

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.

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28th July 2020

Deputy Louise O'Reilly Dail Eireann, Leinster House, Kildare Street, Dublin 2. e-mail: <u>louise.oreilly@oireachtas.ie</u>

Dear Deputy O'Reilly,

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 18089/20

To ask the Minister for Health the estimated cost of providing a community neuro-rehabilitation team.

HSE Response

The Neuro-rehabilitation Strategy Implementation Framework (IF) was launched in February 2019. The overarching aim of the Strategy is the development of neuro-rehabilitation services to improve patient outcomes by providing safe, high quality, person -centred neuro-rehabilitation at the lowest appropriate level of complexity. This must be integrated across the care pathway, and provided as close to home as possible or in specialist centres where necessary.

These services should be configured into population based managed clinical rehabilitation networks (MCRNs). Each MCRN should include community neurorehabilitation team, specialist inpatient neurorehabilitation services as well as access to the tertiary specialist rehabilitation (National Rehabilitation Hospital) for those with most complex needs.

Recommended staffing ratios for the provision of community neurorehabilitation services are adapted from the recommendations by the British Society of Rehabilitation Medicine (BSRM). These are the ratios recommended within the 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. These teams could be introduced in a phased basis in terms of WTE, building up to recommended staffing ratios over time.

Yours sincerely,

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Bernard O'Regan, Head of Disability Strategy and Planning

