



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.
E-mail: david.cullinane@oireachtas.ie

Dear Deputy Cullinane,

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 29858/22

To ask the Minister for Health the estimated full-year cost of an additional managed clinical rehabilitation network team; the number of such teams currently in operation; and the CHO's served and not served.

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



As documented in the Implementation Framework of the National Neurorehabilitation Strategy, the mapping exercise carried out in Q3 2017, there are less than five dedicated community neuro rehabilitation teams in the country. Some of the posts in these teams are funded through Disability Services, with the majority of posts funded through Primary Care. Regarding the number of posts allocated to these teams, there is no one team within the country which meets the requirement of a community neuro rehabilitation team. It is planned to undertake a further mapping exercise to include CNRT's as we progress the roll out of the National Neurorehabilitation Strategy.

Funding has been sought and approved to support the introduction of a managed clinical rehabilitation network demonstrator project. The focus of the demonstrator project is the development of post-acute and community neuro-rehabilitation services across CHO 6 & 7. In terms of existing service provision, this is where the gap is most evident in terms of demonstrating a Network model. The learning from the demonstrator project will inform implementation of the Neuro-rehabilitation Strategy across each CHO and implementation of 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.

Yours sincerely

A handwritten signature in black ink, appearing to be 'R. J.', with a long horizontal line extending to the right.

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