

## Topic proposal



I understand that this proposal will be retained by the SIGN Programme Lead and be made available on the SIGN website for time period that the proposal is being considered. Only proposals with a completed Declaration of Interests for the principal proposer will be considered What is the problem/need for a guideline/clinical scenario? diagnosis and management of headache in adults Burden of the condition 2. Mortality – can be with space occupying lesions and intracerebral bleeds Incidence - common Prevalence - common **Variations** In practice in Scotland - yes In health outcomes in Scotland Areas of uncertainty to be covered Key guestion 1 Updated diagnosis and management of headache in adults. Previous guideline was very useful but has been removed. Key question 2 Key question 3 Areas that will not be covered Aspects of the proposed clinical topic that are key areas of concern for patients, carers and/or the organisations that represent them Population Included - adults Not included

8.	Healthcare setting
	Included – general practice most useful for me. Could expand this
	Not included
9.	Potential
	Potential to improve current practice – refresh and updated diagnosis and management of headache in adults
	Potential impact on important health outcomes – reduce pain, reduce impact on home, work life, improved wellbeing (name measureable indicators)
	Potential impact on resources – reduce unnecessary use of medication, reduce hospital admission (name measureable indicators)
10.	What evidence based guidance is currently available?
	None Out-of-date (list) - SIGN 107
	Out-of-date (list) - Sign 107
	Current (list)
11.	Relevance to current Scottish Government policies
12.	Who is this guidance for?
	Doctors and headache specialists
13.	Implementation
	Links with existing audit programmes
	Existing educational initiatives
	Strategies for monitoring implementation
14.	Primary contact for topic proposal
	TBC
15.	Group(s) or institution(s) supporting the proposal
	GPs
L	

## **Declaration of Interests**

Please complete all sections and if you have nothing to declare please put 'N/A

interests for the prev	vious ye amme L	ar, and the fo ead and be i	llowing year. I unders	terests I declare the te stand that this declarate e SIGN website for t	ition will be retained
Signature:		he,		nacon ma antika fili maka 4.44 sa 4 yau pilik kekisulan mekan na pilika filipuna 4 da kitibilin da susub	
Name:		Dr Ian McHar	dy		,
Relationship to SIGN:		Topic proposa	al primary contact		
Date:		11/10/2019			
Date received at SIG	N:				
Personal Inter	m emp				
		of Employer Post held	Nature of Business	Self or partner/ relative	Specific?
Details of employment held which may be significant to, or relevant to, or bear upon the work of SIGN	nil				,
Remuneration fro					
	Name	of Business	Nature of Business	Self or partner/ relative	Specific?
Details of self employment held which may be significant to, or relevant to, or bear upon the work of SIGN	nil				
Remuneration as					
	Natu	re of Office held	Organisation	Self or partner/ relative	Specific?
Details of office held which may be significant to, or relevant to, or bear upon the work of SIGN	nil				

Remuneration as a director of an undertaking

	Name of Undertaking	Nature of Business	Self or partner/ relative	Specific?
Details of directorship held	nil			κ.
which may be significant to, or relevant to, or bear upon the work of SIGN				

Remuneration as a partner in a firm

	Name of Partnership	Nature of Business	Self or partner/ relative	Specific?
Details of Partnership held which may be significant to, or relevant to, or bear upon the work of SIGN	nil			

Shares and securities

	Description of organisation	Description of nature of holding (value need not be disclosed)	Self or partner/ relative	Specific?
Details of interests in shares and securities in commercial healthcare companies, organisations and undertakings	nil			,

Remuneration from consultancy or other fee paid work commissioned by, or gifts from, commercial healthcare companies, organisations and undertakings

N	Nature of work	For whom undertaken and frequency	Self or partner/ relative	Specific?
Details of consultancy or other fee paid work which may be significant of to, or relevant to, or bear upon the work of SIGN	nil			

Details of gifts which may be significant to, or relevant to, or bear upon the work of SIGN	nil		
		eratura di risibilita	
	the parties of		

Non-financial interests

1787100	Description of interest	Self or partner/ relative	Specific?
Details of non- financial interests which may be significant to, or relevant to, or bear upon the work of SIGN	nil		

Non-personal interests

Name of company, organisation or undertaking		Nature of interest
Details of non- personal support from commercial healthcare companies, organisations or undertakings	nil	

Signature	ha	Date:	11/10/2019	
	$\sim$			

Thank you for completing this form.

Please return to Roberta James SIGN Programme Lead SIGN Executive, Healthcare Improvement Scotland, Gyle Square | 1 South Gyle Crescent | Edinburgh | EH12 9EB

t: 0131 623 4735

e:roberta.james@nhs.net

## Data Protection

Your details will be stored on a database for the purposes of managing this guideline topic proposal. We may retain your details so that we can contact you about future Healthcare Improvement Scotland activities. We will not pass these details on to any third parties. Please indicate if you do not want your details to be stored after the proposal is published.