

X. Appendix A: Headache Checklist

CHECKLIST-ADULT REFERRAL FOR PATIENTS WITH HEADACHE

For patients with headache please check the following before referral:

|    |                                                                                                                                            |        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. | For patients with new onset headache there are <b>NO</b> red flag symptoms to suggest raised intracranial pressure or a brain tumour*      | YES/NO |
| 2. | BP has been checked to exclude malignant hypertension                                                                                      | YES/NO |
| 3. | Visual fields, visual acuity and fundoscopy are normal.                                                                                    | YES/NO |
| 4. | Reflexes are normal                                                                                                                        | YES/NO |
| 5. | ESR is normal in patients > 50years old                                                                                                    | YES/NO |
| 6. | Consider medication overuse headache in patients using regular analgesia (> 3 x week), in particular, codeine. Reduce usage appropriately. | YES/NO |
| 7. | Tried at least 1 prophylactic medication before referral**                                                                                 | YES/NO |

\*Red flag symptoms

- Systemically unwell
- Progressive neurological deficit
- New onset seizures
- New double vision
- Associated with vomiting and drowsiness
- Headache on waking, which clears on sitting
- Previous history of any cancer with new neurological signs

**IF ANY OF THESE ARE PRESENT PLEASE REFER URGENTLY TO NEUROLOGY**

\*\* Prophylactic medication to consider in patients with chronic headache. Trial of medication for 3 months, dosage as per BNF

| Migraine                                   | Chronic daily headache (headache > 15 days per month) | Mixed headache (migraine and CDH)         |
|--------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| Propranolol<br>Amitriptyline<br>Topiramate | Amitriptyline<br>Gabapentin<br>Topiramate             | Amitriptyline<br>Gabapentin<br>Topiramate |

## North Lambeth Community Headache Service Patient Questionnaire

Please help us to improve our services by answering some questions about the help you have received from the North Lambeth community headache clinic. Your views are very important to us in evaluating what the headache clinic is doing well, and what can be improved in the future. We also welcome your comments and suggestions.

*Please complete the following questions relating to your experience in the North Lambeth community headache clinic. Please answer all of the questions by ticking the box next to the answer that best describes your views.*

### Before the appointment

1. Overall, from the time you were first told you needed an appointment to the time you went to the North Lambeth Headache Clinic, how long did you wait for an appointment?
  - Up to 2 weeks
  - 2 weeks to 1 month
  - 1-2 months
  - More than 2 months
2. Before coming this appointment, had you received other clinical treatment for headache?
  - Yes, previously referred to consultant
  - Yes, treated by my GP in practice
  - Yes, other \_\_\_\_\_
  - No
4. How long did it take you to travel from home to the clinic at Lambeth Walk Group Practice?
  - 15 minutes or less
  - Up to 30 minutes
  - 30 – 60 minutes
  - More than 60 minutes
  - Don't know / can't remember
5. How satisfied are you with ease of access to the service?
  - Very satisfied
  - Mostly satisfied
  - Indifferent or mildly dissatisfied
  - Very dissatisfied

### On the day of the appointment

3. How did you travel to Lambeth Walk Group Practice on the day of your appointment?
  - By Car
  - By Taxi
  - Using Public Transit (bus, tube or train)
  - Walking
  - Other \_\_\_\_\_
6. How long after the **stated appointment time** did the appointment start?
  - I was seen by the GP on time or early
  - I waited up to 5 minutes
  - I waited up to 15 minutes
  - I waited up to 30 minutes
  - Waited more than 30 minutes
  - Don't know / can't remember

7. When you arrived at the clinic, how would you rate the courtesy of the practice staff?

1 Excellent

2 Good

3 Fair

4 Poor

5 Don't know / can't remember

8. Did you have confidence and trust in the doctor examining you and treating you in the clinic?

1 Yes, definitely

2 Yes, somewhat

3 No

9. Did the doctor **listen** to what you had to say about your headache condition?

1 Yes, definitely

2 Yes, somewhat

3 No

10. How do you feel about the effect of the service in helping you to relieve your symptoms?

1 Very satisfied

2 Mostly satisfied

3 Indifferent or mildly dissatisfied

4 Very dissatisfied

11. How satisfied are you with the headache management plan recommended by this service?

1 Very satisfied

2 Mostly satisfied

3 Indifferent or mildly dissatisfied

4 Very dissatisfied

12. Given the choice, would you prefer to be treated for headache in the North Lambeth Community Headache clinic rather than going to hospital?

1 Yes

2 No

3 Don't know / not sure

13. If you were to seek help again, would you go back to that service?

1 No, definitely not

2 No, I don't think so

3 Yes, I think so

4 Yes, definitely

14. If a friend was in need of similar help, would you recommend the service to him or her?

1 No, definitely not

2 No, I don't think so

3 Yes, I think so

4 Yes, definitely

15. Was there anything particularly good about your visit to the headache clinic that you would like us to know about?

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16. Was there anything that could be improved?

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17. Any other comments?

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*Please take a moment to tell us about your personal situation, so that we may improve our service to meet the general needs of our patient population.*

*Please note that this portion of the questionnaire is optional, and will only be used in a general evaluation of the patient demographics of the North Lambeth Headache Clinic. Your name, address, and other identifying information will not be linked to your responses to these questions.*

1. Gender

Male  Female

2. Age group

Under 25  26 – 35  36 – 55  Over 55

3. Ethnicity

White

British  Irish  White, Other \_\_\_\_\_

Black

African  Caribbean  Black, Other \_\_\_\_\_

Asian

Indian  Pakistani  Bangladeshi

Asian, other \_\_\_\_\_

Other

Other \_\_\_\_\_

4. Employment

Employed full time  Employed part time  Student

Housewife/husband  Unemployed, but able to work  Retired / pensioned / not able to work

4a. If you are employed, have you had to stop work due to your state of ill-health?  Yes  No

4b. If you are unemployed, do you intend to return to work?  Yes  No

How long have you been unemployed/retired?.....years.....months.

**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE**

XII. Appendix C: GP Survey

1. Please list practice name
2. Please indicate role in the practice: Partner, Salaried Doctor, Locum, Other
3. Are you aware of the GPwSI headache clinic available in North Lambeth since March 2009?  
Yes                      No
4. Have you referred any of your patients to the North Lambeth GPwSI Headache Clinic?  
Yes                      No
5. If you have not referred any of your headache patients to the North Lambeth Headache Clinic, please list reasons for not referring \_\_\_\_\_
6. If you do not refer your patients to the North Lambeth Headache Clinic, where do you refer them for headache?
7. Please estimate how many patients you have referred to the North Lambeth Headache Clinic in the past 6 months.
8. How satisfied are you with the diagnosis and treatment plan that the North Lambeth Headache Clinic provides for your patients?
9. How satisfied are you with the wait time for your patients between referral date and appointment date at the North Lambeth headache clinic?
10. Have you ever had to re-refer a patient to secondary care after they have been discharged from the North Lambeth Headache Clinic?
11. If you answered yes to question 10 above, please explain:
12. How many patients have you re-referred to secondary care after they were discharged from the North Lambeth Headache clinic?
13. How satisfied are you with the referral form for the North Lambeth Headache Clinic?
14. Please list any changes you would recommend to the referral process:
15. How satisfied are you with the discharge summary provided by the North Lambeth headache clinic in terms of timeliness?
16. How satisfied are you with the discharge summary provided by the North Lambeth headache clinic in terms of quality of information?

17. The North Lambeth GPwSI headache clinic is able to resolve headache issues for my patients.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree
- NA

18. I am satisfied that the North Lambeth headache clinic provides a high quality service for treatment of headache.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree
- NA

19. I will refer patients concerned about headache to the North Lambeth GPwSI Headache Clinic in the future.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree
- NA