



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Straitéis agus Pleanáil Oifig na Míchumas,  
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25<sup>th</sup> March 2019

Deputy Margaret Murphy O'Mahony,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
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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 11474/19**

*To ask the Minister for Health the funding made available in 2019 to support the implementation of the national neurorehabilitation strategy following publication of the implementation plan 2019 to 2021 by the HSE on 20 February 2019.*

#### **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.

While we know the ideal staffing ratios for neurorehabilitation services per service setting (based on BSRM standards), what is not known currently is what existing services may be amenable to reconfiguration. As such, the costings outlined below are total maximum costings and do not take into account any potential reconfiguration.

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) a community neurorehabilitation team in both CHO 6 & 7.
- (b) development of inpatient neurorehabilitation services at both Royal Hospital Donnybrook and Peamount.
- (c) 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.

On 22<sup>nd</sup> March 2019 the Taoiseach and Minister for Health welcomed the launch of the €20m Slaintecare Integration fund and the previous submission for funding will now be resubmitted in the format required. 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**