

2026



INCREASING ACCESS TO MIGRAINE TREATMENTS IN PRIMARY CARE



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STRENGTHENING ACCESS

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EXECUTIVE SUMMARY

Headaches are one of the most common conditions that primary care clinicians treat. [1] Headaches can be incredibly debilitating for patients, with migraine being the second largest cause of disability in the UK. [1]

Headaches significantly contribute to pressures on general practice and A&E. There has been a **313% increase in A&E presentations** for headaches in England in the last six years alone. [2]

Headaches (and their treatment) have a substantial impact on both direct costs to the NHS and wider economic losses. In 2020, the total direct costs to the NHS for the treatment of all headaches was **£250 million**, and migraines alone are estimated to cost **£12 billion** to the wider economy overall. [3]

The unique location of community pharmacies provides a route for improving access to care, improving outcomes and reducing costs to the NHS, the taxpayer and the wider impact on society in general.

Community pharmacy already offers advice and over-the-counter (OTC) pain relief for patients suffering with headaches and migraine. Commissioning additional care for acute headaches would increase the options available to pharmacy teams to support these patients and reduce the demand on other parts of the NHS.

The government should commission a new clinical pathway in the Pharmacy First service for acute headaches. This will:

- 1 Increase overall access to treatment, with greater access in deprived communities.**
- 2 Speed up access to treatment for chronic headaches from GPs.**
- 3 Free up GP and A&E capacity.**

This offers an opportunity to advance the 'left shift' of care into the community. It would also improve care for one of the most common and debilitating conditions in the UK.

ENHANCING ACCESS TO TREATMENT FOR A COMMON BUT DEBILITATING CONDITION

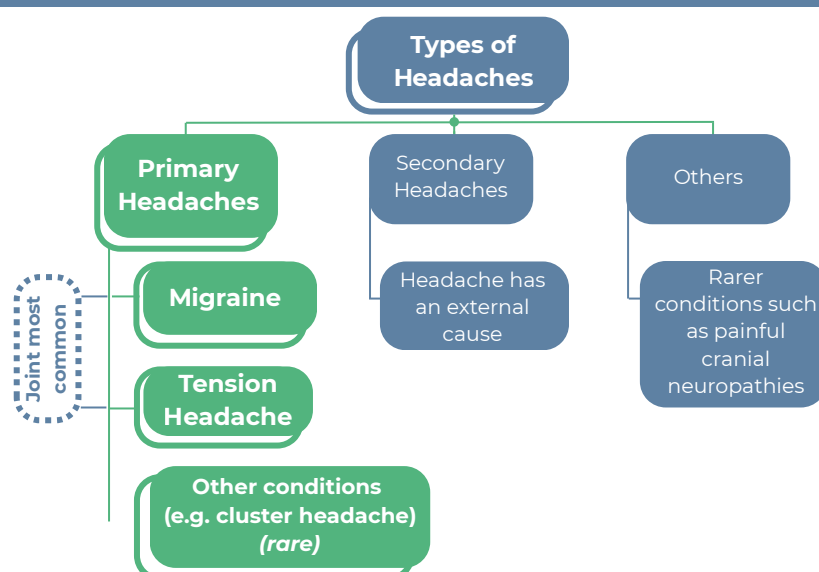
Acute primary headaches are the most common headache conditions seen in primary care

There are many types of headaches. Primary headaches are those not caused by an underlying condition and are the most common. These headaches can usually be treated in primary care, without specialist support from hospital services. Currently, when over-the-counter (OTC) medicines are insufficient, they are treated in general practice.

Migraine, tension-type and cluster headaches are the most common primary headache conditions.

- **Migraine:** moderate to severe headache, usually presenting with concurrent symptoms. Often recurrent and disabling.
- **Tension-type headache:** widespread, pressing pain.
- **Cluster headache:** rare, severe unilateral attacks.

Headaches can be classified as either 'acute' or 'chronic'. Acute headaches refer to individual incidents – although patients may suffer from them more than once. When headaches occur on 15 or more days per month (for more than three months) they are considered chronic. [4]



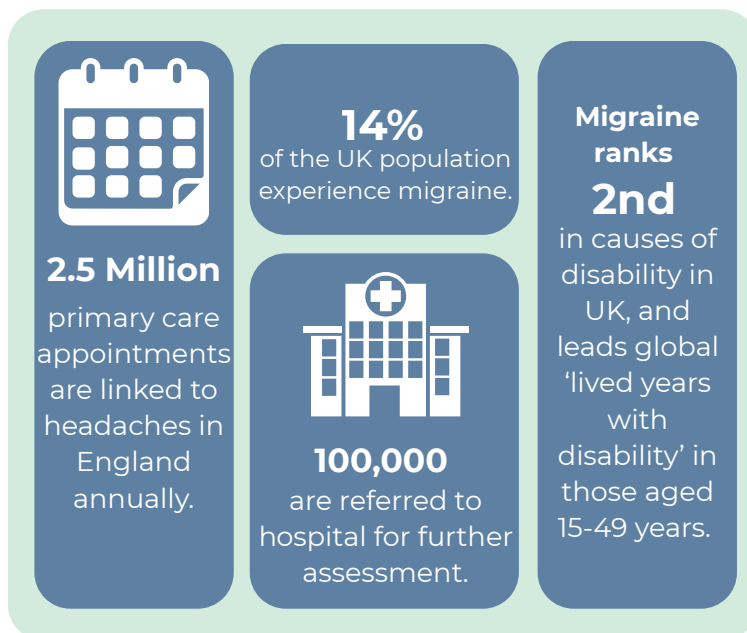
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Headaches are one of the most common debilitating health conditions

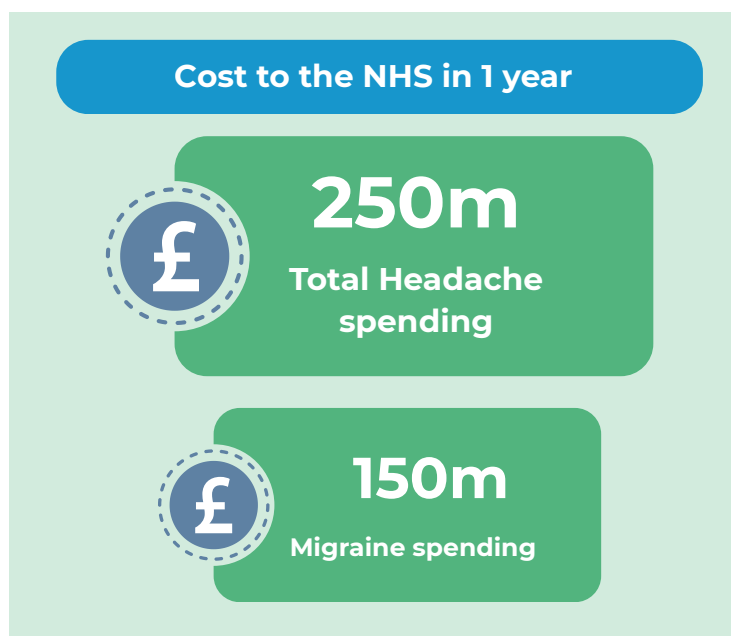
In England each year, **2.5 million** primary care appointments are linked to headaches. [5] Of these, 100,000 are referred to hospital for further assessment. [5]

Migraine is a primary driver of this health burden, given they are usually more severe and more likely to be chronic.

With an estimated 14% of the UK population experiencing migraine, [3] it ranks second in causes of disability in the UK, and leads global 'lived years with disability' in those aged 15-49 years old. [1] Physical attacks and associated symptoms impair sufferers' ability to work, socialise, and undertake everyday tasks.



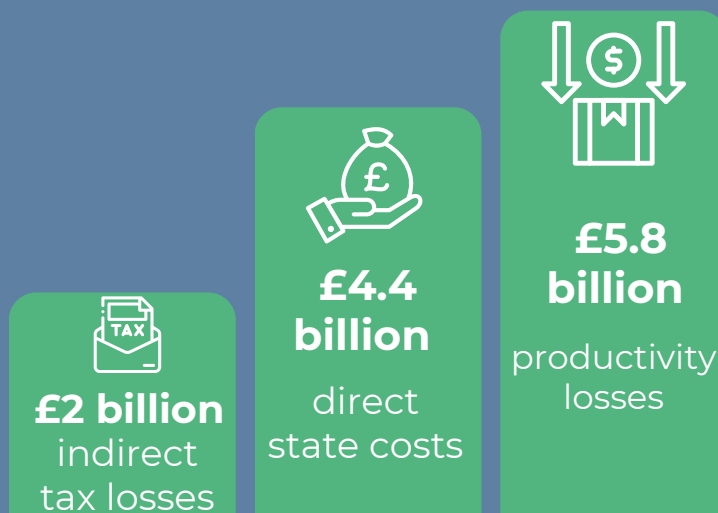
Headaches create a significant economic burden on the UK



In 2020, the total cost to the NHS for the treatment of all headaches was estimated to be **£250 million**, with migraine accounting for **£150 million** of this. [5]

The total wider economic cost of migraine is substantially higher. Productivity losses from migraine in the UK reach **£5.8 billion**, with **£2 billion borne by the NHS**. A study from 2023 calculated that lost taxes, productivity and costs to the NHS amount to an estimated **£12.2 billion** in costs for His Majesty's Treasury each year. [3]

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£12.2 BILLION
ANNUAL COST OF MIGRAINE

Access to care

Capacity within primary care is limited, and patients are increasingly reporting that they are unable to access GP services when needed. [6] There is also a significant shortage of capacity in specialist clinics – waiting times for migraine specialist care doubled to 29 weeks between 2021 and 2023. [7]



Difficulties accessing timely treatment in the community is driving patients to A&E. The number of A&E attendances due to headaches and migraines was 108,711 in 2018/19. [8] **A&E attendances have increased 313% over six years to 448,765 (2024/25).** [2]

“A&E attendances
[for headaches]
have increased
313%.”

This increase is most likely due to people unable to access the treatment they need for headaches in the community – rather than an increase in the incidence of serious headaches.

Even when care can be accessed, unfortunately patients suffering from migraine and other headaches are often not satisfied with their care. Experts in migraine care have suggested that insufficient understanding and training have led to a lack of confidence in clinicians when diagnosing and treating these conditions. [9]

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A role for community pharmacy

Community pharmacies already provide an accessible route to treatment for headaches. [10] Pharmacists have longstanding experience supporting this patient cohort with the treatment options currently available to them.

Patients suffering with headaches either self-refer by walking into the pharmacy, or they are referred to a local pharmacy by their GP. Current treatment options are limited to advice and the purchase of some OTC medicines.

It is estimated that tension headaches and migraines make up 95% of all headaches presenting to health services. [11] Acute tension headaches are usually treated with simple pain relief bought from a pharmacy, such as paracetamol or ibuprofen. [12] However, migraines can often require prescription-only medicines, which requires a consultation with a GP. [13]

This means that **whilst patients can access several treatment options for tension headaches from their community pharmacy, options for treating migraines are limited.** One OTC treatment for migraine (a triptan) can only be bought in packs of two tablets – enough for one migraine.

Pharmacy First – a new route to access

Since 2024, community pharmacies in England have been commissioned by the NHS to provide prescription-only treatment for seven common conditions. In the first year alone **2.4 million** Pharmacy First consultations were delivered in community pharmacy. [14]

Community pharmacies are often open extended hours (evenings and weekends). This offers greatly improved access to treatment for these common conditions. Importantly, there are more community pharmacies in deprived areas. [15] **This means that access is greater in areas where need is higher.** [16] Pharmacy First is directly helping to tackle health inequalities.



Adding headache conditions to the Pharmacy First service will:

- **Increase patient access** – patients from traditionally underserved communities can more easily access the care they need for debilitating headaches.
- **Relieve pressure on General Practice** - freeing up GP capacity for more complex cases, with the skills of pharmacists used to support more routine migraine cases.
- **Reduce hospital attendances** – increasing access will reduce costly A&E visits and unnecessary strain on secondary care.

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Building on current practice

Expanding the Pharmacy First service to add a clinical pathway for headaches will enable pharmacists to supply prescription medications for migraines. This would mean many patients would no longer need a GP appointment to access treatment options they specifically need.

Every year there are 2.5 million GP consultations for headaches. [5] CCA estimates are that, accounting for patient choice and existing conditions, half of these could be managed within community pharmacy.

1.25 million patients could have their acute headaches treated by their local pharmacy.

These patients can be provided with a preliminary diagnosis, advice and, where needed, treatment (including prescription-only medicines).



Currently the Pharmacy First service uses Patient Group Directions (PGDs) to allow pharmacists to provide prescription-only medicines without input from a GP. Expanding Pharmacy First will allow immediate access to these treatment options.

In the very near future community pharmacists will be prescribers in their own right, and will therefore no longer need this framework of supply.

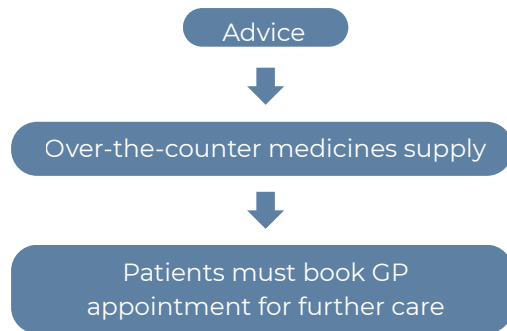
A Patient Group Direction (PGD) is a legal document that allows certain health professionals, including Pharmacists, to supply prescription-only medicines to a group of patients without a prescription.



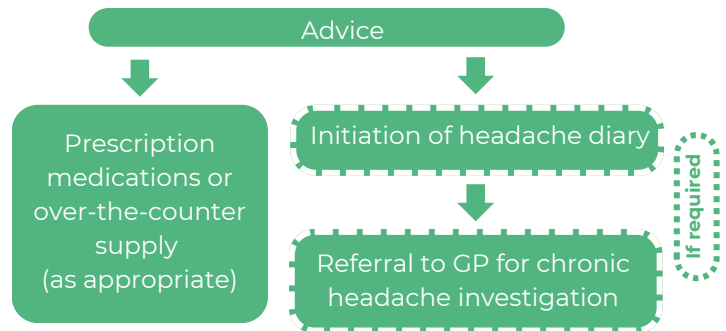
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Adding headaches to the Pharmacy First service will ensure patients have quicker and easier access to the treatment they need. It will also free up capacity within general practice and hospital neurological departments to focus on patients with chronic and treatment-resistant headaches, which require the expertise of a physician.

CURRENT TREATMENT PATHWAY



PROPOSED PATHWAY



Diagnosis

Community pharmacists already help patients with acute headaches. However, adding a new clinical pathway to Pharmacy First will mean more people can go to pharmacies for support. In addition, pharmacists will be able to treat more complicated headache cases.

Creating a formal, NHS-commissioned patient pathway will require record keeping and a clear route to refer onwards when needed.

Any expanded pathway will need to consider:

- **Accurate classification.** Determining the type of headache is particularly important when information is being added to patient records.
- **Identification of 'red flag' symptoms.** Red-flag symptoms are those which suggest something more serious is the cause of the headache. Although rare, the increased number of headache patients means these will be more frequent and need to be recognised and escalated safely.

Pharmacists have used PGDs to safely supply prescription-only medicines for over two decades. PGDs allow pharmacists to follow a tailored pathway to accurately classify headaches, and to screen cases for red-flags with directed and focused questions. Patients with red-flag symptoms can be escalated appropriately, and those returning with chronic headaches can be referred into general practice. This pathway should be available for all non-pregnant adults.

As more of the pharmacist workforce become prescribers, diagnosis and treatment will use pharmacists' consultation skills and prescribing knowledge. This would further expand the breadth of patients that can be supported in the community and enable patients to obtain more appropriate quantities of the treatments they need.

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Treatment Options

Currently patients can only purchase a limited number of OTC medicines to treat simple headaches

A medicine designed to specifically treat migraines, sumatriptan, can currently be bought in pharmacies. However, current regulation means people can only buy two tablets at a time. A clinical pathway would mean not only a wider range of triptans could be supplied (for people who do not tolerate sumatriptan), but also larger quantities could be given. This would mean that patients can better manage their condition when future episodes arise so they can go about their everyday lives more easily.



A new clinical pathway would also provide a route for other migraine treatments to be accessed through community pharmacy, if appropriate.

Streamlining further investigation for chronic headaches

An expanded and empowered headache pathway can also streamline how patients with treatment-resistant and chronic headaches access further investigation.



If a patient returns to community pharmacy with further headaches unable to be sufficiently controlled with acute medication, pharmacists can refer the patient to general practice. This referral will include details of support already provided, speeding up the process for further support.

Pharmacists can provide a patient with a headache diary and instructions on how to correctly document their symptoms. This would mean when patients see their

GP this information will already be available. This critical step in the treatment pathway will speed up the route to more advanced treatment.

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Future considerations

Adding a clinical pathway for acute headaches to Pharmacy First could be implemented immediately.

With more patients attending pharmacies for headache treatment pharmacists will grow increasingly confident in classifying different headaches. In the future, independent prescribers will be able to treat different types of headaches and more complicated cases.

Unfortunately, many headaches are the result of medication overuse. [17] This can be due to the frequency of medication taken, and/or the number of medications a patient is taking. Independent prescribers could address this directly through deprescribing.

Independent prescribers can also expand access to chronic headache treatment. In future, pharmacist prescribers could identify and manage chronic headaches. Patients would then only have to be referred onwards to general practice if first-line treatment was insufficient, further supporting GP access.

As experience is gained amongst the prescribing population the scope for expansion into further conditions will also grow, creating further additional capacity within primary care.



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What enablers are needed?

Funding

This new clinical pathway can be commissioned as part of the existing Pharmacy First service. However, the pharmacy sector is already chronically underfunded, and new activity will need new funding. The NHS' own economic analysis has shown there is a considerable gap between the cost of delivering NHS pharmaceutical care and the funding currently available to the pharmacy network in England.

Community pharmacy has both the ability and desire to be at the forefront of the shift of care into communities, but can only do so when service provision is funded.

Workforce and training requirements

Pharmacists are already experienced in managing simple headaches. Adding a new headache clinical pathway would not require complex additional training.

Pharmacy technicians can also supply medicines under a PGD. In the future they could also support patients with headaches, although they would likely require more bespoke training. This would also be a key step in creating future capacity.



Future independent prescribers would likely need additional support with headache history taking to help identify more complex cases currently not treated in community pharmacies.

Digital Infrastructure

When appropriate, pharmacists can review a patient's GP records to support Pharmacy First consultations. They can also update patient records with consultation summaries.

To further improve the service offered to patients, there is a need to be able to book consultations directly in general practice. This is particularly important when red-flag symptoms are identified. Although rare, if pharmacists identify signs that could suggest the possibility of a severe underlying condition such as cancer, they must refer patients onwards. The ability to book appointments would simplify this process.

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Patient Awareness

Community pharmacy is already trusted by many as a site for the urgent treatment of single headache episodes. Yet many patients, particularly those who suffer from migraine, will know of the current limited treatment options available in pharmacies. Patients will be used to visiting their GP for headache support.

Work would be needed to promote any expanded care. National promotion by the NHS will be critical to changing public behaviours. Outreach should include advocacy groups such as the Migraine Trust. Such groups have long campaigned for the expansion of headache treatment, and their reach with historically underserved communities will ensure that these new avenues for care can be widely publicised.



SUMMARY

Headaches, particularly migraines, are among the most common conditions managed in primary care, and can be debilitating. Headaches impose a significant burden on patients, the NHS, and the wider UK economy. Despite their prevalence, access to effective treatment remains limited, with many patients unable to secure timely GP or specialist appointments, leading to increased A&E visits and ongoing dissatisfaction with care.

Community pharmacy can take an expanded role in the management of acute headaches by creating a new Pharmacy First clinical pathway. Community pharmacists could diagnose and treat acute migraine and tension-type headaches, supply a broader range of medications, and streamline referrals for chronic or treatment-resistant cases.

This would relieve pressure on general practice and emergency services, improve patient access to care, and support the NHS' goal of shifting more clinical services into the community. Successful implementation will require public awareness campaigns and funding.

The accessibility of community pharmacy offers a route to make meaningful progress in addressing the unmet needs of headache sufferers across England.

Acknowledgements

On 7th October 2025, the CCA hosted a roundtable to discuss how access to migraine treatment could be expanded through community pharmacy. The insights from the discussion have informed the report, which has been supplemented by additional research from the CCA. The roundtable was part of the collaborative working project between the CCA and Pfizer UK. Pfizer Ltd provided the funding but did not input into the content of the roundtable. We would like to thank everyone who attended the roundtable and provided their perspective.

Attendees included:

- Kate Sanger, Head of Policy and Communications, Migraine Trust
- Pam Soo, Clinical Lead for Pharmacy Integration, Chester and Merseyside ICB
- Rob Hebdon, National Pharmacy Integration Lead, NHS England
- Richard Brown, Chief Officer of Avon and Wiltshire LPC
- Richard Harrison, Healthcare Services Manager, ASDA
- Sheena Ryait, Pharmacist, ASDA
- Sarah Davis, Pharmacy Support Manager, Boots UK
- Sarah Passmore, Superintendent Pharmacist, HubRx
- Shilpa Shah, Chief Officer, Community Pharmacy Northeast London

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WHO WE ARE

COMPANY CHEMISTS' ASSOCIATION

Established in 1898, the CCA is the trade association for multiple pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Lincolnshire Co-op, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 4,000 pharmacies across England, Scotland and Wales. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 400 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.



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