Mental Health and Neurosciences Leaders Away Day
National Neurosciences Advisory Group
June 2019

1.The National Neurosciences Advisory Group

The National Neurosciences Advisory Group (NNAG) exists to seek alignment between programmes in NHS England, the Department of Health's Arm's Length Bodies and system partners, such as charities relevant to people with neurological conditions, and to guide the strategic development of work to improve outcomes for people living with neurological conditions. One of the aims of NNAG is to bring together all the different professionals that need to work together to achieve improvement in neurology services including clinicians, patients, commissioners and academics.

As part of the NNAG's wider scheme of work several condition or topic specific groups have been identified to lead work in an area of priority for the neuro community and to support the neurosciences service specification. More information on the work of the NNAG is available here.

2. Mental health and neurological conditions

In common with other long-term conditions, coping with the impact of the diagnosis and symptoms of a neurological condition can lead to depression and anxiety. Yet the interplay between neurological conditions and co-morbid mental health conditions is often far more complex than this. Changes in the brain can directly affect emotions and cognitive functioning; psychiatric symptoms can exacerbate neurological symptoms, and neurological medications can have side effects that include mental health problems. In some cases a patient presenting with psychiatric symptoms may have an underlying neurological condition and, conversely, neurological symptoms may not reflect a neurological disorder but a functional disorder secondary to emotional difficulties. Providing accurate diagnoses and effective treatment for emotional, cognitive and other mental health needs in this context, as well as designing and delivering integrated pathways and services that meet the needs of this population presents a unique challenge.

For further reading on mental health and neurological conditions please see appendix 1.

3. Event background and description

On 7 January 2019, NHS England published the NHS Long Term Plan, setting out a ten-year vision for health services in England. The Plan includes a wide range of very significant proposals relating to mental health services for people of all ages, particularly in relation to people with long term health conditions. In response the NNAG began discussions with Professor Tim Kendall, National Clinical Director for Mental Health to highlight the unique needs of people with neurological conditions in relation to these proposals, current and future services and care. Professor Kendall agreed to support a national event to discuss neurology and mental health.

The event that developed was the Mental Health and Neurosciences Leaders Away Day. It had three main objectives:

- To bring together different professional and stakeholder groups with an interest in neurosciences and/or mental health to share experiences and knowledge
- To discuss the challenges and opportunities in relation to improving outcomes for people with co-morbid neurological and mental health conditions
- To generate practical actions for the system, organisations and professionals to support improvement

The event was co-chaired by Professor Tim Kendall, National Clinical Director for Mental Health, NHS England and Improvement, and Professor Adrian Williams, NNAG Co-Chair and Chair of the NHS England Neurosciences Clinical Reference Group.

This report provides a summary of the day including key themes, discussions and recommendations. A pdf document including all available presentation slides is included with this report and should be read in conjunction with it for completeness.

4. Summary of presentations and discussions

Delegates heard presentations from people with lived experience of neurological conditions and co-morbid mental health needs, health professionals, NHS England representatives, professional bodies and patient organisations about a vast range of priorities, national and local programmes, operational challenges, and the current failings and short falls of the system in relation to mental health and neurosciences. The following bullet points summarise the themes which were discussed at length. A full list of speakers and presentations can be found in Appendix 2.

Patient Experience

- Patient experience for people with neurological conditions and co-morbid mental health needs is unacceptably low. 58% people with a neurological condition have not been asked about their mental health by a health professional and 40% of patients with a neurological condition feel that their mental health needs are not being met according to the Neurological Alliance.1

1 The Neurological Alliance Neuro Patience. *Still waiting for improvements in treatment and care.* June 2019 www.neural.org.uk/resource_library/neuro-patience/ (checked 23rd July 2019)

- People with the most complex needs often get the most fragmented care from the NHS. This applies to both mental health and neurology care. It is further complicated when patients have neurological conditions and co-morbid mental health needs.

- People should be considered holistically within the health service rather than each diagnostic category being treated by a separately service. Important emphasis was placed on the unique needs of the individual when planning and delivering care at all levels. This applies to how health professionals and NHS staff interact with patients and their families, communication, diagnosis, delivering treatment and care, and the design and planning of services.

- Ensuring that people with neurological conditions and their families are given information on how to access appropriate mental health support should be seen as a priority throughout their care.

- To promote mental health it is important that people with neurological diagnoses have their expectations managed during their treatment. Steps should be taken to prepare for how they may feel or how their lifestyle may be impacted as a result of their condition or treatment. This requires ongoing communication with the individual and their family when they leave hospital in many cases.

Neurology

- There are a number of national programmes and reviews focusing on neurology including Getting it Right First Time (GIRFT), NHS RightCare and the NHS England Specialised Adult Neuroscience Transformation Programme. There is a clear overlap with dementia, stroke and mental health; this should be broadened to include other neurological conditions. It is important that professional bodies, patient organisations and stakeholders in these fields come together to speak to the system with one voice to determine 'what good looks like'.

Mental Health

- The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget. This creates a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24. This is the biggest increase in spend for mental health in our history.

- Mental Health funding from the long term plan is ring-fenced. Therefore, whilst integration can be an aim over the long term it is unlikely to be achieved in the short term.

- Discussions about mental health should not be confined to appointments with mental health professionals. "It is everybody's responsibility to ask people how their mental health is."

Integrated Care

- Integrated care provides a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care that is coordinated across different levels and locations of care

- A multidisciplinary team approach was hailed as an effective way to deliver integrated care. It was emphasised that operating and delivering services in silos results in poor patient experience which can have a huge impact on patients and their families. It also

loses the richness of being able to understand the biopsychosocial perspective for health professionals.

- A specialist linked into the community provides a way of developing an efficient and joined up integrated service.
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Care Plans

- True integration requires patient being a partner in their care. Care plans offer a vehicle to provide integrated care for neurological patients with co-morbid mental health needs.

- Care planning is a series of facilitated conversations in which the person actively participates to explore the management of their health and wellbeing within the context of their whole life. Effective care plans ensure person-centred, coordinated care.

- According to the Neurological Alliance only 9% of neurology patients have care plans, meaning that many opportunities for holistic thinking and referrals are potentially missed.

IAPT (Improving access to psychological therapies)

- IAPT services offer an opportunity to provide early intervention mental health treatment to a large number of neurological patients if delivered in a person-centred way. As set out in 'Implementing the Five Year Forward View for Mental Health' the expansion of IAPT services is focusing on people with long term conditions or medically unexplained symptoms. However, the rigidity of the IAPT programme has provided a challenge for people with long term health conditions and neurological conditions in particular.

- In some areas patients are not allowed to use IAPT services if they have seen a psychiatrist although a proportion of patients on a psychiatrist's caseload could be seen appropriately by IAPT services in a timelier manner.

- Delegates and speakers reported that IAPT workers can be nervous of neurological patients without the proper training and guidance to understand and support their neurological needs. Critical to the success of programmes to improve the neurological training of IAPT staff has been good communication and support between teams.

Neuropsychology

The important role and function of neuropsychology should not be overlooked. IAPT is not suitable for all patients and should not be seen as a complete commissioning solution for this population. Neuropsychologists can offer psychotherapies other than CBT and have an understanding of the complexities of neurological conditions.

Children and Young people

- Children and young people with a neurological disorder such as epilepsy are at six-fold risk of depression and anxiety than their healthy peers. Adjusting to a diagnosis, dealing with treatments and side effects and coping with stigma and bullying are just some of the reasons for the greater prevalence of mental illness in those affected by physical health conditions.

- Having co-morbid mental health needs can further impair the social, educational and personal development of a child with a neurological condition.

- NHS England Children and Young People's Mental Health Transformation Programme is continuing to deliver the Five Year Forward View for Mental Health commitments. By 2020/21 it is intended that 70,000 more children and young people will be able to access mental health services

- It is not enough just to increase access. Steps must be taken to ensure this is done in a timely way.

- Young people need better support to transition to adult services. Transition can further complicated when the young person is accessing multiple services. The system is fragmented and not all services enable transition at the same age. This can be a challenging and stressful time for young people and their families.

- The needs of specific groups such as young offenders should not be overlooked when considering how to meet the needs of this cohort of patients. Rates of brain injury and mental health amongst young offenders is very high. Different parts of the system need to be coordinated to meet their needs.

- More work must be done to bring the voices of people and young people in the commissioning, design and co-production of services.

Deprivation

- Understanding the relationship between deprivation and neurological conditions will enable us to respond with more appropriate system-wide interventions.

End of life Care

- Fear of poverty and leaving family to deal with debt are a primary concern for people at the end of their lives.

- Support and joined-up thinking extends beyond the health service. The Dept of Work and Pensions must be included in the development of better services and care

- Early conversations about what is going to happen and an individual's wishes are extremely important.

- Access to hospice care early can help people's mental health and improve patient experience

Research

- Funding for research into both mental health and neurological conditions is low. There is even less research into their co-morbidity. Services and NICE guidelines are not designed for people with co-morbid neurological and mental health conditions and, as such, may not be meeting people's unique needs and circumstances.

Training

- Similarly non mental health professionals need to be better equipped to support the holistic needs of people with neurological conditions. This applies to all health professionals with whom they are in contact, such as pharmacists and GPs, not just those working within neurology or neurosurgery.

- Neuropsychiatry is not a recognised GMC sub-specialty

- Neuroscience teaching needs to be embedded into the core curriculum to make it more attractive to psychiatry trainees

- The Royal College of Psychiatrists (RCPsych), Association of British Neurologists (ABN) and British Neuropsychiatry Association (BNPA) are working together to develop a training pathway ultimately suitable for a GMC credential

- Fear and discomfort of mental health professionals to tackle neurological problems needs to be addressed through training

- There is a need to train health professionals to be confident to treat and support patients when their symptoms are not visible. The illness is the experience of the person and how it affects their function.

Workforce

- There are workforce implications for the whole of the NHS. Thinking needs to extend beyond those in clinical neurosciences and mental health services to general nurses, GPs, pharmacists, receptionists, allied health professionals, A&E staff etc.

- The idea of a "brain workforce" that could be recruited to work flexibly between different brain disease groups – that includes nursing and AHPs was proposed and discussed by speakers and delegates.

- Within stroke, considerable work is being done to analyse the workforce at all points along the pathway and ensure services are properly resourced. This forms part of the work of the Long Term Plan since stroke is identified within it.

- Consideration needs to be given to who is seeing the patient and has the opportunity to support their mental well-being. In practical terms this may be the GP, nurse or allied health professional. More needs to be done to upskill and support them.

- Allied health professionals play an important role in supporting the mental health of patients and often have an input as they wait for referrals to IAPT or another therapist.

- Health Education England (HEE) are developing e-learning competency training on mental health and physical health to ensure the workforce is appropriately skilled.

- The Royal College of Nursing (RCN) are very concerned about the morale of staff and the way that patient care is being compromised. Levels of work affect patient safety and care. Much more needs to be done to support the mental health and mental well-being of staff, including workload and supervision, so they can deliver appropriate care.

- At present it is unclear who is ultimately accountable for workforce strategy and supply. There is no legal clarity on where this responsibility lies. The RCN are campaigning on this as only when this is established can safe and effective models of care address the priorities of the Long Term Plan

- The volume and complexity of patients creates a great challenge for the primary care workforce. Expert knowledge from further up in the pathway can support GPs both in terms of providing care and clarity on appropriate referrals.

- Manpower is a basic challenge within neurology and neuropsychiatry. There is a major problem recruiting medical students into psychiatry.

- The joint training pathway and credentialling (see training section) would address this but will take some years to be developed and implemented.

- Both neurology and psychiatry trainees should have exposure to the other specialty. Training days offer an opportunity to provide this and promote more interaction.

- Greater flexibility, increased funding & a strategic, rather than a tactical, long-term approach are needed to overcome the workforce challenges.

5. Summary of breakout groups

Delegates were asked to consider what 'good' would look like in terms of meeting the emotional, cognitive and mental health of needs of patients across 4 neurological pathways. The actions are not intended to be exhaustive and are proposed as an example of the potential for positive change.

Group 1. Functional Neurological Disorders

Context: Functional neurological disorders (FND) are common. They are often co-morbid with other neurological and psychiatric conditions and presentations are highly heterogeneous with a range of severity. One of the greatest challenges is the provision of equitable access to early interventions across the UK. There is stigma associated with FND both within the general population and amongst health professionals.

Key actions:

- Initial effective diagnostic explanations from neurologists acceptable to individual patients with details of the role of physiotherapy and psychological treatment.

- Patient triaged in to correct treatment pathway as early as possible with support to upskill GP

- Education regarding FND for primary care professionals

- Regional neuroscience centres create pathway and create business case

For more information on Functional Neurological Disorders please visit: www.fndhope.org *and* www.neurosymptoms.org

Group 2. Epilepsy and learning disabilities

Context: Diagnosis is crucial to ensure people receive appropriate treatment and support. Timely support for people with epilepsy to manage daily living challenges can be helpful in preventing mental health needs that may arise as a result of living with this condition and other co-morbidities.

Key actions:

- Health professionals to provide information and signposting to advice and support for mental health needs.

- Health professionals should be guided to actively ask patients about their mental health needs given high rates of co-morbiditiy.

- Communication across services and between professionals is crucial

- More research on co-morbidity

For more information on epilepsy visit Epilepsy A*ction* *www.epilepsy.org.uk*

Group 3. Headache and Migraine

Context: Migraine is a highly prevalent headache disorder which can be extremely disabling. There is no actual test to diagnose migraine. Diagnosis depends upon taking a medical history and ruling out other causes for the attacks. The I-D migraine screening tool is used in primary care to help identify patients with migraine.

Key actions:

- Raise awareness of the I-D migraine screening tool in primary care settings

- Patient groups and professional bodies lobby for the inclusion of questions on mental health and wellbeing in the I-D screening tool

For more information on headache and migraine please visit: *www.migrainetrust.org*

Group 4. Dementia

Context: No common pathway – highly heterogeneous, with a mix of neurology, psychiatry and geriatric specialties involved in the diagnosis and management. Progressive condition with no prospective of discharge (although many patients are discharged to primary care). Carers play an increasingly important role.

Key actions:

- Recognise the need to address the gap between the current clinical practice of neurologists and psychiatrists by the development of an integrated mental health-neurology pathway.
- Need to support and nurture relationships between clinical specialties.

Practical actions:

- Address differences in training to minimise cultural divisions. Encourage joint training
- Support case discussion with relatively low cost investment (~£30k per area per year) to enable different specialties to meet.
- Need to find ways to engage better with primary care – the Primary Care Networks offer opportunities.

- Challenge structural barriers between acute and mental health trust data sharing. In particular find local workarounds to enable mental health trust clinicians to access PACS system for scan results.

Enable neurology input into all memory assessment services

Wider points to consider:

- Patients in cognitive neurology often don't get any post diagnostic follow up.
- Challenge of specialised versus local care
- Many allied health professionals within dementia feel isolated. How can they feed into neurology and psychiatry services?
- Highly variable post diagnostic follow up
- If a patient has a neurological conditions (eg MS) and then develop a cognitive condition, it is very difficult to determine and access the most suitable services.
- No clear pathway between Parkinson's and dementia services.
- Key barriers are money and boundaries (both structural and cultural)
- Many patients in illogical places
- Older frail population with precarious social network.
- Patients cannot articulate the problem
- Diagnosis can be cognitive or psychosocial
- Need for greater neuropsychological input
- Where are things going well? Manchester has good interplay – highlights the importance of relationships. Need to be two-way.
- Opportunities – integrated care and training.
- Need simple steps to get people in the right place

For more information on dementia please visit: *www.alzheimersresearchuk.org*

6. Recommendations and actions

It is anticipated that the information contained in this report, and corresponding slides, will generate practical actions to improve local systems for people with neurological conditions and co-morbid mental health needs.

The following recommendations and action points focus on a national approach to achieving integration and improving outcomes for patients:

1. NHS England to develop and publish a national plan for neurology in 2020. The NNAG to support the development of the plan, working with the relevant patient organisations, professional groups, statutory bodies and relevant stakeholders across neurosciences and mental health. The national plan should seek to address the key issues highlighted in this report including workforce and variation in access.

2. NHS England to elect a mental health representative to become a member of the NNAG and attend quarterly meetings. The purpose of this role is to ensure work is aligned with national initiatives relevant to neurosciences and mental health.

3. NHS England to undertake and publish a comprehensive evaluation of the IAPT long-term conditions programme providing intelligence on accessibility and effectiveness of the programme for people with neurological conditions and other long-term health conditions across the country.

4. The Neurological Alliance and NHS England's IAPT leads to work together to oversee the development and delivery of neurology and mental health training and information resources for local IAPT delivery team and commissioners. Relevant stakeholders including the ABN, RCPsych, local networks and patient organisations to be included in this work as required.

5. NHS Right Care to develop and publish a commissioning toolkit for neurosciences and mental health in 2020. Key stakeholders identified in the Mental Health and Neurosciences Leaders Away Day to sit on the steering group to support the development of this work.

6. The NHS England Specialised Adult Neuroscience Transformation Programme to include an additional work stream and pathway for Functional Neurological Disorders which addresses and clarifies the relevant pathway issues highlighted in this report.

7. NICE to ensure that all condition specific and general neurological clinical guidelines include comprehensive and explicit guidance to address the mental health needs of people with a neurological condition. NICE to work closely with the NNAG and Neurological Alliance on such guideline development to ensure the clinical guidelines meet the unique needs of this patient population.

8. NHS England, Health Education England, NNAG, Royal College of Psychiatry, ABN and Neurologic Alliance to develop the concept of a "brain workforce" to address the ongoing competencies, curriculum, training and recruitment requirements of the breath of health and social care professionals involved in the care and support of people with neurological conditions and co-morbid mental health needs.

9. The Royal College of Psychiatry Faculty of General Adult Psychiatry and Faculty of Liaison Psychiatry to work together to develop solutions to address the disconnect between IAPT and specialised neuropsychology services to ensure good patient experience and care for those patients in the secondary care system with co-morbid needs.

10. Professional body and patient organisation representatives to work together to develop a mental health screening system for patients with neurological, or suspected neurological conditions in NHS waiting rooms. The purpose of the screening is to act as a prompt to triage and refer according to the pathway. The system to be trialled and audited to support take up by local trusts.

11. Research and audit to be prioritised in order to determine benefits and cost effectiveness of integrated pathways. Local and national research and audit findings to be shared through the NHS England Neurosciences CRG & NIHR.

12. The Neurology Intelligence Collaborative (NIC) to consider data solutions to support the priorities and recommendations made in this report. In particular the NIC to work with wider NNAG membership, including the NHS England mental health representative, and stakeholders named in this report to identify improvement opportunities following the publication of the NHS GIRFT data.

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Appendix 1: Further Reading on Mental Health and Neurological Conditions

- "Neuro Patience, The National Neurology Patient Experience Survey 2018/19: Policy Report." Neurological Alliance, (2019)
- "Mental Health Consensus Statement" Neurological Alliance (2019)
- "Parity of esteem for people affected by neurological conditions" Neurological Alliance (2017)
- "Acquired Brain Injury and neurorehabilitation - Time for Change" APPG on Acquired Brain Injury, (2018)
- "Time for change in acquired brain injury" The Lancet (2019)
- "Living with a rare condition: the effect on mental health" Rare Disease UK (2018)
- 'Mental health matters too - Improving mental health services for people with Parkinson's who experience anxiety and depression" APPG on Parkinson's (2018)
- "Mental Health Five Year Forward View" NHS England (2016)

Appendix 2: Speakers list. Mental Health and Neurosciences Leaders Away Day

Lived Experience of Huntington's Disease Care
Ben Walters

State of the Nation:Mental Health
Professor Tim Kendall, Medical Director for Research and Consultant Psychiatrist for the homeless at Sheffield Health and Social Care NHS Foundation Trust. National Clinical Director for Mental Health, NHS England and Improvement

State of the Nation: Neurology
Professor Adrian Williams, Consultant Neurologist and Professor of Clinical Neurology at the University Hospitals Birmingham NHS Foundation Trust. Co-Chair of the National Neuro Advisory Group and Chair of the Neurosciences Clinical Reference Group, NHS England and Improvement

An integrated pathway in practice
Dr Sarah Watts, Clinical Lead, Consultant Clinical Psychologist, IAPT South Staffordshire

Neurology training for IAPT staff - Case study
Ruth Stockdale, Yorkshire and Humber Association of Neurological Organisations

An integrated pathway in specialist care
Dr Michael Dilley, Consultant Neuropsychiatrist, The Wolfson Neurorehabilitation Services, St George's University Hospitals NHS Foundation Trust

The Royal College of Psychiatrists perspective
Professor Eileen Joyce, Chair of the Neuropsychiatry Faculty, Royal College of Psychiatrists

The Association of British Neurologists perspective
Professor *David Burn, President, Association of British Neurologists (ABN)*

Limiting the mental health impact – coordinated care in the community
Dr Neil Bindemann, Primary Care and Community Neurology Society

Psychological Medicine (Liaison Psychiatry) in Secondary Care for Neuroscience Patients

Dr Michael Dilley in place for *Dr David Okai, Consultant Neuropsychiatrist and Clinical Lead for Psychiatry, Oxford University Hospitals*

Lived experience of autism, epilepsy and mental health
Renato Fantoni and *Susanna Fantoni*

Mental health provision for children and young people with neurological conditions
Professor Isobel Heyman, Consultant Child and Adolescent Psychiatrist, Great Ormond Street Hospital for Children

Transforming Children and Young People's Mental Health
Dr Prathiba Chitsabesan, Associate National Clinical Director for Children and Young People's Mental Health, NHS England

Death and other data in neurological illness; where are we now?
Dr Paul Morrish, Clinical Neurologist and Adviser to Public Health England

MND & End of Life Care
Chris James, Director of External Affairs, Motor Neurone Disease Association

Looking to the future
Professor Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health, NHS England and Improvement

Ambitions, calls to action and next steps
Professor Adrian Williams & Sarah Vibert - Co-Chairs of the National Neurology Advisory Group

Workforce Panel Discussion
Professor Adrian Brooke, Deputy Medical Director for Workforce Alignment, Health Education England.
Catherine Gamble, RCN Professional Lead for Mental Health and Head of Nursing Practice, Education and Research, South West London and St Georges Mental Health NHS Trust
Dr Jonathan Leach, NHS England Medical Director for Armed Forces and Veteran Health, Joint Honorary Secretary Royal College of GPs
Sarah Vibert, Chief Executive, Neurological Alliance
Professor Adam Zeman, Professor of Cognitive and Behavioural Neurology, University of Exeter Medical School and member of the ABN Education Committee
Professor Eileen Joyce, Chair of the Neuropsychiatry Faculty, Royal College of Psychiatrists

Appendix 3: Delegates list. Mental Health and Neurosciences Leaders Away Day

- Dr Abdul Jaleel P Abdu, Consultant Neurologist, Basildon and Thurrock University Hospitals
- Ruth Abuziad, Head of Service Development, Huntington's Disease Association
- Dr Manny Bagary, Consultant Neuropsychiatrist, Birmingham and Solihull Mental Health Foundation Trust
- Gus Baldwin, Chief Executive, The Migraine Trust
- Andy Barrick, Deputy CEO, MSA Trust
- Andy Bell, Deputy CEO for the Centre for Mental Health
- Chris Bennett, Regional Delivery Manager for the West, MNDA
- Dr Neil Bindemann, Executive Director, Primary Care and Community Neurology Society
- Dr Adrian Brooke, Deputy Medical Director, Workforce Alignment, Health Education England
- Prof David Burn, ABN President
- Prof Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health at NHS England and NHS Improvement
- Sam Carney, Senior Policy & Campaigns Adviser, Parkinson's UK
- Rob Carter, Director of Fundraising & Marketing, MS Trust
- Dr Prathiba Chitsabesan, Associate National Clinical Director for Children and Young People's Mental Health, NHS England and Improvement
- Dr Muhammed Chowdhury, Consultant Neurologist, East Sussex Healthcare NHS Trust - Conquest Hospital
- Dr Daniel Dalton, Consultant Forensic Psychiatrist, Norfolk and Suffolk NHS Foundation Trust
- Dr Michael Dilley, Consultant Neuropsychiatrist in Neurorehabilitation, The Wolfson Neurorehabilitation Services. St George's University Hospital NHS Foundation Trust
- Rachel Dins, St Georges University Hospital
- Antonia Drummond, Programme Support Officer, NHS England and Improvement
- Prof Mark Edwards, Professor of Neurology, St George's, University of London Atkinson Morley Regional Neuroscience Centre
- Renato Fantoni
- Susanna Fantoni
- Dr Jennifer Foley, Neuro psychiatrist, National Neuro Hospital at Queens Square
- Catherine Gamble, Royal College of Nursing
- Katie Goates, Professional Comms & Engagement Programme Manager, Parkinson's UK
- Dawn Golder, UK Executive Director, UK FND Hope
- Collette Griffin, St George's University Hospital
- Sarah Hayes, Clinical Lead, Brain Injury and Care Intergrated Practice Unit, St Andrew's Healthcare Northampton
- Dr Isobel Heyman, Consultant Child and Adolescent Psychiatrist and Honorary Professor Psychological Medicine Team, Great Ormond Street Hospital for Children

- Dr Jeremy Isaacs, Consultant Neurologist, St George's University Hospitals
- Dr Siju Jacob, Consultant Neurologist and Clinical Service Lead, Queen Elizabeth Hospital
- Chris James, Director of External Affairs, MNDA
- Ursula James, IAPT Programme Manager, NHS England and Improvement
- Dr John Janssen, Consultant Neurologist, Service Director Neurology and Stroke, Chelsea and Westminster NHS Foundation Trust
- Prof Eileen Joyce, Chair of the Neuropsychiatry Faculty, Royal College of Psychiatrists
- Michael Karran, Alzheimer's Research UK
- Prof Timothy Kendall, National Clinical Director for Mental Health, NHS England and Improvement
- Dr Czarina Kirk, Consultant Neuropsychiatrist, Lancashire Care NHS Foundation Trust
- Dr Jonathan Leach, NHS England Medical Director for Armed Forces and Veterans Health, Joint Honorary Secretary Royal College of GPs
- Clare Leonard, Trustwide Head of Profession for Physiotherapy and Exercise, Avon and Wiltshire Mental Health Partnership NHS Trust
- Dr Jacqueline Lindo, Consultant in Public Health Medicine, Specialised Commissioning NHS England and NHS Improvement
- Cam Lugton, Neurology Intelligence Network, Public Health England
- Claire Lynch, Clinical Educator for Neurosciences, BANN
- Donna Malley, Chair, Royal College of Occupational Therapists Specialist Section Neurological Practice
- Parisa Mansoori, Mental Health TRC Collaboration Operations, NIHR Office for Clinical Research
- Katharine McIntosh, Senior Policy and Campaigns Adviser, Neurological Alliance
- Sue Milman, Chief Executive, Ataxia UK
- Dr Susan Mitchell, Policy Manager, Alzheimers Research UK
- Nick Moberly, Chief Executive, MS Society
- Caroline Morrice, Chief Executive, Guillain Barre and Associated Inflammatory Neuropathies
- Dr Paul Morrish, Consultant Neurologist
- Dr Cath Mummery, Consultant Neurologist, National Hospital for Neurology and Neurosurgery
- Dr Niran Nirmalanathan, Consultant Neurologist/Clinical Director for Neurosciences, St George's University Hospital
- Priya Oomahdat, Head of Neuroscience Transformation Programme & Lead Commissioner, Neuroscience Specialised Commissioning - National Team NHS England and Improvement
- Dr Andrew Paget, Neuro psychiatrist, National Neuro Hospital at Queens Square
- Saskia Perriard Abdoh, Policy Advisor, British Psychological Society
- Vittoria Polito, RightCare Pathways Lead, NHS RightCare
- Dr Jason Price, Consultant Clinical Neuropsychologist, Chair of the Division of Neuropsychology Policy Unit, BPS/UK FN Forum Rep
- Angie Pullen, Epilepsy Services Manager, Epilepsy Action
- Dr Clare Rose, Principal Clinical Psychologist, West Park Hospital
- Prof Martin Rossor, NIHR National Director for Dementia Research, UCL
- Mark Smith, Chief Executive, The Brain and Spine Foundation
- Emily Spence, Practice Development Lead, BANN
- Ruth Stockdale, Yorkshire and Humber association of neurological organisations
- Sam Stringer, Programme Delivery Manager, Clinical Policy Unit, Medical Directorate NHS England & NHS Improvement

- Amanda Swain, Vice Chair and Policy Lead, UKABIF
- Fiona Tate, The Neurological Alliance
- Dr Amanda Thompsell, Chair of the Faculty of Old Age Psychiatry, Royal College of Psychiatrists
- Hannah Verghese, Programme Manager, National Neurology Advisory Group
- Sarah Vibert, Chief Executive, Neurological Alliance, NNAG Co-Chair
- Ben Walters
- Flo Walters
- Dr Sarah Watts, Clinical Lead (IAPT South Staffs) and Consultant Clinical Psychologist at Midlands Partnership Foundation Trust
- Prof Adrian Williams, Consultant Neurologist, NNAG Co-CHair
- Prof Huw Williams, Associate Professor of Clinical Neuropsychology and Co-Director of the Centre for Clinical Neuropsychology Research (CCNR), University of Exeter
- Dr Stephen Wroe, Consultant Neurologist, Queen's Hospital