



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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28th June 2022

Deputy David Cullinane,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
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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 29813/22

To ask the Minister for Health the estimated all-in revenue cost of an additional 1, 10 and 50 neuro-rehabilitation bed units; and if he will make a statement on the matter.

PQ 29898/22

To ask the Minister for Health the cost of one Management Clinical Rehabilitation Network Team including employer's PRSI.

HSE Response

The overarching aim of the Implementation Framework for the National Neurorehabilitation Strategy is the development of population based managed clinical rehabilitation networks around the country. For this to happen, there will need to be investment in neurorehabilitation services across the continuum of care.

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 model acknowledges the fact that different service users need different input and different levels of expertise and specialisation at different stages in their rehabilitation journey. This is fundamental to the development of specialist rehabilitation services. The critical point of this model is that, although service users may need to access different services as they progress, the transition between services should be facilitated by appropriate communication and sharing of information between services so that they progress in a seamless continuum of care through the different stages.

This model includes:

- Acute hospitals
- Complex specialist rehabilitation services



- Post acute specialist inpatient rehabilitation services
- Community based specialist rehabilitation services
- Primary care
- Voluntary Organisations

Funding has been approved to support the introduction of a managed clinical rehabilitation network demonstrator project, which will focus on the development of post-acute and community neuro-rehabilitation services across CHO 6 & 7. The learning from the demonstrator project will inform implementation of the Neuro-rehabilitation Strategy across each CHO and further implementation of the strategy.

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. As a result, specific staffing numbers may vary across CHOs depending on population. The cost of a new community neurorehabilitation team serving a population of approx. 500,000 would be €2,395,238. Again, this does not take in to account any reconfiguration of existing staff, nor does it include any potential capital costs.

The revenue cost of staffing a 20-bed inpatient unit, based on British Standards for Rehabilitation Medicine (BSRM recommended staffing ratios is approximately €4.26 million. These are the ratios recommended within the Model of Care of the National Clinical Programme for Rehabilitation Medicine. This figure relates to the introduction of a new service – i.e. with no reconfiguration of existing staff. When this is extrapolated to 50 beds it comes to c. €10.65 million.

Yours sincerely



**Assistant National Director
Change Planning and Delivery – Disability and Mental Health Services**