Neurology Academy

Education with impact

Headache Service Transformation MasterClass impact report December 2025 - July 2026

Neurology Academy®

NEUROLOGY ACADEMY: EDUCATION WITH IMPACT

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Introduction

The Headache Service Transformation MasterClass (HDMC1) marks a significant milestone in the evolution of UK headache and migraine care. Over seven months, 36 clinicians, pharmacists, nurses and allied health professionals from across England and Wales undertook a structured programme of expert-led education and workplace service transformation. Their achievements demonstrate the power of targeted professional development to drive measurable, sustainable change in frontline neurology services.

This impact summary presents the collective outcomes of the HDMC1 cohort: the innovations they delivered, the themes that emerged, and the system-level improvements now underway across primary, community, secondary and tertiary care. It highlights how structured education, mentorship and data-driven improvement can reshape services for one of the most common and disabling neurological conditions.

A programme designed for impact

The MasterClass follows the Neurology Academy's established two-module format: two days of intensive residential learning, a workplace project phase of approximately seven months, and a final two-day module focused on leadership, advanced practice and project presentation. The design is intentional — combining clinical education, service improvement methodology and mentorship to equip delegates with the skills and confidence to redesign their own services.

Module 1 (December 2025) set the strategic foundation. Delegates explored the national vision for headache pathways, complexity theory, patient perspectives, multidisciplinary roles, business case development and data-driven change. Expert faculty from across the UK provided practical insights into high-cost drug pathways, neurology transformation, and service improvement design.

Following Module 1, delegates returned to their organisations to design and implement a workplace service transformation project. Each project required a clear rationale, evidence-based methodology, and demonstrable impact. Faculty mentors supported delegates throughout, ensuring projects were ambitious yet achievable within local constraints.

Module 2 (July 2026) showcased the results. Delegates presented their projects through posters and oral sessions, receiving structured feedback from faculty and peers. Sessions on future workforce models, community-based services, nursing competencies and the Migraine Toolkit helped delegates situate their work within the broader trajectory of UK headache service development.

The programme closed with each delegate group committing to one thing to stop, one thing to start, and one thing to do differently — reinforcing the MasterClass ethos of practical, ongoing change.

Collective impact across headache services

The 12 service transformation projects produced by the HDMC1 cohort address some of the most pressing challenges in UK headache care: rising demand for CGRP-targeted therapies, overstretched specialist services, geographic inequity, fragmented pathways, and the need for new workforce models. Together, they demonstrate that frontline clinicians — given the right education and support — can deliver meaningful, measurable improvements for patients and services.

Key achievements include:

- **92.7% of tertiary headache patients in North Wales** assessed as suitable for community GPwER management, supporting a business case to transform access for 700,000 people.
- **69% reduction in GP triage burden** through a pharmacist-led headache clinic in a rural practice.
- **60% reduction in homecare prescription turnaround times** following the introduction of a specialist headache pharmacist.
- **60% projected increase in headache service capacity** through workforce redesign and creation of a dedicated Headache Specialist Nurse role.
- **63.2% of patients receiving an atogepant discharged to primary care** following structured pathway evaluation.
- **Home-based acute migraine treatment launched,** avoiding A&E attendance for the majority of early patients.
- **CGRP therapy caseload increased from 36 to 490 patients** at Imperial, with a replicable quality metric established for ICB-wide monitoring.
- **An innovative staff headache and migraine support initiative in development at BCHC,** addressing an important contributor to sickness absence.
- **Paediatric headache pathways mapped across Wales,** revealing significant gaps and establishing a roadmap for national improvement.
- **Capacity and workforce pressures within the tertiary headache service at Cardiff & Vale evaluated, with clear recommendations for workforce expansion and MDT development.**

These achievements extend beyond theory. They represent live services, implemented pathways, redesigned workflows and robust evidence being used to support new workforce models and future service development.

Five themes shaping the future of headache care

Across the cohort, five overarching themes emerged — each reflecting national priorities and the evolving landscape of headache services.

1. The expanding role of pharmacists

Pharmacists played a central role in many projects, reflecting their growing importance in headache pathways, particularly in CGRP-targeted therapies.

Projects demonstrated pharmacists' ability to:

- Lead initiation and follow-up clinics
- Reduce prescribing delays
- Improve homecare turnaround times
- Deliver patient education
- Risk-stratify treatment pathways
- Support primary care through structured transfer-of-care processes

Pharmacist-led models consistently improved efficiency, reduced consultant workload, and enhanced patient experience.

2. Workforce redesign as a strategic lever

Several projects highlighted the need for new workforce models to meet rising demand.

Examples include:

- Creation of a dedicated headache specialist nurse role
- Expansion of non-medical prescriber capacity
- Development of GPwER-led community services
- Redistribution of general neurology responsibilities to free specialist time

Workforce redesign was shown to be one of the most effective levers for increasing capacity, reducing waiting times and improving resilience.

3. Shifting care closer to home

Delegates explored innovative ways to deliver care outside traditional hospital settings.

Notable examples:

- Home-based acute migraine treatment through virtual ward initiatives
- Community GPwER-led headache services
- Pharmacist-led clinics within GP practices
- Digital triage and monitoring tools

These models reduced A&E attendance, improved access for rural populations, and supported more personalised care.

4. Data-driven service improvement

Every project used data to identify gaps, measure impact and influence change.

Delegates demonstrated:

- Use of pharmacy databases to define quality metrics
- Retrospective audits to evaluate pathways
- KPI frameworks to monitor system impact
- Structured triage tools to reduce administrative burden
- Waiting list analysis to inform workforce planning

Data was central to building business cases and securing organisational support.

5. Equity and overlooked populations

Several projects addressed inequities in headache care and migraine across:

- Rural communities in North Wales
- Children and young people across Wales
- NHS staff experiencing migraine
- Patients facing long travel distances or fragmented pathways

These projects emphasised the need for coordinated leadership, multidisciplinary support, and culturally appropriate services.

Project highlights: illustrating impact

Rather than reproducing full project summaries, this section highlights the system-level significance of selected projects.

Improving CGRP pathways

Multiple projects focused on CGRP-targeted therapies — a rapidly expanding area of migraine care.

At Addenbrooke's, evaluation of **the atogepant pathway** revealed hidden workload, long review intervals and high discharge rates to primary care. Recommendations included pharmacist-led clinics, digital diaries and streamlined transfer-of-care processes.

At Imperial, analysis of 490 patients identified "time to second prescription" as a practical, replicable quality metric proposed for ICB-wide use.

At Oxford, pathway evaluation informed the development of structured assessments and risk-stratified triage, with the potential to reduce unnecessary appointments and administrative burden.

Together, these projects provide a blueprint for efficient, scalable CGRP pathways.

Community-based care

In North Wales, 92.7% of tertiary headache patients were deemed suitable for community GPwER management — a finding with major implications for access, equity and travel burden.

In East Sussex, home-based acute migraine treatment avoided A&E attendance for the majority of early patients, demonstrating feasibility and patient acceptability.

In Suffolk, a pharmacist-led GP practice clinic reduced triage burden by 69%, improving access and reducing onward referrals.

Together, these projects demonstrate how care can be safely and effectively shifted closer to home.

Paediatric and staff wellbeing initiatives

Across Wales, paediatric headache pathways were mapped, revealing significant gaps in leadership, coordination and guideline alignment. Recommendations included national leadership structures, pathway workshops and strengthened multidisciplinary support.

At BCHC, the HEAD-START initiative addressed headache among NHS staff — a major contributor to sickness absence and reduced productivity. Early engagement was strong, with plans for trust-wide surveys and structured support pathways.

These projects broaden the scope of headache care beyond traditional patient groups.

A cohort shaping the future of headache services

The HDMC1 cohort has demonstrated what is possible when clinicians are empowered with the right tools, mentorship and data. Their projects show that meaningful service transformation does not require large-scale national programmes — it can begin with motivated individuals working within their own organisations.

The cohort's achievements reflect:

- Commitment to improving patient experience
- Creativity in addressing workforce and capacity challenges
- Rigour in data collection and analysis
- Leadership in advocating for equitable access
- Collaboration across disciplines and sectors

These delegates are now part of the Neurology Academy Alumni network — a growing community of clinicians driving change across neurology services.

Conclusion

The Headache Service Transformation MasterClass has delivered measurable, meaningful impact across **headache and migraine services in England and Wales, with learning that has wider relevance across the UK**. The HDMC1 cohort has evaluated and redesigned pathways, developed new workforce models, improved prescribing efficiency, reduced A&E attendance, strengthened community care and highlighted inequities affecting children, rural populations and NHS staff.

Their work demonstrates that structured education, mentorship and data-driven improvement can transform headache and migraine services — not in theory, but in practice.

As demand for headache and migraine care continues to rise, the innovations delivered by this cohort offer a roadmap for sustainable, scalable change. The Neurology Academy is proud to support these clinicians as they continue to lead the future of headache and migraine services.

Explore the individual projects featured in this report by clicking here.

Neurology Academy: education with impact

Neurology Academy (NA) is an innovative, expert-led education provider dedicated to transforming healthcare and improving outcomes for people with neurological conditions. We bring together practising clinicians, specialist nurses, pharmacists, therapists and other allied health professionals to share expertise, develop confidence and inspire meaningful change across the full spectrum of care.

Through our condition-focused Academies, we connect education, networking, mentorship and clinical leadership to support healthcare professionals at every stage of their learning journey. Our Faculty of practising specialists translates the latest evidence, research and clinical experience into practical, case-based learning that can be applied directly to patient care — from optimal diagnosis, treatment and management to service transformation and the development of better models of care.

From accessible virtual learning and six-minute Bitesize sessions to immersive residential MasterClasses, our education is designed around the needs of healthcare professionals and the realities of modern practice. Whatever the format, our ambition is the same: to provide healthcare professionals with the knowledge, skills, confidence and connections to transform practice — and, ultimately, make a meaningful difference to the lives of the people with neurological conditions.

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