract has now been operational for over 1 year, and some areas seem to be working smoothly (e.g. clinical indicators for the 10 clinical domains). There are outstanding issues, particularly with regard to resource provision, and it will be some time yet before all the features of the contract are fully understood and integrated.

Opportunities for headache in the new contract

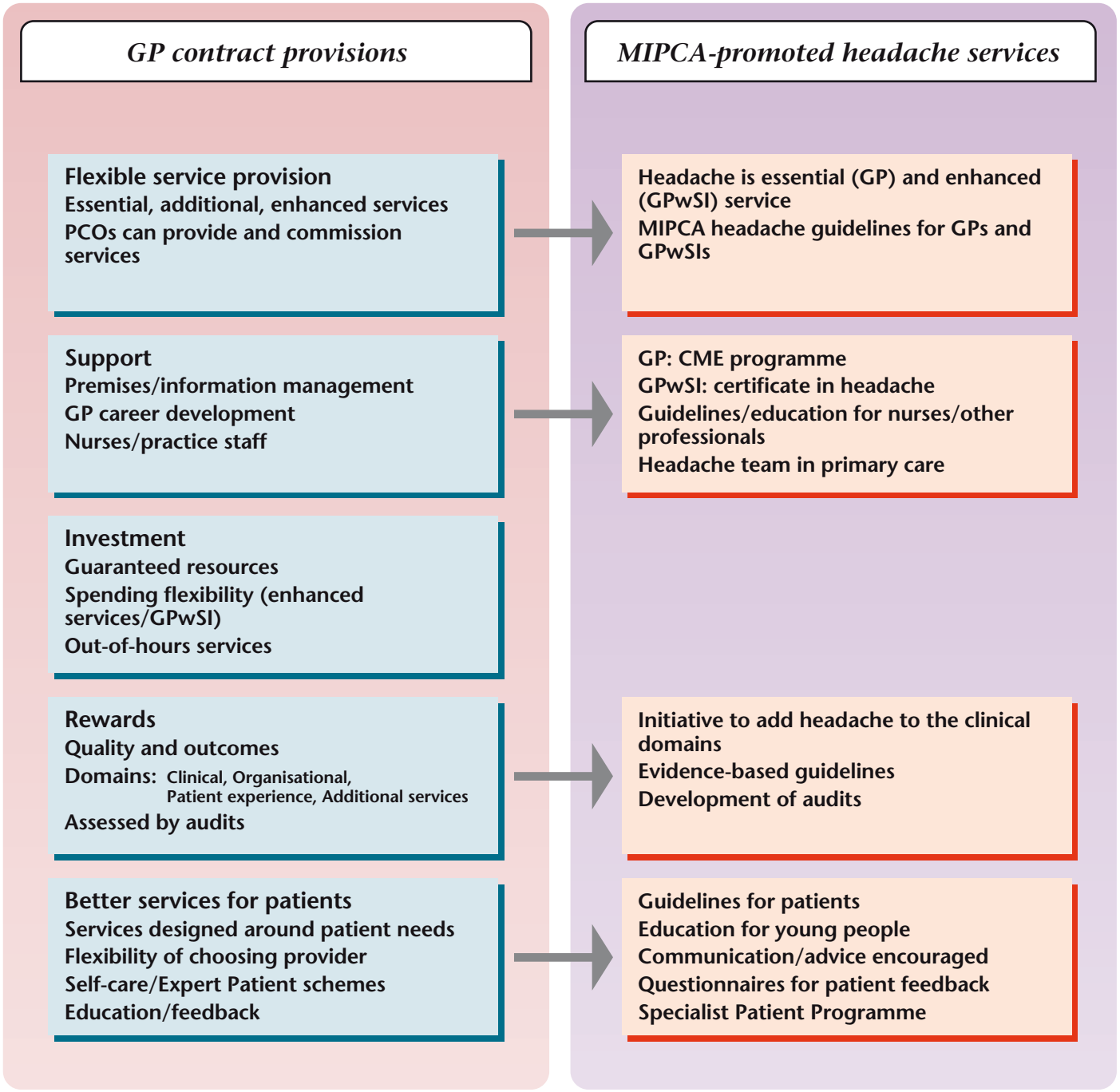

Figure 1. The main provisions of the new GMS contract, showing how headache services can be integrated.

The new GP contract contains numerous opportunities for the promotion and improvement of headache management, despite the fact that headache does not currently form one of the clinical domains. Headache is well-suited for management in primary and intermediate care, and recent headache initiatives in the UK are congruent with the government's plan to provide flexible, patient-oriented services in primary care (Figure 1).

Flexible service provision

- Headache is an essential service in the new contract, as it is a chronic disease that requires long-term management.
- Headache may also be an enhanced service, provided by GPwSIs in intermediate services.

The proposed pathways of care for headache in the UK are shown in Figure 2, encompassing primary, intermediate and secondary care services.[4]

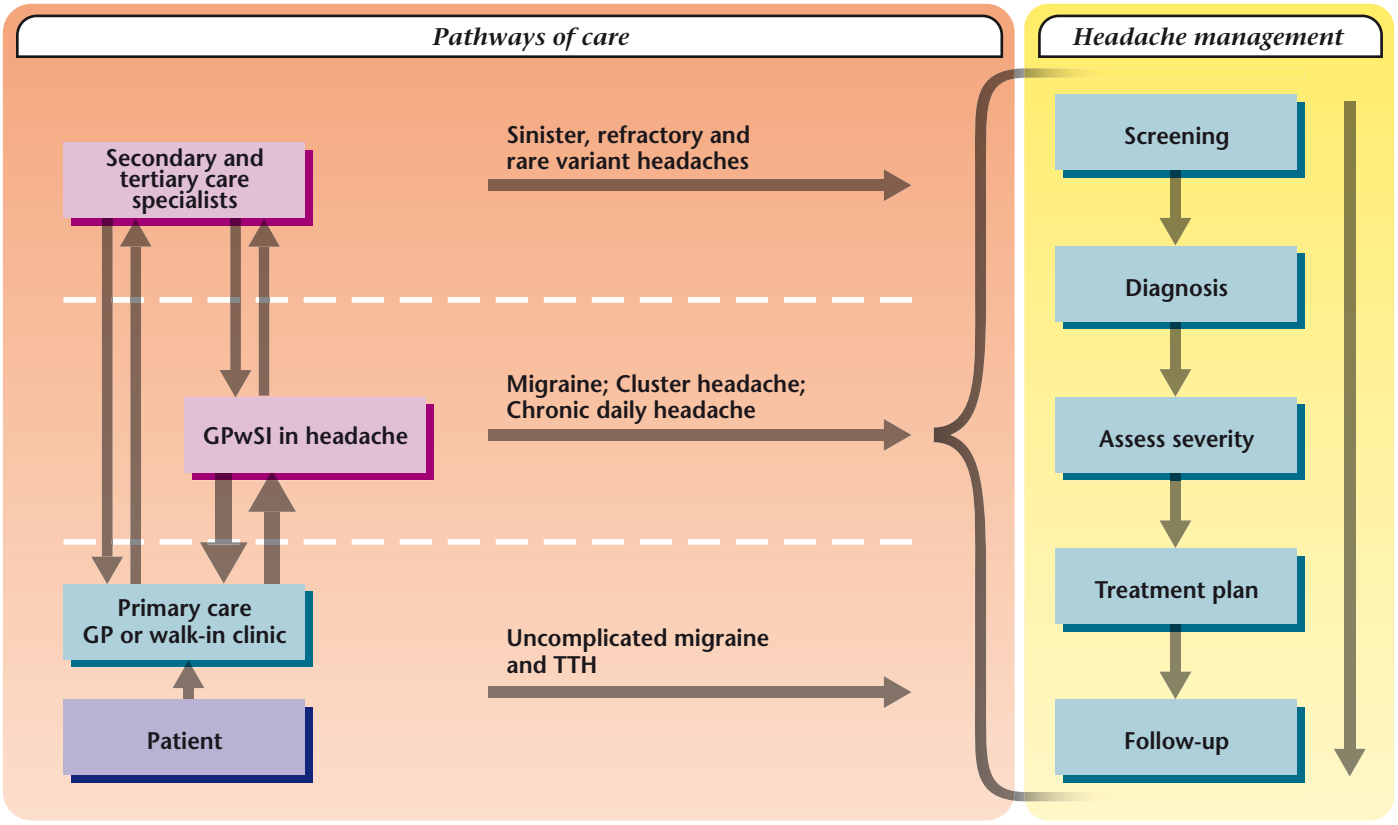

Figure 2. Pathways of care for headache in UK primary, intermediate and secondary care.[4]

Evidence-based practice guidelines are now available for the management of headache through these pathways of care:

- MIPCA guidelines for the GP and GPwSI on the management of migraine and chronic headaches in primary care. [5,6]
- MIPCA guidelines on headache management for nurses[7] and pharmacists.[8]
- MIPCA/ RCGP/ Department of Health (DoH) guidelines for the development of a GPwSI service in headache.[9]
- MIPCA guidelines on how to set up specialist headache clinics in primary care.[10]

Support

In the future, the career of medicine will involve collecting competencies, core and specific. For example, the general GP will obtain competencies in several disease areas, the GPwSI will receive more intensive training in a single area, while the specialist will receive training in primary care. Several educational initiatives are underway from MIPCA to provide competencies in headache management and support the new career structure for GPs and other healthcare professionals:

- A CME programme is being developed for the GP to provide headache education beyond that currently supplied by medical schools. This is likely to be a distance-learning course. This programme may also be customised for use by nurses, pharmacists and other professionals to support the whole practice team.
- A university-based programme in development will provide a certificate suitable for a GPwSI in headache. This programme may be conducted using distance learning, residential courses and practical sessions with a specialist. The combination of several certificates may qualify students for a diploma in a wider area (e.g. pain management or general neurology).
- Doctors who provide these educational and mentoring schemes are fulfilling key areas in developing clinical leadership competencies, aiding in their promotion to more senior levels.

Rewards

- It is disappointing that headache does not form one of the clinical domains in the new contract, as current MIPCA guidelines dovetail well with those developed for other clinical domains that are included.[2] MIPCA is lobbying for the addition of headache to the clinical domains.
- For QOF, MIPCA proposes a series of primary care audits for headache (Table 1) including those for clinical indicators, patient experience, education and training and effects on practice. The audits are designed to be useful for patient care, and may be suitable for management by nurses or other practice staff. The quality marker is identified as 'looking after headache patients in general practice'. When developed, such audits will need to be prepared on generic templates so that they can be loaded on to practice systems.

Clinical indicators Records: registers of patients with headache and receiving drug treatment for headache. Diagnosis / initial management: registers of diagnoses, medication history, co-morbidities, referrals, education provision, procedures and treatments. Ongoing management: registers of follow-up appointments, headache status, medication compliance, completion of questionnaires, treatment changes and response to therapy.	**Patient experience** Registers of the benefits of delivering information to the patient and of working in partnership with expert patients. **Education and training** Registers of personal learning plans and personal development, annual appraisals, patient surveys, locality- and practice-based learning. **Effects on practice** Registers of practice team arrangements, time and resources spent dealing with headache, number of patients diagnosed and prescribing patterns.

Table 1. Possible audits for headache management to be conducted in primary care.

Better services to patients

The new contract places great emphasis on providing better services for patients, and several headache initiatives support this.

- MIPCA/ Migraine Action Association (MAA) guidelines are available to migraine patients,[11] outlining the management pathway and the respective responsibilities of the patient and professional.
- MIPCA guidelines for healthcare professionals emphasise good communication with the patient and advocate the provision of good quality advice and education.[5–10]
- A specialist patient programme is currently under development by the MAA and funded by the DoH. Patients take a one-day course on migraine and its management, and it is hoped that these patients will use the knowledge gained to help other patients in their local area. The programme is complementary to the existing DoH Expert Patients Programme,[3] but is disease-specific rather than generic in scope.
- Questionnaires need to be developed to examine the patient experience, possibly in concert with the RCGP, to which MIPCA is affiliated.
- There is a major opportunity to develop educational materials for young people to be disseminated via the National Curriculum. MAA already provides education for 8–11 year olds via the internet.[12]

Conclusions

The new GP contract in the UK offers several opportunities to improve care at the primary and intermediate care levels, including the provision of a more flexible and patient oriented service. The main challenge is to provide sufficient investment to fund its full implementation. MIPCA and other organisations have set up initiatives to improve headache services by providing guidelines for GPs and GPwSIs, educational programmes for healthcare professionals and education, guidelines and specialist programmes for patients. The main remaining challenge is to persuade the authorities to add headache to the clinical domains.

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