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7th July 2021

Deputy Louise O'Reilly, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 21112/21

To ask the Minister for Health the status of the implementation of recommendations 6.15, 6.16, 6.17 and 6.18 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 examined the matter and the following outlines the position.

With ageing demographics and the rapidly changing milieu of acute stroke treatment, the National Clinical Programme (NCP) for Stroke embarked on developing a National Stroke Strategy (2021-2026) 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.

To meet the challenge of a predicted 58% increase in the total number of strokes, four pillars were identified, with the ambition of 'making big stroke history' through a focus on:

- Stroke Prevention;
- Acute Care and Cure;
- Rehabilitation and Restoration to Life;
- Education and Research.

Each pillar has a separate working group of appropriate expertise in the field, chosen by a Chair nominated from within the Clinical Advisory Group of NCP Stroke.

From the NCP Stroke perspective, emphasis has specifically concentrated on addressing 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.

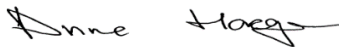
Early Supported Discharge (ESD) for stroke improves patient outcomes and accelerates discharge home from hospital, through the provision of stroke-specific rehabilitation in the home setting. A consensus has emerged from international research that stroke survivors with mild to moderate disability are 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 a Cochrane review (2017)¹ 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 activities¹.

The NCP 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 this ESD plan will result in more efficient use of acute stroke beds, 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, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



Anne Horgan
General Manager

1 Langhorne, P. and Baylan, S. (2017) Early supported discharge services for people with acute stroke. Cochrane Database of Systematic Reviews, Issue 7. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub4. Accessed 07 July 2021.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000443.pub4/full>