



Department of  
**Health**

An Roinn Sláinte

Máinnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# **Regional Review of Neurology Services – Final Report Consultation - 2025**

## **Equality Screening, Disability Duties and Human Rights Assessment Template**

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

## **Part 1. Policy scoping**

### **1.1 Information about the policy**

#### **Name of the policy:**

Regional Review of Neurology Services – Final Report

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#### **Is this an existing, revised or a new policy?**

The Department of Health (DoH) is consulting on the findings and recommendations proposed in the final report of the Regional Review of Neurology Services. The Review was tasked with identifying the optimum configuration of adult neurology services for the next 10-15 years.

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#### **What is it trying to achieve? (intended aims/outcomes)**

Long term neurological conditions are common. There are an estimated 40,000 people in NI living with a chronic neurological condition. This includes approximately 22,000 people diagnosed with epilepsy, 5,400 with multiple sclerosis, 4,000 with Parkinson's Disease, 1,000 adults with inherited or acquired neuromuscular disease and 140 people with Motor Neurone Disease.

In the context of pressures and vulnerabilities within Neurology Services, the Department agreed a Regional Review of Neurology Services in 2018.

The work of the Review has considered a broad programme of analysis which has highlighted gaps in service provision, capacity constraints and challenges in terms of equitable access to specialist neurology opinion. The work of the Review has recently concluded and a final report has been drafted.

The final report of the Review sets out the following vision for future neurology services: *Neurology Services should be person-centred, joined-up, responsive, evidence-based and suitably resourced to meet the needs of people with neurological conditions in Northern Ireland.*

To support the achievement of the vision, the Review Team have identified four priority areas with 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 proposed recommendations presented within each priority area provide the roadmap to achieving the overall vision.

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**Are there any Section 75 categories which might be expected to benefit from the intended policy? If so, explain how.**

All people with a neurological condition in Northern Ireland, including people in the Section 75 categories, are expected to benefit from the proposed recommendations set out in the final report of the Review. It is expected that older people and people with disabilities will benefit in particular.

Growth in the workforce and improvements in services as a result of the implementation of the proposed recommendations will support people with a neurological condition being seen by the right person, in the right place and at the right time. Implementation of the recommendations is also expected to have a positive impact on current lengthy outpatient waiting times; ensure timely access to specialist neurological opinion in line with ABN standards; support the management of suitable patients in the community; and ensure that future services are focused on patient centred care.

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### **Who initiated or wrote the policy?**

The Department of Health initiated the Regional Review of Neurology Services. A Neurology Review Team was established to take forward the Review.

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### **Who owns and who implements the policy?**

DoH will own the policy. Following consideration of responses to the consultation, it is intended that a Neurology Delivery Team will be established to take forward the implementation of the recommendations of the Review.

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### **1.2 Implementation factors**

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? **Yes**

#### **If yes, are they (please delete as appropriate)**

##### **Financial:**

Significant investment will be required to implement the recommendations proposed in the final report of the Review. In the context of budgetary pressures, the pace of implementation may have to be adjusted in line with available funding.

##### **Other:**

Implementation of the recommendations in relation to the growth of the neurology workforce is contingent upon the successful recruitment and retention of trainees across the neurology workforce.

### **1.3 Main stakeholders affected**

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

- People with a neurological condition and carers
- The Health and Social Care workforce
- Other public sector organisations
- Voluntary and Community sector
- Trade unions

## 1.4 Other Policies with a bearing on this policy

What are they? Who owns them?

- Health and Social Care NI – Three Year Plan
- Reform of Adult Care and Support
- Carers Strategy NI
- Independent Neurology Inquiry
- Rare Disease Action Plan
- Reform of Stroke Services
- RQIA Review Governance of Outpatients Services in the Belfast HSC Trust with a Focus on Neurology and Other High-Volume Specialties
- National Institute of Clinical Excellence (NICE) Guidelines in relation to Neurological Conditions:
  - NG71: Parkinson’s disease in adults
  - NG42: Motor neurone disease: assessment and management
  - NG220: Multiple sclerosis in adults: management
  - CG150: Headaches in over 12s: diagnosis and management
  - NG217: Epilepsies in children, young people and adults
  - NG127: Suspected Neurological Conditions: recognition and referral.

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative<sup>1</sup>) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

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<sup>1</sup> \* Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this. Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

## **Religious belief** evidence / information:

Information on religious belief can be found in the 2021 Census<sup>2</sup>. One sixth (18.99 per cent) of the usually resident population on Census Day either had No Religion or Religion Not Stated. The figures for the main religions were: Catholic (42.31 per cent); Presbyterian (16.61 per cent); Church of Ireland (11.55 per cent); Methodist (2.35 per cent); Other Christian or Christian-related denominations (6.85 per cent); and Other Religions (1.34 per cent).

There is no qualitative or quantitative evidence available in relation to the religious beliefs of those individuals who are living with or are waiting to be diagnosed with a neurological condition.

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## **Political Opinion** evidence / information:

There is limited data available on political opinion, however, data on the first preference votes per party in NI Assembly Elections 2022<sup>3</sup> can be used as proxy information:

- DUP – 184,002
- Sinn Fein – 250,385
- UUP – 96,390
- SDLP – 78,237
- Alliance – 116,681
- TUV – 65,788
- People Before Profit Alliance (PBPA) – 9,798
- Green Party – 16,433
- Other – 44,968

There is no qualitative or quantitative evidence available in relation to the political opinion of those individuals who are living with or are waiting to be diagnosed with a neurological condition.

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<sup>2</sup> <https://www.nisra.gov.uk/publications/census-2021-main-statistics-religion-tables>

<sup>3</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9549/>

## Racial Group evidence / information:

Within NI, the Census 2021<sup>4</sup> shows the following breakdown of ethnic groups:

White	96.55%
Irish Traveller	0.14%
Roma	0.08%
Indian	0.52%
Chinese	0.50%
Filipino	0.23%
Pakistani	0.08%
Arab	0.10%
Other Asian	0.28%
Black African	0.42%
Black other	0.16%
Mixed	0.76%
Other ethnicities	0.19%

Data indicating the ethnicity of people with neurological conditions in Northern Ireland is not available. However, research conducted by the European Academy of Neurology states that neurological health disparities may be present because of racial/ethnic discrimination or implicit bias. A recent study highlights the presence of inequities for the differential diagnosis of Multiple Sclerosis across Northern America, Northern Europe and Australasia<sup>5</sup>. In addition, in individuals living with epilepsy, a recent study has highlighted that limited access to care and language barriers might often lead to poorer health outcomes due to wider social determinants of health<sup>6</sup>. It is suggested that targeted research could help better comprehend the prevalence, treatment access, and outcomes of neurological disorders in specific populations.

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<sup>4</sup> <https://www.nisra.gov.uk/statistics/2021-census/results>

<sup>5</sup> Amezcua L, Rotstein D, Shirani A, Ciccarelli O, Ontaneda D, Magyari M, Rivera V, Kimbrough D, Dobson R, Taylor B, Williams M, Marrie RA, Banwell B, Hemmer B, Newsome SD, Cohen JA, Solomon AJ, Royal W 3rd. Differential diagnosis of suspected multiple sclerosis: considerations in people from minority ethnic and racial backgrounds in North America, northern Europe, and Australasia. *Lancet Neurol.* 2024 Oct;23(10):1050-1062. doi: 10.1016/S1474-4422(24)00288-6. PMID: 39304244.

<sup>6</sup> Kiriakopoulos ET, García Sosa R, Blank L, Johnson EL, Gutierrez C. Shining a Light: Advancing Health Equity in Overlooked Epilepsy Communities. *Epilepsy Curr.* 2024 Jun 14:15357597241258081. doi: 10.1177/15357597241258081. Epub ahead of print. PMID: 39554275; PMCID: PMC11562279.

Implementation of the proposed recommendations of the Neurology Review will improve services for all people affected by a neurological condition. It is not expected that there will be a differential impact on the grounds of race or ethnic group. Any impact of barriers such as language and the clinical characteristics of people from minority ethnic or racial backgrounds should be considered during the implementation of the proposed recommendations of the Neurology Review.

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### **Age** evidence / information:

The latest NISRA mid-year population estimates<sup>7</sup> reported that:

- The population of people aged 65 and over is projected to increase across the UK with Northern Ireland projected as having the largest increase in the pension age population with a 39.1% increase from 2020 to 2045.
- The proportion of the population aged 65 or more has increased from 13.0 per cent in mid-1997 to 17.6 per cent in mid-2022;
- In contrast, the proportion of the population aged 0 to 15 years has decreased from 24.7 per cent in mid-1997 to 20.4 per cent in mid-2022.
- In the year mid-2021 to mid-2022, the population aged 65 and over increased by 1.9 per cent (from 329,200 to 335,400), representing 17.6 per cent of the population.
- In the year ending mid-2022, the number of children increased by 1,300 people (from 388,200 to 389,400), representing 20.4 per cent of the population.

Many neurological conditions are associated with ageing people and so it is anticipated that an ageing population will present increased prevalence. Data shows that the prevalence of Parkinson's Disease increases with age with rates almost doubling every five-year interval between 50-69 years<sup>8</sup>. Motor neurone disease is also most common in people aged between 50-70 years<sup>9</sup>. Research suggests that NI has the highest prevalence of epilepsy in the UK, with research also suggesting that epilepsy is increasingly becoming a condition of the elderly; in 25%

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<sup>7</sup> [Statistical Bulletin - 2022 Mid-year Population Estimates for Northern Ireland \(nisra.gov.uk\)](#)

<sup>8</sup> [Prevalence | Background information | Parkinson's disease | CKS | NICE](#)

<sup>9</sup> [Motor Neurone Disease \(MND\) | Fact Sheet | Health Information | Brain & Spine Foundation](#)



of cases the age of onset is over 65<sup>10</sup>. In contrast, around 70% of people with MS develop the disease between the ages of 20 and 40 years<sup>11</sup>. Analysis undertaken as part of the Regional Review of Neurology Services indicates that the average age of patients on a neurology waiting list in Northern Ireland is 48 and the median is 50.

It is expected that the implementation of the proposed recommendations set out in the final report of the Neurology Review will have a positive differential impact on this particular group.

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### **Marital Status** evidence / information:

The Northern Ireland Census 2021<sup>12</sup> provides information on marital status. It showed that almost half (46%) of people aged 16 years and over were married, and over a third (38%) were single. Just over 2,700 people (0.2%) were in registered same-sex civil partnership. A further 10% per cent of usual residents were either separated, divorced or formerly in a same-sex civil partnership, while the remaining 6% were either widowed or a surviving partner.

There is no qualitative or quantitative evidence available in relation to the marital status of people affected by a neurological condition.

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### **Sexual Orientation** evidence / information:

The 2012 Life and Times Survey<sup>13</sup> interviewed 1204 adults to establish their sexual orientation. 98% of respondents identified themselves as Heterosexual/Straight, 1% as Gay/Lesbian, and 1% provided No answer/Refusal. Figures published by the Office of National Statistics in 2010 recorded that 0.9% of the UK population identified themselves as gay or lesbian, while a further 0.5% identified themselves as bisexual (Measuring Sexual Identity: An Evaluation Report). It is likely that the true figures are significantly higher.

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<sup>10</sup> [The incidence and prevalence of epilepsy in the United Kingdom 2013–2018: A retrospective cohort study of UK primary care data \(seizure-journal.com\)](#)

<sup>11</sup> [Multiple sclerosis \(MS\) | nidirect](#)

<sup>12</sup> <https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-age-and-sex>

<sup>13</sup> <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results>

The Northern Ireland Census 2021<sup>14</sup> reported that 2.09% of the population identify as lesbian, gay, bisexual or other sexual orientation.

There is no qualitative or quantitative evidence available in relation to the sexual orientation of people affected by neurological condition.

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### **Gender (Men & Women generally) evidence / information:**

The Northern Ireland Census 2021<sup>15</sup> reported that the total population of Northern Ireland is approximately 1,903,100 individuals. Of this population, 966,500 are female (50.8%), and 936,600 are male (49.2%)

There is no specific evidence regarding the prevalence of particular neurological conditions by gender in NI. Wider evidence from recent studies does suggest however that some neurological conditions are more prevalent depending on gender. For example, Multiple Sclerosis is evidenced to be more common in females than males with a ratio of 3:1<sup>16</sup> while the risk of developing Parkinson's Disease is evidenced to be 1.5 times greater in men than in women<sup>17</sup>. In addition, motor neurone disease is also evidenced to be more common in men than women<sup>18</sup>, while the overall prevalence of epilepsy shows only a slight gender difference which varies with the epilepsy syndrome<sup>19</sup>.

Implementation of the proposed recommendations of the Neurology Review will improve services for all people affected by a neurological condition. It is not expected that there will be a differential impact on the grounds of gender.

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### **Disability evidence / information:**

The Northern Ireland Census 2021<sup>20</sup> data indicates that one person in four (24.3% or 463,000 people) had a limiting long-term health problem or disability, 40% of which were aged 65 or more (185,300 people).

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<sup>14</sup> <https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-age-and-sex>

<sup>15</sup> <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results>

<sup>16</sup> [Sex and Gender Differences in Neurodegenerative Diseases: Challenges for Therapeutic Opportunities - PMC](#)

<sup>17</sup> [Prevalence | Background information | Parkinson's disease | CKS | NICE](#)

<sup>18</sup> [Motor Neurone Disease \(MND\) | Fact Sheet | Health Information | Brain & Spine Foundation](#)

<sup>19</sup> [Sex differences in human epilepsy - ScienceDirect](#)

<sup>20</sup> <https://www.nisra.gov.uk/publications/census-2021-main-statistics-health-disability-and-unpaid-care-tables>

The number of people with a limiting long-term health problem or disability increased from the 2011 to 2021 Census. The increase, from 374,600 people in 2011 to 463,000 people in 2021 (an increase of 23.6%), is understood to be driven partly by our ageing population.

All Local Government Districts in Northern Ireland had a rise in the number and percentage of people with a limiting long-term health problem or disability in the decade to 2021. The increase was highest in Antrim & Newtownabbey at 32.0% and lowest in Belfast at 17.6%.

Neurological disorders encompass a wide range of conditions that affect the brain, spinal cord and peripheral nerves. These disorders can impact motor skills, cognition, emotions and autonomic functions, leading to varying degrees of disability and impairment<sup>21</sup>. The World Health Organisation has documented that neurological conditions are now the leading cause of illness and disability worldwide. The overall amount of disability, illness and premature death caused by neurological conditions has increased by 18% since 1990<sup>22</sup>. While there is no data regarding the number of people with disabilities in NI that are also affected by a neurological condition, evidence does suggest that round 20% of people with epilepsy also have a learning disability<sup>23</sup>.

It is expected that the implementation of the proposed recommendations set out in the final report of the Neurology Review will have a positive differential impact on this particular group.

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## **Dependants** evidence / information:

Data on the caring responsibilities of people with a neurological condition is not routinely collected however the 2021 census in Northern Ireland found that there are approximately 222,000 unpaid carers in Northern Ireland<sup>24</sup>. In addition, around 69,000 of those carers are providing 50 or more hours of care per week. This number has increased from 56,300 people in 2011. Approximately 16% of households in Northern Ireland contain dependants under the age of 18.

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<sup>21</sup> <https://www.alliedacademies.org/articles/neurological-disorders-understanding-the-impact-on-the-brain-and-nervous-system.pdf>

<sup>22</sup> [Over 1 in 3 people affected by neurological conditions, the leading cause of illness and disability worldwide](#)

<sup>23</sup> [Learning disabilities | Epilepsy Society](#)

<sup>24</sup> [Census 2021 main statistics health, disability and unpaid care tables | Northern Ireland Statistics and Research Agency](#)

According to the Health Survey NI 2021/22<sup>25</sup>, 17% of respondents looked after another person who is sick, disabled or elderly for an hour or more each week (up from 14% in 2018/19). 41% who provide care do so for more than 35 hours per week.

There is no qualitative or quantitative evidence available in relation to people living with a neurological condition who have dependants. However, it is expected that the implementation of the proposed recommendations of the Neurology Review will generate improvements to the coordination of care for people affected by a neurological condition and therefore will also positively impact on carers also.

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## **1.6 Needs, experiences and priorities**

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

### **Religious belief:**

There is no evidence to indicate that people with a neurological condition of different religions will have any differential needs, experiences, priorities or issues in relation to the recommendations proposed in the final report of the Neurology Review.

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### **Political Opinion**

There is no evidence to indicate that people with a neurological condition who have different political opinions will have any differential needs, experiences, priorities or issues in relation to the recommendations proposed in the final report of the Neurology Review.

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### **Racial Group**

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<sup>25</sup> [Health Survey Northern Ireland First Results 2021/22](#)

There is no evidence regarding people in NI from particular ethnic backgrounds who are also affected by a neurological condition. Some wider evidence suggests that neurological health disparities may be present because of racial/ethnic discrimination or implicit bias and that language barriers may impact on access to care. It is suggested that targeted research could help better comprehend the prevalence, treatment access, and outcomes of neurological disorders in specific populations.

The recommendations proposed in the final report of the Neurology Review to establish a person-centred service will ensure that consideration of the individual needs of all people with a neurological condition including those from ethnic minority groups will be central to their care. In addition, it is recommended that condition-specific pathways for the most common conditions should be established as a priority commitment. This will ensure that all people with a neurological condition can identify the care and support they should expect to receive in line with their condition. Any impact of barriers such as language and the clinical characteristics of people from minority ethnic or racial backgrounds should be considered as part of that person-centred approach.

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## **Age**

Evidence suggests that some neurological conditions are more prevalent in an aging population, in particular Parkinson's Disease, MND and Epilepsy. Analysis undertaken by the Neurology Review has considered the impact of demographic change on the anticipated increase in prevalence of those conditions.

Significant growth in the consultant, nursing, allied health professional (AHP) and psychology workforce is recommended in addition to the development of a broader skill mix to ensure that care is provided by the right person in a timely manner. In addition, innovative approaches to referral management and the development and growth of advanced practice roles within the primary care, nursing and AHP workforce will ensure that care and support is delivered in the most appropriate setting. The introduction of specialist clinics in each Trust area for common conditions is also recommended to improve access to specialist care, these clinics should have formal multi-disciplinary links with colleagues in old-age psychiatry and care of the elderly services.

As many neurological conditions are associated with older people, it is anticipated that the implementation of the recommendations proposed in the final report of the Review will have a positive impact on this particular group.

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### **Marital status**

There is no evidence to indicate that people with a neurological condition who have a different marital status will have any differential needs, experiences, priorities or issues in relation to the recommendations proposed in the final report of the Neurology Review.

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### **Sexual orientation**

There is no evidence to indicate that people with a neurological condition who have a different sexual orientation will have any differential needs, experiences, priorities or issues in relation to the recommendations proposed in the final report of the Neurology Review.

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### **Men and Women Generally**

There is no NI specific evidence regarding the prevalence of neurological conditions based on gender. However, analysis undertaken as part of the Neurology Review indicates that 58% of people on a neurology waiting list in NI are female.

Wider evidence does suggest that some neurological conditions are more prevalent based on gender and in that context will impact on men and women differently. Implementation of the recommendations will underpin the development of a high quality, responsive and patient centred neurology service; drive equity in access to services across NI; reduce waiting lists and provide timely access to diagnosis and treatment.

In this context, regardless of the gender-specific prevalence of some neurological conditions, it is envisaged that implementation of the proposed recommendations set out in the final report of the Neurology Review will generate improvements for men and women equally.

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## **Disability**

Some people with neurological conditions are also likely to be impacted by physical and/or learning disabilities. These individuals may have particular needs in relation to the way neurology services are organised, including:

- Information and communication support needs;
- Specific transport needs; and
- Specific needs relating to the continuity of care, minimising the number of moves and changes in both the location and teams providing care.

The proposed recommendations set out in the final report of the Review are intended to deliver a future neurology service that is focused on person-centred care. This will include the introduction of the House of Care Model currently used in NHS England which puts the patient at the centre of their care and provides the framework for local teams to design the way they work using care support and planning. The Review also recommends the identification of a designated point of contact for all patients with a long term or complex neurological condition. This will ensure that individual needs are assessed and identified; and ensure a coordinated approach for people who require access to care from multiple professions during the lifetime of their condition.

As many people affected by a neurological conditions are also affected by disabilities, it is anticipated that the implementation of the recommendations proposed in the final report of the review will have a positive impact on this particular group.

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## **Dependants**

There is no evidence to indicate that people with a neurological condition who have dependents will have any differential needs, experiences, priorities or issues in relation to the recommendations proposed in the final report of the Neurology Review.

Implementation of the proposed recommendations of the Neurology Review are expected to drive improvements in the overall coordination

of care; access to services; and support for the management of people with a neurological condition. In particular, the focus on person centred care; access to a designated point of contact; greater support for the management of people in primary care; and the development and growth of extended roles within the neurology workforce will help to ensure more efficient care coordination. In the context of these improvements it is expected that the carers of people who are affected by a neurological condition will also benefit from the way future services are intended to be delivered.



## Part 2. Screening questions

**2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none**

### **Details of the likely policy impacts on Religious belief:**

What is the level of impact? Minor / Major /  None

### **Details of the likely policy impacts on Political Opinion:**

What is the level of impact? Minor / Major /  None

### **Details of the likely policy impacts on Racial Group:**

What is the level of impact? Minor / Major /  None

### **Details of the likely policy impacts on Age:**

A minor positive impact is expected as evidence indicates that some neurological conditions are more prevalent in the older population. In this context improvements to services are likely to positively impact on this demographic in particular.

What is the level of impact?  Minor / Major / None

### **Details of the likely policy impacts on Marital Status:**

What is the level of impact? Minor / Major /  None

### **Details of the likely policy impacts on Sexual Orientation:**

What is the level of impact? Minor / Major /  None

### **Details of the likely policy impacts on Men and Women:**

What is the level of impact? Minor / Major /  None

**Details of the likely policy impacts on Disability:**

A Minor positive impact is expected as evidence suggests that many people with a neurological condition are also likely to be affected by either a physical or learning disability. In this context implementation of the recommendations to drive improvements to neurology services will positively impact the outcomes of those people who acquire a disability as a result of their condition due to faster access to diagnosis and treatment and coordinated management of their condition.

What is the level of impact? Minor / Major / None

**Details of the likely policy impacts on Dependants:**

What is the level of impact? Minor / Major / None

**2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?**

Yes/No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

**Religious Belief** – If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all irrespective of religious belief.

**Political Opinion** - If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all irrespective of religious belief.

**Racial Group** - If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all irrespective of ethnicity.

**Age** – If Yes, provide details:

If No, provide reasons:

Yes. Evidence indicates that some neurological conditions are more likely to occur in older people. In this context, improvements in future services will likely provide a positive impact on this group by delivering equality in access to neurological services compared to current services.

**Marital Status** - If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all irrespective of marital belief.

**Sexual Orientation** - If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all, irrespective of sexual orientation.

**Men and Women generally** - If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all, irrespective of religious belief.

**Disability** - If Yes, provide details:

If No, provide reasons:

Yes. Evidence suggests that many people with a neurological condition are also affected by a disability as a result of that condition. In that context improvements in services will likely positively impact on this group due to improved access to timely diagnosis, and treatment in the management of their condition.

**Dependants** – If Yes, provide details:

If No, provide reasons:

No. Improvements in services will apply to all, irrespective of those with or without dependents.

### **2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?**

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

#### **Details of the likely policy impacts on Religious belief:**

What is the level of impact? Minor / Major / None

#### **Details of the likely policy impacts on Political Opinion:**

What is the level of impact? Minor / Major / None

#### **Details of the likely policy impacts on Racial Group:**

What is the level of impact? Minor / Major / None

### **2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

**Religious Belief** - If Yes, provide details:

If No, provide reasons:

No. Implementation of the proposed recommendations set out in the final report of the Neurology Review will deliver improvements to neurology services which will positively impact on all people with a neurological condition.

**Political Opinion** - If Yes, provide details:

If No, provide reasons:

No. Implementation of the proposed recommendations set out in the final report of the Neurology Review will deliver improvements to neurology services which will positively impact on all people with a neurological condition.

**Racial Group** - If Yes, provide details:

If No, provide reasons:

No. Implementation of the proposed recommendations set out in the final report of the Neurology Review will deliver improvements to neurology services which will positively impact on all people with a neurological condition.

## **2.5 Additional considerations**

### **Multiple identity**

Generally speaking, people can fall into more than one Section 75 category. **Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?**

*(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

**Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.**

Evidence suggests that some neurological conditions are more prevalent in the older population, in addition that many people with a neurological condition are also affected by a disability. Also, some conditions are more prevalent depending on gender. In this context, the implementation of the proposed recommendations set out in the final report of the Neurology Review are expected to positively impact on people with multiple identities within these categories.

**2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.**

Pre-engagement with service users and wider stakeholders indicated broad support for the proposed recommendations. Some of the feedback received indicated that the report could better highlight the stark issues currently faced by service users and how the recommendations will address those issues. As a result, the report was updated and strengthened in several areas.

## **Part 3. Screening decision**

### **3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?**

Minor impact (positive)

Implementation of the proposed recommendations set out in the final report of the Neurology Review are expected to have a positive impact on individuals living with a neurological condition as well as those waiting to be diagnosed. The improvements to services that the recommendations are intended to deliver will ensure that all people with a neurological condition will have equitable and timely access to services in comparison to current services.

### **3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?**

No – Screened out

### **3.3 Please explain your reason.**

It is envisaged that implementation of the proposed recommendations set out in the final report of the Neurology Review will deliver improvements to neurology services for all people with a neurological condition.

The impact screening exercise has not identified any negative impact for any of the Section 75 categories. Minor positive impacts were identified in relation to age and disability.

It is therefore determined that an EQIA is not required at this stage. This position may be reconsidered at a later date during the implementation of the proposed recommendations.

### **3.4 Mitigation**

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality

impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

**Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?**

No

**If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.**

The recommendations proposed in the final report of the Review will support an environment that will allow equality of opportunity to access neurology services. To alter the policy would likely lessen the effectiveness of this. With no negative impacts being identified mitigation has not been necessary.

### **3.5 Timetabling and prioritising**

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been ‘**screened in**’ for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

**On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.**

Effect on equality of opportunity and good relations – **Rating** \_\_\_\_ (1-3)

Social need – **Rating** \_\_\_\_ (1-3)

Effect on people’s daily lives – **Rating** \_\_\_\_ (1-3)

Relevance to a public authority’s functions – **Rating** \_\_\_\_ (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the



Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

**Is the policy affected by timetables established by other relevant public authorities?**

**If yes, please provide details.**

No

## **Part 4. Monitoring**

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

### **4.1 Please detail how you will monitor the effect of the policy / decision?**

The final report of the Regional Review of Neurology Services will be subject to public consultation. This will include face to face events and an online questionnaire. The feedback provided will be assessed by the Department and will also inform the implementation process. Equality considerations will also be revisited during the implementation of the proposed recommendations.

It is intended that a Neurology Delivery Team (NDT) will be set up to oversee and monitor the implementation of the recommendations of the Review.

### **4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?**

It is intended that the NDT will be tasked with the identification of key performance indicators to support the monitoring of improvements in services. The NDT will also be tasked with developing mechanisms to ensure stakeholder engagement and user involvement. This will ensure both qualitative and quantitative data going forward.

***Please note:*** - *For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.*

## **Part 5. Disability Duties**

### **5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?**

Yes

As set out above, many people impacted by a neurological condition will also be impacted by a disability. Implementation of the proposed recommendations set out in the final report of the Neurology Review are expected to drive improvements in terms of access to services; timely diagnosis; and improved support and management of people with a neurological condition. In this context, people with disabilities may be better supported to participate more in public life due to improvements in their care.

Individuals who acquire a disability as a result of their condition may experience better outcomes resulting in more positive attitudes and opportunities to participate in public life.

### **5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?**

No

## Part 6. Human Rights

### 6.1 Does the policy / decision affects anyone's Human Rights?

#### Details of the likely policy impacts on Article 2 – Right to life:

What is the impact?  Positive / Negative / Neutral (circle as appropriate)

Some neurological conditions can significantly affect life expectancy. Implementation of the proposed recommendations set out in the final report of the Neurology Review are intended to improve access to timely diagnosis, treatment and support for people with neurological conditions. This will be achieved through significant growth in the workforce; the introduction of innovative approaches to service delivery; the development of new and extended roles within the workforce; the implementation of local teams to support condition management; and equitable access to neurology opinion in acute settings when needed. These improvements are expected to positively impact upon individual health and therefore life expectancy.

#### Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment:

What is the impact? Positive / Negative /  Neutral (circle as appropriate)

#### Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour:

What is the impact? Positive / Negative /  Neutral (circle as appropriate)  
Neutral

#### Details of the likely policy impacts on Article 5 – Right to liberty & security of person:

What is the impact? Positive / Negative /  Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 10 – Right to freedom of expression:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)  
Neutral

**Details of the likely policy impacts on Article 12 – Right to marry & found a family:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

Some evidence suggests that neurological health disparities and inequalities in diagnosis may be present because of racial/ethnic discrimination or implicit bias. Implementation of the proposed recommendations of the Neurology Review are intended to improve equity of access to diagnosis, treatment and ongoing care and support for all people with a neurological condition. These improvements are expected to positively impact upon all people with a neurological condition, including those within different racial or ethnic minority groups.

**Details of the likely policy impacts on 1<sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on 1<sup>st</sup> protocol Article 2 – Right of access to education:**

What is the impact? Positive / Negative / Neutral (circle as appropriate)

**6.2 If you have identified a likely negative impact who is affected and how?**

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

Not applicable– identified positive impact on Article 2.

**6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.**

Not applicable

## Part 7 - Approval and authorisation

<b>Screened by:</b>	<b>Position/Job Title</b>	<b>Date</b>
Andrew Miller	Staff Officer	21/03/25
<b>Approved by:</b>		
Dean Looney	Grade 7	09/04/25
<b>Copied to EHRU:</b>		

*The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.*



## ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

**(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)**

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

Officials have directly engaged with people with neurological conditions through the Patient Client Council Neurology Engagement Platform. The Northern Ireland Neurological Charities Alliance (niNCA) represented people with neurological conditions through membership of the Neurology Team from the outset of the Review.

2. In developing this policy / decision were any changes made as a result of equality issues raised during:
  - (a) pre-consultation / engagement;
  - (b) formal consultation;
  - (c) the screening process; and/or
  - (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

Feedback received through pre-engagement events with service users and key stakeholders indicated that the report could better highlight the stark issues currently faced by service users and how the recommendations will address those issues. As a result, the report was updated and strengthened in several areas.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

This policy is designed to improve neurology service provision across all Trusts to ensure that future neurology services are equitable, person centred, joined-up, responsive, evidence-based and suitably resourced to meet the needs of people with neurological conditions in NI.

Access to information in accessible formats for neurology services will be considered at implementation stage of the proposed recommendations of the Review.

**Thank you for your co-operation.**  
Equality and Human Rights Unit.