

REGIONAL REVIEW OF NEUROLOGY SERVICES – FINAL REPORT

CONSULTATION ANALYSIS REPORT

October 2026

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MINISTERIAL FOREWORD

I am pleased to publish this analysis report which sets out the findings of a public consultation on my Department's Regional Review of Neurology report. The Review was commissioned in the context of significant and longstanding pressures within neurology services, including growing demand, workforce challenges and lengthy waiting times. I am grateful to all those who contributed to the development of the Review report; in particular, I extend my thanks to the Chair of the Review, Dr. John Craig, and the members of the Neurology Review Team.

The review report sets out an ambitious vision for Neurology underpinned by specific recommendations within four priority areas for improvement. The recommendations proposed are designed to deliver equitable, person-centred and sustainable care aligned with a commitment to principles and standards. While there was ongoing engagement during the course of the Review itself, a public consultation on the Review report provided the opportunity for people with lived experience of neurological conditions, carers, clinicians, voluntary organisations and the wider public to consider the report and inform next steps.

I would like to thank everyone who took the time to engage with the public consultation exercise. As outlined in this analysis, responses to the consultation show a high degree of support for the report's vision, priorities and recommendations. They also provide a powerful reminder of the challenges many people experience in accessing timely care and support, and the impact this can have on individuals and their families and carers. A number of additional issues have also been raised, which will be considered as we progress to the next stage in the process.

I am conscious that, while supportive of the Review report, a recurring message in responses is the need to move forward with implementation at pace. I acknowledge those expectations and share the ambition to improve outcomes and experiences for people living with neurological conditions. In that context, the Health and Social Care Reset Plan, which my Department published last year, included neurology services as one of our priorities for reform and improvement.

In line with the next steps set out in the report, I have asked my officials to progress the establishment of a Neurology Delivery Team which will be tasked with the development of an implementation plan as an initial priority. It is intended that the Department's current Regional Neurology Alliance will form the core of the Delivery Team, aligning both programmes of work with a view to driving improvements both in the here and now and into the future. Building on the strong foundations developed during the course of the Review, I am clear that the voice of people with neurological conditions should be central to the work of the Delivery Team and, indeed, throughout implementation.

I recognise that full implementation will require significant additional investment. While a budget for 2026/27 has not yet been agreed, I must be clear that the funding proposed for my Department in the draft budget is far below what is needed. In that context I am unable to commit to that investment at this stage.

Despite these pressures I am pleased to announce £2.3m of additional funding for Neurology from my Department's Elective Care Fund (ECF). This funding will be used to support capacity building measures and reduce waiting lists within Neurology. This will include consideration of the Neurology Review's recommendations which would increase capacity.

While this funding falls short of the level required to support full implementation, it nonetheless represents significant additional investment which can enable important service improvements. This will be supported by a focus on the Review report's recommendations which are aligned to using current services more effectively which can be progressed at low or no cost. I am confident that the Delivery Team will drive those improvements to deliver better outcomes for people with neurological conditions.

ROBBIE BUTLER MLA

HEALTH MINISTER

CHAPTER ONE: BACKGROUND AND INTRODUCTION

Long term neurological conditions are common. There are an estimated 40,000 people in Northern Ireland (NI) living with a chronic neurological condition. In the context of pressures and vulnerabilities within neurology services, the Department commissioned a Regional Review in 2018. The Review was tasked with identifying the optimum configuration of adult neurology services for the next 10-15 years. A clinically led Neurology Review Team which included representation from the Consultant, Nursing and Allied Health Profession workforce, Primary Care, Public Health Medicine, Commissioning and the Community and Voluntary Sector was established to take forward this work.

The Review incorporated a broad programme of analysis across neurology services. This analysis identified significant challenges including insufficient workforce capacity. This has resulted in a gap between capacity and demand leading to lengthy waits for outpatient and review appointments and inequity in access to acute neurological opinion in some Trust areas. In addition, the analysis highlighted significant gaps in access to some supporting services such as mental health services which leaves many without the support and care they need. It is evident that current neurology services are under consistent and increasing pressure and that change is needed. Waiting lists have grown to unacceptable levels and current services are fragile, unresponsive and inadequate for many. This means that people with a neurological condition in NI are not currently receiving the care and support they need or deserve.

A report setting out the findings and recommendations of the Review was published at the outset of a public consultation exercise in May 2025. In the context of the challenges identified, the Review report presents a vision that future neurology services should be ‘patient-centred, joined-up, responsive, evidence-based and suitably resourced to meet the needs of people with neurological conditions in Northern Ireland.’

To achieve that vision, the report identifies four priority areas with a range of associated recommendations to drive improvements in services:

- Priority One: A Person-Centred Service – This priority focuses on the development of person-centred care to ensure a coordinated approach to meet the needs of people with long term and complex neurological conditions.
- Priority Two: Developing Additional Workforce Capacity – This priority focuses on the development and growth of the neurology and supporting workforces in the context of significant shortages.

- **Priority Three: Addressing Gaps in Current Services** – This priority focuses on addressing shortfalls in current services to ensure equity of access to timely, responsive neurology services.
- **Priority Four: Using Current Resources More Effectively** – This priority focuses on opportunities to make better use of resources through new and innovative ways of working.

The table below outlines the specific recommendations proposed in the report under each of the four priorities:

Priority One – A person-centred service	Recommendations
	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.
Priority Two - Developing additional workforce capacity within Neurology	Recommendations
	2a) A regional approach to workforce management is required to support the growth of the neurology consultant workforce to 45 Whole Time Equivalent (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 Advanced Nurse Practitioner trainee posts.
	2i) A Neurology Nursing Team should be established in each Trust area.
	2j) An additional 38 WTE neurology Allied Health Professionals (AHP) are required to support multi-disciplinary working and to create additional community capacity across the four core professions (Physiotherapy, O, Dietitian, Speech and Language Therapist). 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.
Priority Three - Addressing gaps in current services	Recommendations
	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 specialised services should be aligned to NHS England commissioning decisions to ensure patients in NI have equitable access to highly specialised services.
Priority Four - Using current resources more effectively	Recommendations
	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 should 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.

The report identifies that significant investment is needed to fully implement the proposed recommendations and drive improvements in services. It is estimated that funding in the region of £65 million is required within the first five years of implementation. This will primarily support growth in the workforce and an increase in inpatient neurology beds at the Regional Neurosciences Centre in the Royal Victoria Hospital.

CHAPTER TWO: CO-PRODUCTION AND PUBLIC CONSULTATION

Co-production

The voice of people with neurological conditions has been central to the Review. This has been achieved in a number of ways including the membership of the Northern Ireland Neurological Charities Alliance (niNCA) on the Neurology Review Team from the outset. In addition, direct engagement at key points with people with lived experience was facilitated by the Patient and Client Council (PCC). The views of service users were also captured through other resources including Care Opinion.

Pre-Consultation Engagement

Prior to the launch of a formal public consultation, officials completed a programme of pre-engagement to obtain feedback on a draft report of the Review from wider stakeholders. Through the pre-engagement process, the draft report was shared with the Association of British Neurologists and the Getting It Right First Time Neurology lead. In addition, the draft report was presented to people with lived experience at two separate PCC engagement sessions. The draft report was also presented to the Department's Expert Clinical Panel, Improvement and Transformation Advisory Board and Performance and Transformation Executive Board.

Feedback from the pre-engagement confirmed that the draft report accurately reflected the challenges within the service and the needs of people with neurological conditions. While stakeholders agreed that the vision, priorities and recommendations, if implemented, would address these challenges, feedback also indicated that further consideration should be given to the role of Neuropharmacy before the report was finalised. In addition, feedback suggested the stark reality of the challenges within current services could be better reflected along with an indication of how the recommendations will address those challenges. All feedback received was considered and actioned in the development of a final report.

Public Consultation

A public consultation on the Regional Review of Neurology report was launched on 07 May 2025 and ran for 13 weeks until 06 August 2025. A summary version and easy read version of the report was also made available to facilitate participation from as many people as possible.

All documentation was published on the Department's website at [Consultation on Regional Review of Neurology Services - Report | Department of Health](#).

The aim of the public consultation on the report was to facilitate widespread engagement with people with lived experience, their families and carers and wider stakeholders. The Department sought feedback on the challenges, vision, priorities, recommendations and next steps proposed in the report. In addition, views were sought on a draft Equality Screening, Disability Duties and Human Rights Assessment, and a draft Rural Needs Impact Assessment.

The Department aimed to reach as many people as possible during the consultation period and used a range of engagement methods to ensure voices from all stakeholders were captured. A consultation questionnaire was developed which could be completed in a number of formats. The Department also accepted non-questionnaire responses either via email or post.

In addition, a number of consultation engagement events were held to support wider engagement with stakeholders. A central location within each Trust area was chosen for five separate in-person events. In addition, two online events were also held to facilitate those unable to travel to or attend the in-person events. Details of the consultation engagement events are provided below:

In-person events

- Belfast: 29 May 2025, 7pm – 9pm, Clayton Hotel.
- Omagh: 05 June 2025, 7pm-9pm, Silver Birch Hotel.
- Newtownards: 25 June 2025, 7pm – 9pm, Queen’s Hall.
- Antrim: 03 July 2025, 7pm – 9pm, Dunsilly Hotel.
- Newry: 17 July 2025, 7pm – 9pm, Canal Court Hotel.

Online events

- All HSC Trust areas – 09 July 2025, 2pm – 4pm.
- All HSC Trust areas – 23 July 2025, 7pm – 9pm.

Each of the events included a presentation from the Department followed by an opportunity to submit questions and comments to a panel of Departmental representatives and the Chair of the Neurology Review Team. Copies of the presentation were made available on request. All views shared during public events and meetings were noted by the Department but not attributed to any individuals or organisations, to ensure stakeholders felt comfortable sharing their views in a public setting. In total, over 100 people participated in the consultation engagement events.

In total, the Department received 56 responses to the consultation. These included:

- 33 completed questionnaires.
- 22 free text responses.

- A free text response from niNCA with a summary of feedback from 270 people with lived experience.

The table below outlines the breakdown of responses received by individuals and organisations:

	Number of Responses
Individual	26
Organisation	30
Other	0
Total	56

Responses received from organisations included twelve from professional bodies, sixteen from the HSC workforce and two from political parties. A list of organisations which responded is provided at **Appendix A**.

This analysis report provides a detailed summary of the responses to the consultation questionnaire, written feedback received, and views shared during engagement events. All the views and comments provided have been fully considered by the Department. The analysis is set out in the following chapters:

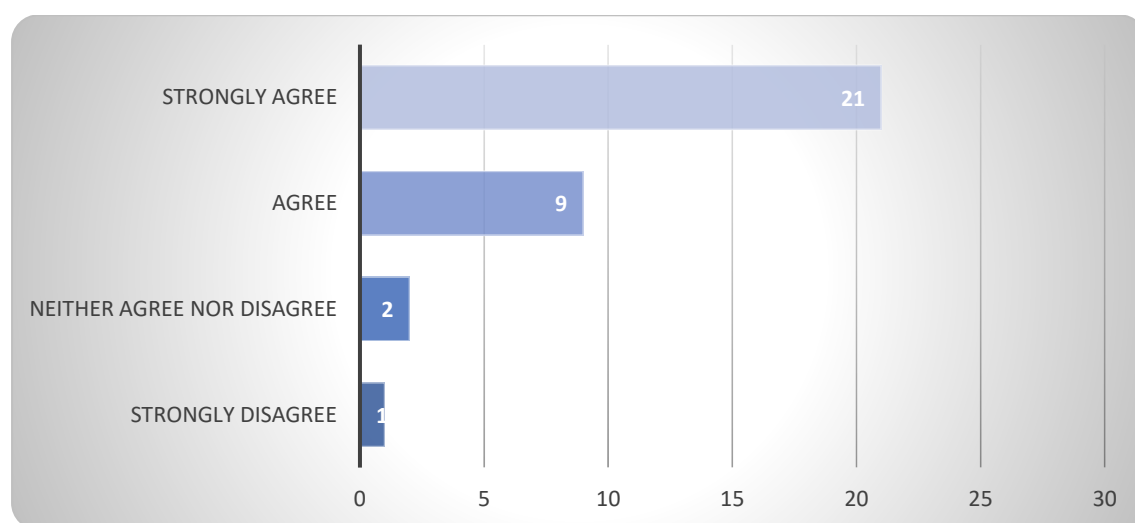
- Chapter Three sets out a quantitative analysis of responses to the consultation questionnaire.
- Chapter Four sets out a qualitative analysis of the feedback and comments received from questionnaire responses, free text responses and participants at the engagement events.
- Chapter Five sets out a specific analysis of the response from niNCA.
- Chapter Six sets out the Department's response to all of the feedback received throughout the consultation process.

CHAPTER THREE: WHAT YOU SAID – QUANTITATIVE ANALYSIS

This section provides a quantitative analysis of responses to the twelve specific questions set out in the consultation questionnaire. Comments provided in the questionnaire responses are considered in the qualitative analysis set out in Chapter Four.

Challenges within Neurology Services

Question 1 - To what extent do you agree or disagree with the challenges within neurology services identified by the analysis undertaken by the Review?

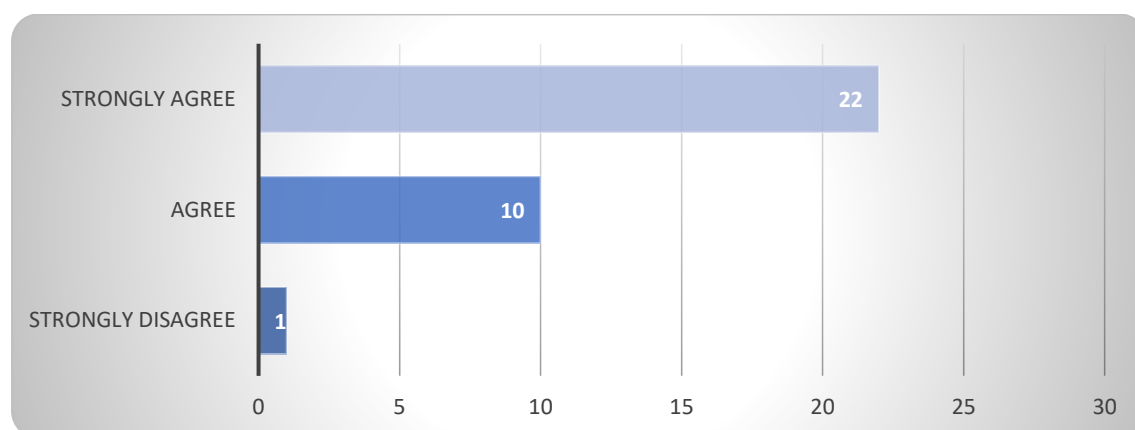


Question 1	
Strongly agree	21
Agree	9
Neither Agree nor Disagree	2
Disagree	0
Strongly disagree	1

91% of responses strongly agreed or agreed with the challenges within neurology services set out in the report.

The Future Vision for Neurology Services

Question 2 - To what extent do you agree or disagree with the vision of the Review that future neurology services should be person-centred, joined-up, responsive, evidence-based and suitably resourced to meet the needs of people with neurological conditions in NI?

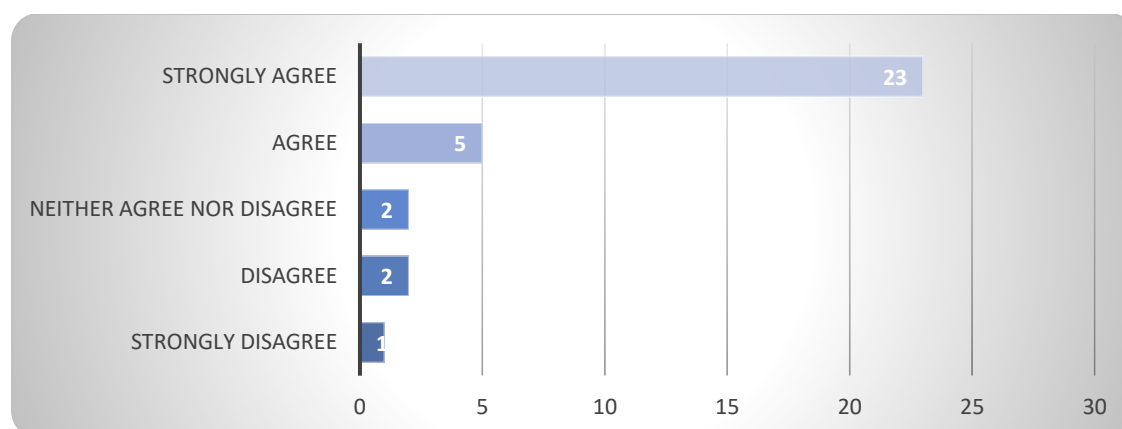


Question 2	
Strongly agree	22
Agree	10
Neither Agree nor Disagree	0
Disagree	0
Strongly disagree	1

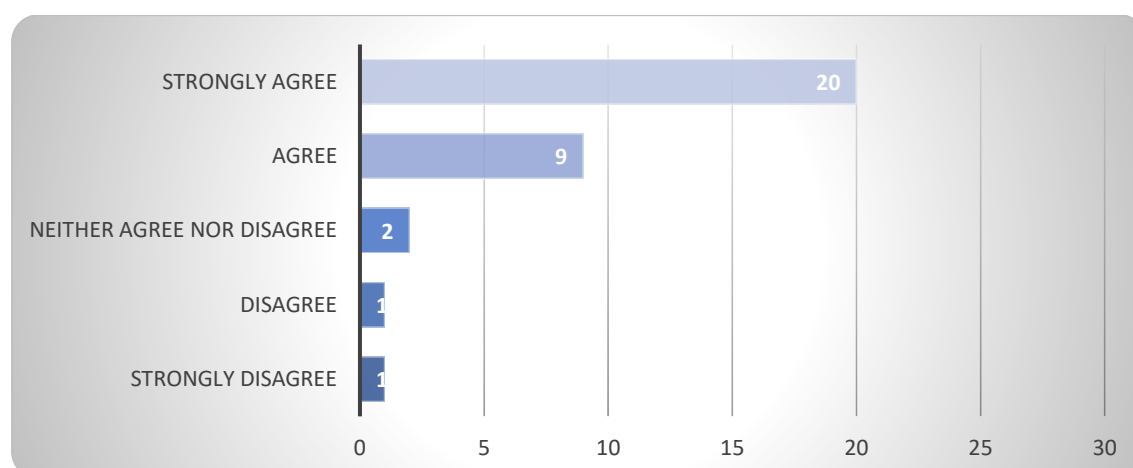
97% of responses strongly agreed or agreed with the vision presented in the report.

Priority One: A Person-Centred Service

Question 3(a) - To what extent do you agree or disagree with the person-centred approach as set out under priority one in the report?



Question 3(b) - To what extent do you agree or disagree with the recommended actions set out to achieve priority one?

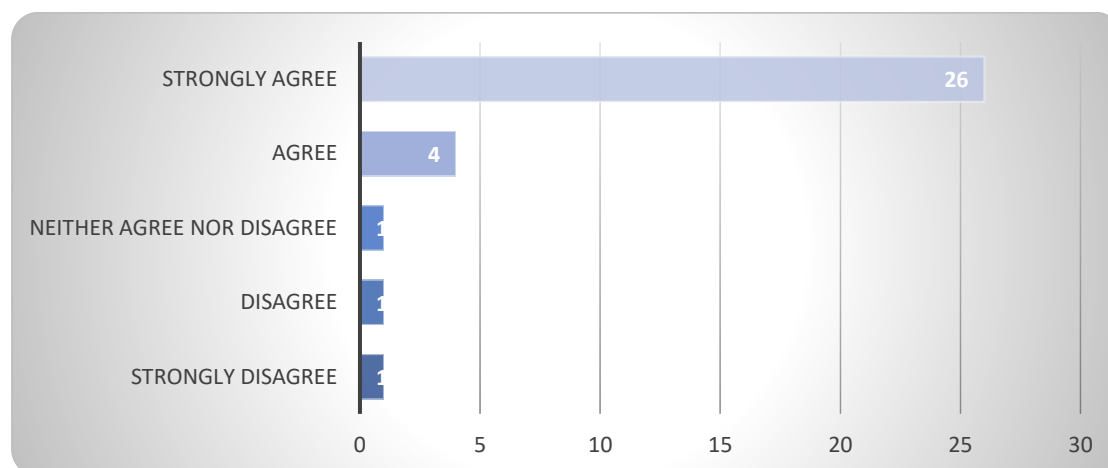


Question 3	3(a)	3(b)
Strongly agree	23	20
Agree	5	9
Neither Agree nor Disagree	2	2
Disagree	2	1
Strongly disagree	1	1

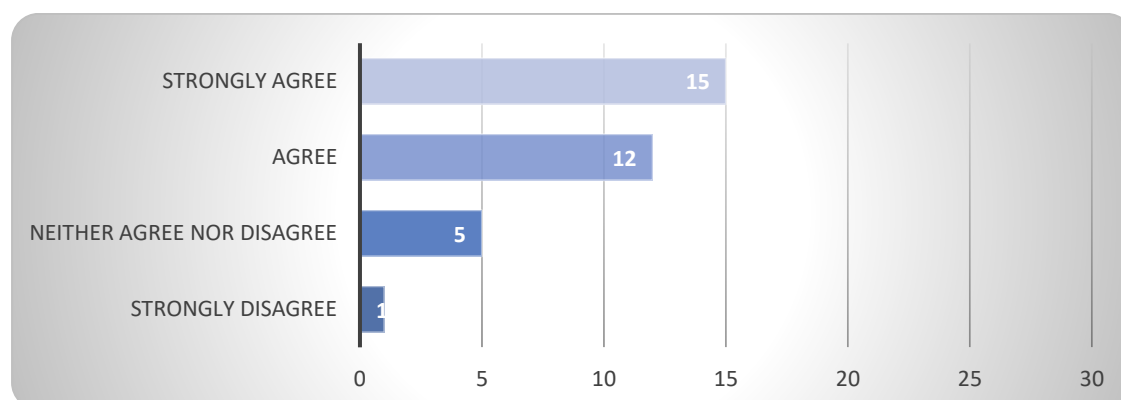
85% of responses strongly agreed or agreed with priority one in the report. Three recommendations were made under priority one; 88% of responses strongly agreed or agreed with those recommendations.

Priority Two: Developing Additional Workforce Capacity in Neurology

Question 4(a): To what extent do you agree or disagree with the need to develop additional workforce capacity in neurology services as set out under priority two in the report?



Question 4(b): To what extent do you agree or disagree with the recommended actions set out to achieve priority two?

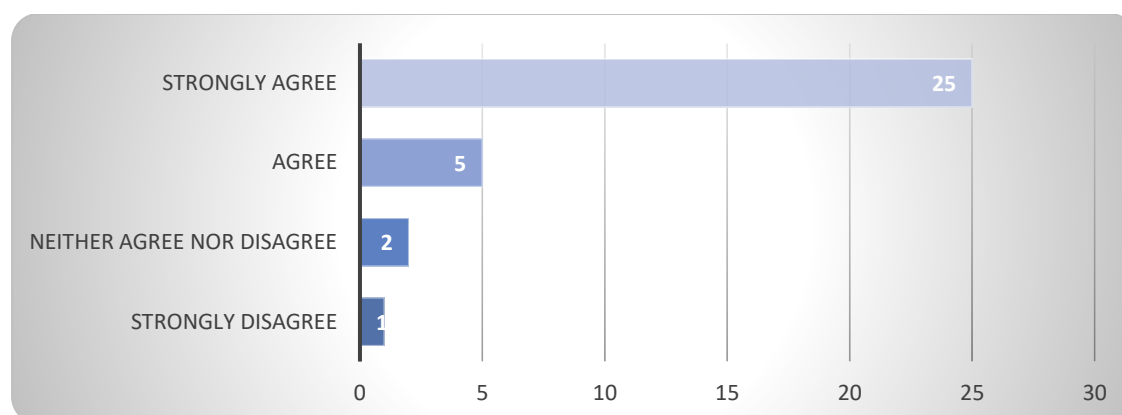


Question 4	4(a)	4(b)
Strongly agree	26	15
Agree	4	12
Neither Agree nor Disagree	1	5
Disagree	1	0
Strongly disagree	1	1

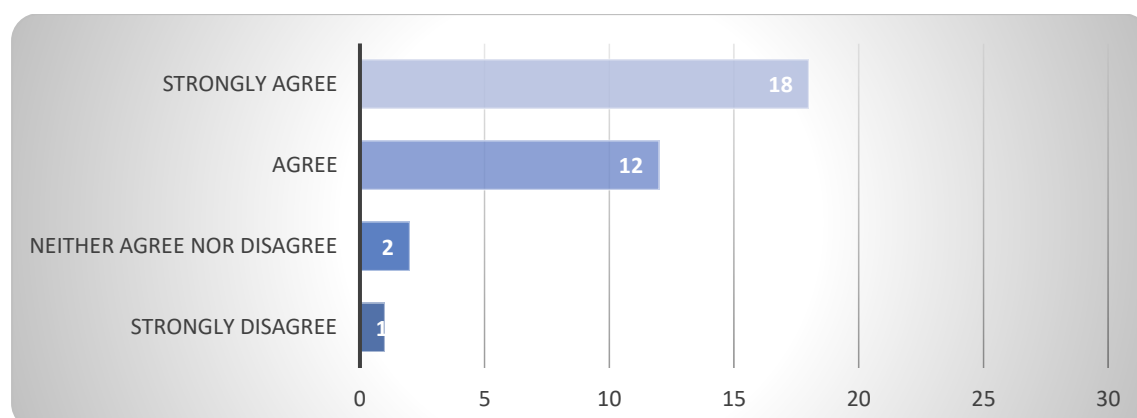
91% of responses strongly agreed or agreed with priority two in the report. Thirteen recommendations were identified under this priority; 82% of responses strongly agreed or agreed with those recommendations.

Priority Three: Addressing Gaps in Current Services

Question 5(a): To what extent do you agree or disagree with the need to address gaps in the current neurology service as set out under priority three in the report?



Question 5(b): To what extent do you agree or disagree with the recommended actions set out to achieve priority three?

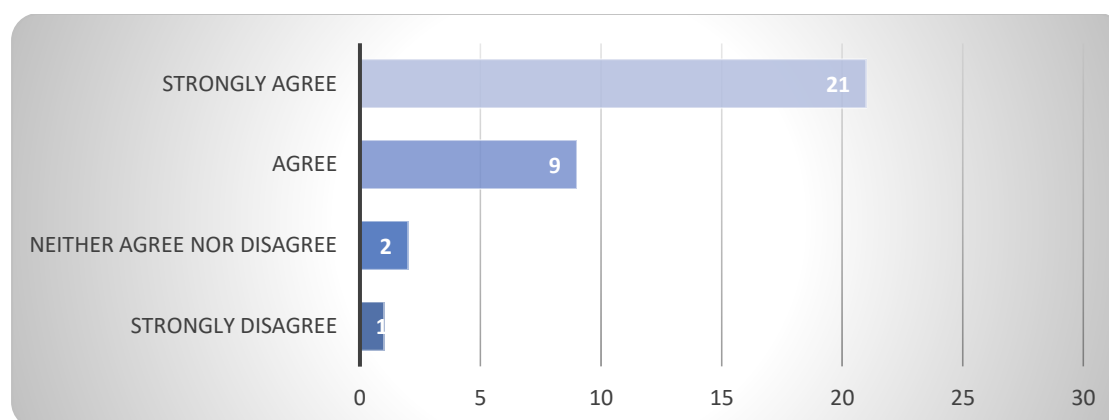


Question 5	5(a)	5(b)
Strongly agree	25	18
Agree	5	12
Neither Agree nor Disagree	2	2
Disagree	0	0
Strongly disagree	1	1

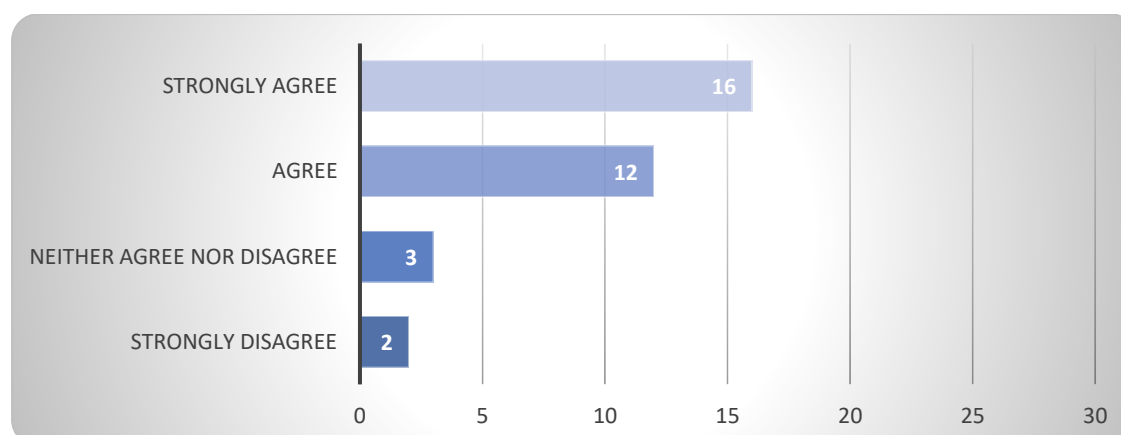
91% of responses strongly agreed or agreed with priority three in the report. Seven recommendations were identified under this priority; 91% of responses strongly agreed or agreed with those recommendations.

Priority Four: Using Current Resources More Effectively

Question 6(a): To what extent do you agree or disagree with the need to use current resources more effectively as set out under priority four in the report?



Question 6(b): To what extent do you agree or disagree with the recommended actions set out to achieve priority four?

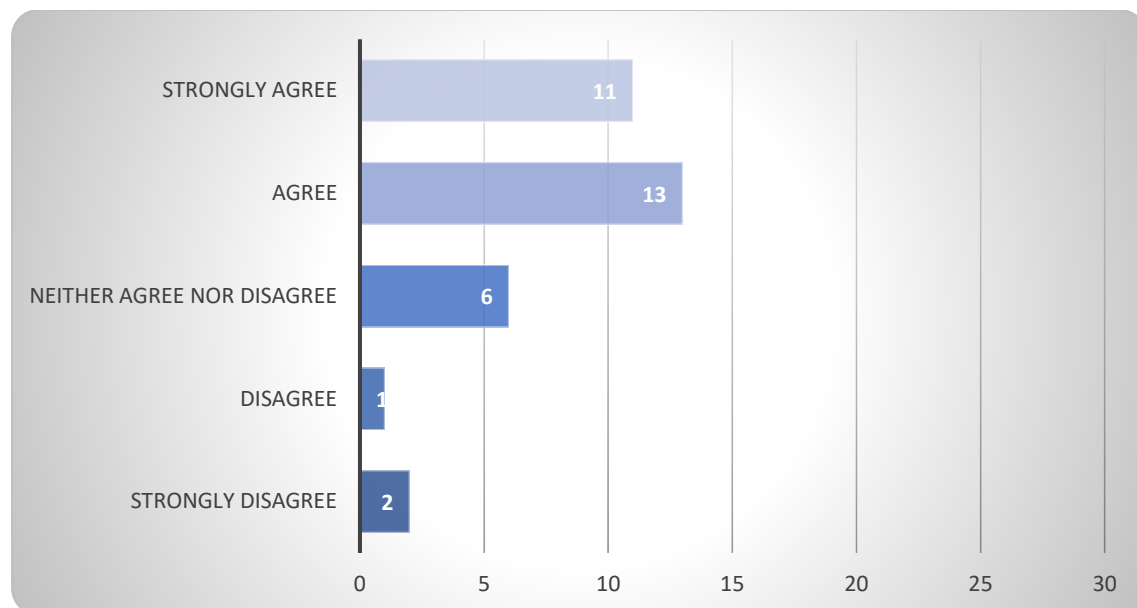


Question 6	6(a)	6(b)
Strongly agree	21	16
Agree	9	12
Neither Agree nor Disagree	2	3
Disagree	0	0
Strongly disagree	1	2

91% of responses strongly agreed or agreed with priority four in the report. Seven recommendations were identified under this priority; 85% of responses strongly agreed or agreed with those actions.

Next Steps

Question 7: To what extent do you agree or disagree with the proposed next steps for the Review as set out in the report?

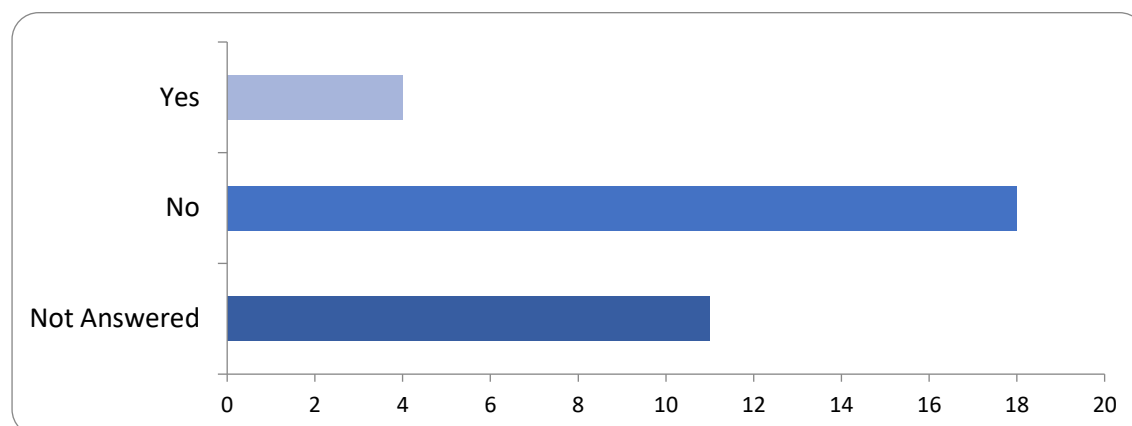


Question 7	Total
Strongly agree	11
Agree	13
Neither Agree nor Disagree	6
Disagree	1
Strongly disagree	2

73% of responses strongly agreed or agreed with the next steps set out in the report.

Equality, Human Rights and Rural Impact

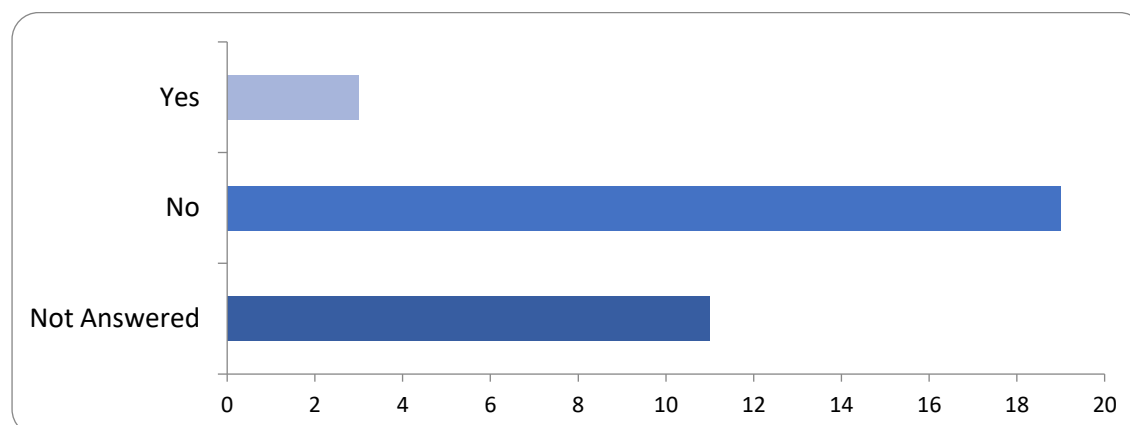
Question 8: Are any of the recommendations set out in the consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the 1998 Act?



Option	Total
Yes	4
No	18
Not Answered	11

Of those who provided a response to this question, 82% indicated that the recommendations were not likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the 1998 Act. Of the small number of respondents who answered 'yes' to this question, some referenced that additional consideration would need to be given to people with cognitive, communication and complex physical needs in terms of the introduction of digital tools such as Patient Portals. In addition, the needs of older people, those in rural communities and those on lower incomes was highlighted as needing specific consideration during the implementation phase to guarantee no adverse impact to these groups.

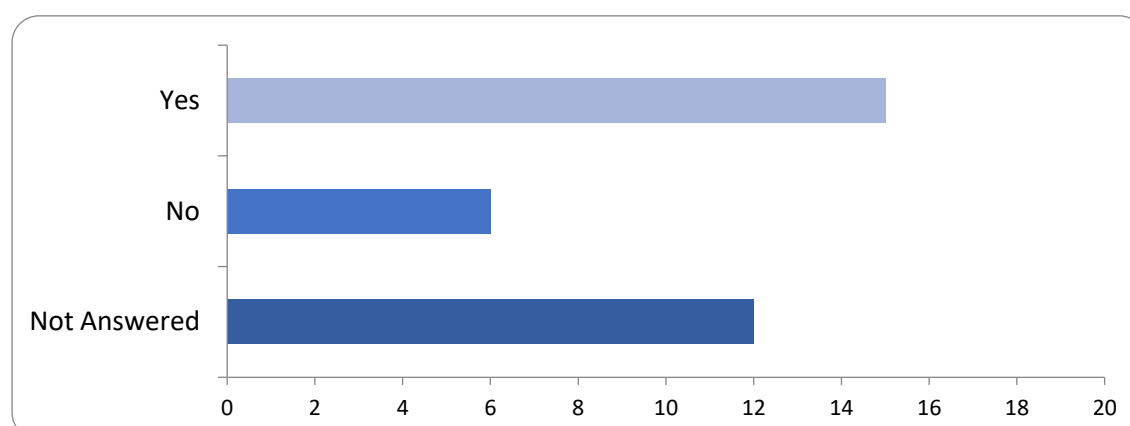
Question 9: Are you aware of any indication or evidence – qualitative or quantitative – that any of the recommendations set out in the consultation document may have an adverse impact on equality of opportunity or on good relations?



Option	Total
Yes	3
No	19
Not Answered	11

Of those who provided a response to this question, 86% indicated that they were not aware of any indication or evidence – qualitative or quantitative – that any of the recommendations set out in the consultation document may have an adverse impact on equality of opportunity or on good relations. Of the small number of respondents who answered ‘yes’ to this question, some referenced that neurology services in some Trusts were already behind the curve in comparison to other areas. In this context, it was suggested that improvements must be implemented equally and that there should be a transparent process of monitoring during implementation to ensure this is the case. In addition, it was suggested that some conditions are more under-represented than others in terms of service provision, this also should be a factor when considering the implementation of recommendations to ensure no adverse impact on equality of opportunity and good relations.

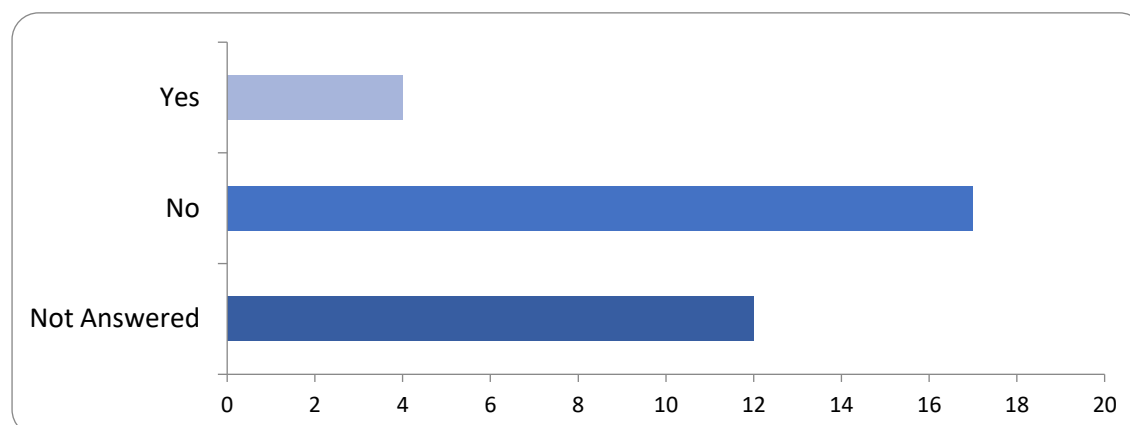
Question 10: Is there an opportunity to better promote equality of opportunity or good relations?



Option	Total
Yes	15
No	6
Not Answered	12

Of those who provided a response to this question, 71% indicated that there are opportunities to better promote equality of opportunity and good relations. Some of the responses highlighted that the Review itself provided that opportunity in terms of improving inequalities and driving investment in underserved areas. It was suggested that an effective approach to co-production during implementation, equity focused delivery metrics to monitor implementation, and embedding quality outcomes would provide further opportunity for equality. The development of community-based services, particularly in rural areas, was highlighted as being central to reduce health inequalities and foster good relations. More research into the impact of some conditions on females and the increasing prevalence of conditions such as Functional Neurological Disorder was also highlighted as being important.

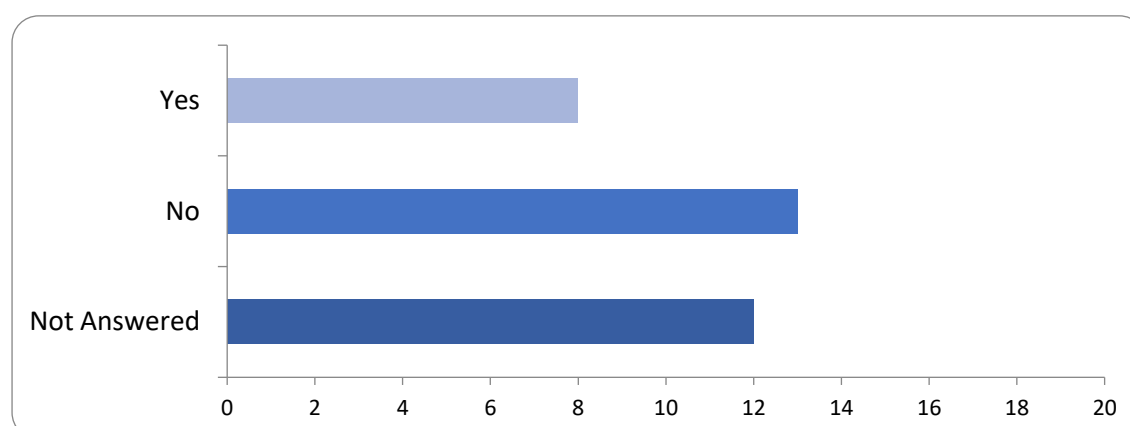
Question 11: Are there any aspects of the proposals in the consultation where potential human rights violations may occur?



Option	Total
Yes	4
No	17
Not Answered	12

Of those who provided a response to this question, 81% indicated that there are no aspects of the proposals in the consultation where potential human rights violations may occur. Of the small number of respondents who answered 'yes' to this question, some indicated that a failure to provide timely access to care could be seen as a violation of the right to health and equity. In this context it was suggested that the gaps in access to services currently experienced by people in NI could be considered a breach of fundamental human rights. However, it was acknowledged that the recommendations proposed offer a clear path to addressing this. In addition, it was suggested that co-design and service user involvement should be a key element of implementation to ensure any inequalities or potential human rights violations are addressed.

Question 12: Are the actions/proposals set out in this consultation document likely to have an adverse impact on rural areas?



Option	Total
Yes	8
No	13
Not Answered	12

Of those who provided a response to this question, 62% indicated that the actions/proposals set out in the report are not likely to have an adverse impact on rural areas. Of the small number of respondents who answered 'yes' to this question, some highlighted that current inequity in access to services for people in rural communities could be worsened if specialist roles and services are concentrated in already well-resourced urban centres. It was suggested that the introduction of digital tools could also risk excluding rural patients with unreliable broadband services. The large geographic coverage of some Trust areas was also noted as being of concern in terms of posing difficulties for people unable to travel. It was suggested that outreach services and care closer to home could ease this burden and better meet the needs of rural communities.

CHAPTER FOUR: WHAT YOU SAID – QUALITATIVE ANALYSIS

This section reflects written feedback from the questionnaire responses, non-questionnaire written responses and verbal feedback from discussion at the consultation engagement events. A selection of comments from respondents has also been included to illustrate points made. These are not intended to cover all responses, but rather as an illustration of specific points made in responses.

Challenges

In general, while some responses expressed concern about the length of time taken to complete the Review, the majority of feedback received indicated that the report accurately reflected the challenges within current neurology services and the impact on people with neurological conditions. There was broad agreement that the analysis shows a system and a workforce under significant pressure.

“The Review report reflects the current state of neurology services in Northern Ireland and articulates the scale of the challenge around reducing waiting times, addressing workforce challenges, improving the equity of access to NICE approved medicines, and better integrating care pathways.”

AbbVie Pharmaceutical Research and Development

The report’s assessment of the challenging position regarding the extremely limited access to psychology and mental health services was particularly welcomed.

“There needs to be access to psychological support for all patients diagnosed with a chronic neurological condition.....there is currently no access to this outside of the Belfast Trust.”

Multiple Sclerosis Nursing Team Northern Trust

The negative impact of these challenges on the overall quality of life of people with a neurological condition and their carers was emphasised. Responses clearly indicated that people are waiting too long for a diagnosis and that many feel abandoned once they have received their diagnosis. It was also highlighted that there is a lack of information on the types of support available or who to turn to when a person experiences a change in their condition.

"I have been waiting for 2 years for access to services with my symptoms progressing..... I have been abandoned having to run between services for help."

Individual

It was suggested by some that the report could better reflect specific challenges related to certain conditions, particularly Functional Neurological Disorder (FND), where patients experience systemic gaps in care and understanding.

"Support services for FND are simply not there....in my experience I was given the details of a website to seek information after my diagnosis."

Individual

In addition, a number of responses pointed to the opportunity provided by new and emerging treatments and the need to plan for the delivery of those treatments.

"New therapies introduce new complexities in service delivery that health systems must urgently prepare for."

Alzheimer's Society

Concern about the challenge of funding to implement the recommendations of the Review was a recurrent issue raised in the majority of responses across all questions. Responses indicated a lack of confidence that the measures set out in the report will deliver meaningful change within the timeframe indicated unless they are supported with significant additional funding. In addition, concern was noted about the need for funding to sustain the response to challenges regarding some medications such as sodium valproate.

Vision

It is clear from the responses and feedback received that a large majority of people fully support the vision for future services. Person-centred, joined-up and responsive services are urgently needed to address current challenges and improve outcomes.

"I agree with the vision.... this is a sensible approach with success being dependent on implementation.....neurology services have been under resourced for some time."

Individual

Growth in the workforce, the establishment of pathways, the availability of accurate data and a multidisciplinary approach were highlighted as being key to delivering the vision.

Priority One – A Person-Centred Service

There was clear agreement across responses that a person-centred approach is essential. Many welcomed the adoption of the House of Care model as an effective approach to deliver person-centred care.

“A patient centred approach ensures that their care is tailored to and respects their preferences, values and lived experiences, and empowers them to make decisions about their care.”

Commissioner for Older People for Northern Ireland

Feedback from people with lived experience revealed that many feel not listened to, dismissed or ignored. In this context, responses indicated strong support for having a designated person to coordinate care.

“A designated person I feel would be an appropriate solution as I am aware of so many people this could have helped.”

Individual

Responses from Allied Health Professional (AHP) groups highlighted the role of AHPs in managing neurology patients within community-based teams to enhance service delivery, improve outcomes and facilitate person-centred care. This view was echoed in responses from the Royal College of Occupational Therapists, Royal College of Podiatry, Royal College of Speech and Language Therapists and the Allied Health Professions Federation Northern Ireland. The Chartered Society of Physiotherapy also indicated strong support for Priority One, citing its alignment with professional standards and ethical frameworks.

“With appropriate investment and integration into multidisciplinary teams, occupational therapists can significantly enhance patient outcomes, reduce hospital admissions, and support individuals with neurological conditions to live well and achieve their goals.”

Royal College of Occupational Therapists

Priority Two – Developing Additional Workforce Capacity

The responses regarding this priority indicated strong support for the growth and development of the neurology workforce as a key enabler to drive improvements in services and ensure the effective delivery of care.

“I saw first-hand that there simply isn’t enough staff to fulfil the care needs of patients. Additional staff would make working practices safer and care needs could be met on demand.”

Individual

The focus on the development of a broader skill mix within the workforce and on multi-disciplinary working was also noted as being important to increase overall capacity and ensure people are seen in the most appropriate setting.

The importance of the specialist nursing workforce in providing valuable support, improving patient experience and increasing the capacity of the consultant workforce was also highlighted.

“It cannot be emphasized enough how vital they (Specialist Nurses) have become in improving patient experiences.”

Individual

Responses also welcomed the proposed regional approach to workforce growth and development to underpin the equitable delivery of services going forward.

The key role of wider members of the workforce including neuropharmacists and neuropsychologists was highlighted as being crucial to the implementation of a multi-disciplinary approach.

“Given that people in NI often have to travel long distances to access care, meaningful actions must be taken to ensure that specialists are able to and would want to work outside the capital city. We are pleased that neuropharmacy has been identified as a key area of need.”

Muscular Dystrophy UK and Pathfinders Neuromuscular

While overall growth in the workforce was welcomed, a number of responses indicated that revisions are required to the levels of recommended growth for some roles within the workforce. Responses suggested that the current recommendations regarding the AHP and neuropsychiatry workforce are too low.

“Northern Ireland’s current AHP workforce is insufficient to meet the complex and growing demand. The Review acknowledges this but does not propose a scale of expansion aligned with service needs.”

Allied Health Professions Federation Northern Ireland

In addition, it was suggested that the recommendations for growth in the nursing workforce focused too much on the role of the Advanced Nurse Practitioner and would benefit from being rebalanced in favour of the role of Specialist Nurses. Some concern was also expressed that there was insufficient focus on the nursing workforce required for some particular conditions including muscular dystrophy, motor neurone disease (MND) and neuromuscular conditions.

“The review is too heavily weighted in favour of Multiple Sclerosis (MS), epilepsy and Parkinson’s Disease, to the detriment of areas of practice such as MND and neuromuscular nursing.”

Royal College of Nursing

A number of concerns were also raised regarding the ability to secure the recommended workforce growth in terms of recruitment and retention. In this context, responses highlighted the importance of increasing exposure to Neurology and the need to improve the attractiveness of Neurology to a future workforce. It was also suggested that training pathways and career progression are key enablers to attract and retain the future Consultant, Nursing and AHP workforce.

“Increasing early exposure to Neurology within training pathways and supporting research opportunities will also help attract and retain clinicians, ensuring sustainable services.”

NI Regional Physiotherapy Neurology and Rehabilitation subgroup

Priority Three - Addressing Gaps in Current Services.

Responses agreed that addressing the gaps identified in the report is critical to reduce inequalities and improve outcomes. A number of responses expressed significant concern about a perceived postcode lottery of care. In this context, there was strong support for a regional approach to service development to ensure consistency and equity across Trusts.

“Each Health and Social Care Trust in Northern Ireland should work collaboratively between the regional centre and each of the Health and Social Care Trusts.”

Motor Neurone Disease Association

Barriers to accessing some supporting services based on age or condition was raised as an issue. In particular, individuals with FND raised numerous concerns regarding access to the services they need to help manage their condition.

“I have FND and believe more staff need trained on what it is and more support given to the patient.”

Individual

The lack of mental health support and psychology services was highlighted as a significant gap, with a suggestion that psychological support in the community would be beneficial.

“We advocate development of “Mental Health for Neurology” community teams to work in community and mental health liaison settings: to deliver care to more complex patients, support implementation of self-care models, address interfaces with Neurology, collaborate with specialist neurology nurses and contribute to training of colleagues within other community mental health teams.”

Royal College of Psychiatrists Northern Ireland

It was clear from the responses that the development and implementation of condition-specific pathways is considered to be essential to ensure a joined-up and equitable approach to service delivery. Responses suggested that pathways would be beneficial to improve the patient journey, to identify what good looks like and

improve coordination of care. In this context, it was suggested that condition-specific pathways should be prioritised and implemented as soon as possible.

“We recommend that the Department of Health introduce standardised pathways for neurological conditions as a matter of urgency.”

Sinn Fein

A number of responses specifically pointed to the need for a pathway for FND in order to ensure that people affected are not left without adequate support and care. In addition, a number of charities made the case for a specific pathway for the condition they represent. This included Huntington’s disease, MND and Chiari and Syringomyelia. It was also noted however that a generalist pathway should be available for people whose symptoms do not fit into any particular pathway.

“Condition specific pathways has the potential to improve journeys throughout the system, but it is vital that a generalist offering is available.”

Royal College of General Practitioners

A number of responses indicated that the introduction of Local Neurology Teams as recommended in the report was key to improve current gaps in access to services in the community. It was a broadly held view that these teams should be multidisciplinary in nature incorporating nursing, AHP, mental health and psychology workforces to provide a holistic and person-centred approach.

“We strongly welcome the proposal to establish these services throughout Northern Ireland and advocate for a coordinated, regional approach to their development. This is essential to ensure that all individuals with neurological conditions have equitable access to high-quality, specialist care – regardless of geographic location.”

Belfast Trust AHPs

In addition to comments received regarding the gaps in services identified in the report, a number of additional gaps were highlighted for further consideration. These included support for the transition from paediatric to adult neurology services with several responses indicating that adequate planning and appropriate resource is needed to address the challenges in this area.

“There is a lack of detail on how a seamless transition from paediatric to adult neurology services will be achieved.”

Royal College of Speech and Language Therapists

Some additional concerns included insufficient administrative support for coordination, and limited recognition of complementary therapies such as acupuncture and dietary advice.

Some responses also identified several gaps within services which sit outside the neurology specialty but significantly impact on people with a neurological condition. These include age-appropriate respite care and tailored social support for carers. Palliative care for neurological conditions was also highlighted as under-represented and should be integrated into service models.

“I was unable to access age-appropriate respite care for my husband. Respite care for people with neurological conditions is not mentioned in the report.”

Individual

The concerns raised regarding these particular areas will be considered further as the implementation process develops.

Priority Four - Using Current Resources More Effectively.

There was broad consensus among respondents that using resources more effectively to improve service delivery, reduce inefficiencies and support equitable access is both necessary and achievable. Responses agreed that better use of existing resources will generate improvements both for people living with a neurological condition and the workforce.

The recommendation for training in Neurology for non-neurology hospital specialists was particularly welcomed to raise awareness, promote effective referral and treatment and ensure an empathetic approach.

There was broad agreement that training for GPs in managing people with neurological conditions would be beneficial to improve support in the community and reduce hospital pressures.

“Training for all GPs, instead of just those with extended roles is essential and will further reduce the high number of A&E visits.”

The Migraine Trust

There was agreement among responses that innovative approaches such as referral management systems and advice and guidance to GPs would greatly help to reduce waiting lists and direct consultant capacity to people who need it most.

“Chartered Society of Physiotherapy (CSP) welcomes the development of robust referral management systems across all trusts, building on best practice models such as NARMS, to ensure timely triage.”

Chartered Society of Physiotherapy NI

The emphasis on new ways of working which support proactive care such as the introduction of Patient Reported Outcome Measures and Patient Initiated Reviews was welcomed. It was suggested that an emphasis on creating an agile and responsive service was the right approach. In that context, protected slots in neurology clinics for people presenting with acute symptoms was also welcomed. While supportive of the need to use current resources more effectively a number of responses cautioned that this would not replace the requirement for additional funding.

“We agree with the ambition to use current resources more effectively.... however, efficiency cannot replace the need for increased investment. Innovation is important but should not be used as a cost containment strategy.”

Alliance Party

Next Steps

In terms of next steps, responses were widely supportive of the proposed approach set out in the report and the establishment of a Neurology Delivery Team (NDT) to lead on implementation.

This support was, however, qualified by concerns about the availability of funding to support implementation. It was also a strongly held view that the absence of significant dedicated investment would result in a negative impact on people with a neurological condition in NI who would continue to suffer as a result.

“The proposed next steps are welcomed, but urgent interim funding is required to prevent further service deterioration.”

Occupational Therapy, Neuro Rehabilitation, Western Trust

“What will happen if there is no funding provided to implement the recommendations set out in the report? Current services are under-resourced, underfunded and staff are under extreme pressure.”

Individual

In this context, responses called for a fully funded implementation plan to accompany the report as a means of providing assurance and credibility that the proposed improvements would become a reality. In addition to funding, responses indicated the need for clear timelines to show accountability.

CHAPTER FIVE: WHAT YOU SAID - RESPONSE FROM THE NORTHERN IRELAND NEUROLOGICAL CHARITIES ALLIANCE

The Northern Ireland Neurological Charities Alliance (niNCA) response to the consultation reflects engagement with 270 people with lived experience. The response presents the feedback on the report obtained from a survey and several in-person and online focus groups undertaken by niNCA.

A breakdown of those responses is set out below:

- 223 responses received to the niNCA survey.
- 30 attendees attended in-person focus groups.
- 17 attendees attended online focus group.

The niNCA response was presented within the following themes:

- Access to Neurological Services.
- Condition Specific Patient Pathways.
- Priorities for Change.
- Consequences of Not Delivering Change.

The response received from niNCA echoes the views expressed in other responses to the consultation, including those expressed at the public engagement events.

Central to niNCA's response is the concern around the lack of access to appropriate services and the consequences of that. The response is clear about the impact on people with neurological conditions: people are angry, frustrated and stressed, leading to a sense of hopelessness. In addition to a clear negative impact on mental health, the response also points to the financial consequences of living with a neurological condition with over 50% of respondents to the 2024/25 My Neuro Survey indicating that they had stopped work because of their condition.

The response identifies a broad range of services where limited or, in some cases, no access impacts negatively on people with a neurological condition. These include:

- GP access;
- A lack of multi-disciplinary care including access to physiotherapy, speech and language therapy and occupational therapy;
- Adult social care;
- Respite care for carers; and
- Palliative care.

Concern is also expressed about the current neurology workforce. It is clear that people with neurological conditions highly value the role of specialist nurses but there is concern about staff absence and the impact that this has on service

continuity and sustainability. In addition, concern is raised about the pressures on the current workforce.

As a result of those pressures, the response indicates that the median waiting time for a first outpatient appointment in NI is almost five times longer than that in England. The response also points to considerable inequity across NI with waiting times in the Northern Trust almost twice those in the Belfast and South Eastern Trusts. In addition, patients often do not receive timely review appointments.

The response also points to an increasing use of private healthcare as evidence of a broken system, while a lack of information on what people should expect results in a reliance on the voluntary and community sector to provide advice, guidance and support.

In this context the response sets out sixteen recommendations for consideration. Two of these are identified as priority recommendations:

- A funded delivery plan; and
- Urgent implementation of condition-specific pathways within the first six months of implementation.

The response highlights the consequences for patients, carers, families, the workforce, the healthcare system and the wider economy if a funded delivery plan to support implementation of the Review's recommendations is not developed. It is suggested that without dedicated funding and a plan for implementation, services will continue to decline, waiting lists will continue to grow and people will continue to experience worsening health outcomes. It is also noted that research suggests that investing in neurology services could reduce the annual cost of £96bn to the UK economy by up to a third.

Regarding patient pathways, the submission makes the case that pathways enhance clinical outcomes, reduce costs and improve patient satisfaction by standardising care based on evidence-based best practices. In this way, pathways can improve the quality of care, streamline resource use and boost overall system efficiency.

In addition to the two priority recommendations an additional fourteen recommendations are proposed to address the pressures and challenges within services as identified by people with neurological conditions.

A number of these align with recommendations set out in the Review's report. These include support for GPs, training for non-specialist healthcare professionals and improved communication across primary and secondary care.

To support the report's recommendation regarding effective partnership working between Trusts and the community and voluntary sector, it is suggested that

sustainable and long-term funding for charities is needed in the context of the delivery of vital services.

Several of the suggested recommendations reflect the anticipated impact of the Review's recommendations regarding growth in the workforce and new ways of working. This includes timely access to both outpatient and review appointments, reduced reliance on private healthcare and effective medication management.

The response also makes a number of recommendations regarding access to services which are not the subject of specific recommendations for Neurology. These include recommendations for improved access to social care packages, nursing and care home provision, respite care and palliative care.

The response identifies a particular pressure regarding a lack of services for people living with a Functional Neurological Disorder (FND). People with FND reported feeling that their condition is poorly understood across services and that they receive little to no support or follow up care. In this context, the response calls for a pathway supported by greater awareness and training in FND. Training more generally is also identified as an issue, the absence of which can lead to significant frustration as well as posing wider risks, including hospital patients not receiving time critical medications when they need them.

It is clear from the views captured throughout niNCA's engagement with service users that many feel abandoned and let down by their experience with neurology services. The absence of pathways means that many are unsure of the support and services they should have access to; and that the lack of access to services means that some are forced to pay for private diagnosis and ongoing treatment. The impact of this on both a person's physical and mental health was noted as being significant, 74% of respondents indicated that delays in access to support had negatively impacted their physical health with 77% expressing a negative impact on their mental health. It was also recognised that ongoing service developments must be cognisant of vulnerable, isolated or underserved groups.

CHAPTER SIX: OUR RESPONSE

It is clear from the vast majority of responses and feedback received that there is strong support for the vision presented in the report. In addition, the priorities and recommendations proposed are regarded as being appropriate and it is agreed that timely implementation will deliver the improvements in services that people living with a neurological condition and wider stakeholders believe are required. In this context, the Department considers that the priorities and recommendations proposed in the report should remain the basis for an implementation plan.

It is important to recognise that the timeframe for implementation covers a 10-15 year period. In this context, the basis for the recommendations will be kept under review to take into account evolving evidence and emerging developments. This will ensure that necessary adjustments can be made throughout the implementation period.

The recommendations regarding the introduction of person-centred care will generate significant improvements in care coordination. They will also empower people affected by a neurological condition to drive the direction of their specific care plans in line with differing levels of need throughout the journey of their condition.

The recommended growth and development across the entire spectrum of the neurology workforce will ensure equitable access to services, reduce waiting lists and support a multi-disciplinary approach to service delivery. Growth in the workforce will also enable the progression of other key recommendations including the introduction of Local Neurology Teams, General Neurology Clinics and Neurology Nursing Teams in each Trust area.

The Department recognises the need to build on new and innovative ways of working in order to drive efficiencies and make the best use of resources. In this context, recommendations for new approaches such as referral management processes are intended to ensure that people are managed in a setting that is most appropriate to their needs. In addition, the introduction of Patient Initiated Reviews will put the patient firmly at the centre of their care and ensure access to support when it is needed most.

The Department also recognises the significant benefits that resourced condition-specific pathways will bring. However, it is felt that the full benefit of pathways cannot be realised without some further development work to identify the resources required to implement those pathways. For this reason, the recommendation in the report which sets out a two-year period to finalise the pathways is considered a deliverable timeframe and will be retained.

A number of issues were raised throughout the consultation process that are not covered within the report regarding access to services which sit outside of Neurology. These include appropriate respite care, palliative care, social care packages and nursing and care home provision. All comments and feedback in relation to these issues will be considered further as part of the implementation process.

The message regarding the importance of funding to implement the recommendations of the Review came out loud and clear. The Department recognises the urgent need to develop an implementation plan and that additional funding is required to support full implementation of the recommendations proposed in the report. The NDT will be tasked with developing a detailed implementation plan and identifying priority recommendations to be taken forward.

CHAPTER SEVEN: NEXT STEPS

A Neurology Delivery Team (NDT) will now be established to lead on implementation of the Review's recommendations. The voice of people with neurological conditions and wider stakeholders will remain central to this process and membership of the NDT will reflect this.

It is important to note the ongoing important work currently being progressed by the Department's Regional Neurology Alliance (RNA) which was established in October 2025 to address some of the immediate challenges within services. It is intended that the RNA will form the core of the NDT to facilitate a coordinated approach and align this work with the implementation of the Review's recommendations.

It is estimated that £65.4m funding would be required across the first five years to fully implement the Review's recommendations. In the context of ongoing financial pressures, it is not possible to allocate this level of funding. However, £2.3m of additional funding has been secured from the Department's Elective Care Fund which will support the development of additional capacity and begin to tackle waiting lists.

The first task of the NDT will be to develop an implementation plan. The implementation plan will be informed by the Review report's recommendations, the views reflected in this consultation analysis, and the work of the RNA. It will also reflect both how the additional £2.3m of funding can best be targeted to create capacity and tackle waiting lists and how improvements which require little or no additional investment will be progressed.

The Department would like to take this opportunity to thank all individuals and organisations who contributed to the consultation. We are grateful for the thoughtful, detailed, and passionate responses received from across the sector, including those with lived experience, carers, and members of the workforce.

APPENDIX A: ORGANISATIONS WHICH RESPONDED TO THE CONSULTATION

Details taken from individual responses where the responder has indicated that they represent an organisation.

AbbVie UK
Alliance Party
Allied Health Professionals Federation Northern Ireland
Allied Health Professionals Belfast Trust
Alzheimer's Society
Belfast Trust
Biogen UK and Ireland
British Association for Music Therapy (BAMT)
British Dietetic Association
Chartered Society of Physiotherapy (CSP)
Commissioner for Older People for Northern Ireland (COPNI)
Dietetic Service Northern Ireland
Huntington's Disease Association Northern Ireland
MND Association
MS Nurse Team Lead, Northern Trust
Muscular Dystrophy UK and Pathfinders Neuromuscular Alliance
Northern Ireland Children and Young people (NICCY)
Northern Ireland Neurology Charities Association (niNCA)
Northern Ireland Regional Physiotherapy Neurology and Rehabilitation subgroup
Occupational Therapy, Neuro Rehabilitation, Western Trust
Pharmacy Forum Northern Ireland
Royal College of General Practitioners (RCGP)
Royal College of Nursing (RCN)
Royal College of Occupational Therapists
Royal College of Podiatry Northern Ireland
Royal College Speech & Language Therapy (RCSLT)
Royal College of Psychiatrists in Northern Ireland
Royal College of Surgeons of Edinburgh

Sinn Fein
Syringomyelia Arnold Chiari Association (SACA)
The Migraine Trust