Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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23/09/2021

Deputy David Cullinane,
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Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary questions, which were submitted to this department for response.

PQ 43087/21

To ask the Minister for Health the number of service providers by type of provider contracted by the HSE to provide rehabilitation services by CHO; and if he will make a statement on the matter.

PQ 43091/21

To ask the Minister for Health the estimated first year and full year cost of setting up a new community rehabilitation team; and if he will make a statement on the matter.

PQ 43090/21

To ask the Minister for Health the number of community rehabilitation teams currently in operation for each CHO; and if he will make a statement on the matter.

HSE Response

The Model of Care of the Rehabilitation Medicine Programme recommends the adoption of a multitiered model of complexity with providers working together in a Managed Clinical Rehabilitation Network (MCRN). The effective functioning on a MCRN is dependent on appropriate resources across all levels of service provision i.e. acute inpatient rehabilitation, post-acute inpatient rehabilitation and Community Neuro-rehabilitation Teams. This multi-tier model of levels of complexity of need (figure 1.0) forms the basis for the provision of specialist rehabilitation services in the UK. It is a model that translates well into the Irish context.

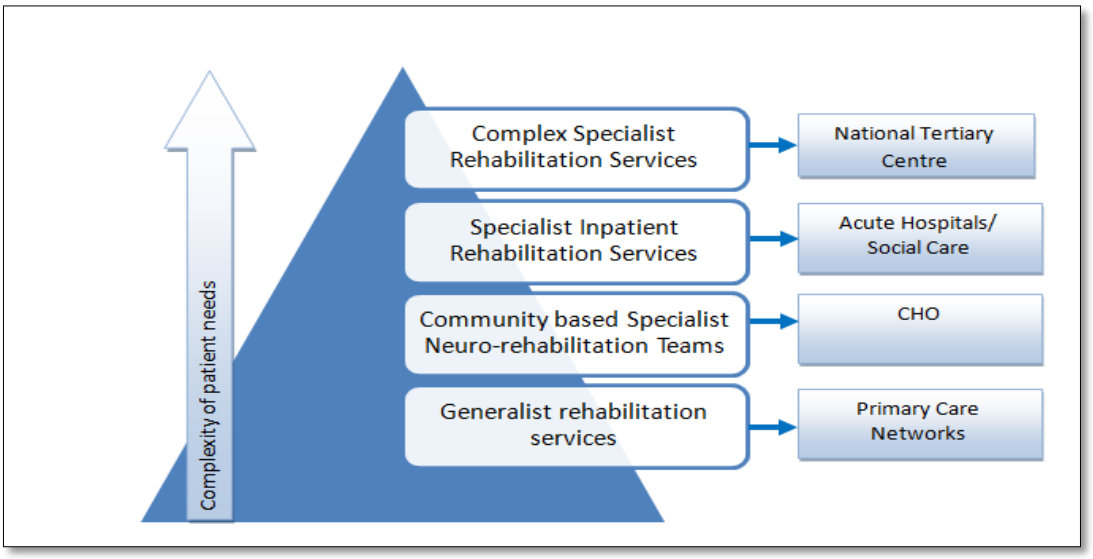


Fig.1.0; Levels of specialism as per Model of Care for Rehabilitation Medicine

Every service provided within this continuum of care plays an essential role in the rehabilitation and ongoing support of the individual with a neurological illness/injury. The success of each intervention, is in many ways dependent on the appropriate flow through the continuum of care and availability of services at each level. Full implementation would include the following service providers:

- Enhancement of services at the National Rehabilitation Hospital allowing for the admission of patients with highest levels of complexity
- Introduction of inpatient Neuro rehabilitation services i.e. 288 total for full implementation to include reconfiguration of existing inpatient rehabilitation beds
- Fully resourced community rehabilitation team per CHO
- Outreach services from the NRH,
- Neuro behavioural community supports,
- Network specific triage, assessment and common waiting list management systems across all services
- Clinical & case management supports for the voluntary organisations across demonstrator sites
- Introduction of team leader and complex care management.

Community Neuro-rehabilitation teams

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 recently published 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. They are considered aspirational and something to work towards over time.

Staffing provision for community specialist rehabilitation service to support people with neurological conditions (population 1 million). Adapted from BSRM	
Team Leader/coordinator	2
Nurse Specialists	8
Physiotherapists	6
Occupational Therapists	10
Speech & Language Therapists	4
Clinical Psychologists	4
Social Work	8
Dietitian	2
Rehabilitation Assistants	8

Case Manager*	10
Consultant in Rehabilitation Medicine	2.4

A more achievable phased approach is recommended in relation to introducing community neurorehabilitation teams. The table below shows the costs and WTE associated with initial introduction of a team for a population of 500,000.

Post	basic mid point Oct 2020	PRSI	total gross cost	WTE	cost
Grade IV	38,489	3,450	42,528	1	425,28.34
Dietitian, Senior	58,841	6,033	64,940	1	649,39.55
Occupational Therapist	46,894	5,029	51,936	1	519,36.23
Occupational Therapist, Senior	58,841	6,057	64,973	1	649,72.91
Physiotherapist	46,894	5,155	53,353	1	53,353.32
Physiotherapist, Senior	58,841	5,927	65,682	1	65,681.8
Speech & Language Therapist	46,894	5,040	51,958	1	51,957.56
Speech & Language Therapist, Senior	58,840	5,861	64,818	1	64,818.4
Psychologist, Senior Clinical	90,589	8,992	99,863	1	99,863.28
Social Worker, Medical	53,425	5,674	59,099	1	59,098.55
Social Worker, Senior Medical	65,267	6,441	71,823	1	71822.97
Clinical Nurse Specialist (General)	54,920	5,385	64,713	1	64,712.9
Rehabilitation Assistant	33,169	3,580	37,072	2	74,145
				14	**829,830**

Each CHO should have a community neurorehabilitation team. The exact staffing will depend on a number of issues including

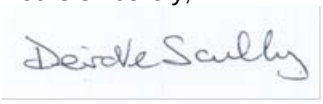
- Population
- Geographical Spread
- Existing resource within the CHO

A team resourced as below could potentially treat approx 400 patients per annum – based on a 10-12 week intensive rehabilitation programme.

Number of Community Rehabilitation teams currently in operation

From our mapping exercise, we know that the only areas with teams currently are Donegal, Limerick and Cork. All of these teams however are small and do not have full WTE and do not meet the standards as set out above. The remaining CHOs do not have dedicated Community Neuro-rehabilitation Teams in place.

Yours sincerely,



Deirdre Scully
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Disability and Mental Health Service