



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Straitéis agus Pleanáil Oifig na Míchumas,  
31-33 Sráid Chaitríona, Luimneach.

Office of Disability Strategy and Planning,  
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369  
Suíomh Gréasáin/Website: <http://www.hse.ie>

1<sup>st</sup> July 2019

Deputy Margaret Murphy O'Mahony,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
e-mail: [margaret.murphyomahony@oireachtas.ie](mailto:margaret.murphyomahony@oireachtas.ie)

Dear Deputy Murphy O'Mahony,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

#### **PQ 25810/19**

*To ask the Minister for Health the number of the nine implementation teams one for each community health organisation established to date in 2019 as part of the roll out of the Implementation Plan for the National Neurorehabilitation Strategy; the funding allocated to support implementation in 2019; and the funding allocated in each CHO.*

#### **HSE Response**

The 2019 HSE National Service plan makes no provision for funding to commence the Implementation Framework, which was launched on the 20th February, and provides guidance for the development of specialist neurorehabilitation services across the continuum of care – from acute, to post-acute and community services.

The overarching aim is the development of population based managed clinical rehabilitation networks around the country. For this to happen, there will need to be investment in rehabilitation services across the continuum of care.

There are three recognised levels of specialist rehabilitation described for the Irish context (from NCPRM, adapted from the British Society of Rehabilitation Medicine (BSRM)):

- Complex Specialist Service
- Specialist Inpatient Rehabilitation Services
- Community Rehabilitation Services

From a mapping exercise undertaken in 2017, we know that the most significant gaps are with respect to local specialist inpatient rehabilitation services and community specialist neurorehabilitation service. In terms of Complex Specialist Service, the National Rehabilitation Hospital (NRH) fulfils this role currently. The NRH has 108 inpatient beds at present with an increase to 120 beds once the new hospital development is complete.

In line with the current British Standards for Rehabilitation Medicine (BSRM) recommendations for specialist rehabilitation service provision in Ireland and in keeping with the hub and spoke model outlined in the Neuro-Rehabilitation Strategy, there is a need for the development of at least 60 beds

per million population for specialist in-patient rehabilitation medicine i.e. 288 for Irish population. The cost of staffing a 20-bed inpatient unit, based on BSRM recommended staffing ratios is €4,116,717 – including non-pay costs. This figure would need to be multiplied by approximately 14.5 to give the figure for the required 288 beds. This figure does not take in to account capital costs. Again, it is important to note that this is the figure for introducing a whole new service – i.e. with no reconfiguration of existing staff.

Recommended staffing ratios for the provision of community neurorehabilitation services are also adapted from the recommendations by the British Society of Rehabilitation Medicine (BSRM). These are the ratios recommended within the recently published Model of Care of the National Clinical Programme for Rehabilitation Medicine. The BSRM ratios are given per population of 1 million. These figures have been adapted based on population per CHO so specific staffing numbers may vary across CHOs depending on population. The cost of a new Community Neurorehabilitation Team serving a population of approx 500,000, including non pay costs would be €5,180,609. Again, this does not take in to account any reconfiguration of existing staff, nor does it include any potential capital costs.

The costs associated with the MCRN demonstrator project have been divided into phase 1 and phase 2. The associated costs include:

- a community neurorehabilitation team in both CHO 6 & 7.
- development of inpatient neurorehabilitation services at both Royal Hospital Donnybrook and Peamount.
- enhancement of services at the National Rehabilitation Hospital.

The cost for phase 1 is estimated at €4,585,214 and phase 2 is estimated at €7,738,332. Again, these figures are inclusive of non-pay costs.

In terms of integrating with existing services, the implementation framework for the Neurorehabilitation Strategy calls for the development of local implementation teams in each CHO. These teams should have representation from all key stakeholders including but not limited to:

- Acute Hospitals
- Primary care
- Disability services
- Voluntary providers
- Mental Health
- Health & Wellbeing
- Health & Social Care Professions
- Service user advocates•

Having such wide representation should ensure cohesion in terms of integration with existing services.

### **Implementation Teams**

As outlined in the Implementation Framework for the National Strategy & Policy for the Provision of Neurorehabilitation Services in Ireland, each CHO is asked to appoint a nominated lead and to establish local implementation teams with representation from all key stakeholders.

Nominated leads have been identified in most CHO's and we believe local implementation teams are in various stages of development in at least 6 of the 9 CHO's (including the 2 CHOs within the demonstrator project). We are expecting an update in terms of progress to date in early Q3.

Each local implementation team will work through the 10 step plan as outlined in the Implementation Framework. While we do not as yet know the outcome of funding submissions, progress should still be feasible to make some progress advancing many of the 10 steps such as;

- Establishment of governance structures
- Population planning

- Mapping & gapping of existing services
- Engaging with service users and including them in the design of services
- Development of supporting infrastructure for reconfiguration of services in to managed clinical rehabilitation networks.

While we await the outcome of funding submissions, the relevant stakeholders are working together to maximise the use of the existing resources for the benefit of people who require rehabilitation supports.

Yours sincerely,



**Marion Meany,**  
**Head of Disability Strategy and Planning**