THE NEUROLOGICAL ALLIANCE

A united call to action: Delivering a clinical neuroscience workforce fit for the future in England

October 2025

Ahead of the 10-Year Workforce Plan, this statement brings together professional bodies and national health charities with a united call to strengthen the clinical neuroscience workforce. It sets out solutions to today's challenges and actions needed to secure a workforce fit for the future. Crucially, expanding the workforce is essential to improve services, care and outcomes for people with neurological conditions.

Together, we recommend action is taken to:

1. Reform the way the clinical neuroscience workforce trains and works to support the delivery of the three shifts set out in the 10-Year Health Plan. This includes developing a Modern Service Framework (MSF) for neurosciences and improving epidemiological, service and workforce data to optimise workforce planning.
2. Train the future workforce with modernised curricula including skills in interdisciplinary working, digital literacy, and co-creation of services with people affected by neurological conditions and Voluntary, Community and Social Enterprise (VCSE) organisations.
3. Retain skilled staff by developing structured career pathways across professions, addressing burnout, and providing better support systems.
4. Support delivery of the 10 Year Plan by ensuring safe workforce-backed moves from hospital to community, embed interoperable digital systems to improve coordination, and prioritise both prevention and proactive management of neurological conditions through multidisciplinary and VCSE-supported care.

Delivering these recommendations will require leadership and resources from the Department of Health and Social Care (DHSC). The 10-Year Workforce Plan is a key opportunity to involve the neuro sector in national and local workforce policy. Meaningful engagement with people affected by

neurological conditions and VCSE organisations, backed by multi-year commissioning and appropriate resources is vital to ease workforce pressures and meet rising demand. As signatories, we are ready to work with DHSC to ensure everyone affected by neurological conditions can access high-quality care, wherever they live.

Context

In England today, at least one in six people lives with a neurological condition[1]. There are more than 600 known neurological conditions affecting people of all ages and impacting every aspect of daily life. Seamless, well-planned care is essential right from the point of diagnosis onward.

These complex and often progressive and incurable conditions require care from a multidisciplinary team (MDT) of professionals, including consultants, nurses, mental health professionals, allied health professionals and for children and young people, specialists trained in paediatrics. All are critical to providing the responsive, quality care needed, and we refer to them as the 'clinical neuroscience workforce' in this document.

Services and the clinical neuroscience workforce across England are under immense pressure, driven by the demands of an ageing population, associated increases in the number of people living with multiple long-term conditions[2], workforce shortages and uneven distribution of the specialist workforce across the country[3]. As a result, many people with neurological conditions cannot access timely care. Waiting times for neurology and neurosurgery are also among the longest in the NHS, with the 18-week referral-to-treatment target regularly not being met[4].

Improvements in access to the right care and healthcare professional at the right time will not only improve health outcomes but will also save money. The direct and indirect economic cost of

[1] The Neurological Alliance (2019) Neuro Numbers https://www.neural.org.uk/wp-content/uploads/2021/04/neuro-numbers-2019-1.pdf Accessed 15 September 2025

[2] NIHR Evidence (2021) "Multiple long-term conditions (multimorbidity): making sense of the evidence" https://evidence.nihr.ac.uk/collection/making-sense-of-the-evidence-multiple-long-term-conditions-multimorbidity/ Accessed 15 September 2025

[3] Getting it right first time (2021) Neurology GIRFT Programme National Specialty Report https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2022/06/Neurology-Sept21g.pdf Accessed 15 September 2025

[4] NHS England Referral to Treatment (RTT) Waiting Times https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/ Accessed 6 October 2025

neurological conditions to the UK economy is estimated to be at least £96 billion – this could be reduced by more than £30 billion annually with equitable access to existing best practice around treatment and care[5].

We outline below the key challenges facing the clinical neuroscience workforce and a series of actions to address these. We urge the government to seize the opportunities presented by the 10 Year Health Plan[6] and the Workforce Plan to implement our recommendations so that everyone affected by neurological conditions can access high-quality care, wherever they live.

1. Reform

Challenges

- Lack of clarity around how actions and aspirations set out in the 10-Year Health Plan can be safely and effectively delivered across neuroscience services without reform and investment in the clinical neuroscience workforce.
- Fragmented digital tools and a lack of infrastructure for community-based, digitally enabled services.
- Short-term funding cycles for NHS services and a lack of succession planning for staff leaving the workforce, despite high levels of retirement anticipated across the neuro workforce, leading to increased risks of "single points of failure"—where service provision is significantly impacted by staff leaving the workforce.
- Variable and inadequate national, regional and local workforce data, compounded by a lack of formal definitions of key subspecialities.

[5] Economist Impact Unit (2024) "The Value of Action: mitigating the impact of neurological conditions in the United Kingdom" https://assets.ctfassets.net/9crgcb5vlu43/3X482MJEP8rrLsLnlbqklK/2aa365d2899eb60f96d5d7a6a4c904e0/PDF_The_value_of_action__mitigating_the_impact_of_neurological_disorders_in_the_United_Kingdom Accessed 6 October 2025

[6] UK Government (2025) "Fit for the future: 10 Year Health Plan for England" https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf Accessed 6 October 2025

Recommendations

The Department of Health and Social Care should:

- Prioritise a Modern Service Framework (MSF) for neurosciences in the first wave of MSFs in 2026, clarifying what "good" service models and workforce plans look like, and building on extensive work including the NHS England national neuroscience transformation programme, relevant service specifications and Getting It Right First Time (GIRFT) programmes[3] and National Neuroscience Advisory Group (NNAG) optimal clinical pathways[7].
- Conduct an urgent assessment of the capacity and capability of the clinical neuroscience workforce informed by a robust analysis of trends in neurological epidemiological data projecting over the next 10-25 years. This should include the size and geographical distribution of the current workforce and set out workforce projections for the short, medium and long term.
- Undertake five-yearly national censuses of the neurological workforce measured as whole-time equivalents (WTEs) — including, but not limited to, consultants, resident doctors, nurse specialists, allied health professionals, clinical neuropsychologists, and physician assistants — to inform future workforce needs at the specialty and subspecialty levels. This should be done in partnership with the Royal Colleges and relevant professional bodies.

[7] National Neurosciences Advisory Group (NNAG) Optimal clinical pathways for adults with neurological conditions https://www.nnag.org.uk/optimum-clinical-pathways Accessed on 15 September 2025

2. Train

Challenges

- Lack of routine early exposure to neurosciences for trainees in some professions during undergraduate medical, nursing and allied health professional education, including a lack of placements.
- Limited visibility of rewards and impact of a career in neurosciences, and concerns about perceived complexity of the speciality ("neurophobia") make it less appealing to some trainees[8].
- Significant regional variation in the distribution of the clinical neuroscience workforce.
- Outdated training model and curricula for some professional groups not optimised for digital, community-based or multiprofessional interdisciplinary care, or to deliver increasingly complex care pathways
- Poor inter-specialty coordination in neurosciences workforce training, including with key specialisms such as mental health services, geriatrics and acute medicine.
- A lack of protected time and budgets for training.
- Limited and geographically variable clinical neurosciences research capacity, including for clinical trials.

Recommendations

The Department of Health and Social Care should:

- Address regional inequities in the distribution of the clinical neuroscience workforce and clinical academic career opportunities, using the 10 Year Workforce Plan and Medical Education Reform programme to ensure regional workforce supply matches need and delivers equitable, timely access to specialists, subspecialists and research participation opportunities.

[8] Farid, H & Ahmad, H (2024) "Combating Neurophobia and Addressing the Challenges in Neurology Education for Medical Students" https://www.stgeorges.nhs.uk/wp-content/uploads/2024/07/9E.-Combating-neurophobia-and-addressing-the-challenges-in-neurology.pdf Access 15 September 2025

- Develop a coordinated national approach to training and subspecialisation in neurosciences, with a clear definition of standards. Use the 10 Year Workforce Plan and input from professional bodies, people affected by neurological conditions and the VCSE sector to embed communities of practice for neurosciences.
- Restore and expand training and research opportunities. Enforce protected training time, protect training budgets for all health professional groups (medicine, nursing, physical and mental health therapies) and work towards provision of clinical research as part of routine NHS care provision with all staff having core research delivery competencies.

Health education bodies (e.g. NHS England Workforce, Training and Education Directorate) should:

- Work with professional associations to create structured early-career pathways (with associated competency frameworks) into neurological specialisms, with clear progression routes and mentoring support.
- Review and reform neuroscience training curricula where necessary to include interdisciplinary working, research delivery competencies, digital and data literacy, co-creation with people affected by neurological conditions, and skills to support people affected by neurological conditions to self-manage their condition.

3. Retain

Challenges

- Widespread burnout across the workforce due to unsustainable caseloads, increased complexity of treatment pathways, variable supervision and isolation in community settings.
- Inadequate administrative support and poor systems leading to increasing amounts valuable clinical time expended on basic administration and care coordination tasks, reducing the time available for direct patient care.

- Lack of standardised career pathways and opportunities for progression for many roles — particularly for nurses and AHPs.
- Gaps in understanding and addressing reasons for attrition. Exit interviews are not routinely conducted or analysed, and reasons for staff exits are poorly understood.

Recommendations

The Department of Health and Social Care should:

- Work with employers, regulators, and education providers to coordinate action to improve equity and inclusion across the clinical neuroscience workforce. Address barriers faced by international recruits, support flexible working, and invest in wellbeing and career progression.
- Deliver appropriate administrative support for clinical care delivery through the 10 Year Workforce Plan, valuing the importance of administrative roles in maximising clinical time for patient care and productivity, and ensuring that digital solutions to reduce administrative burden are fully delivered and embedded.

Integrated Care Systems (ICSs) and Regions should:

- Implement improved staff support systems, including regional professional networks, structured peer supervision, administrative support, and mentoring networks.
- Introduce exit interview standards to capture and address reasons for attrition and inform local and national retention strategies.

Health education bodies and professional bodies should:

- Develop national career pathways and competency frameworks across the clinical neuroscience workforce, this should cover competencies, training milestones and career progression, with frameworks for core subspecialties, specialist pathways, advanced practice roles for nurses and allied health professionals, and stronger neurology placements in undergraduate and foundation training.

4. Supporting delivery of the 10 Year Plan

To support delivery of the three shifts outlined in the NHS 10-year plan, the Department of Health and Social Care, NHS Regions and Integrated Care Boards (ICBs) should:

Delivering shift 1 – hospital to community

- Build networked models of care across services, backed by digital infrastructure and MDT input to ensure care is both feasible and safe where it is shifted to more local services. Whilst moving care closer to home is desirable, this must be accompanied by urgent action to address the fundamental challenge of an understaffed workforce — otherwise the risk is simply shifting pressures from hospital to community settings.
- Utilise Neighbourhood Health Centres to deliver appropriate care closer to home, ensuring decisions to shift services are patient-led with robust referral and escalation pathways to safeguard specialist input. This includes networked care approaches and a single point of access[9] function for healthcare professionals.
- Train community-based neighbourhood neuro teams through rotations and placements to deliver equitable access to specialist multidisciplinary support, including neurorehabilitation, in the community.

Delivering shift 2 – analogue to digital

- Develop national guidance for the healthcare workforce on digital platforms — including electronic patient records and e-referral systems — to reduce fragmentation and ensure interoperability. This will reduce the need for people affected by neurological conditions to repeat their medical histories and improve care coordination.

[9] See NHS England guidance on Single Point of Access https://www.england.nhs.uk/long-read/single-point-of-access-spoa/ Accessed on 15 September 2025

Delivering shift 3 – sickness to prevention

- Ensure secondary and tertiary prevention is central to planning and delivery, including targeted support for improved case management and care coordination in clinical neurosciences — including expanding dedicated care coordinator roles for complex conditions — and signposting to VCSE support at the point of diagnosis.

- Integrate neurological conditions into primary prevention approaches where relevant and promote brain health across the system, including in primary care.

Conclusion

This united call sets out the challenges facing the clinical neuroscience workforce and solutions to support staff, transform services and improve outcomes. It aligns with the government's 10-Year Health Plan and demands a national Workforce Plan that supports and grows the neuroscience workforce. Delivering this requires leadership and investment from DHSC. Many of our recommendations, for example to support digital skills and confidence, are likely to have benefits beyond neurological care and could drive up standards more widely across the healthcare system.

As signatories, we stand ready to work with government to build a workforce fit for the future and ensure everyone affected by neurological conditions gets the high-quality care they need, wherever they live.

THE NEUROLOGICAL ALLIANCE

Supporting organisations:

The Neurological Alliance

Association of British Neurologists (ABN)

Association of Chartered Physiotherapists in Neurology (ACPIN)

British and Irish Association of Stroke Physicians (BIASP)

British Geriatrics Society (BGS)

British Paediatric Neurology Association (BPNA)

British Psychological Society, Division of Neuropsychology

Chartered Society of Physiotherapists (CSP)

Cure Parkinson's

CSF Leak

Different Strokes

Dystonia UK

Epilepsy Action

Fahr Beyond

Headway

Hereditary Brain Aneurysm Support (HBA Support)

Huntington's Disease Association

Independent Neurorehabilitation Providers Alliance (INPA)

Inflammatory Neuropathies UK

Motor Neurone Disease Association (MNDA)

MS Society

MS Trust

MSA Trust

Muscular Dystrophy UK

National Tremor Foundation

Nerve Tumours UK

Overcoming MS

Parkinson's Disease Nurse Specialist Association (PDSNA)

Parkinson's UK

Pernicious Anaemia Society

Royal College of Occupational Therapists (RCOT)

Royal College of Psychiatrists (RCPsych)

Royal College of Speech and Language Therapists (RCSLT)

The British Polio Fellowship

The Migraine Trust

Progressive Supranuclear Palsy Association (PSPA)

Royal College of Nursing (RCB) Neurosciences Forum

Neurology Academy

Spotlight Young Onset Parkinsons Disease

Neuro Therapy Network

UK Acquired Brain Injury Forum

Hereditary Spastic Paraplegia Support Group

Tourettes Action

Foetal Alcohol Spectrum Disorders Awareness

Supporting organisations