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Deputy Louise O'Reilly, TD
Dáil Éireann
Leinster House
Kildare Street
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RE: 21110/21

To ask the Minister for Health the status of the implementation of recommendations 6.9, 6.10 and 6.11 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions taken to ensure full implementation; the aspects outstanding; and if he will make a statement on the matter.

Dear Deputy O'Reilly,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Stroke on your question and have been informed that the following outlines the position.

RECOMMENDATION 6.9

A partnership framework should be developed between the HSE and the voluntary sector to enable expansion of stroke rehabilitation support services and the provision of services, such as transport, where needed.

Lead organisations: HSE and Local Authorities

RECOMMENDATION 6.10

All stroke patients should have access to appropriate levels of rehabilitation, regardless of age or residential location.

Lead organisation: HSE

RECOMMENDATION 6.11

Stroke rehabilitation services should be patient-centred, to include individual assessment of need and ongoing review, and coordinated by a key worker to ensure that rehabilitation is available as required on an ongoing basis. There needs to be a continuum of care from hospital to community. Stroke rehabilitation services should be consistent with the broader neuro-rehabilitation service requirements as identified in the forthcoming National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland 2010-2015.

Lead organisation: HSE

The National Clinical Programme (NCP) for Stroke has recently completed its national stroke strategy for the next 5 years which, in conjunction with implementation of the Neuro-Rehabilitation Model of Care and National Integrated Care Programme for Older People (NICPOP), will ensure that comprehensive stroke rehabilitation is available in the acute, recovery and ongoing chronic disease management phase post-stroke. From a national stroke programme perspective, emphasis has specifically concentrated on this phase of the National Stroke Strategy 2021-2026, to address gaps in rehabilitation therapy staff in acute stroke services, where most of stroke rehabilitation is started, ensuring we have comprehensive early supported discharge services across the country to facilitate a successful discharge home.

The government has given a commitment in its programme to full implementation of the strategy, which will see an increased designation of 148 acute stroke unit beds and an extra 157 therapy staff for stroke services across our health service. In addition there is a commitment in the strategy to appoint a key worker in stroke for each CHO and to create an additional 16 posts in psychology for stroke to ensure access top psychology exists in each CHO. The National Stroke Programme of the HSE has secured funding for the Irish Heart Foundation stroke support line during the COVID-19 crisis and this has been very successful in a supporting and assisting stroke patients in their recovery after discharge home. Continued support for this initiative is recommended in the strategy

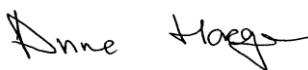
Early Supported Discharge (ESD) for stroke is an international model of best care for stroke patients (Langhorne, 2017 - available here: <https://doi.org/10.1002/14651858.CD000443.pub4>) that improves patient outcomes and accelerates discharge home from hospital through the provision of stroke specific rehabilitation in the home setting. A consensus has emerged from international research that stroke survivors with mild to moderate disability are suitable for an ESD approach to continuing rehabilitation while the needs of survivors with more severe disability are better met by specialised inpatient rehabilitation. ESD can be expected to improve disability outcomes, quality of life, reduce the likelihood of long-term institutional care and reduce the length of stay in hospital.

Key results of the Cochrane review (Langhorne, 2017) showed a reduction of 5-6 days for hospital stay in the ESD group. Six months after stroke ESD patients were more likely to be living at home and to be independent in daily activities (Langhorne, 2017). Despite a challenging environment, referrals to ESD increased from 4 to 7% during the pandemic and the national stroke strategy recommends the creation of 21 ESD teams which will cover almost 90% of the population who may suffer a stroke in the future.

The National Clinical Programme (NCP) for Stroke advises the national roll out of its plan for early supported discharge (ESD) in a three phase approach to allow for planned budgeting, staffing and operationalising of the services. The roll out of the NCP for Stroke ESD plan will result in more efficient use of acute stroke beds and result in significant cost savings to an extent that it is envisaged the investment is cost-neutral, with positive impacts on patient flow, acute stroke outcomes and the unscheduled care management of stroke patients in Ireland.

I trust this information is of assistance to you.

Yours sincerely



Anne Horgan
General Manager