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BPNS face-to-face outpatient policy

The BPNS recommends that new outpatient appointments for suspected peripheral neuropathy should generally be conducted face-to-face. A few exceptions may be individually justified, but face-to-face should be the norm. Peripheral neuropathy cannot generally be reliably assessed without examination. The referrer's examination may not be reliable. Remote appointments risk significantly lower quality of care for the patient.

Some follow-up appointments for peripheral neuropathy should be conducted face-to-face (for example most inflammatory neuropathies). Other follow-up patients may be seen by telephone or video if appropriately triaged by the doctor running the clinic.

If COVID risk is very high (prevalence and individual patient/staff risk factors) such that a face-to-face appointment is unreasonable for a patient triaged as non-urgent, then telephone or video consultations may be used, but seldom replace the need for a subsequent face-to-face consultation. Tests like EMG or MRI should not be used as a substitute for an adequate clinical assessment.

Principles above agreed at BPNS AGM 06/11/2020

Final wording agreed by BPNS council 16/1/2021

President: Dr Robert Hadden

Council Members: Dr David Allen, Dr Jeremy Bland, Dr Aisling Carr, Dr James Holt, Dr Haider Katifi, Dr Stephen Keddie, Dr Michael Lunn, Dr Richard Orrell, Dr James Stevens