



UK Neuro Forum: meeting 3 - 18 March 2026

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Attendees

- chair from the Department for Health and Social Care (DHSC)
- representatives from:
 - DHSC
 - Welsh Government
 - Scottish Government
 - Northern Ireland Government
 - NHS England
 - NHS Wales
 - Neurological Alliance

- Wales Neurological Alliance
- Neurological Alliance of Scotland
- Northern Ireland Neurological Charities Alliance
- Association of British Neurologists
- British Paediatric Neurology Association
- Joint Neuroscience Council
- Society of British Neurosurgeons
- guest speaker from Dementia and Neurological Policy Research Unit, Exeter

Meeting minutes summary

Welcome and introductions

The chair opened the meeting and reflected on the previous meeting of the Neuro Forum, including addressing challenges that have arisen since September 2025.

Expectations of the UK Neuro Forum

DHSC shared a summary of a paper produced in response to the previous Neuro Forum meeting in September 2025. The paper detailed the purpose of the Neuro Forum, in addition to the expected roles of attendees.

The paper set out that the Neuro Forum is not intended to be commitments to policy changes or delivery, but that it is more than a ‘talking shop’. The forum is intended to be an opportunity to share learning across the 4 nations and provide insight into shared challenges and solutions. Actions decided on in the forum are not endorsed for implementation at national level, but recommendations can be considered within the policy context of each nation’s health and care system, including existing strategic and policy priorities, ministerial interests, delivery and funding arrangements.

Topics explored and discussed in the forum could be used to help inform policy thinking. The aim of the Neuro Forum is to:

- highlight shared issues
- encourage working across borders

- discuss how to improve outcomes for patients with neurological conditions

All participants agreed with the above.

National audit of neurology services

NHS England presented work being carried out by the Association of British Neurologists (ABN) on developing a national audit of neurology services. Existing national clinical audits are run through NHS England and the Health Care Quality Improvement Partnership, some of which touch on neurological conditions, such as the National Audit of Dementia and the Sentinel Stroke National Audit Programme. Neurology is the only major area of medicine that does not have a national audit programme.

Work is underway to make the case to develop the structure for developing a national audit. The audit would aim to:

- reduce variation within and between nations in terms of access and waiting times for services
- fill the critical data gap on neurology workforce

National audits are commissioned initially through NHS England and via the Healthcare Quality Improvement Partnership, which works directly with the Welsh, Scottish and Northern Ireland governments. They include a number of components, including registries and outcome review programmes, in addition to the formal audit.

Providing data on neurological workforce will allow providers to compare their services against a national benchmark, which enables continuous improvement to services.

Proposal: year 1 - a small number of sites in England, Scotland, Wales and Northern Ireland, probably less than 10, focusing initially on large tertiary units. Data collection questions will be refined over the year, to be delivered by early 2027.

A previous national neurology dashboard collected data in England. Wales is currently developing a similar dashboard. The data is activity data, not outcomes data, aside from limited mortality data, and patient experience is not recorded at national levels. There is a lack of coding of outpatient activity, which limits awareness of outpatients with diseases such as Parkinson's or epilepsy.

Data collection differs between nations and is overly reliant on the voluntary sector, such as the national patient experience survey run by the Neurological Society.

Stages for an audit are to determine if it is feasible, given the extent of conditions covered by 'neurology'. The goal is to create a feasible, scalable pilot, to provide consistent, comparable data to make a case for an NHS-funded national audit.

Data collection will involve developing a minimum data set where there are clear quality improvement opportunities, or core data to allow for interpretation of activity to avoid overburdening already stretched services. This will help develop a national benchmark.

Future focus will include those who are not seen by a neurologist, such as patients with Parkinson's who are seen by a geriatrician.

Current key partners include the Association of British Neurologists, NHS England, Neurological Alliance, the MS Society and clinicians from all 4 UK nations.

Scottish Government representatives offered to engage further on this work, noting that other similar audits carried out in Scotland have been very labour intensive. NHS England offered to set up a follow-up discussion and include a named clinical lead for Scotland.

It was noted that data collection for outpatients can be informed by improved coding. Currently, there is an issue with inconsistent systems at organisational levels.

Workforce deep dive

Neurological Alliance presented a summary of a previous meeting between the Neurological Alliance, the Wales Neurological Alliance, Northern Ireland Neurological Charities Alliance and the Scottish Neurological Alliance. The issues raised included:

- service design skill use
- data failures
- variation across the country in access to specialist expertise
- demand is outstripping workforce growth
- recruitment issues
- disproportionately long waiting times for neurology patients, particularly in Northern Ireland
- connections between the impact of workforce shortages and wider health inequalities
- workforce shortages impact the ability to delivery health strategies

- lack of knowledge of neurological conditions in primary care settings

[Work was conducted in England by the Neurological Alliance](#) to determine where the Neuro Forum could potentially play a role in addressing these issues. This could include a focus on:

- reforming healthcare structures, such as digital platforms
- training future workforce and retaining current staff
- how to spread expertise more equitably
- how to deliver ambitions of wider health strategies, including the 10 Year Health Plan (England)

Short-term planning, resulting from short-term funding cycles, means there is no succession planning and data is a barrier. A lack of, and inconsistencies in, data on allied healthcare professions is also a common problem. Work is underway by various teams to address this gap.

ABN mapped population need against the neurology workforce. Its report recommended a minimum 1.6 full time equivalent neurology consultants per 100,000 people. This is unlikely to be met by the end of the year. ABN has proposed a 5-yearly multidisciplinary workforce census, currently being piloted, to address the issue of inconsistency in data.

Issues with training in workforce can be partly attributed to 'neurophobia' or lack of exposure to neurology early in career progression. There should be protected time and budget for research training. The forum should consider how to increase exposure to neuro earlier in medical career trajectories, and how to ensure consistency across disciplines. This can be applied to primary care in particular. This may include tackling barriers to entry and progression among different communities within the workforce.

Retention is also a key issue, and there is a lack of consistent data about why staff are leaving. There is an opportunity to discuss how we can address this. This could include development of new digital systems for reporting data.

Examples of innovative workforce approaches from across England and Wales were demonstrated, including:

- a care co-ordinator pilot in south-west London and Surrey
- neuro navigator roles in Wales
- wearable tech developments in relation to Parkinson's

A common barrier to wider rollout of these approaches is resource. Lots of best practice already exists in neurology, so there should be an effort to tap into this more.

Additionally, focusing on consultants without considering nurses risks overlooking key workforce staff.

Applying innovation takes time and funding. Replicating success and scaling solutions is often also difficult.

The Scottish workforce audit has done a lot of work in terms of gathering data on different professional groups providing support for neurology, but there is a question of what the appetite is for using the data at a local level. In England, reorganisation at the local integrated care board (ICB) level could also pose a risk as a lack of national support could leave ICBs without appropriate guidance.

There are potential lessons to be learned from Parkinson's disease care, which is geriatrician centred, making use of holistic, co-ordinated care with a focus not on consultants. There may also be lessons to be learned from palliative care processes.

The World Health Organization (WHO) has produced 2 atlases of neurology. It was reported to the forum that these indicate that the median workforce in some European countries is higher than in the UK. They also set out the case for a supporting team in addition to neuroscientists.

A representative from DHSC's 10 Year Workforce Plan presented a summary of how the plan approached workforce planning. It was noted that even though workforce has increased in recent years, the quality of care has not improved, staff remain unhappy, and patient satisfaction is lower. This plan will look at staff standards, performance management and leadership, digital improvements, neighbourhood health, modern education and training, and accessibility, among other issues. This plan is not specific to neurology workforce but does consider demographics, complexity of care, and new treatments and innovation.

Questions for the forum to consider include:

- what are the disruptive, innovative approaches from outside neuro that we could model solutions after? What can be asked of the government to help support this?
- could AI be used to code diagnosis of patients?

Presentation from Dementia and Neurology Policy Research Unit

The Dementia and Neurology Policy Research Unit (DeNPRU) at the University of Exeter presented a summary of its [work as a policy research unit](#) to undertake research to inform the government and arm's length bodies that make policy decisions about health and social care in England.

DeNPRU Exeter is one of two units commissioned in January 2024 to undertake research into dementia and neurodegenerative diseases that could inform policy making in DHSC and its health system partners.

Research focuses on providing evidence to:

- underpin the design, implementation and scale-up of sustainable evidence based service models for neurological conditions
- help facilitate development and equitable delivery of cost-effective, accessible, person centred health and social care

DeNPRU engages with other research units, funded by National Institute for Health and Care Research (NIHR), voluntary sector organisations, practitioners, providers and other stakeholder representatives.

Research is primarily secondary research, but may include data analysis, modelling or evaluation, in addition to occasional primary research in the form of interviews and focus groups.

Examples of DeNPRU's work include an evidence summary to support development of a proposal for a national model of post-diagnostic support for people with dementia, and work looking at the most prominent challenges faced by people living with dementia and frailty when accessing health and care services.

While DeNPRU's remit is limited to England, engagement with devolved governments is encouraged, as its outputs can be translated to other countries. The unit, however, cannot be commissioned to carry out research by devolved nations.

The forum will look to develop a view of what might be helpful to input into the work plan for DeNPRU.

Concluding remarks and actions

The next Neuro Forum will be on 16 September 2026, and the secretariat will explore the possibility of holding this 'in person'.

Actions:

- colleagues from NHS England to pick up discussions with colleagues from the Scottish Government on the national audit of neurology services
- the secretariat will circulate the [ABN workforce report](#), alongside other documents shared and presented at this Neuro Forum, including the WHO atlas of neurological services
- DHSC colleagues will consider the potential role for artificial intelligence (AI) in terms of coding for WHO's International Classification of Diseases 11th edition (ICD-11)
- The Neurological Alliance will explore which other specialities neurology can learn from
- colleagues will consider potential research areas for DeNPRU to engage with or explore
- the secretariat will circulate a link to the [research work already completed by DeNPRU at Queen Mary University of London](#)

It was proposed that in Neuro Forum meetings going forward, each nation should be invited to discuss progress and changes in their neurological services as a standing item.