National Institute for Health and Care Excellence

Headaches in young people and adults
Quality Standard Consultation Comments Table
Monday 18th March- Tuesday 16th April 2013

ID	Stakeholder	Statement No	Comments	Responses
1	Anglo European College of Chiropractic and the British Chiropractic Association	General	As Stakeholders and a contributor to the Guidelines, the Anglo European College of Chiropractic and the British Chiropractic Association welcome this quality standard approach, and endorse the Guidelines which have been produced. We intend to ensure that these are made widely available to members of the chiropractic profession	Thank you for your comment.
2	British Medical Association	General	We would prefer greater clarity and consistency in the terms used, rather than defining headaches as 'primary' or 'secondary'. The diagnostic options chart in NICE guideline CG150 suggests that this quality statement refers only to three diagnoses, namely Tension Headache, Migraine, and Cluster headaches, with sub divisions in each case into episodic and chronic. These terms should be used throughout to avoid misunderstanding.	Thank you for your comment. The scope of the quality standard states the headache types covered by the standard. To make the statements concise we have continued to use primary or secondary except where the statement only applies to a subset of this group.
3	British Medical Association	General	The primary motive for this quality statement seems to be for the improved recognition and management of migraine, which we would support on the basis of its impact on patients' lives as well as the economy. However, the suggestion of the statements as a whole is that everyone will have a simple diagnosis when in reality this will be very difficult to achieve. NICE states in its guidance that "Chronic migraine and chronic tension-type headache commonly overlap. If there are any features of migraine, diagnose chronic migraine". This is likely to lead to significant over-diagnosis and treatment of migraine without further help and guidance to patients on what to do next. Migraine prophylaxis will only work for patients with migraine and some patients with chronic tension headaches could go through many different treatments and many treatment failures on the assumption that they are suffering from migraine if this overlap is not given more attention in the quality standard.	Thank you for your comment. The Quality Standards Advisory Committee recognised that making a diagnosis is not a simple process however felt it was important that an accurate classification was reached to ensure people with a headache disorder received the correct treatment.

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4	British Medical Association	General	Patients with cluster-type headaches will often require referral to specialists for their opinion as GPs with Special Interest in headaches are not readily available. This should be made clear in the quality standard, possibly in statement one.	Thank you for your comment. The Quality Standards Advisory Committee prioritised the areas of care where practice is variable or implementation could have a significant impact on patient care and improved outcomes, and where they represent key markers of clinical and cost effective care based on the development sources listed. Specialist referral was considered as part of the prioritisation of the quality standard but was not progressed to the quality standard.
5	Faculty of Pain Medicine, Royal College of Anaesthetists	General	Overall I think that this is a good document and gives a clear pathway for management of headache	Thank you for your comment.
6	Faculty of Pain Medicine, Royal College of Anaesthetists	General	I am however concerned that my previous comments, particularly about abrupt withdrawal of opioids do not appear to have been noted.	Thank you for your comments. It is not within the remit of quality standards to review the guideline recommendations.
7	Faculty of Pain Medicine, Royal College of Anaesthetists	General	Gabapentin up to 1200 mg per day. This is significantly below the maximum dose	Please see response to comment 6.
8	Faculty of Pain Medicine, Royal College of Anaesthetists	General	I remain concerned about the advice to stop medication abruptly. Even if the medication is being taken for headache this may well lead to withdrawal effects and non-compliance. If opioids are being taken for any other reason the advice may be inappropriate.	Please see response to comment 6.
9	Faculty of Pain Medicine, Royal College of Anaesthetists	General	Noted, in the context of 1.3.35. It is a commonplace of guidelines that people only read as far as they need to answer their immediate query and do not read further. The issue would be resolved by adding to 1.3.35 'But see 1.3.39 below'	Please see response to comment 6.
10	NHS Direct	General	NHS Direct welcome the quality standard and have no comments as part of the consultation	Thank you for your response.
11	NHS England	General	These guidelines may require modification for those patients with comorbidities.	Thank you for your comment. It is not within the remit of quality standards to review the guideline recommendations.
12	Royal Pharmaceutical society	General	The Royal Pharmaceutical Society are disappointed that pharmacists are not specifically mentioned as a healthcare professional who can support young people and adults with the management of headache	Thank you for your comment. The quality standards do not usually stipulate who should be implementing each of the statements as this may vary depending on local services.

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			As experts in medicine, pharmacists offer advice on how to take medicines, adverse affects, possible interactions and cautions, to raise patients awareness and increase their understanding of their therapy, which will encourage medicines adherence and empower self care. Community pharmacies are conveniently located and are readily accessible due to longer opening hours, and there is no need for patients to make an appointment. Pharmacy premises therefore offer informal settings which could encourage people who may be reluctant to visit their GP and self treat. As a professional body for pharmacists and pharmacy we have produced a quick reference guide to support our members on the supply of P medicine sumatriptan and important points to consider when counter prescribing sumatripatan for migraine	The quality standards use the broad term of 'healthcare practitioner' which where relevant may include pharmacists. The Quality Standards Advisory Committee recognised the importance of pharmacists, particularly in relation to statement 2 on information about medication overuse headache and have updated the audience descriptor accordingly. The support for commissioners guide published alongside the quality standard also recognises the role of pharmacists.
13	Society of British Neurological Surgeons	General	SBNS is in agreement with the 4 Draft Quality standards indicated.	Thank you for your comment. All statements have been progressed to the final quality standard.
14	The Royal college of Ophthalmologists	General	The proposed Quality Standards are reasonable, and appropriately based on the guidelines issued. The Quality Standards are much more relevant for General Practitioners, Accident and Emergency doctors and Neurologists. However, ophthalmologists are referred patients with headaches from time to time because they are thought to have an underlying ophthalmic disorder. This is rarely the case, and such headaches would be termed secondary headaches and fall outside the remit of the proposed Quality Standards. Patients seen in Ophthalmology Departments with headaches not due to eye disease are referred back to their General Practitioner for further assessment. Patients with migraines associated with visual disturbance may also be referred/refer themselves to an Ophthalmology Department. Where there is a clear history of recurrent episodes, it is likely that clinical diagnosis will be made and no imaging requested. However, when the patient presents with a first episode visual disturbance, it can be difficult to exclude the possibility of another cause for transient visual loss, particularly if there is no accompanying headache. In such circumstances, it may be very reasonable to request imaging.	Thank you for your comment. The quality statement does not specify who should be performing the actions in the statements as this will vary depending on local services and may cover a wide range of healthcare practitioners. The statements do not preclude ophthalmologists from implementing the quality standards if it is suitable and they are appropriately trained and competent.
15	The Royal college of	General	On strength of the proposed Quality Standards is that they do not	Thank you for your comment. The Quality

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	Ophthalmologists		include a measure of the referral rate to either General Practitioners or Neurologists with a special interest in headache disorders	Standards Advisory Committee agreed the measures they felt were most reflective of the statement.
16	The Royal college of Ophthalmologists	General	Whilst the guidelines provide criteria for classifying the various primary headaches, it can be difficult to apply them to individual patients, and a second opinion may well be required.	Thank you for your comment. The statement on classification does not state how this classification is reached and therefore does not preclude the use of a second opinion if required. The intent of the statement is that a classification is reached.
17	The Royal College of Radiologists	General	The aim of the document is to reduce referral for unnecessary imaging in patients with benign primary headache with no suspicious features - this is something the Royal College of Radiologists supports, and we are in agreement with the guidance as it is drafted.	Thank you for your comment. The statement on imaging was progressed to the final quality standard.
18	British Medical Association	Introduction	We would question the evidence for some of the statements made in the introduction, as this appears to be anecdotal.	Thank you for your comment. The information in the introduction has been taken from the clinical guideline and agreed by the Quality Standards Advisory Committee.
19	Faculty of Pain Medicine, Royal College of Anaesthetists	Introduction	I am concerned about the general principle that a NICE guideline can 'recommend… drugs for indications for which they do not have a UK marketing authorisation', but then place responsibility back on the prescriber with the necessity for the prescriber to seek informed consent from the patient. Given that 95% of headache consultations take place in general practice this is placing an unreasonable burden on the prescriber. NICE needs to assume responsibility for coordinating its recommendations with UK marketing authorisation.	All drugs prescribed in the UK should have a licence for the indication for the condition in which they are being used – if they are being used for another condition, then this is 'off-label' use. If they don't have any licence at all, then the drugs are 'unlicensed'. NICE has no input into the licensing system. NICE will make these off-label types of recommendations where there is adequate evidence to support their use. During guideline consultation the MHRA are notified of any recommendations for off label or unlicensed use of drugs and add the footnotes to these recommendations – the wording of the footnote has been agreed with the MHRA and they particularly wanted to state that informed consent must be obtained and documented as requested in the GMC advice on Good Practice in Prescribing and

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				Managing Medicines and Devices
20	Faculty of Pain Medicine, Royal College of Anaesthetists	Introduction	I am particularly impressed by this section.	Thank you for your comment.
21	The Musculoskeletal Association of Chartered Physiotherapists	Introduction	As Physiotherapists we welcome the clarity the NICE guidelines give on primary headaches and agree with the comments on the high cost to society that these headache cause. We would also welcome guidelines / standards on secondary headache at a later date that would provide equal clarity to help those with other disabling headache conditions.	Thank you for your comment. We will feed this suggestion back.
22	The British Pain Society	Question 1	This draft quality standard accurately reflects the key areas for quality improvement.	Thank you for your comment.
23	UKCPA	Question 1	As Medication Overuse Headache is such a prevalent problem, a quality statement on successful withdrawal could be useful and beneficial to the affected patients	Thank you for your comment. The Quality Standards Advisory Committee considered all suggested areas and prioritised those where practice is variable or implementation could have a significant impact on patient care and improved outcomes, and where they represent key markers of clinical and cost-effective care based on the development sources used.
24	The British Pain Society	Question 2	Data collection for proposed quality measures	Thank you for your response.
25	The British Pain Society	Question 3	Evidence-based guidance relating to public awareness for headache disorders and their potential to improve practice	Thank you for your response.
26	Allergan	QS1	• Standard does not support the intended aim of the Quality Standard in that the 4 proposed quality statements do not adequately provide a) A person-centred approach b) Co-ordination and commissioning guidance for all relevant agencies encompassing the whole care pathway	Thank you for your comment. The quality standard aims to address the key quality improvement areas within the headache care pathway, this may not encompass the whole pathway. The Quality Standards Advisory Committee agreed the key quality improvement areas based on information from the stakeholder engagement exercise and current practice. All statements follow the standard statement format to ensure the person with the headache is the focus of each statement.
27	Allergan	QS1	• Standard does not distinguish effective outcomes of	Thank you for your comment. The Quality

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			treatment therefore people could be poorly managed in primary or secondary care for years without their QoL being positively impacted as is the aspiration of the NHS Outcomes Framework Domain 2 Enhancing quality of life for people with long-term conditions. • Current ICD-10 coding is limited in detecting chronic migraine conditions and therefore there should be a standard added, echoing those in other Quality Standards for long term conditions [eg QS8, QS9, QS10], for assessment of the patients symptoms a) Establish the severity of headache – frequency, duration, etc b) Establish the impact of symptoms on the patient Wording for an additional standard for assessment of the patient's condition could be • People who may have primary headache disorder receive an assessment to find out how severe their symptoms are, how much they are affected by their headaches and how long they have been experiencing headaches Proposed measurement • Length of time patient has reported headaches should be captured in Read codes, potential also to capture employment status, co-morbidities etc. This is done for conditions contained in the GMS QOF	Standards Advisory Committee (QSAC) agreed the outcome measures they felt were most reflective of the statement. The QSAC agreed the key quality improvement areas based on responses from the stakeholder engagement exercise and current practice information.
28	British Association for the Study of Headache	QS1	The draft quality accurately reflects the area where key improvements are required. As an organisation we feel that to achieve this statement, system must be in place to achieve the objective. If the diagnosis of the headache disorder and classification of its sub-type needs to be in place and is carried out in primary care than the physician making the diagnosis must have appropriate training and knowledge in headache disorders. BASH feels that most of the primary headache disorders can be diagnosed and classified well in primary care and is committed in training primary care physicians through educational meetings and seminars. In order to collect the data one has to be interested in headache disorders and we feel that an appropriate local champion be appointed and be facilitated to achieve this task.	Thank you for your comment. The Quality Standards Advisory Committee agreed this was a key area for quality improvement and have progressed it to the final quality standard. It is recognised that any health or social care practitioner undertaking the actions in the quality statements should be trained and competent to do so and this is highlighted at the beginning of the quality standard.
29	Migraine Action	QS1	Patients are not always good at explaining their headache symptoms / experience. This makes it extremely difficult for GPs to diagnose headache type effectively as they do not have the correct / sufficient	Thank you for your comment. The Quality Standards Advisory Committee recognised that some people may have more than one

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			information. Encouraging patients to complete headache diaries, which they can then take to consultations to discuss with their health team, provides an extremely useful resource to aid effective diagnosis. It is also important to recognise that a patients' headache 'type' often changes / develops over time, or they may be affected by more than one headache type so reviews may be necessary.	headache type and have highlighted this in the rationale. This statement does not preclude the use of headache diaries if they are agreed to be useful in making a diagnosis.
30	Royal College of Nursing	QS1	All headaches in children, adolescents and adults should be classified using the agreed International Headache Society criteria (*International Classification of Headache Disorders* 2nd edition). http://ihs-classification.org/en/01_einleitung/02_einleitung/ Ahmed, F (2012) *Headache disorders: differentiating and managing the common subtypes*, British Journal of Pain, Vol. 6, Issue 3, pages 124 - 132 http://bjp.sagepub.com/content/6/3/124	Thank you for your comment. Quality statements are developed from evidence-based recommendations from NICE or NICE accredited guidance. The NICE clinical guideline 150, Headaches in children and young people underpins this quality standard and only makes reference to the headache features table.
31	Royal Pharmaceutical society	QS1	Community pharmacists and their staff have an important role to play in identifying and assisting patients in the diagnosis of their headache. Pharmacist independent/supplementary prescribers are able to diagnose and investigate symptoms of headache, and where appropriate, refer to specialists for further assessment.	Thank you for your comment. The statement does not specify who should be providing the diagnosis and classification therefore it does not preclude pharmacists as a healthcare practitioner from undertaking the statement if they have the appropriate training and competencies.
32	The British Pain Society	QS1	Classification of headache type: the headache features table is too complex for quick diagnosis of migraine. A more suitable screener would be ID Migraine: i.e. establish a history of episodic headaches in an otherwise well person with freedom from symptoms between attacks. Ask about associated photophobia, nausea and disability. The presence of two of three of these associated features has a high positive predictive value for migraine. (Lipton RB, Dodick D, Sadovsky R, al. e. A self-administered screener for migraine in primary care: the ID Migraine (TM) validation study. Neurology 2003;61:375-382.) Tension-type headache is 'featureless'.	Thank you for your comment. Quality statements are developed from evidence-based recommendations from NICE or NICE accredited guidance. The NICE clinical guideline 150, Headaches in children and young people underpins this quality standard and only makes reference to the headache features table.
33	The Migraine Trust	QS1	Comment: suggestion to add: As migraine in particular can be variable and one treatment may not suit all patients, people diagnosed with a primary headache are encouraged to return for another consultation if they find that their initial treatment is not effective. Those whose primary headache condition is taking time to	Thank you for your comment. Each quality statement is designed to address one key concept of quality improvement. The Quality Standards Advisory Committee agreed the area for quality improvement in statement 1

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			manage, are given advice about important information to report to their GP such as keeping a headache diary. For those whose primary headache condition is not responding to treatment as outlined in the headache guideline, a referral to a GP with a special interest in migraine and headache or a neurologist with a special interest in migraine and headache should be made for review. Classifying a primary headache as migraine should include attention to any co-morbidities such as anxiety and depression.	was the classification of headache type as this would lead to appropriate treatment.
34	The Migraine Trust	QS1	Evidence of local arrangements should demonstrate the capacity to meet increased demand from those people with primary headache conditions who are not currently consulting their GPs about their condition.	Please see response to comment 33. Any commissioning implications identified as part of the quality standard development are incorporated into the 'support for commissioners' document published alongside the final quality standard.
35	The Migraine Trust	QS1	Commissioners ensure they commission services that classify headache type for people diagnosed with a primary headache disorder as part of the diagnosis and commission specialist services for those whose headache does not respond to treatment in primary care.	Please see response to comment 33.
36	The Musculoskeletal Association of Chartered Physiotherapists	QS1	This is a key area for improvement in our opinion. Currently there is little diagnosis and great variation in practice between different professions and within professions. Inadequate diagnosis prevents effective treatment and often results in patients having repeat attendances in A&E or at their GP in order to get emergency care instead of an overall management plan. Raising the standard of diagnosis will help patients get evidence based treatment for each headache type and prevent secondary headaches such as Medication Overuse headache. It is important that classification of headaches is specific and along internationally agreed criteria. For example diagnosing chronic or episodic migraine rather than just migraine as the management plan for a patient with chronic migraine would be very different from episodic migraine.	Thank you for your comment. The Quality Standards Advisory Committee agreed this was a key area for quality improvement and have progressed it to the final quality standard.
37	The Musculoskeletal Association of Chartered	QS1	It should be possible to code different primary headache types according to international classification guidelines and so collect data.	Thank you for your comment. The Quality Standards Advisory Committee recognised

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	Physiotherapists		The limiting factor would be awareness of the diagnostic criteria.	the importance of awareness raising in primary care and agreed this statement would help to address it.
38	UKCPA	QS1	No Outcomes listed.	Thank you for your comment. Where the Quality Standards Advisory Committee agree an outcome measure is appropriate these have been included. It is not necessary for all statements to have an outcome measure.
39	UKCPA	QS1	Outcomes listed with referral to local data collection. Should be removed as not specified in draft quality measure.	Thank you for your comment. In the quality standard all process and outcome measures have a corresponding data source. Where a national data source is not available local data collection should be used.
40	Allergan	QS1 & 2	• Standard does not drive proactive management of primary headaches. As with other quality standards for long term conditions it would be appropriate to build in periodic reassessment or review of patient to establish if their condition a) is stable, deteriorating, improving b) patient is responding to treatment or requires medication review c) patient's management strategy eg concordance, additional OTC medicine use d) reaffirm medicine overuse messages. • The clinical guideline recommends reviewing the need for continuing migraine prophylaxis 6 months after the start of prophylactic treatment [p218] and planned withdrawal from medicine overuse. Wording for an additional standard for assessment of the patient's condition could be • People with primary headache symptoms have not much improved 6 to 8 weeks after starting treatment have their treatment plan reviewed Proposed measurement • Length of time and symptoms and medication can be captured in Read codes,. This is done for conditions contained in the GMS QOF	Thank you for your comment. The Quality Standards Advisory Committee (QSAC) considered all areas suggested for quality improvement from the stakeholder engagement exercise and available current practice information and agreed the areas to be put forward for statement development. Following consultation the QSAC considered any additional statements suggested by stakeholders however with the exception of combination treatment for migraine they did not feel there was sufficient new evidence for inclusion.
41	Allergan	QS2	• Standard does not support a person-centred approach. This standard could be broadened to incorporate patient	Thank you for your comment. Each quality statement is designed to address one key

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			management advice and support as with other Quality Standards for long term conditions. CG150 suggests that "The role of the practitioner in the management of primary headache disorders in providing advice and support is, therefore, critical in achieving good outcomes. Directly addressing the information needs of people with headaches is part of the headache consultation." [p97] • This quality standard should be broadened out to include the giving of information as specified in the clinical guideline, specifically those recommended in 9.3: e) a positive diagnosis, including an explanation of the diagnosis and reassurance that other pathology has been excluded and f) the options for management and g) recognition that headache is a valid medical disorder that can have a significant impact on the person and their family or carers. • And provide for the additional recommendations in 9.3: o Give the person written and oral information about headache disorders, including information about support organisations. o Explain the risk of medication overuse headache to people who are using acute treatments for their headache disorder. Wording for this standard should therefore be changed to embrace the wider requirements of guiding patients in the management of their condition and bring this quality standard in line with other quality standards for long term conditions • People with primary headache are offered personalised information, education, support and opportunities for discussion their care so they can understand their condition and be involved in its management. Proposed measurement • There are other QSs which contain this type of quality statement and the same process for data measurement as used in those eg QS9 could be applied for headache.	concept of quality improvement. The Quality Standards Advisory Committee agreed the area for quality improvement was provision of information on medication overuse headache. The quality statements do not usually address generic patient experience issues since these are now covered by the patient experience in adult NHS services quality standard.
42	British Association for the Study of Headache	QS2	The draft quality statement accurately reflects the key improvement area. As stated in comments in statement 1, physicians advising on the issue must have the necessary underlying knowledge and training in headache disorder. BASH feels that the advice must be given early on in the diagnosis to prevent future medication overuse. However, a considerable number of patients that are currently	Thank you for your comment. All quality standards state that the healthcare practitioners providing the actions in the statements should be appropriately trained and competent. Each quality statement aims to address one key concept. The Quality

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			overusing analgesics must be dealt with appropriate advice and if necessary referral to a regional headache clinic. It is possible to collect the data through a standard form as to whether risk of medication overuse and its potential complications are discussed at the time of first consultation and we feel that an appropriate local champion with interest in headache disorder must take on such task.	Standards Advisory Committee agreed the area for quality improvement was on the provision of information on medication overuse headaches.
43	Migraine Action	QS2	Migraine Action receives numerous calls to its helpline on the issue of MOH or from those who we believe are in the cycle of MOH or are at risk. This often stems from not having a correct diagnosis (or many patients not even seeking a diagnosis from their health team) and therefore being unable to have their headache managed effectively in the community. Many use over the counter medications without sufficient knowledge of the MOH risk. Those with cluster headache often fall into the cycle in the less than 4 hr category due to the nature of the condition and level of pain. Having a correct diagnosis and follow up management and treatment would aid reduction of MOH	Thank you for your comment. The Quality Standards Advisory Committee agreed correct diagnosis and raising public awareness were areas for quality improvement and so progressed statements on these areas to the final quality standard.
44	Royal College of Nursing	QS2	Is giving advice alone enough? Suggest re-wording the statement - The professional should educate and advise patients +/- carers/parents of the risk of medication overuse in headache in young people and adults	Thank you for your comment. Quality statements are based on evidence-based recommendations from NICE or NICE accredited guidance. The NICE clinical guideline 150, Headaches in children and young people underpins this quality standard and makes reference to the provision of information only.
45	Royal College of Nursing	QS2	Dr Manjit Matharu from Queen's Square and The Migraine Trust has co-authored a PIL on this topic. http://www.migrainetrust.org/medication-overuse-headache	Thank you for your comment. The NICE implementation team consider any implementation tools that have been suggested and if they would be suitable to publish alongside the quality standard to aid achievement of the statements.
46	Royal College of Nursing	QS2	Another useful source http://ihs-classification.org/en/02_klassifikation/03_teil2/08.02.00_substance.html	Thank you for your comment. Quality Standards can only be developed from NICE and NICE-accredited guidance.
47	Royal Pharmaceutical society	QS2	Community pharmacists are well placed to advise patients on over use of medicines for headaches, this can be through Medicines Use Review (MUR), through the delivery of pharmaceutical services (e.g.	Thank you for your comment. The Quality Standards Advisory Committee agreed that pharmacists have an important role to play in

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			Minor Ailments Scheme), and when patients are collecting their prescriptions from their pharmacy. Pharmacists can also use the opportunity to discuss risks of medicines over use with patients when they purchase over the counter medicines from a pharmacy. Pharmacy staff are also trained to be aware of multiple sales of analgesics, and repeat and large requests of analgesics The RPS have additionally produced professional guidance for pharmacists about the about the sale of analgesics.	this statement and have therefore highlighted this group in the audience descriptor. The NICE implementation team consider any implementation tools that have been suggested and if they would be suitable to publish alongside the quality standard to aid achievement of the statements.
48	The British Pain Society	QS2	No concerns	Thank you for your comment.
49	The Migraine Trust	QS2	People with a primary headache disorder are given advice on the risk of medication overuse headache. In addition, those who do develop medication overuse headache and cannot withdraw from medication successfully should be offered a referral to a GP with a special interest in migraine and headache or to a neurologist with a special interest in migraine and headache.	Thank you for your comment. Each quality statement is designed to address one key concept of quality improvement. The Quality Standards Advisory Committee agreed the area for quality improvement was provision of information on medication overuse headache.
50	The Migraine Trust	QS2	Evidence of access to specialist care if unable to withdraw from medication overuse in primary care	Thank you for your comment. Each quality statement is designed to address one key concept of quality improvement. The Quality Standards Advisory Committee agreed the area for quality improvement was provision of information on medication overuse headache.
51	The Migraine Trust	QS2	Commissioners to ensure that they commission services that give people with a primary headache disorder advice on the risk of medication overuse headache (MOH) and access to specialist care if MOH develops and the person is unable to withdraw from medication in primary care.	Thank you for your comment. Each quality statement is designed to address one key concept of quality improvement. The Quality Standards Advisory Committee agreed the area for quality improvement was provision of information on medication overuse headache.
52	The Musculoskeletal Association of Chartered Physiotherapists	QS2	Medication overuse headache can happen when there is no active primary headache obvious at the time such as in a patient with Migraine in the past who has an extended period of analgesia after surgery or trauma and then develops a chronic headache. The statement no. 2 sounds as if the primary headache has to be	Thank you for your comment. The scope of the quality standard covers people with a primary headache disorder or a medication overuse headache only. People receiving surgery or who have had trauma are outside the scope of this quality standard.

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			present at the time in order for them to be at risk which might be confusing. The wording might benefit from changing to “People with a current or past primary headache disorder are given advice on the risk of medication overuse headache” Medication overuse headache is a key area for improvement and it is very important that clinicians have guidance on the correct advice to give to patients who are at risk. Patients present with headache to many different health care professions and so all professions should be aware of the risks of Medication Overuse Headache.	
53	UKCPA	QS2	Outcomes of incidence of medication overuse headache may be difficult to measure unless patients are presenting to the same healthcare provider. How will this be measured if patients are presenting in different care settings as we don’t currently capture data in a centralised database.	Thank you for your comment. The Quality Standards Advisory Committee discussed the outcome measure and agreed it was appropriate to include.
54	Allergan	QS3	• We are disappointed that there are not other standards to support commissioners, healthcare providers, patients and their carers to understand at what point a referral to specialised care may be required. It would be helpful to have a quality statement that covers the recommendations in the clinical guideline 150 o Review the need for continuing migraine prophylaxis 6 months after the start of prophylactic treatment. o Do not routinely offer inpatient withdrawal for medication overuse headache. § Consider specialist referral and/or inpatient withdrawal of overused medication for people who are using strong opioids, or have relevant co-morbidities, or in whom previous repeated attempts at withdrawal of overused medication have been unsuccessful. Wording for this additional standard to embrace the wider requirements of guiding commissioners, HCPs and patients in the managing headache could be: • People with primary headache who have not responded to prophylactic treatment should be referred to neurology departments or specialist headache centres Proposed measurement • Length of time, symptoms, medication and referral can be captured in Read codes and HES data. Linked data sets provide information	Thank you for your comment. The Quality Standards Advisory Committee considered all areas suggested for quality improvement from the stakeholder engagement exercise and available current practice information. Specialist referral was considered for statement development however the committee agreed that there were no specific areas for quality improvement identified in this area and that this area was already covered by considering red flags at the time of diagnosis.

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			for specific patients and sub groups of patients across primary and secondary care (HSCIC)	
55	British Association for the Study of Headache	QS3	We agree that the statement reflects the key area for improvement. However, BASH feels that there are certain primary headache disorders where imaging must be done even if the signs and symptoms of secondary headaches are absent. Trigeminal autonomic cephalalgia such as cluster headache, paroxysmal hemicrania and severe unilateral Neuralgiform headaches with autonomic features (SUNA) or conjunctival tearing (SUNCT) should be scanned at their first presentation to exclude a structural cause such as pituitary pathology. BASH feels that imaging may be at times necessary where the presentation of primary headache disorder is atypical. Some physicians at times image patient for reassurance and this statement should discourage this practice. To see the impact of the quality statement it is important that prospective data is collected both in primary and secondary care to see a change in current practice.	Thank you for your comment. The quality standard only covers the most common primary headache disorders, tension-type headache, migraine and cluster headache and one secondary headache type, medication overuse headache. The statement on imaging has been updated to only include people with tension-type headache and migraine as the Quality Standards Advisory Committee agreed with consultation comments that some primary headache types may require imaging.
56	British Medical Association	QS3	This statement should be more clearly addressed to secondary care practitioners as they are more likely to refer patients for imaging than GPs. We would also recommend that rather than refusing all referrals, the statement should recommend that referrals are minimised, as in some cases imaging can have benefits for patients with primary headache conditions.	Thank you for your comment. The statement is aimed at anyone making the diagnosis both in primary and secondary care. Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.
57	Migraine Action	QS3	Patients contact Migraine Action worried that they have a life threatening condition. This can be prior to a health consultation but often after seeing a GP and imaging being dismissed without sufficient explanation. More effective communication by GPs as to the reasoning behind this decision is required. Taking a correct	Thank you for your comment. As part of the equalities and diversity considerations for the statement we have highlighted that some people may be anxious about not being referred for imaging and may need

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			history (such as migraine in the family) to aid diagnosis is important. For extremely anxious patients who seek repeat consultations and reassurance, on some occasions imaging may be worthwhile to address their concerns and to enable them to move towards managing their headache effectively in the future.	reassurance. The Quality Standards Advisory Committee recognised the importance of history taking when making a diagnosis and this is included in the definitions to statement 1.
58	Royal College of Nursing	QS3	Nothing to add to this statement.	Thank you for your comment.
59	Royal College of Nursing	QS3	What about secondary headaches and the need for specialist referral? What about the lack of specialist centres for headache and orofacial pain? There is a higher prevalence of inflammatory headaches and a lower prevalence of structural headaches in adolescents. Although the mechanisms of headache in children, adolescents and adults are similar, treatment differs with greater evidence for non-pharmacologiocal therapies of benefit to non-adults. IASP fact sheet http://www.iasp-pain.org/AM/Template.cfm?Section=Fact_Sheets4&Template=/CM/ContentDisplay.cfm&ContentID=14456	Thank you for your comment. The statement is intended to reduce imaging for people with a primary headache disorder and where there are no signs or symptoms of secondary headache. It is expected that people with signs and symptoms of secondary headache may still need imaging. Secondary headaches with the exception of medication overuse headache are outside the scope of this quality standard.
60	The British Pain Society	QS3	No concerns	Thank you for your comment.
61	The Musculoskeletal Association of Chartered Physiotherapists	QS3	Statement 3 is the result of the current low levels of headache diagnosis being made and inability to exclude secondary pathology by history taking on its own. We do not feel that it should therefore be a key area in itself. It is a by product of the lack of confidence in making the diagnosis as described in statement 1. As it states later in the document “When healthcare professionals are confident about the diagnosis and classification of a primary headache disorder, imaging provides no more information.”	Thank you for your comment. The Quality Standards Advisory Committee recognised that with a correct diagnosis some unnecessary scans can be prevented however felt it was an important quality improvement issue in its own area.
62	The Musculoskeletal Association of Chartered Physiotherapists	QS3	The amount of imaging done and referrals into secondary care for primary headache will reduce as clinical confidence rises. This could easily be measured as part of the indicators of clinical confidence in diagnosis related to Quality statement 1.	Thank you for your comment. The Quality Standards Advisory Committee recognised that with a correct diagnosis some unnecessary scans can be prevented however felt it was an important quality improvement issue in its own area.
63	British Association for the Study of Headache	QS4	We are not aware of any published data or guidelines on the issue. However, BASH feels that public education will play a vital role in prevention of medication overuse as well as in identifying those	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important

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			headaches that require urgent attention of either the primary care physician or referral to secondary care.	area for quality improvement and was progressed to the final quality standard as a placeholder statement as there is currently no available evidence to underpin a quality statement in this area at this time.
64	British Medical Association	QS4	We are gravely concerned about the intention to include a quality statement on public awareness. We would be particularly wary of any statement which encouraged all those with headaches to consult their GP, as the majority of headaches are unserious tension headaches and patients are likely to self-medicate regardless of the advice of their GP. The small percentage of people with migraines are likely to consult their GP anyway as the condition is, by definition, incapacitating. A more productive way of dealing with the rise in medicine overuse for headaches would be to focus on regulation of the analgesic market, either by prohibiting their advertisement or by enforcing the inclusion of a warning about analgesic-induced headaches on their packaging	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important area for quality improvement and was progressed to the final quality standard as a placeholder statement. A placeholder statement indicates the need for evidence-based guidance to be developed in this area and is not proposed to be implemented in the same way as a quality statement. It is not within the remit of a quality standard to regulate the analgesic market.
65	Royal Pharmaceutical society	QS4	Pharmacists play a significant role in public health and due to their accessibility can contribute to raising awareness of public health concerns and educate the public on headache. We believe that evidence-based guidance on public awareness for public health disorder improve practice, as it would support consistency in diagnosis, management and referral of headache, but also improve medicines safety and contribute to improved patient outcomes.	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important area for quality improvement and was progressed to the final quality standard as a placeholder statement as there is currently no available evidence to underpin a quality statement in this area at this time.
66	The British Pain Society	QS4	We are not aware of any evidence-based guidance. However, it is clear that failure to diagnose primary headache is the main obstacle in effective management. There is evidence that people in the community do not recognise their headache diagnosis and thus fail to get appropriate treatment (Thomas E et al. Cephalalgia 2004;24:740–52). Similarly, failure of diagnosis in primary care similarly prohibits appropriate treatment (Kernick et al. Br J Gen Practice 2008;58:102-4). Great public and medical awareness to enable correct diagnosis is	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important area for quality improvement and was progressed to the final quality standard as a placeholder statement as there is currently no available evidence to underpin a quality statement in this area at this time.

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			essential if we are to achieve better management	
67	The Migraine Trust	QS4	Raising public awareness could increase the number of people consulting healthcare professionals leading to an increase in accurate diagnosis an appropriate treatment. New evidence-based guidance on public awareness for headache disorders could improve practice and also self-management, as development of medication overuse headache for a person without a diagnosis can delay the diagnosis of the underlying headache if and when a health professional is consulted.	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important area for quality improvement and was progressed to the final quality standard as a placeholder statement as there is currently no available evidence to underpin a quality statement in this area at this time.
68	The Musculoskeletal Association of Chartered Physiotherapists	QS4	We cannot find any research evidence about public awareness of headache disorders in general that is not related to an education programme associated with a particular headache diagnosis. Yes, evidence based guidance would help improve practice for all of the primary headache conditions especially in Medication Overuse Headache, Migraine & Cluster headache. • Medication Overuse headache would particularly benefit from evidence based guidance because the problem often starts before any health care professional is involved. Advice at this early stage can prevent this headache from starting. Improving public awareness of this under represented condition would reduce the numbers of chronic headache days allowing more effective treatment of episodic headache. It would reduce prescription costs, GP attendances and A&E visits as well as increase the awareness of headache in general. Public awareness would have huge benefits to preventing this particular headache type. Since the press coverage last autumn it has already been noticeable that patients have recognised the name of this headache for the first time and some are aware that they should not be taking analgesia over prolonged periods. • In terms of Migraine and Cluster headache, increasing public awareness will have an impact particularly relation to headaches and the work place. Cluster headache sufferers need flexibility from their employers for a condition that is not widely known, about as do Migraine sufferers. Better public awareness of these headache types would help patients have more understanding from their employers	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important area for quality improvement and was progressed to the final quality standard as a placeholder statement as there is currently no available evidence to underpin a quality statement in this area at this time.

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			and enable them to stay in work. • Better public awareness of Migraine will lead to more people consulting their GPs to get a diagnosis and proper management plan. This should reduce the numbers of patients self medicating and those with Medication Overuse headache. It also means that other therapies can be suggested for which there is evidence such as acupuncture. It should also mean that fewer patients are seen for headache management in A&E as is currently the case. • Public awareness will also help the excellent work of the headache charities who work hard to raise the profile of headache in the wider community. With a higher profile they may have access to more funding and can put that back into helping patients with headache in a wider variety of ways.	
69	The Musculoskeletal Association of Chartered Physiotherapists	QS4	Yes, it would be possible to measure the public awareness of headache after implementation of the standards. We would recommend working with the charities Migraine Action, Migraine Trust and OUCH who have an excellent awareness of headache in the wider population and would be able to give extremely helpful opinions	Thank you for your comment. The Quality Standards Advisory Committee agreed public education and awareness was an important area for quality improvement and was progressed to the final quality standard as a placeholder statement as there is currently no available evidence to underpin a quality statement in this area at this time.
70	The Royal College of Nursing	QS4	We are unaware of any evidence-based guidance in this area. NICE have missed the opportunity to contribute to the International Headache Society International Association for the Study of Pain's global year of headache which was Oct 2011- Oct 2012. http://www.iasp-pain.org/Content/NavigationMenu/GlobalYearAgainstPain/GlobalYearAgainstHeadache/default.htm http://www.iasp-pain.org/AM/Template.cfm?Section=Press_Release&Template=/CM/ContentDisplay.cfm&ContentID=14578	Thank you for your comment. NICE quality standards are developed from published NICE and NICE-accredited guidance. The NICE clinical guideline on Headaches in young people and adults was not published until September 2012 with development of the quality standard beginning in November 2012.
71	UKCPA	QS4	The European Headache Federation (EHF) published guidance on organising headache education in Europe in the form of headache schools. Jensen et al. 2010. Guidelines for the organization of headache	Thank you for your suggestion. Quality Standards can only be developed from NICE and NICE-accredited guidance.

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			education in Europe: the headache school II. J Headache Pain (2010):161-165	