



Commissioner for Older People
for Northern Ireland

**Regional Health Services Transformation Directorate
Neurology Review – Consultation
Department of Health
Annexe 3
Castle Buildings
Stormont Estate
Belfast
BT4 3SQ**

By email: Neurology.Review@health-ni.gov.uk

10/07/25

Re: Consultation on Regional Review of Neurology Services – Final Report

Dear Sir/Madam

I am writing on behalf of the Commissioner for Older People for Northern Ireland (COPNI), Siobhan Casey, regarding the Department of Health's (DoH) Regional Review of Neurology Services. The Commissioner welcomes the Review, its recommendations and the opportunity to respond to this consultation.

Northern Ireland's population is an ageing one. By 2055, the number of older people aged 65 plus in Northern Ireland is projected to increase by over 49% when compared to 2025.¹ With the current rate of population ageing, the number of older people experiencing neurological conditions will also increase. For instance, Northern Ireland is projected to have the largest increase in the number of people with dementia across the regions of the United Kingdom.² Projected prevalence numbers of Parkinson's in the UK show an increase of over 51% between 2025 and 2055.³ Motor neurone disease (MND) is more common in older people and an ageing population "will see an increase in the prevalence of MND as people live longer lives".⁴ There is a general trend of higher prevalence of epilepsy in older age.⁵

Older people are also more likely to have more complex health needs, while generally, the number of people that experience health issues increases with age.⁶ Older people are a diverse group in that they vary not only in age – ranging from those in their 60s to those aged

¹ NISRA (2025) '[2022-based Population Projections for Northern Ireland, Tabular 5 Year Age Bands](#)'.

² Wittenberg, Hu, Barraza-Araiza and Rehill (2019) '[Projections of older people with dementia and the costs of dementia care in the United Kingdom, 2019 – 2040](#)', page 6.

³ Parkinson's UK (2017) '[The incidence and prevalence of Parkinson's in the UK](#)', page 26.

⁴ Motor Neurone Disease Association (MNDA) highlight that two thirds of people are diagnosed with the disease between the ages of 55 and 75. MNDA (2023) '[The provision of care for people living with motor neurone disease \(MND\) in Northern Ireland](#)', page 5.

⁵ Wigglesworth, Neligan, Dickson, Pullen, Yelland, Anjuman and Reuber (2023) '[The incidence and prevalence of epilepsy in the United Kingdom 2013-2018: A retrospective cohort study of UK primary care data](#)', page 41.

⁶ NISRA (2022) '[Census 2021 Main Statistics for Northern Ireland, Statistical Bulletin, Health, Disability and Unpaid Care](#)', pages 18 and 27.

over 100 – but also in characteristics such as gender, race, ethnicity, sexuality, among others. As such, older people will have a range of health needs relating to their background, characteristics and neurological conditions.

An ageing population will place enormous pressure on the resources of the health and social care sector and, in this case, on neurology services. In a recent report⁷ and in response to the Department's 2025/26 budget consultation, COPNI has warned that without proper planning for the challenges of population ageing, "older people will be the first ones to experience the consequences of reduced capacity of public services to meet the demands for health services of the population".⁸ COPNI welcomes the Department's recognition that there is "a significant shortfall in outpatient clinic capacity, challenges in terms of waiting list size, length of wait and vulnerabilities in neurology services".⁹ We also welcome the priorities and recommendations of this Review to address such challenges. COPNI agrees that older people will experience a positive impact if the recommendations are implemented fully and resourced properly.

Vision and Priority Areas

*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.*¹⁰

COPNI welcomes the vision agreed by the Review Team for Neurology. It aligns with the rights and needs of older people who are disproportionately affected by neurological conditions, as well as the often overstretched services of our health and social care sector. To support delivery of the vision, the Review Team has identified four priority areas for improvement.

Priority One: A person-centred care

COPNI strongly supports the prioritisation of person-centred care, viewing it as an essential to meet the diverse needs of older people in Northern Ireland. Older people with neurological conditions may have complex, multi-faceted needs. A patient-centred approach ensures that their care is tailored to and respects their preferences, values and lived experiences, and

⁷ Commissioner for Older People (2024) '[At the Centre of Government Planning: The Programme for Government and Preparing for an Ageing Population](#)'.

⁸ Commissioner for Older People (2025) '[COPNI Response to Draft Budget 2025-26 Equality Impact Assessment](#)', page 3.

⁹ Department of Health (2025) '[Regional Review of Neurology Services – Final Report](#)', page 8.

¹⁰ Department of Health (2025) '[Regional Review of Neurology Services – Final Report](#)', page 28.

empowers them to make decisions about their care. Promoting older people's independence and respecting their autonomy will improve their overall quality of life. By embedding this principle and the recommendations into neurology services, the system can better understand the needs of older people and deliver care that is responsive to them.

Priority Two: Developing additional workforce capacity within Neurology

COPNI agrees that “we need to significantly increase the current medical workforce to meet current and projected demand” for neurology services.¹¹ As discussed above, Northern Ireland's ageing population will place enormous pressure on the services provided by the health and social care sector, if plans to cope with the increased demand are not implemented. COPNI therefore welcomes the recommendations such as “growth of the neurology consultant workforce to 45 WTE...an additional 41 neurology nurses by 2028...an additional 38 WTE Neurology Allied Health Professionals (AHPs)...required to support multi-disciplinary working and to create additional community capacity”.¹² Doing so will address waiting lists. Prolonged waiting times can have a disproportionate impact on older people. Due to ageing processes, older people may experience a deterioration in mental and physical health. Workforce capacity has a major role to play in ensuring older people's access to timely, safe and effective care.

Priority Three: Addressing gaps in current services

COPNI welcomes the priority to ensure “that patients admitted as a neurological emergency have access to specialist assessment from a Neurologist”.¹³ Older people are particularly vulnerable to sudden neurological emergencies.¹⁴ Early access to neurological expertise is essential for improving outcomes for older people. From COPNI's perspective, the recommendation proposing “access to specialist neurology opinion” at all acute hospitals will support more accurate diagnosis, timely treatment and better coordinated care, all of which are essential to safeguarding the health, wellbeing and independence of older people.

Similarly, COPNI agrees that “we need to ensure that our neurology inpatient beds are sufficient to meet the needs of the population”.¹⁵ We welcome the recommendation to double

¹¹ Department of Health (2025) [‘Regional Review of Neurology Services – Final Report’](#), page 59.

¹² Department of Health (2025) [‘Regional Review of Neurology Services – Final Report’](#), page 65.

¹³ Department of Health (2025) [‘Regional Review of Neurology Services – Final Report’](#), page 67.

¹⁴ Such as strokes, seizures or deterioration related to conditions such as dementia or Parkinson's.

¹⁵ Department of Health (2025) [‘Regional Review of Neurology Services – Final Report’](#), page 67.

inpatient bed capacity at the Neurosciences Centre from 18 to 36.¹⁶ A lack of available beds can result in delayed admissions, prolonged emergency stays and deterioration in older people's overall health and wellbeing. An ageing population, as the Department recognises, will also increase future demand for neurology beds. Expanding bed capacity is a fundamental step in delivering safe and effective care for older people.

Priority Four: Using current resources more effectively

COPNI welcomes the “ultimate aim” to “move away from reactive strategies to those that are proactive and preventative”.¹⁷ Neurology services that adopt a proactive approach will work to create better health outcomes for older people and ensure they meet their changing needs. Timely access to assessments, community-based supports and early treatment of symptoms can enable older people to remain independent, in their own homes and communities for as long as possible. A proactive model will also reduce avoidable admissions and readmissions, which will alleviate pressure on services, especially key in the context of our ageing population. We therefore welcome the proposal to develop “strategies for best meeting the needs of patients” such as Patient Reported Outcome Measures (PROMs).¹⁸

To conclude, while COPNI welcomes the Review of Neurology Services and supports its priorities and recommendations, they need to be implemented fully. Implementation should be accompanied by clarity on the funding required to deliver these recommendations. Without adequate resourcing, the commitments made here will fall short. COPNI urges that the necessary resources are prioritised to ensure that older people living with neurological conditions receive timely, person-centred care that upholds their rights.

We would welcome further engagement on this matter should it be necessary or helpful.

Best wishes

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¹⁶ Department of Health (2025) '[Regional Review of Neurology Services – Final Report](#)', page 70.

¹⁷ Department of Health (2025) '[Regional Review of Neurology Services – Final Report](#)', page 73.

¹⁸ Department of Health (2025) '[Regional Review of Neurology Services – Final Report](#)', page 74.