



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

6<sup>th</sup> April 2021

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Dear Deputy Harkin,

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 15827/21**

*To ask the Minister for Health the reason a person with a brain injury who is over 65 years of age and who could gain significantly from rehabilitation is unable to access community neurorehabilitation services; and if he will make a statement on the matter.*

#### **HSE Response**

The Neuro-rehabilitation Strategy Implementation Framework (IF) was launched in 02/2019. The overarching aim 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). The MCRN, while an effective model in a number of European countries, is a new concept in Ireland.

MCRNs are recognised as having the potential to bring together an appropriate range of primary, secondary and tertiary services to ensure equitable provision of high quality and clinically effective services. This represents a significant change in practice from the current model which sees specialist rehabilitation services centralised in one location, the National Rehabilitation Hospital. The new model would see the introduction of a multi-tiered system, with access to services based on clinically assessed need. Services would work together across organisational boundaries with patients moving across the continuum of care seamlessly based on their needs.

Neuro-rehabilitation services play a critical role in supporting recovery and/or maximising ability of those with neurological conditions. We know from our own mapping exercises, that there is a dearth of neuro-rehabilitation services at both inpatient and community levels.

The plan to address this is described within the implementation framework for the Neuro-Rehabilitation Strategy. It outlines a 10-step approach which will see each CHO introducing local implementation teams to oversee and guide the implementation process. It also describes a managed clinical rehabilitation network demonstrator project which is currently progressing through the development of post-acute and community neuro-rehabilitation services across CHO 6 & 7, with full year funding of €2.29m available for 2021. The learning from the demonstrator project will inform the implementation of the Neuro-rehabilitation Strategy across each CHO and implementation of strategy will roll-out from 2022.

## Key Messages:

- The introduction of the first Managed Clinical Rehabilitation Network in Ireland is hoped to be the exemplar for the national roll-out of the Neuro-rehabilitation Strategy.
- The project, funded by the SláinteCare Redesign Fund, involves the commissioning of 10 new beds at Peamount Healthcare and introducing Multi-disciplinary teams for CHOs 6 & CHO 7, serving patients with complex presentations who do not require inpatient facilities and those who need to transition from hospital to home.
- These new beds introduce some 3,500 additional specialist rehab bed days per annum into the system.
- With average length of stay of approx. 90 days, this means that 40 patients per annum will have their rehabilitation needs met in an appropriate setting outside of acute hospitals.
- The beds are expected to reduce the NRH waiting list by over 30%, and take direct referrals from AMNCH, SJH, SVUH, Beaumont & the Mater for patients with neurological conditions. The multidisciplinary teams will take referrals from hospitals and the NRH and ensure improved inpatient flow and reduced length of stay in the acute setting.

What we want to achieve through this demonstration pilot site MCRN:

- Person centred coordinated approach to patient care
- Development of appropriately resourced interdisciplinary inpatient, outpatient and home and community based specialist rehabilitation teams supported by education and training
- Introduction of the three-tier model of complexity-of-need
- Reduction in Waiting times for assessment and access to inpatient & community rehabilitation services
- Improved patients outcomes and experience
- Standardised pathway for people who require neuro rehabilitation
- Enhanced communication between inpatient and community services to support to delivery of the right care, in the right place, at the right time
- Build up a supporting infrastructure for the demonstration project to deliver neuro rehabilitation to patients as required across the continuum of care
- Develop a model of care that can be rolled out nationally

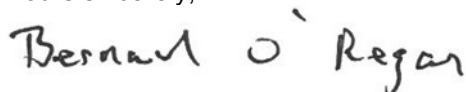
The learning from this will inform the roll out of the strategy nationally. Implementation of the strategy will lead to improved patient experience and improved patient outcomes for all with neurological conditions, including those with ARBI.

All patients aged 18 and over should have access to neuro-rehabilitation services as neurological conditions affect all ages. Rehabilitation units are for adults 18 and over and can include general rehabilitation, neuro-rehabilitation, stroke, musculoskeletal, and hip fractures etc.

International best practice is to organise within a post-acute rehabilitation unit into teams who specialise in particular services delivery e.g. stroke, neuro-rehabilitation, amputee. This is the team, programme or service that can provide rehabilitation services for anyone requiring e.g. post Covid rehab, amputee rehab, and then patients are admitted to particular team or service that can best serve their needs.

In the new development as part of the Implementation Framework of the Neuro-Rehabilitation Strategy, criteria for admission specifically for patients with neuro-rehabilitation needs e.g. including people who have experienced stroke, post Covid neurological disability, MS brain injury and so on is over 18 years of age. It is not limited to people aged under-65 years of age.

Yours sincerely,



**Bernard O'Regan,**  
**Head of Disability Strategy and Planning**