Evaluation of direct access from GPs to MRI for the management of patients with chronic headache

Background
- Headaches affect over 90% of the population at some point in their lifetime, placing a considerable burden both on the NHS and on society.
- The majority of headaches are benign as less than 0.1% of the lifetime prevalence is associated with a life-threatening condition. Nevertheless:
  - A significant proportion of patients tend to return continuously to the GP, afraid that they might have an underlying serious condition, such as brain cancer.
  - GPs acknowledge that they have made referrals for secondary care in situations where they were unable to reassure the patient.

The current management of patients with chronic headache will be inadequate to cope with the ever increasing demand, both from the primary care and the secondary/tertiary care perspectives.

Aims
- TOHETI aims to evaluate whether direct access from General Practitioners (GPs) to Magnetic Resonance Imaging (MRI) for patients with chronic headache is cost-saving at 6 months after the initial episode at Secondary Care compared to the initial referral to Neurology.
- In the vast majority of cases where patients are directly referred to MRI, no serious underlying pathology will be found, enabling earlier GP and patient reassurance.
- For the few patients with worrying pathology, this will speed up the diagnostic pathway to tertiary care.

Expected impact – direct referral to MRI

**GP and patient experience and satisfaction**
- Earlier patient reassurance that no serious underlying pathology is found. This fact enhances patient management within the primary care setting
- Higher GP satisfaction with the proposed pathway

**Quality of care**
- Faster diagnosis and treatment in patients with brain cancer

**Efficiency**
- Reduced number of referrals to Neurology as a result of direct access to MRI exams
- Reduced number of GP appointments for headache (prior and subsequent to the MRI exam) due to patient reassurance following a negative MRI exam

The capacity challenge:
- Over 4% of adults consult their GP with headache each year;
- Headache is mainly managed within Primary Care but accounts for up to 25% of GPs referrals to neurologists;
- GPs and Neurology consultation rates due to chronic headache have steadily increased over the past years.

Quantitative Arm

1. Referral to Neurology

- Patient with chronic headache at GP
- GP consultation
- Wait for Imaging Test
- Neurology follow-up appointment
- Wait for follow-up GP appointment
- Referral to Secondary Care

- Reduction of waits times (categorised as waste under the Lean methodology);
- Reduction of Neurology appointments (only patients with positive MRI findings will require an appointment);
- Reduction of subsequent GP utilisation rates due to the MRI reassurance effect.

2. Direct access to MRI

- Direct referral to MRI enables:
  - Faster diagnosis and treatment in patients with brain cancer
  - Reduced number of referrals to Neurology as a result of direct access to MRI exams
  - Reduced number of GP appointments for headache (prior and subsequent to the MRI exam) due to patient reassurance following a negative MRI exam

Qualitative Arm

- The qualitative arm will focus on GP’s views on direct access to MRI scanning for patients with chronic headache, versus referral to neurology.
  - GP interviews – understanding current patterns of service use;
  - GP confidence in diagnosis and management of headache;
  - Experience of managing patients on both pathways;
  - Attitudes towards change in ways of working.

Key Risks / Bottlenecks

**Involvement of key stakeholders**
- Low likelihood + high impact
- On-going discussions with clinical and non-clinical staff and/or external organisations

**Delay in the installation of new equipment needed to deliver the project.**
- Low likelihood + high impact
- The estates team have been involved in TOHETI since Phase 1

**Perverse incentives in tariffs inhibit adoption of new pathways despite proven cost-effectiveness.**
- Medium likelihood + high impact
- Local Commissioners are fully engaged in TOHETI Phase 2