Health Innovation Manchester

abbvie

Taking Action: Transforming Migraine Care in Greater Manchester

A summary report on the cost, burden and impact of migraine on Greater Manchester's 3m population.

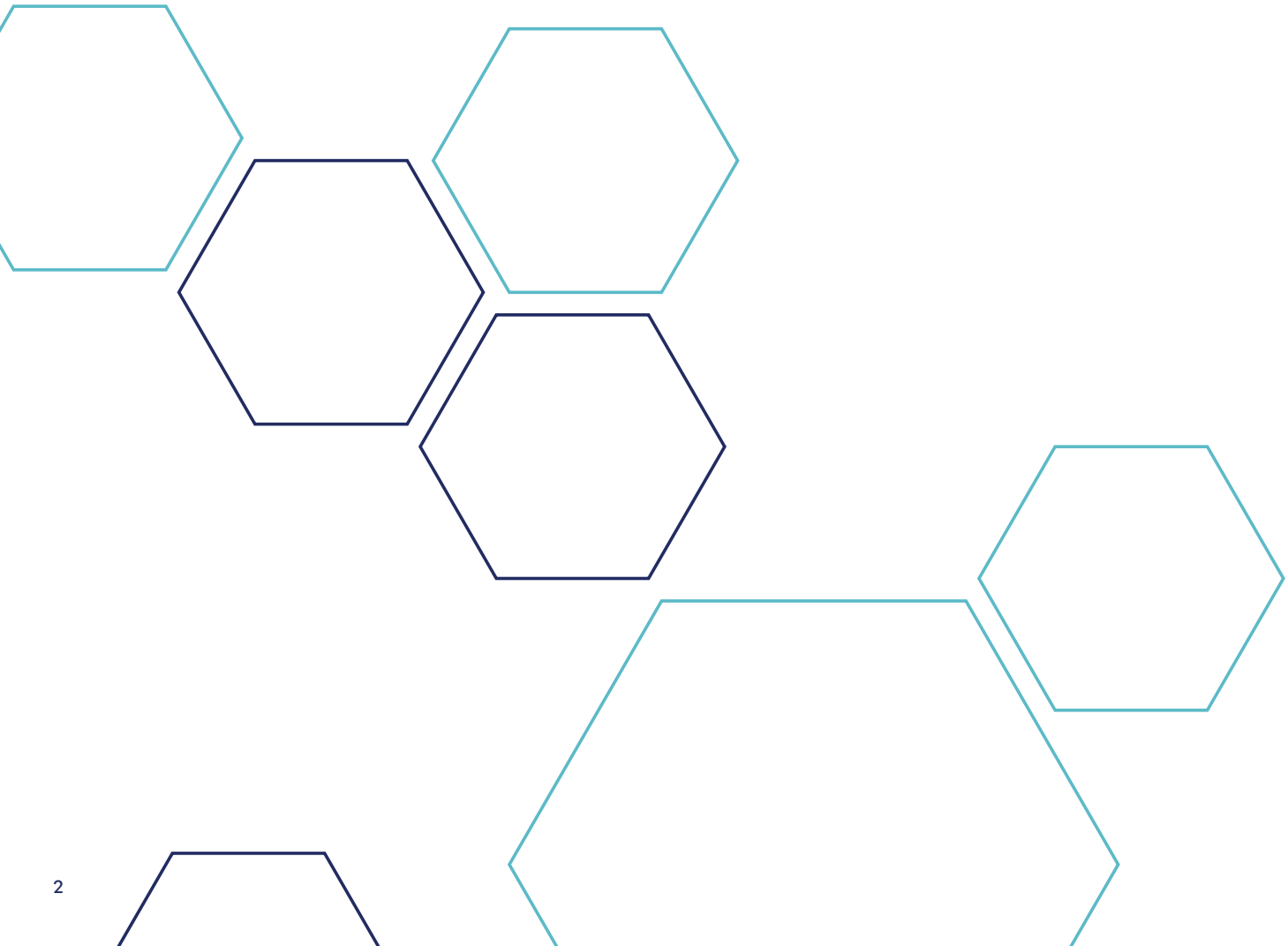
This report has been developed as part of a collaborative working project between AbbVie UK and Health Innovation Manchester

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Executive summary

Migraine is a common yet misunderstood neurological condition, with around 1 in 7 adults in the UK living with migraine[1]. Its impact extends far beyond headache symptoms alone, affecting quality of life, mental wellbeing, education, employment, family life and social participation. The 2016 Global Burden of Disease[2] study identified migraine as the second most disabling disorder worldwide and a major driver of lost productivity. In the UK, migraine is estimated to result in approximately 86 million lost working days each year[3], placing significant pressure on individuals, employers and the wider economy.

Despite affecting millions of people, migraine remains under-recognised within health systems and national policy. As a result, many people continue to experience delayed diagnosis, inconsistent care and barriers to accessing appropriate treatment and support[4].

Health Innovation Manchester (HInM) and pharmaceutical industry partner AbbVie are undertaking a collaborative working project, **Transforming Migraine Care in Greater Manchester**, to develop a clearer understanding of the societal, clinical and economic burden of migraine and identify opportunities to improve care. Bringing together health economic modelling, linked real-world data, lived experience insights, pathway analysis and rapid evidence synthesis, the programme provides a comprehensive assessment of migraine undertaken within an NHS system.

This report presents findings from the initial **Understand** phase of a potential three-phase programme, with **Reimagine** and **Implement** phases to follow.

The findings show that:

- An estimated **280,000 people**[5] in Greater Manchester experience migraine, yet only around one-third are captured within the recorded diagnosed or actively treated population.
- The annual burden is estimated at approximately **£870 million**[5], with the greatest impact arising from reduced quality of life and lost productivity rather than direct healthcare costs alone.
- Migraine care is often fragmented[6], reactive and inconsistently delivered, resulting in variation in diagnosis, treatment and patient experience[7].
- Patients want to be listened to, understood and supported to manage their condition, while healthcare professionals need clearer pathways, practical tools and stronger system-wide support[6].
- Opportunities exist to improve outcomes through earlier diagnosis, treatment optimisation, strengthened primary and community care, improved integration and more consistent implementation of existing evidence-based practice.

The report identifies four strategic findings that define the priorities for improvement:

1. **The burden of migraine is significant, largely hidden and understated as a population health challenge.**
2. **Migraine is predominantly managed in primary care, but there are challenges to delivering care consistently and in a timely manner.**
3. **Patients want to be listened to, understood and supported to manage their condition.**
4. **There are barriers to treatment. optimisation and appropriate access to innovative treatments.**

Taken together, these findings highlight the importance of translating existing evidence and clinical guidance into a more consistent, accessible and patient centered migraine pathway. The greatest opportunity lies in redesigning services around a more proactive, integrated and person-centred model of care that supports earlier diagnosis, reduces variation and improves outcomes.

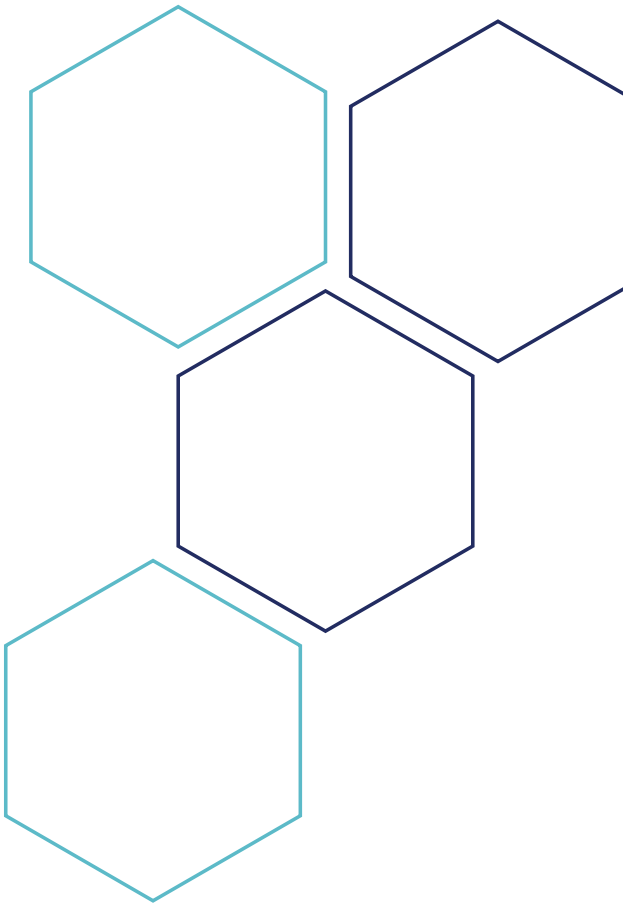
The report therefore proposes a strategic framework for health systems centred on four recommendations:

1. **Develop and implement a standardised migraine pathway.**
2. **Build neighbourhood care capacity and connected community support.**
3. **Adopt a population health approach to reducing burden, inequalities and productivity loss.**
4. **Optimise treatment pathways and improve access to appropriate NICE-recommended migraine treatments.**

While grounded in the needs of Greater Manchester, the findings may have clear relevance for health systems nationally. The challenges identified, including under-recognition, delayed diagnosis, fragmented care, variation in access and increasing pressure on health services, are likely to be shared across many Integrated Care Systems. The strategic framework is therefore designed not only to support transformation in Greater Manchester, but to provide a blueprint that could inform migraine service improvement in other health systems.

The collaborative working project between Health Innovation Manchester and AbbVie also has significance beyond Greater Manchester. By combining linked real-world data, health economic modelling, pathway analysis and lived experience insights, the programme has generated an evidence base to inform how migraine care could be redesigned within an integrated health and care system. Many of the challenges identified are likely to be shared across the NHS, creating an opportunity to generate learning that could inform other Integrated Care Systems and national policy discussions. This is particularly relevant given the growing focus on supporting people with long-term health conditions to remain in, return to and thrive in work. Improving migraine care therefore has the potential to contribute to both health and wider economic priorities.

Migraine should therefore be recognised as a strategic long-term condition and population health and economic challenge, with greater focus on awareness, earlier diagnosis and reducing inequalities. Improving migraine care should be viewed as an investment in population wellbeing, workforce participation and economic resilience - not simply as an NHS service improvement.



Patient case study: Anna

Anna* participated in one-to-one discussions and workshops conducted by Health Innovation Manchester as part of the Pathway and Lived Experience Insights Workstream. This case study reflects the experiences she shared during those activities and is reproduced with her permission. Her experiences, along with those of other participants in the workstream informed the development of the patient personas detailed in the appendix.

> "Migraine doesn't ask you; it can start in the morning, night-time, it can start anytime. I sometimes wake up with a migraine. It is bad, you can't concentrate, it affects the whole body, how you behave, how you speak - you as a person."
>
> **Anna from Salford**

Anna is a 44 year-old single mother of two with a busy schedule, juggling family commitments and her work with children and young people in community groups. She has lived with migraine for over a decade, regularly experiencing intense pain on one side of her head alongside dizziness, visual disturbances and difficulty concentrating. Migraine affects every aspect of her daily life, often striking without warning and sometimes waking her from sleep.

The impact on Anna's work is significant. She works directly with children, including those who require one-to-one support, and feels unable to stop or take time away when an attack occurs.

Instead, she continues working through the pain, relying on medication and determination to get through the day. She worries that repeated absences could threaten her job security and believes that disclosing her condition could negatively affect employment opportunities. As the sole provider for her family, she faces the financial pressures of rising cost of living and fears the impact that losing her job would have.

Migraine also takes a heavy toll on her family life. Attacks can last for several days and leave her exhausted for up to a week afterwards, yet she remains responsible for caring for her children and managing household responsibilities. Without family to support her, she is unable to rest in a dark, quiet room and withdraw from the demands of daily life.

Anna describes feeling guilty about the impact migraine has on her parenting and worries about whether she is able to give her children the attention they need during attacks.

Despite these challenges and worries, she continues to work, cares for her family and stays active in her community. Her experience reflects wider themes identified through the lived experience workstream including the hidden burden of migraine and the difficult choices faced between managing health, supporting family and maintaining employment.

*name changed to protect identity

Transforming migraine care in Greater Manchester

Economic burden

Annual burden of migraine in Greater Manchester:

£870m[5]

– estimated total annual cost of migraine across healthcare, productivity and quality of life impacts.



Migraine population of Greater Manchester

Migraine population: approx. 280,000[5] people in Greater Manchester estimated to experience migraine – around 12% of population.

= 10,000 people



Around **90,000**

are captured within the recorded diagnosed or actively treated population. Around 190,000 are estimated to have migraine but are not captured within this group.

1.4%
of those diagnosed or actively treated had a recorded secondary care referral.

321 days
median time between diagnosis and secondary care referral[6]

Programme outputs

3 reports underpinned by insights from existing practice and the literature:

- Pathway and Lived Experience Insights Study
- Real World Evidence Analysis
- Cost of Migraine in Greater Manchester: Health Economic Analysis

People involved

35 (28 patients and 7 staff)
people with lived experience of migraine engaged

33 professionals engaged across:

- Primary Care: General Practice, Community Pharmacy & Community Optometry
- Urgent & Emergency Care
- Specialist services including, Neurology, Neuro-Ophthalmology, Stroke, Pain Centre & Psychological Medicine Service
- NHS Greater Manchester Integrated Care Board (NHS GM)
- Greater Manchester Combined Authority (GMCA)

Our approach to understanding migraine

The Transforming Migraine Care in Greater Manchester programme was established to develop a shared understanding of migraine across Greater Manchester and identify opportunities to improve care, reduce variation in care and support better outcomes for patients.

We combined three complementary workstreams to examine the burden of migraine to the patient, healthcare system, economy and wider society and how care is currently delivered and experienced by clinicians and patients in Greater Manchester. This sets the scene for future phases of work and sets the potential value for transforming migraine care.

Workstream	Method	Output
Cost of Migraine study	Cost of illness analysis for migraine using economic modelling, published evidence and Manchester-specific healthcare activity data based on individual-level patient records from the Greater Manchester Secure Data Environment. Data was selected from patients with a coded primary care migraine diagnosis between 1/1/2019 and 31/12/24 and/or 4+ anti-migraine prescriptions in 2024 and/or secondary care attendance/admission with migraine recorded as the primary diagnosis in 2024	Burden of migraine to the patient, healthcare system, economy and wider society
Real World Evidence analysis	Retrospective population-based cohort study using linked primary and secondary care data from the Greater Manchester Secure Data Environment, covering approximately 3 million individual-level patient records registered with a Greater Manchester General Practice between 1/1/2019 and 31/12/24 Data from 85,710 adult patients with migraine split into acute and preventative treatment	How care is currently delivered: treatment pathways Healthcare utilisation Burden of migraine Identification of opportunities to improve care Provide a baseline for future evaluation

Workstream	Method	Output
Pathway & Lived Experience	Qualitative research, individual and group sessions with people with lived experience of migraine (n=35; 28 patients and 7 staff) across Primary, Community, Secondary and Specialist Care and wider stakeholders	How care is currently delivered: treatment pathways Patient and clinical experience of migraine and migraine care Identification of opportunities to improve care

This report brings together evidence and insights to deepen understanding of the cost, impact and burden of migraine in Greater Manchester today.



Output 1: Cost of Migraine in Greater Manchester

The Cost of Migraine study quantified the health, societal and economic burden of migraine across Greater Manchester, providing a place-based estimate of the impact of migraine on individuals, the NHS and the wider economy. By combining local population estimates with published evidence and health economic modelling, the study established the scale of migraine and the value of improving diagnosis and care.

Main findings and implications:

- Migraine affects an estimated **280,000**[5] people across Greater Manchester, with around **190,000** people estimated to have migraine but not captured within the recorded diagnosed or actively treated population[6]. This highlights a substantial gap between estimated migraine population and those formally diagnosed or actively treated within this dataset.
- The total annual burden is estimated at **£870 million**[5], with most costs arising from reduced quality of life and loss of productivity, rather than direct NHS expenditure.
    - £546m: Quality of life impacts (63%)
    - £295m: Productivity costs (34%)
    - £29m: Health care costs (3%)
- Women, working-age adults and people living in more deprived communities experience the greatest burden. Migraine is a significant driver of inequalities.
- While the quality of life burden is estimated at £546 million, the true impact of migraine extends beyond financial measures. Migraine affects people's ability to work, care for family, maintain relationships and participate fully in society. The burden is measured not only in symptoms and £s, but in disrupted lives.
- Earlier diagnosis, treatment optimisation and pathway improvement have the potential to deliver significant health, economic, societal and QoL benefits.
- Conservative estimates, combined with known gaps in healthcare data coding and recording, mean the true cost and burden of migraine, are likely to be underestimated.
- Migraine is therefore likely to represent a greater population health, workforce and economic challenge than current estimates suggest. Investment in improving migraine care should be viewed as an investment in population wellbeing, workforce participation and economic resilience—not simply as a service improvement.

Output 2: Real World Evidence Analysis

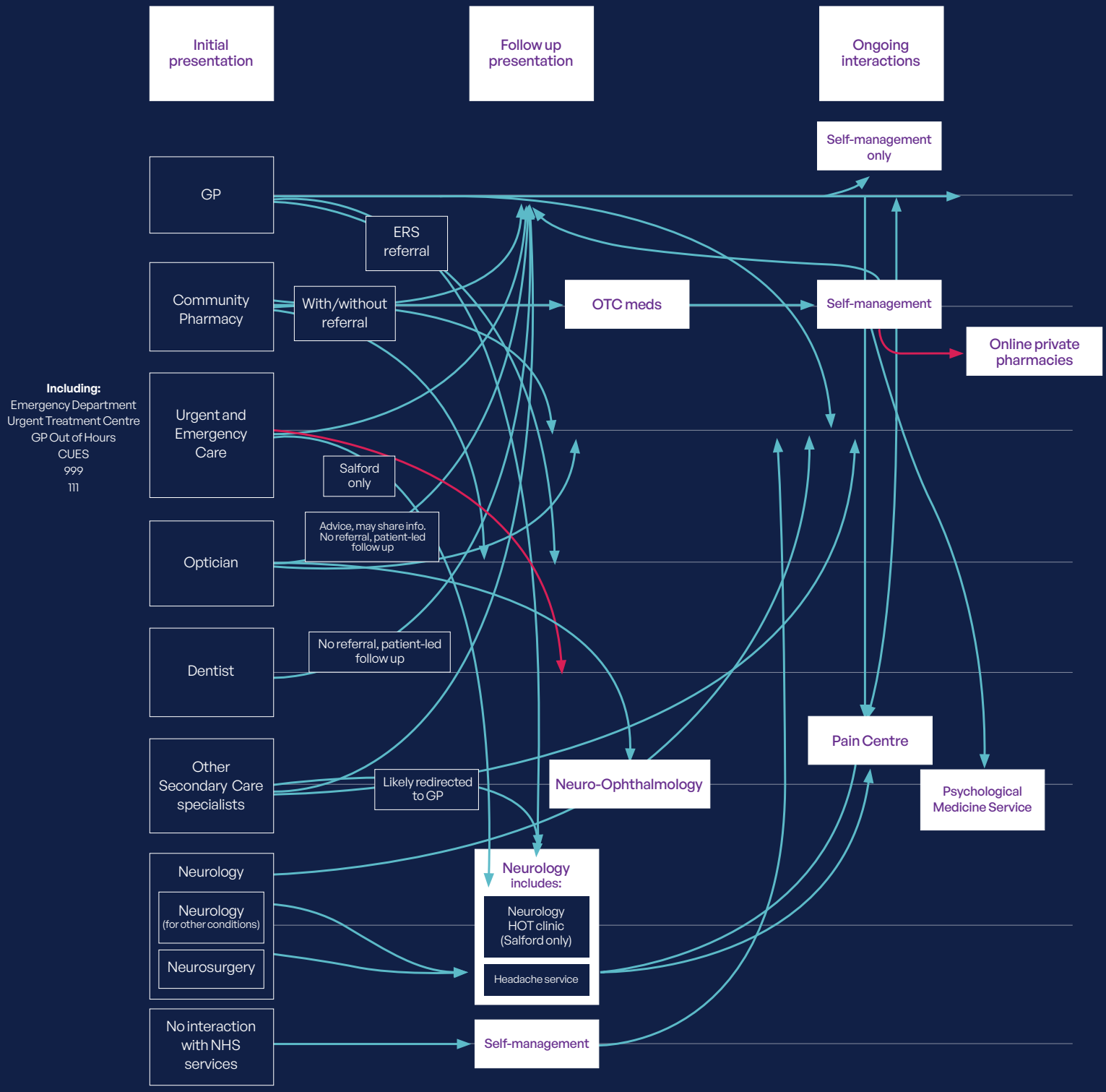
The Real World Evidence (RWE) analysis[6] examined how migraine is currently diagnosed, treated and managed across Greater Manchester using linked routine healthcare data. It provides a comprehensive picture of migraine care, healthcare utilisation and treatment patterns across the region, establishing a baseline for future evaluation.

Main findings and implications:

- Migraine is predominantly diagnosed and managed within Primary Care, with relatively limited use of specialist Neurology services[6].
- 55% of patients were in receipt of preventative treatment, of those only 2% were prescribed advanced therapies. NICE estimates that 9% (episodic) and 28% (chronic) of migraine patients will have had 3 or more prior preventive treatment failures and may therefore meet relevant eligibility criteria for advanced therapies[8].
- A relatively small cohort of patients accounts for disproportionate healthcare utilisation and pathway complexity.
- Opportunities exist to improve earlier diagnosis, treatment optimisation and referral.
- Routine healthcare data may underestimate the true prevalence of migraine because of complexity of symptom presentation and coding.
- The analysis establishes a baseline for monitoring future pathway improvements and outcomes.

Current patient routes to access migraine care

The below demonstrates the routes for migraine and suspected migraine only.
It does not include non-migraine conditions or 'red flag' actions.



Output 3: Pathway & Lived Experience Insights

The Pathway and Lived Experience study[7] explored how migraine care is experienced by patients and healthcare professionals across Greater Manchester using a user-centred design approach. It identified the operational, behavioural and organisational factors that shape current care and highlighted opportunities for service redesign.

Main findings and implications:

- Current migraine care is fragmented, reactive and lacks a consistent, clear and integrated pathway.
- Patients experience variation in diagnosis, treatment, continuity, and access to specialist support, often coordinating their own care.
- Primary Care is central to migraine management but requires greater support, tools and pathways.
- Both patients and Health Care Professionals (HCPs) want more holistic, person-centred care that extends beyond medication.
- Better integration across primary, community and specialist services could improve both outcomes and patient and HCP experience.
- Patients want to be listened to, understood and for their condition to be taken seriously.

Strategic findings

The challenges identified are not unique to Greater Manchester and are likely to be shared across many NHS systems. The three workstreams provide a comprehensive picture of migraine across Greater Manchester.

This synthesis brings the evidence across the workstreams together into **four cross-cutting strategic findings:**

1. **The burden of migraine is significant, largely hidden and understated as a population health challenge.**
2. **Migraine is predominantly managed in primary care, but there are challenges to delivering care consistently and in a timely manner.**
3. **Patients want to be listened to, understood and supported to manage their condition.**
4. **There are barriers to treatment optimisation and appropriate access to innovative treatments.**

Collectively, the evidence presents a compelling case for transforming migraine care. While effective treatments, established clinical guidance and examples of good practice already exist, they are not implemented consistently across the system. As a result, many people experience delayed diagnosis, fragmented care, inconsistent management and avoidable impacts on their lives, in terms of health, wellbeing and quality of life.

The evidence suggests that the greatest opportunity lies in rethinking how existing services work together to deliver earlier diagnosis, more proactive management and a consistently integrated, person-centred model of care.

1. The burden of migraine is significant, largely hidden and understated as a population health challenge.

Around 280,000 people in Greater Manchester are estimated to experience migraine with 86,000 recorded as having a migraine diagnosis or receiving migraine-related treatment. Routine data identifies a substantially smaller population receiving recorded migraine care compared to globally derived estimates, although limitations in coding, recording and cohort definitions mean the true diagnosed and treated population is difficult to quantify and may therefore be understated. Migraine is estimated to create an annual burden of £870m, of which £546m relates to quality of life impact and £295m to lost productivity, compared with just £29m in identifiable direct healthcare costs.

2. Migraine is predominantly managed in primary care, but there are challenges to delivering care consistently and in a timely manner.

Most (estimated 90%) headache care, including migraine, should take place in primary care[9], but capacity, clinical complexity, variation in confidence and practice, fragmented pathways and access to specialist support can limit timely and consistent management. The opportunity is to strengthen primary and community care while creating clearer routes for treatment optimisation and specialist escalation.

3. Patients want to be listened to, understood and supported to manage their condition.

Migraine's quality of life burden is measured not only in symptoms, but in disrupted lives — affecting people's ability to work, care for family, sustain relationships and participate fully in society. Patient testimony makes clear that, without effective support and timely care, migraine can drive repeated loss of independence, opportunity and wellbeing. These impacts are often compounded by co-existing conditions, yet care remains too often episodic. Patients want more holistic, person-centred support that recognises the full burden of migraine and helps them manage the condition day to day, not just during acute attacks.

4. There are barriers to treatment optimisation and appropriate access to innovative treatments.

Of the newly diagnosed patients identified through the real-world data evaluation between 2019 and 2024, 55% received preventative treatment. However, only a small proportion progressed through multiple lines of preventative therapy during the evaluation period.

Approximately 1% of newly diagnosed patients reached a fourth line treatment[6]. While the analysis cannot determine how many patients met all applicable NICE eligibility criteria for advanced therapies, the low rate of progression, alongside wider evidence of variation in treatment review and management, suggests delays and inconsistencies in treatment optimisation and access to subsequent therapies.



Taking Action: A strategic framework for health systems

The findings provide a clear strategic direction for transforming migraine care. Collectively, the evidence presents a compelling case for transforming migraine care. While effective treatments, established clinical guidance and examples of good practice already exist, they are not implemented consistently across the system.

The following strategic framework sets out the four key recommendations that health systems should take to improve outcomes, reduce variation and create a more integrated, proactive and person-centred model of migraine care. The recommendations are designed to support local implementation while providing a framework that could be adopted more widely across the NHS. The four strategic findings translate into four practical recommendations, with data quality and intelligence included as an enabling recommendation.

Summary of Recommendations

Recommendation	Focus
1. **Develop and implement a standardised migraine pathway**	Use the combined findings to develop, test and implement a standardised migraine pathway that reflects local need, patient experience, clinical experience and established approaches to care.
2. **Build neighbourhood care capacity and connected community support**	The combined findings consistently identify primary and community care as the greatest opportunity for improving migraine care.
3. **Adopt a population health approach to reducing migraine burden, inequalities and productivity loss**	The combined findings identify migraine as a significant but under-recognised population health challenge across Greater Manchester, with much of the burden sitting with people who are not currently captured within the diagnosed or actively treated population.
4. **Optimise treatment pathways and improve access to appropriate NICE-recommended migraine treatments**	The combined findings identify opportunities to improve treatment optimisation, escalation and equitable access to NICE-recommended migraine treatments.

1. Develop and implement a standardised migraine pathway

Develop, implement and continuously improve a single, standardised, NICE-aligned migraine pathway that provides a consistent, evidence-based model of care across Greater Manchester.

The findings demonstrate that current migraine care is fragmented and inconsistently delivered. A standardised, multi-disciplinary pathway should translate NICE guidance and local best practice into a practical operational framework spanning early recognition, diagnosis, treatment optimisation, ongoing management, referral, and specialist escalation. It should define clear roles across primary, community and specialist care, supported by agreed referral criteria, treatment sequencing, review points and outcome measures. This could help reduce variation, improve continuity of care and provide a foundation for future service improvement and evaluation.

2. Build neighbourhood care capacity and connected community support

Equip primary and community care to deliver confident, consistent and proactive migraine management, including medicines optimisation and integrated care across services.

The evidence consistently identifies the greatest opportunity for improvement as being within the wider neighbourhood care model, where most people should receive their migraine care. This is not about placing additional responsibility on general practice alone, but about making better use of the wider workforce and connected services across primary care. Standardised and integrated pathways, practical decision support, structured review processes and defined roles across services would support earlier diagnosis, consistent management, medication optimisation and better prevention of medication overuse, while enabling specialist services to focus on people with more complex needs.



3. Adopt a population health approach to reducing burden, inequalities and productivity loss

Use population health intelligence to identify unmet need, reduce inequalities and target interventions where they will have the greatest impact.

Migraine is a significant but under-recognised population health challenge, with much of the burden sitting with people who are not currently captured within the diagnosed or actively treated population.

Linked data and routine intelligence should help the system understand hidden need, variation and inequalities, while prioritising practical interventions for people with higher burden, suboptimal treatment, repeated primary care contact, medication overuse risk, delayed referral or need for preventive optimisation. Success should be measured not only through improved health outcomes, but also through reductions in inequalities, improved quality of life, increased workforce participation and reduced economic burden.

4. Optimise treatment pathways and improve access to appropriate NICE-recommended migraine treatments

Develop consistent treatment review, optimisation and escalation processes, translating NICE guidance into clear pathways so patients receive appropriate treatment in a timely and equitable way. This should include review and escalation points, referral and prescribing pathways, clinician education and decision support, and better use of data to identify patients who may benefit from treatment review.

The findings identify opportunities to improve treatment optimisation, escalation and consistency of access across the migraine pathway. Real-world evidence shows that relatively few patients progress through multiple lines of preventative treatment, while pathway insights identify variation in treatment review, fragmented care and inconsistent access to specialist support.

Together, these findings suggest that the opportunity is not simply to increase prescribing, but to ensure patients move through an evidence-based treatment pathway consistently, with timely review, optimisation and escalation where clinically appropriate. Better pathway design, decision support and data should enable the NHS to make more consistent use of existing NICE-recommended interventions and reduce unwarranted variation in access and outcomes.

The recommendations above should be underpinned by improved data quality and intelligence, better integration and coordination of care and holistic, person-centred design of services and pathways.



Next steps

The evidence generated through the **Understand** phase provides a compelling case for transforming migraine care across Greater Manchester. Collectively, the three workstreams demonstrate that migraine is a significant but under-recognised population health challenge, creating substantial impacts on individuals, the health system and the wider economy. While effective treatments and established clinical guidance already exist, they are not implemented consistently, resulting in variation, fragmented care and missed opportunities to improve outcomes.

The four strategic findings identify the key opportunities for improvement, while the recommendations within the Strategic Framework for Health Systems provide a practical blueprint for redesigning migraine care around a more proactive, integrated and person-centred model. Together, they establish a clear direction for strengthening primary and community care, improving earlier diagnosis, reducing variation and using population health intelligence to tackle inequalities and drive continuous improvement.

The **Understand** phase has established the evidence base for transformation. The challenge now is to move from understanding to implementation through the **Reimagine** phase: co-designing and validating a future model of migraine care that delivers better outcomes for patients, greater value for the health system and a scalable approach that can inform migraine transformation across Greater Manchester and beyond.

The collaborative working project between Health Innovation Manchester and AbbVie also has significance beyond Greater Manchester. By combining linked real-world data, health economic modelling, pathway analysis and lived experience insights, the programme has generated an evidence base to inform how migraine care could be redesigned within an integrated health and care system.

Many of the challenges identified are likely to be shared across the NHS, creating an opportunity to generate learning that could inform other Integrated Care Systems and national policy discussions. This is particularly relevant given the growing focus on supporting people with long-term health conditions to remain in, return to and succeed in work. Improving individual migraine care therefore has the potential to contribute to both health and wider economic priorities.

Governance, transparency and limitations

This report has been developed to support service improvement and pathway development in migraine care across Greater Manchester. It is not intended to promote, recommend or endorse any specific medicine, treatment brand, product or supplier.

Any future pathway development will remain clinically led, evidence-based and aligned with NICE guidance, local formulary arrangements, information governance requirements and NHS decision-making processes. Prescribing and treatment decisions will remain the responsibility of appropriately qualified HCPs, based on individual patient need and shared decision-making.

The recommendations do not constitute a procurement decision or commitment to commission any product, service or supplier.

The evidence presented in this report is subject to the methodological limitations of the respective workstreams, including limitations inherent in routinely collected healthcare data, economic modelling and qualitative research. Full details are provided in the respective reports.

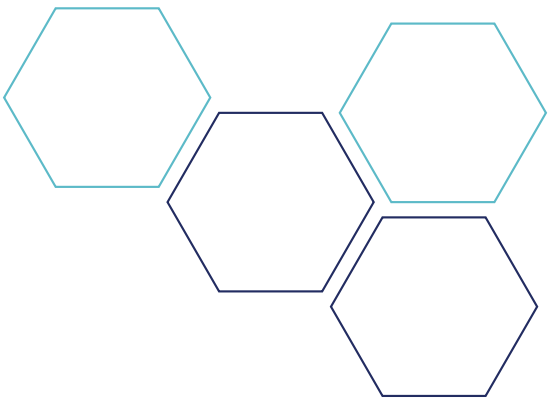
Patient personas

A persona is a simple, evidence-based profile that represents a group of people with similar needs and goals, helping to bring their perspectives to life.

Personas capture what we know about patients to:

- create a shared understanding of their needs
- help us understand them and their context better
- help us make better decisions
- better understand the impact our decisions will have on patients

Based on lived experience insights from the public engagement activity findings were analysed to develop three personas each reflecting sets of common experiences, needs and behaviours shared by participants.





Steven

Age 47, Male, White British
Living in Oldham
Full-time employment
Married with kids
No formal migraine diagnosis

"It disrupts things at work and at home, but I just get on with it…I just haven't had the time to see the GP, and to be honest, I'm not sure there's much they can do anyway."

Personal Circumstances

Steven first experienced migraines at 17 but didn't identify them as such until family members suggested it. His migraines were intermittent and mostly mild, with occasional severe episodes affecting work and daily life.

He has always seen them as "just headaches," attributing them to stress or fatigue rather than a medical condition. As a result, he self-manages using over-the-counter medication and lifestyle adjustments, relying on personal experience rather than healthcare advice.

He continues to prioritise work and family responsibilities, often pushing through symptoms, with self-management becoming part of his normal routine.

Health Needs

Steven recognises that he would benefit from a good understanding of what migraine is and how it differs from headaches.

If he is to get treatment, he wants to know when symptoms need medical input, and what treatment options are available beyond painkillers. He seeks reassurance that symptoms can be managed without escalation.

He would accept guidance on how to identify and manage triggers, and finding more effective preventative strategies.

He wants support that fits around a busy lifestyle.

Challenges & Frustrations

He downplays the severity and continues working through episodes, leading to reduced productivity and pressure to recover quickly after more severe attacks.

Migraine impacts his daily life, limiting ability to function at work and participate in activities with family. In between migraine episodes he is taking preventative measures, often avoiding potential trigger situations, though this is not always effective.

He is reluctant to seek healthcare, he see it as unnecessary and has concerns about being dismissed. He has little understanding of available treatment or prevention options, feeling that symptoms will resolve on their own and that he should just be able to tolerate it.

Goals

Aims to maintain day-to-day life and responsibilities without disruption.

Seeks to minimise the impact of episodes using quick, practical solutions.

Prefers to avoid what is perceived as unnecessary healthcare visits.

Values maintaining independence and a sense of control over his health.

Does not want to be perceived as weak or overreacting to symptoms.



Helen

Age 28, Female, Black African
Living in Trafford
Co-morbid conditions
Diagnosed with migraine but undertreated

"There's been so much else that I've needed to get help with and you're only allowed to talk about one thing per consultation...I've not actually discussed the migraines with a doctor for a long time."

Personal Circumstances

Helen was diagnosed with migraine by her GP 8 years ago, followed by anxiety, fibromyalgia and endometriosis 2 years later. As her needs became more complex and affected her wellbeing, she left full-time work 3 years ago.

Intermittent migraines became harder to manage alongside other conditions, and over time more urgent health needs became her focus, leaving migraine deprioritised.

She now attends multiple appointments across services but can address only one condition per GP visit, making her care reactive rather than proactive. Migraine still affects her daily life, but is no longer actively or consistently managed.

Health Needs

Helen needs holistic, person-centred care that recognises the interaction between her multiple conditions.

She wants a clear understanding of how migraine interacts with other symptoms and how to prioritise her care.

She wants support to move from reactive to preventative management, with better coordination across services, without the need to repeatedly explain her history.

Helen wants flexibility during appointments to discuss multiple conditions in context.
Needs support to rebuild confidence in managing health and returning to daily functioning, including work.

Challenges & Frustrations

Loss of independence after leaving work has impacted Helen's confidence, sense of purpose, and financial stability.

She struggles with overlapping symptoms and fragmented care, making it difficult to explain her experience and navigate services effectively. She is unable to discuss her conditions collectively, dealing with symptoms one at a time.

Emotional and cognitive fatigue from repeated storytelling contributes to disengagement from her migraine care.

Fluctuating health limits Helen's daily routines, relationships, and quality of life, with care perceived as condition-focused rather than holistic.

Goals

Helen wishes to gain a clearer understanding of her symptoms and conditions,
She values the ability to discuss multiple conditions during appointments to enable more holistic care, and wants to feel heard, validated, and taken seriously.

Ideally, she would find a treatment for migraine which reduces the impact on her life and the knock-on effect to her other conditions.

She wants to regain independence and a sense of control over her health, better able to manage life day-to-day.

She really hopes to re-engage with work or meaningful daily activity, giving her a sense of purpose and value.



Amira

Age 54, Female, Asian
Living in Manchester
Retired early due to health
Grandmother
Intermittent engagement, now under Neurology care

"I just get fed up with the cycle of building yourself up to go to the doctor to explain it again, go on the medication, wait to get to the maximum dose and find that's still not working. Then retreat, go back to trying to manage my lifestyle, being quite withdrawn, trying to manage it that way."

Personal Circumstances

Amira developed migraine in adolescence. Over time, migraines fluctuated with life stages and became part of her routine, shaping work, family, and social life.

She intermittently engaged with primary care, cycling through treatments with little review, leaving her feeling like a "guinea pig". Feeling unheard and lacking confidence to challenge clinicians, she sought support from her mother, disengaged at times, and tried alternative remedies with limited success.

Her symptoms became less predictable and harder to manage, continuing to impact daily life. She re-engaged with a supportive GP for treatment optimisation but still experiences ongoing symptoms. After many years, she was referred to neurology and is now accessing specialist care.

Health Needs

Requires clear, structured treatment plans with defined progression, regular review, and optimisation.

Values inclusive care where she feels listened to, respected, and reassured her concerns are taken seriously.

She wants access to evidence-based preventative treatments and timely specialist input when required. Benefits from continuity of care, with less need to repeat her history.

Requires support to manage migraine alongside ageing and maintain quality of life, including participation in family and social activities.

Challenges & Frustrations

Amira has been through decades of suboptimal care with repeated medication trials and no clear strategy, leading to a sense of being "managed but not treated".

Her experiences have reduced her trust in healthcare, she feels unheard and has limited confidence and ability to self-advocate. She doesn't feel taken seriously when she raises concerns or questions about her migraine patterns.

Delayed referral to specialist care creates a sense that earlier opportunities for effective treatment were missed.

Emotional fatigue from repeated ineffective treatment contributes to her tendency to disengage from healthcare.

Persistent impact on quality of life limits her engagement with family, leaving her feeling isolated and hopeless.

Goals

Aims to achieve consistent symptom control and reduce the frequency and severity of attacks.

Wants to maximise quality of life and be more present and active with family, especially her grandchildren.

Seeks validation and reassurance that her long-term struggles are understood.

Wants to feel her condition is taken seriously and treated appropriately.

Source: Transforming Migraine Care in GM: Understand, Design Group sessions and interviews, April – June 2026

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