

Neurology

Non-emergency outpatient referrals will be cancelled or postponed for the duration of a surge, using telephone discussion with GPs to triage and dispense advice as necessary.

A Priorities for follow-up of established outpatient attenders

Patients with the following conditions will be reviewed and considered for priority access (Yellow Follow-up or Blue Access Card (see Appendix)):

- ▶ muscle: active polymyositis
- ▶ neuromuscular junction: recent uncontrolled myasthenia gravis
- ▶ peripheral nerve disease: chronic inflammatory demyelinating neuropathy on immunosuppressant treatment or active vasculitic neuropathy
- ▶ brain disorders: idiopathic intracranial hypertension with visual failure.

B Priorities for new patient appointments

Emergency outpatient assessments and follow-up will take place according to need, as judged by the neurologist. Examples of conditions for which emergency outpatient appointments would be required include:

- ▶ rapidly progressive neurological deficits – rapid cognitive decline, visual loss, papilloedema, motor weakness, myasthenia gravis, suspected mass lesions
- ▶ new-onset fits – focal or generalised.

Patients with severe epilepsy should be managed on a case-by-case basis, and offered telephone advice or admission as required.

This list is not definitive, and some cases will need to be judged individually.

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