

### **A view from utopia (Swindon office)**

Editor – As one of the utopians making unrealistic proposals on neurology services, as labelled by Fletcher and colleagues,<sup>1</sup> might I make constructive comment?

We know some of the challenges: an ageing population, giving a 3% per year increase in neurological illness (excluding dementia); personalised medicine, an expert on one's own illness close to home, expected; neurology patients as entitled to local resources as those of cardiology, respiratory or gastroenterology; Brexit reducing the supply of Europe-trained neurologists; and neurology with a workforce ill-matched in skills and geography to population need.

We also have resources that are helping to change neurology, from its interest group origin to a needed national service. We have a National Neurology Advisory Group, a National Review of Neurosciences and GIRFT (Getting It Right First Time) to tell us what is being well done where. We currently have stroke doctors that don't manage neurology and neurologists that don't manage stroke; Shape of Training might change that. Redistribution of training posts would also help.

A Walton-style hub and spoke hands out services from distance. Only 21% of new seizure patients are referred to neurology, an acknowledged failure in one group of vulnerable patients. The NASH audit<sup>2</sup> commented that 'epilepsy care can lose out to cancer, cardiac disease and other chronic conditions if there are no physicians present to argue for it'. The same might be said for head injury, headache, Parkinson's disease, motor neurone disease, multiple sclerosis, fatigue syndromes, functional neurological illness, adult learning disability, spinal injury, peripheral nerve and muscle disease; the list is enormous and expanding by the day. Fletcher tells us nothing from service users, for example the patients and general practitioners in Bangor, 100 miles from the mothership. We don't learn how 7-day acute physicians feel about an on-site local service consisting of two 2-day neurologists. Perhaps one neurologist with 4 days at a linked hospital and 1 day at the regional centre might make better use of a scarce resource.

By all means document, praise and learn from one neurology centre but please let's not dismiss those that, like me, see different equitable, sustainable and deliverable solutions.

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### **References**

1. Fletcher NA, Wilson M, Riley J, Nicolson A. The Walton Centre neurology network – an equitable, sustainable and deliverable model for a large-scale neurology service. *FHJ* 2019;6:123–8.
2. Dixon PA, Kirkham JJ, Marson AG, Pearson MG. National Audit of Seizure management in Hospitals (NASH): results of the national audit of adult epilepsy in the UK. *BMJ Open* 2015;5:e007325.