

## Migraine Care & Planning

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Reference Number: RDF1334-23

Date of Response: 30/03/2023.

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

### Section 1: Commissioning and care planning

1. **Within the past year, have you reviewed or found opportunities for improvement in pathways and care for headache and migraine?** Yes.
2. **If yes, what did this review find?** Demand has outstripped capacity and so need to increase capacity and better manage demand going forwards through pathway redesign.
3. **If no, what has prevented this so far?** This question is not applicable.
4. **Do you have any plans to implement the findings of the optimum clinical pathway for adults for Headache & facial pain published by the National Neurosciences Advisory Group (NNAG) in February 2023?**  
The Trust is not aware of the findings at present but would consider reviewing
5. **Have you reviewed the migraine needs of your local population (e.g. numbers of people living with migraine who are diagnosed and not yet diagnosed) and planned services to meet these needs (e.g. by offering opportunities for training in migraine management to GPs, as well as adequate access to secondary and tertiary specialists)?**  
The Lead Consultant for our migraine pathway is actively involved nationally and internationally in training in this field, particularly in neurotoxin injection and monoclonal antibody treatment. Currently looking at training a GP to support with toxin administration.
6. **If not, are there plans to do so?** This question is not applicable.

### Section 2: Specialist headache clinics

1. **Do you have a specialist headache clinic in your Trust?** Yes.
2. **If yes, please give details.**  
We have a GP with specialist interest in headache who sees patients in clinic.
3. **If no, please give details of the clinic you would refer out to.** This question is not applicable.

4. How many people did you support through your specialist headache clinics in 2021? Joint response - 0 There were no specialist headache clinics at NDDH before Feb 2022.
5. b) How many people did you support through your specialist headache clinics in 2022?  
Northern service - 195  
Eastern Service – 34.
6. What is the average waiting time from GP referral to first appointment at the specialist headache clinics in your Trust (current or for when you last had data)?  
Waiting times for new patients across the board in Neurology is 16 months for a first appointment.
7. How many full times equivalent (FTE) headache specialist doctors are employed by your Trust (in secondary care or GPs with an extended role)? 0.8 WTE.
8. How many FTE headache specialist nurses are employed by your Trust?  
None at present. The Trust is looking into this as a longer-term aspiration.
9. Do you have plans in 2023/24 to increase headache specialist services? YES.
10. If yes, please give details. Currently reviewing demand and capacity along with pathway - exploring whether we can move to a more non-medical model with ACP and nurse input for toxin/MAB injections and patient review etc.

### Section 3: Access to Calcitonin Gene-Related Peptide (CGRP) medication

1. Can eligible patients currently access Calcitonin Gene-Related Peptide (CGRP) medications through your Board/Trust area? Yes.
2. If yes, how many people are accessing CGRP medication through your Board/Trust area?

ERENUMAB	23
FREMANEZUMAB	143
GALCANEZUMAB	19

3. If yes, which of the following CGRP medications can they access: Ajovy/fremanezumab, Emgality/galcanezumab, Vyepti/eptinezumab, or Aimovig/erenumab.  
See response for question 2. Patients can access all three, except for eptinezumab (which will be routinely funded 90 days after March 1<sup>st</sup>, 2023).
4. If yes, is the administration of CGRP treatments monitored by a headache specialist? YES.
5. If yes, is the administration of CGRP treatments subject to any additional restrictions or criteria? NO.

6. If no, do you refer and fund it out of area? Please give details. No, just Blueteq criteria which mirrors the NICE TAG

#### **Section 4: Training**

1. Do you have any education or training programs with GPs or pharmacists in your area on migraine? (E.g. regarding GP/pharmacy education, patient management in the community, patient information or referral pathways). YES.
2. If yes, or if any are planned, please give details.  
Lead Consultant for our migraine pathway is actively involved nationally and internationally in training in this field, particularly in neurotoxin injection and monoclonal antibody treatment. Currently looking at training a GP to support with toxin administration
3. If no, please explain any reasons (e.g. budgets / other priorities / other organization's responsibility) This question is not applicable.

#### **Section 5: Inequalities**

Are you aware of local inequalities of access to headache specialist services amongst any groups (e.g. by gender, ethnicity, disability, socio-economic groups)?

Not immediately aware of any. There is a primary care headache clinic provided by St Thomas Medical Group that has been commissioned to provide a specialist service within primary care and receives referrals from all GP practices under Devon ICB

If yes, please give details of the inequalities and any work you are doing or planning to address this. This question is not applicable.