



Department of  
**Health**

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# Regional Review of Neurology Services Summary Report

The Neurology Review was tasked with identifying what adult neurology services should be over the next 10-15 years. This overview has been developed to summarise the main findings of the review and what it means for those living with Long Term Neurological Conditions in Northern Ireland (NI).

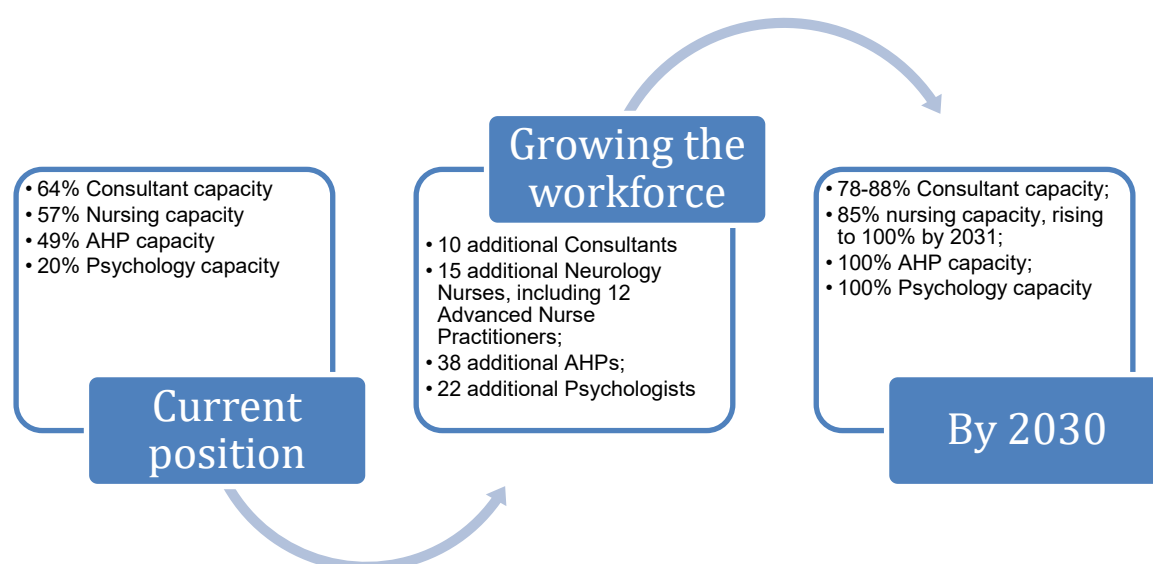
## What we know

Around 40,000 people in Northern Ireland are living with chronic neurological conditions and depend on regular neurology services to manage their health.

The current system is struggling to meet their needs:

- Over 11,000 people have been waiting for a first outpatient appointment for over a year. Over 11,000 people have overdue review appointments.
- There aren't enough consultants to keep up with demand, leading to growing waiting lists.
- Consultant time isn't used efficiently because the workforce lacks the right mix of skills. A shortage of specialist Nurses and Allied Health Professionals means many patients are directed to consultants when other options could be more suitable.
- GPs don't have enough support to manage patients in the community when needed.
- There is insufficient support for mental health and no community psychology support services.
- Access to services varies across Trusts and neurological conditions.

## Workforce



## Vision

The overarching vision of the Review is to ensure that future neurology services are person centred, joined-up, responsive, evidence-based and suitably resourced to meet the needs of people with neurological conditions in NI.

The focus is on providing core services for the main neurological conditions locally in every Trust area, ensuring fair access and meeting local needs.

However, it's not possible to provide all services at a local level, with more specialist services including dedicated inpatient beds for those requiring access to all of the specialisms provided in a Neurosciences Centre being in one location but serving all of NI. A range of services are more appropriately provided on a UK basis.

## Four Priority Areas

- **Priority One: A person-centred service**

Patients with neurological conditions and their families should be at the centre of their care. In person-centred care, health and social care professionals work collaboratively with people who use services. Supporting people to more effectively manage and make decisions about their care.


- **Priority Two: Developing additional workforce capacity within Neurology**

The review recommends a significant increase in the current medical workforce. Including increasing the number of Consultants, Nurses, and Allied Health Professionals (e.g., Physiotherapists, Speech and Language Therapists, Occupational Therapists, and Dietitians).

Related specialities like neurophysiology, neuroradiology, and neuropharmacy must also grow to support this expansion. In addition, providing greater support to GPs will help support more people in the community and identify when a specialist referral is needed.

- **Priority Three: Addressing gaps in current services**

Resources should be focused where they're most needed to ensure equity of access across NI. The development of condition-specific pathways can underpin this by driving an equitable, joined-up approach to service delivery across NI.



Patients admitted to hospitals with neurological emergencies should have timely access to specialist assessments, improving diagnoses, treatment, and outcomes while reducing hospital stays.

In the future we need to ensure that outpatient resources are appropriately organised with General Neurology Clinics and Specialist Clinics, supported by Local Neurology Teams in all Trusts.

- **Priority Four: Using current resources more effectively**

While increasing capacity is essential, better use of existing resources will also support improvements in services. The Review has identified a number of opportunities to achieve this including measures to improve access to assessment both in community and hospital settings, giving people more control over how services respond to their needs and making better use of data to inform service developments. The recommendations identified will also promote the sharing of best practice and learning across Trusts.

## **What does this mean for me?**

The recommendations set out in this report aim to provide:

- Faster access to assessment, diagnosis and support enabled by an expanded workforce, ensuring patients see the right professional for their needs.
- A designated point of contact for all patients with long term or complex neurological conditions to provide coordinated care.
- Local Neurology Teams made up of Nurses, Allied Health Professionals, and Psychologists to improve access to support.
- Access to a clear Patient Pathway by the end of year two of implementation.
- More dedicated inpatient beds in the Neuroscience Centre.
- Support for GPs to help manage neurological conditions more effectively.
- Access to psychology and mental health services and better support with medication management.

## **When will this happen?**

The implementation of these recommendations is part of a 15-year plan. Securing **significant additional funding will be essential** to ensure the roadmap becomes a reality, delivering improved services and outcomes for patients with neurological conditions.

Developing the workforce will take a long time. For example it takes 15 years from the point of entering medical school to qualify as a Consultant. **But if funding was**

**secured**, and looking at those areas with the greatest need for growth, within the next 5-6 years we could:

- Appoint 10 new Consultants to the workforce.
- Secure all the recommended Advanced Nurse Practitioners and Specialist Nurses.
- Secure all the recommended Allied Health Professionals.
- Secure all the recommended Psychologists.
- Secure interim expansion of the Regional Neurosciences Centre to 25 beds.

A summary of the anticipated timeframe for implementation of the recommendations is set out in the **Action Plan** below:

**Short Term: Years 1-2    Medium Term: Years 3-6    Long Term: Year 7 onwards**

Priority	Recommendations	ST	MT	LT
<b>1. A person-centred service</b>	1a) Person centred care must be the focus of all patient-healthcare interactions for those with neurological conditions.			
	1b) Patients and their carers/families should be clear about their care and available supports, including the use of Patient Portals.			
	1c) Patients must have a designated point of contact as part of an effective care delivery network.			
<b>2. Developing additional workforce capacity within Neurology</b>	2a) A regional approach to workforce management is required to support the growth of the neurology consultant workforce to 45 WTE. This should include increased exposure to neurology at early and middle grade level training and the development of research posts within neurology.			
	2b) Two additional WTE neurophysiologist posts are required to increase the workforce to six posts in line with guidance. This will ensure timely access to neurophysiology services across all Trust areas.			
	2c) Timely access to neuroradiology must be available across all Trust areas			
	2d) An additional WTE neuropathologist post is required to increase the workforce to two			

	in line with guidance. Consideration needs to be given to the sustainability of the training programme to facilitate this.			
	2e) An Action Plan is urgently required to expand and sustain the Training Programmes within the neurology specialty.			
	2f) Trusts should consider the expansion of Specialty and Specialist Doctor (SAS) roles to create capacity in the neurology medical workforce.			
	2g) GPs with Enhanced Roles should be developed in neurology through the provision of Fellowships or Integrated Training Posts.			
	2h) An additional 41 neurology nurses are required by 2028 increasing to 47 by 2035, including 12 ANP trainee posts.			
	2i) A Neurology Nursing Team should be established in each Trust area.			
	2j) An additional 38 WTE neurology AHPs are required to support multi-disciplinary working and to create additional community capacity across the four core professions (Physiotherapy, OT, Dietitian, SLT). Future workforce planning will ensure access to other AHP professions such as Orthoptists, Podiatry, Arts Therapies. Growth in the AHP workforce should be underpinned by a skill mix of generic and advanced practice roles, including the development of consultant AHP roles.			
	2k) Seven additional psychologists are needed within the team at the Regional Neurosciences Centre to ensure equitable service provision. In addition, the establishment of hospital based local neurology services requires a minimum of 1 WTE consultant psychologist, 1 WTE specialist psychologist and 1 WTE associate psychologist per Trust area.			

	2l) Four WTE consultants in neuropsychiatry are required as a minimum to meet current levels of need within neurology.			
	2m) Neuropharmacy capacity needs to be developed both at the Neurosciences Centre and across Trusts. In the immediate term, an additional nine pharmacists, two pharmacy technicians and one consultant pharmacist are required to meet demand.			
<b>3. Addressing gaps in current services</b>	3a) Access to specialist neurology opinion must be available at all acute hospitals receiving unscheduled admissions in line with ABN Standards. Trusts must identify the measures required to achieve the Standard. Options such as tele-neurology should be considered as an interim measure.			
	3b) Neurology inpatient beds must be managed as a regional resource and protected against non-neurology unscheduled care bed pressures. Capacity at the Neurosciences Centre should be doubled from 18 to 36 beds supported by a proportionate increase in the workforce to provide an equitable regional service. Variation in care based on Trust of Residence must be addressed.			
	3c) General Neurology Clinics, alongside Specialist Clinics for the most common conditions including epilepsy and MS, must be available in each Trust area. Regional Specialist Clinics must be further developed for less common conditions and to support complex interventions and treatments.			
	3d) Condition-specific pathways based on accepted best practice must be finalized within the first two years of implementation. Progress towards the delivery of the pathways and accompanying standards should be a key metric during the implementation of the Review.			
	3e) A service specification for local neurology services focused on rehabilitation and symptom management is required.			

	Local Neurology Teams must then be established in each Trust.			
	3f) Trusts must ensure that barriers to accessing general mental health services for neurology patients, regardless of diagnosis are addressed.			
	3g) The commissioning of highly specialized services should be aligned to NHS England commissioning decisions to ensure patients in NI have equitable access to highly specialized services.			
<b>4. Using current resources more effectively</b>	4a) All Trusts must develop an approach to referral management for outpatient referrals.			
	4b) Strategies for best meeting the needs of patients requiring neurological review should be considered. These should include Patient Reported Outcome Measures and Patient Initiated Follow-ups. This approach will first be piloted for those with epilepsy.			
	4c) Trusts must ensure that Neurology Clinics include protected slots for patients at risk of hospital admission.			
	4d) There is a need to broaden and develop data capture within neurology and the use of that data across Trusts to inform service developments. This should extend to capturing the breadth of all clinical activity undertaken as well as coding of diagnoses and interventions. Data will be used by the Commissioners to support the further development of approaches to risk stratification and to compare performance across Trusts to identify opportunities for improvement.			
	4e) Effective partnership working between Trusts and the community and voluntary sector must be specifically addressed in service planning.			
	4f) Training in neurology is required for non-neurology hospital specialists and the wider			

	HSC workforce to support the management of people with neurological conditions.			
	4g) Trusts should ensure that care environments are age appropriate and are aligned with the physical and cognitive needs of people with neurological conditions.			