



Géaroibríochtaí

Aonad 4A, Áras Dargan, An Ceantar Theas, An Bóthar  
Míleata Cill Mhaighneann, Baile Átha Cliath 8

Acute Operations

Unit 4A, The Dargan Building, Heuston South Quarter,  
Military Road, Kilmainham, Dublin 8

☎: 0179 59971 📧: [ncagl.acutehospitals@hse.ie](mailto:ncagl.acutehospitals@hse.ie)

**Date: 13<sup>th</sup> October 2021**

Deputy John Paul Phelan TD

Dáil Éireann

Leinster House

Dublin 2

**PQ No 49647/21 To ask the Minister for Health the new supports that will be forthcoming from his Department in 2021 and 2022 for the 40,000 persons with epilepsy in Ireland; and if he will make a statement on the matter.**

Dear Deputy Phelan,

The Health Service Executive has been requested to reply directly to you in the context of 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.

**Response:**

The National Clinical Programme for Epilepsy (NCPE) merged with the National Clinical Programme (NCPN) in 2019. Epilepsy has a strong presence within the NCPN and is a key workstream of the Programme. The Epilepsy Model Of Care was launched in 2016 and since then has made significant progress, particularly in relation to developing epilepsy centers and increasing the number of epilepsy nurse specialists. NCPN continues to support the ongoing realization of this Model of Care as outlined below.

A key priority of the Programme is to improve access to care for vulnerable patient cohorts such as those with an intellectual disability and those who are homeless or in the prison service. Research has shown that the rates of epilepsy are significantly higher amongst these patient cohorts, and they experience increased barriers to accessing care due to the need to actively engage with multiple different professionals across several different settings.

A Slaintecare funded pilot project at St James's University Hospital has overcome these barriers by providing an outreach service to intellectual disability centers, prisons, and homeless shelters. This has provided smoother, safer, and more timely access to care for patients who struggle to attend traditional hospital-based neurology services. Owing to the success of this pilot project, the Programme is now developing business cases to mainstream

and extend this project. Continuation of funding is also being sought under 2022 New Service Development Estimates and we await the outcome of this process.

The Programme is also working closely with the Scheduled Care Transformation Programme as part of their initiative to reduce waiting lists. High level pathways to map out and streamline referrals and management for several neurological diseases including epilepsy have been developed. Business cases are now being developed to support the implementation and realization of these pathways, this includes the provision of community-based diagnostics and nurse led clinics.

The Epilepsy EPR is in use at ten sites across the country and provides a support outreach to intellectual disability services and obstetric services. Ongoing enhancement of the EPR is a focus of the Programme and re-platforming to increase functionality is being explored for 2022.

Finally, The Programme recognizes the positive impact that additional epilepsy nurse specialists have had on epilepsy services, increasing activity and capacity, and reducing the reliance on acute care. The Programme continues to advocate strongly for the further enhancement of the number of epilepsy nurse specialists and the overall scope of their roles.

I trust this answers your question to your satisfaction,

Yours sincerely,



---

**Emma Benton**

**General Manager**

**Acute Operations**