



UK Neuro Forum: meeting 2 to 10 September 2025

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Contents

Attendees.....	1
Meeting minutes summary.....	2

Attendees

- chair from the Scottish Government
- representatives from:
 - Department of Health and Social Care (DHSC)
 - NHS England
 - devolved governments (policy and clinical leads)
 - Neurological Alliances of all 4 UK nations
- guest speaker with lived experience of cross-border care
- guest speaker from World Health Organization (WHO)

Meeting minutes summary

1. Updates (added post-meeting)

England

On 3 July 2025, DHSC published the [10 Year Health Plan for England](#).

On 22 July 2025, DHSC published the [myalgic encephalomyelitis/chronic fatigue syndrome \(ME/CFS\) final delivery plan](#).

On 13 August 2025, the NHS England [adult neurology service specification](#) was published.

On 26 September, DHSC announced a [call for evidence to seek views to inform the development of the 10 Year Workforce Plan](#).

2. Welcome and introductions

The chair opened the forum and reflected on the inaugural meeting, including sharing Minister Ashley Dalton's reflections from that meeting.

3. UK Neuro Forum Workplan 2025 to 2027

DHSC shared the proposed workplan for 2025 to 2027, developed by Neurological Alliance in agreement with DHSC and NHS England. DHSC set out the context of the forum, including its aim to drive real progress in areas where UK-wide collaboration is most impactful, drive person-centred care and "address unwarranted variation in access to care across the country".

Areas were identified for initial focus, including:

- cross-border care within the UK
- emerging and disruptive innovation and therapies
- workforce challenges and opportunities
- WHO's intersectoral global action plan (IGAP)

Regarding cross-border care, the goal is to improve equitable access to highly specialised and cross-border services, given challenges with inconsistent funding and fragmented commissioning models which hinder access to superspecialist and cross-border services.

The second area identified is workforce, with the goal to develop a UK-wide position on addressing data gaps in the neurological workforce. Workforce gaps are a universal barrier across all nations, yet national data is inconsistent and incomplete.

The third area identified was emerging and 'disruptive' innovation and therapies, with the goal to support equitable access to transformative therapies and digital innovations. Innovation in neurology care is advancing rapidly, but health systems across the UK are struggling to adopt them equitably due to barriers in commissioning, workforce capacity, and infrastructure.

The fourth and final area identified was WHO's IGAP, with the goal to contribute to WHO's global targets for neurological conditions. IGAP provides a shared international framework for change.

DHSC outlined the ongoing forum activity which includes 2 forum meetings per year (March and September), rotating chairs and virtual hosting across nations, transparency such as publishing minutes, terms of reference, and outputs as appropriate, as well as embedding involvement in all workstreams and continuing to seek funding opportunities.

It was subsequently noted that, with colleagues in Northern Ireland having completed a neurology review, the implementation of that review will be their focus going forward.

4. Cross-border care deep dive

The Neurological Alliance introduced a guest speaker to discuss their experience of cross-border care and the experience of travelling long distances frequently to access specialist care.

The speaker shared their experience of being diagnosed with a form of motor neurone disease and the delay in receiving test results to qualify for a new specialised treatment, tofersen. The treatment is currently only available at a limited number of centres in England. The speaker explained that they make the 4-hour journey from South Wales to Sheffield to receive treatment and have to make this a 2-day trip with overnight stay at a hotel near the hospital. Although grateful to be receiving the treatment, the speaker highlighted problems faced such as:

- delays in results and access to treatment
- time and cost of travel
- practical issues such as transporting a wheelchair, walker and medications
- issues with identifying a hotel with accessible facilities

Neurological Alliances across the UK held a workshop with member organisations where they highlighted cross-border care challenges such as impact of travel times, distances and a lack of transport links, cost of travelling, impact on family and friends, lacking communication between services, importance of self-advocacy and workforce challenges.

The forum will form a smaller working group to explore and develop potential solutions to the issues raised.

5. Workforce deep dive

As part of the 10 Year Health Plan (10YHP) for England: fit for the future, DHSC conducted the biggest ever public and staff engagement exercise on the future of the NHS. The 10 Year Workforce Plan will build on the 10YHP to set out how DHSC will deliver a new workforce model in England, with staff who are aligned with the future direction of reform and have real hope for the future.

We acknowledge that workforce issues also affect those with neurological conditions and the services accessed by these patients. We will continue to engage with the 10 Year Workforce Plan team on the issues that neurological services face. This mainly concerns the NHS workforce. There is also ongoing work on the social care workforce, including the review led by Baroness Casey.

To deliver on this workforce plan, providers will increasingly recruit from local communities and support people who are unemployed or economically inactive to take up appropriate roles. Boosting local recruitment will allow the NHS to fulfil its potential as a vehicle for real social change so that our workforce better represents the communities we serve. This will also make sure patients have better access to care locally.

Building a workforce fit for the future means working with employers and education providers to ensure education and training curricula deliver the right skills for trainees so that they leave formal training ready to work in a modern healthcare system. Alongside a culture of lifelong learning, we will supply the tools to future-proof the NHS workforce.

The plan takes a more holistic approach. Instead of asking 'how many staff do we need to maintain our current care model over the next 10 years?', we are asking 'given our reform plan, and our commitment to a sustainable NHS, what workforce do we need, what should they do, where should they be deployed and what skills do they need to deliver better care for patients and citizens?'

Both the 10YHP and the workforce plan can support the delivery of services for neurological conditions. A reinvented healthcare model will support the 3 shifts outlined in the 10YHP:

- hospital to community
- analogue to digital
- sickness to prevention

There are a lot of discussions currently about neighbourhood health which is going to be a big part of the future in England. Neighbourhood health will deliver holistic, joined up multidisciplinary care at a neighbourhood level.

To keep people out of hospital, the workforce plan will build on the 10YHP and will be a key part of its implementation. We will continue to work with partners right across the healthcare system, including working with the healthcare professionals. This will help us answer questions such as:

- how many we need of each profession
- what are the skills they should have
- where and how they will work and train

The development and implementation of new staff standards will make sure staff can stay healthy, work flexibly and feel safe at work. Our NHS staff have waited too long for us to get the basics right, and these standards will be the foundation of a new culture of respect where people have the conditions to thrive and are supported to deliver better quality care. Better treatment of staff will help them become more motivated, driven by having better training and therefore more scope to progress their careers within our healthcare system in England.

It is important that the neurological community, including those attending these Neuro Forum meetings (particularly those in England) contribute and influence the implementation of the 10YHP and the new workforce plan by getting involved with engagement and, for example, joining related meetings. This will help make the case for increased support for neurology, explaining differences between neurological conditions and other specialised conditions, to help find solutions that can directly benefit neurology.

Questions to explore further include the potential of pushing for modern service frameworks for one or more neurological conditions, especially as WHO states that neurological conditions are a global public health priority. Additionally, it should be explored what the effects of modern service frameworks will be on the workforce and, more specifically, the neurological conditions workforce. We understand so far that it will be comprehensive.

To support the 10 Year Workforce Plan, the UK government is now seeking evidence which contributes towards an understanding of the professions, roles and skills, including those included and emphasised in training curricula, that will be critical to successfully implement the 3 shifts. This also includes building our understanding of how specific professions, roles and skills may be impacted by the implementation of the 3 shifts and the wider policy ambitions of the 10YHP, while maintaining quality care for patients, as well as how the 10 Year Workforce Plan can support the government's growth and opportunity missions.

While the workforce plan is very top level, it is important to highlight to the relevant team that there needs to be an appropriate number of specialists to deliver specialised treatments that neurological conditions require. For example, it is possible that barriers to entry could be preventing an enhancement of the workforce in this area. Sharing these ideas with the relevant team could be useful in providing context for the challenges faced and therefore could help lead to innovative solutions where those in training can also more easily pursue specialist training.

6. WHO intersectoral global action plan (IGAP) on epilepsy and other neurological disorders

WHO gave a presentation outlining the work being undertaken as part of IGAP and the key strategic objectives and priorities of IGAP. IGAP has 10 global targets which WHO is aiming to reach by 2031. WHO commented that the focus of the Neuro Forum and the topics that had been discussed in the forum align closely with the objectives of IGAP.

WHO explained that it has produced an implementation toolkit which sets out the steps that policymakers can take to implement IGAP and its strategic objectives. WHO gave some examples of the work it is doing with individual countries to identify current gaps in care provision and support with the implementation of IGAP.

WHO described how it ran a survey of its member states, collecting baseline data for each country. WHO is using this data to:

- monitor how countries are progressing towards achieving the IGAP targets
- help tailor priority actions for individual countries
- work with individual countries on any specific challenges identified

WHO will also be publishing a report outlining the key findings from the baseline data along with recommendations of actions that need to be taken globally.

WHO noted that the response rate to its survey was just over 50%. Members were keen to understand how this response rate compared to other WHO initiatives and whether it was reflective of generally lower awareness of neurological conditions. WHO described that it was collecting data for the Mental Health Atlas and the Global Dementia Observatory at the same time as IGAP, which may have impacted on response rates.

Members commented on data WHO presented, which highlighted the significant burden of neurological conditions globally, with neurological conditions being the leading cause of disability adjusted life-years (DALYs) globally. Members discussed why neurological conditions do not seem to get the same prominence as other conditions, given the clear evidence of their disease burden, and what might be underpinning this. Members commented that this might be a result of the complexity and large heterogeneity of neurological conditions. There tends to be a focus on individual neurological conditions and an emphasis on the differences between the conditions. This is in contrast to cancer, where there is a clearer articulation of the commonality of having cancer.

Members asked WHO whether it was planning on redoing the IGAP survey before 2031. WHO confirmed that it will collect data again at the midpoint of the IGAP lifecycle (2027) and then at the endpoint in 2031, so will have 3 sets of data in total. Members agreed that the Neuro Forum should collaborate and work together to formulate the UK's response to the midpoint survey.