

Written evidence submitted by The Migraine Trust (PHA0032)

The Migraine Trust is the largest research and support charity for people affected by migraine in the UK. Our role is to fund and promote new research into migraine, provide day-to-day support for people affected by migraine and to campaign for change.

We are submitting to this call for evidence to outline the role that community pharmacy in particular can play in enabling more cases of migraine to be managed in the community, which will benefit both patients in terms of access to care and GPs and secondary care in terms of reduced pressure on capacity.

Background on migraine

Migraine is much more than a headache. It is a severe and painful long-term brain condition which disrupts the working, personal and family lives of those who live with it. Migraine has an impact on the day-to-day lives of up to 10 million people in the UK, on the economy and on NHS capacity, but is also stigmatised and not adequately addressed by health systems. However, we believe there are simple steps that can be taken to reduce backlogs in the health system, improve support for migraine and enable people to access treatments that they need

In 2021/22, NHS hospitals in England saw 33,562 admissions for migraine – this represented a 21% increase on the previous year, and a 31% increase over five years.¹ A&Es in England saw 78,080 cases of migraine in 2021/22, a 32% increase on the previous year alone.² According to NHS England, as many as 16,500 emergency admissions for headaches and migraine attacks could be avoided with the right care pathways, and £11.5 million could be saved on non-elective admissions.³

What does the future of pharmacy look like and how can the Government ensure this is realised?; What innovations could have the biggest impact on pharmacy services and why?

Community pharmacy is one of the most accessible NHS services in the country, and there is the potential for a greater role for community pharmacists in identifying and treating migraine and strengthening access to treatments. In England, 90% of the population live within 20 minutes walking distance of a pharmacy and their services can be accessed without the need for an appointment.⁴ Community pharmacies can:

- Dispense prescriptions
- Provide information and advice from experts on medicines and health conditions

¹ NHS Digital (2022) Hospital Admitted Patient Care Activity. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity#latest-statistics>

² NHS Digital (2022) Hospital Accident & Emergency Activity 2021-22. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2021-22>

³ NHS RightCare. (2019). 'RightCare: Headache & Migraine Toolkit optimising a headache and migraine system'. Available from: <https://www.england.nhs.uk/rightcare/wpcontent/uploads/sites/40/2020/01/rightcare-headache-andmigraine-toolkit-v1.pdf>

⁴ Todd, A. *et al* (2014). 'The positive pharmacy care law: An area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England.' *BMJ Open*, 4(8). Available at: <https://pubmed.ncbi.nlm.nih.gov/25116456/>

- Help people make healthier lifestyle choices
- Offer opening hours and weekend services other services may not

Pharmacists are experts not only on the safe and effective use of medicines, but also in the management of a variety of conditions. They have knowledge that can advise on the prevention of medication overuse headache, for example.⁵ They can also signpost people to the appropriate service that will meet their particular needs. Most community pharmacies are able to discuss symptoms, to understand the type of headache a person has and to recommend the best treatment, and often have private consultation rooms for this. Community pharmacists can also help patients to manage their own health with the right diagnosis, advice, treatment and where applicable, support them through necessary lifestyle changes.

In 2016, the industry body Pharmacy Voice recommended community pharmacy take on a greater role as a facilitator of personalised care for people with long-term conditions, a first port of call for episodic healthcare advice and treatment and “neighbourhood health and wellbeing hub”.⁶ In 2023, the Company Chemists’ Association (CCA) suggested that a “pharmacy first” approach could enable pharmacists to play a greater role in the care of migraine patients in the community, easing burdens on both GPs and secondary care and speeding up access for patients. CCA data suggests “pharmacy first” could significantly increase access to primary care, cut annual hospital readmissions by 65,000 and that 6% of GP consultations for a variety of conditions could be “safely transferred” to pharmacy, freeing up more than 42 million GP appointments every year.⁷

This will include many cases of headache or migraine that could be managed in community pharmacy, thereby freeing up hospital and GP capacity for more serious conditions. Notably, this will include more severe cases of migraine itself, as while a majority of migraine cases can be addressed in community and primary care settings, some do require secondary care. In 2018 the Work Foundation suggested that a “strategic partnership between government and pharmacy bodies – with input from relevant third sector organisations and stakeholders” could help more people self-manage migraine and avoid medication overuse, in turn reducing the socio-economic impact of migraine.⁸ A 2008 study in Germany explored the impact of community pharmacists providing structural pharmaceutical care to patients with headache or migraine, suggesting some benefits to patients in terms of improved mental health and self-efficacy.⁹ GPs have also suggested that pharmacists could review a migraine treatment diary and discuss treatment options and dosages, if training and financial incentives were provided for this.¹⁰

⁵ Hedenrud, T. *et al* (2014). ‘Medication overuse headache: Self-perceived and actual knowledge among pharmacy staff. *Headache*’, 54(6), 1019–1025. Available at: <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/SocietysHeadacheTheSocioeconomicimpactofmigraine.pdf>

⁶ Pharmacy Voice (2016) ‘Community Pharmacy Forward View’. Available at: <http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf>

⁷ The Company Chemists’ Association (2023) ‘CCA Prospectus – A Future for Community Pharmacy’. Available at: <https://thecca.org.uk/cca-prospectus-a-future-for-community-pharmacy/>

⁸ The Work Foundation (2018) ‘Society’s headache: The socioeconomic impact of migraine’. Available at: <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/SocietysHeadacheTheSocioeconomicimpactofmigraine.pdf>

⁹ Hoffmann, W *et al* (2008). ‘Pharmaceutical Care for Migraine and Headache Patients: A Community-Based, Randomized Intervention’, *The Annals of pharmacotherapy*, 42. Available at: https://www.researchgate.net/publication/23466014_Pharmaceutical_Care_for_Migraine_and_Headache_Patients_A_Community-Based_Randomized_Intervention

¹⁰ Interviews conducted by The Migraine Trust with five GPs in the summer of 2022 as part of a process of work on management of migraine in primary care (Dr David Kernick, Exeter; Dr Kay Kennis, Bradford; Dr

A pilot on migraine work in Scotland led by NHS Grampian, the Pharmacy Medicines Directorate and The Migraine Trust is underway and has thus far seen partnerships forged with community, primary and secondary care pharmacists. It is hoped that this will lead to the development and delivery of training and resources on how to help people with migraine manage their symptoms and treatments more effectively. For example, people with migraine often require combinations of medications, may need explanation or discussion around choosing the correct treatment, or may need to change doses or medications if treatment is unsuccessful, but pharmacists generally lack specific training about migraine care. This work could provide a model for better practice across the UK, and includes a survey of pharmacists in Grampian to identify knowledge gaps and focus groups to ascertain what kind of training would be beneficial.

At the time of writing, the project has engaged 50 local pharmacists, with the aim to provide them with the resources and confidence to be able to better support people living with migraine in Grampian. The project has also seen the establishment of a focus group for a small number of pharmacists to understand their learning needs, running in-person and online training modules, and a patient-led focus group. A key deliverable will be the development of an eLearning programme and resource page on NHS Education for Scotland's platform Turas, which will include eLearning modules and resources including patient signposting information and patient and pharmacist stories. It is intended that this will be nationally available on Turas.¹¹

The new Optimum Clinical Pathway for Headache and Facial Pain published in 2023 by the National Neurosciences Advisory Group (NNAG) could be built upon and simplified to develop clear resources to support pharmacists in discussing migraine with their patients.¹²

The NHS Long Term Workforce Plan published in June 2023 acknowledged that “community pharmacies are increasingly providing clinical services” and are working alongside GPs and wider multidisciplinary teams within primary care networks. This direction of travel is encouraging and can be built upon further to manage conditions such as migraine in the community.¹³

Louise Rust, Northern Ireland; Dr Richard Wood, Oxford; and Dr David Watson, Scotland)

¹¹ The Migraine Trust for NHS Scotland (2023) ‘Status report - Partnering with pharmacists to improve migraine management’.

¹² National Neurosciences Advisory Group (2023). ‘Optimal clinical pathway for adults with headache and facial pain’. Available at:

<https://www.nnag.org.uk/optimal-clinical-pathway-for-adults-with-headache-facial-pain>

¹³ NHS England (2023) ‘NHS Long Term Workforce Plan’. Available at: <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf>