

Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil Ospidéal Dr. Steevens, D08 W2A8 R: <u>clinicaldesign@hse.ie</u>

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2nd August, 2022

Deputy Pauline Tully, TD Dáil Éireann Leinster House Kildare Street Dublin 2

RE: PQ 34671/22

To ask the Minister for Health his plans to introduce regional rehabilitation services for amputees; and if he will make a statement on the matter.

Dear Deputy Tully,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Rehabilitation Medicine on your question and have been informed that the following outlines the position.

Currently, the provision of limb absence rehabilitation (amputation, congenital absence) is based mostly at the National Rehabilitation Hospital (NRH). There is a small but valuable day-patient service in Cork. There has also been some outreach clinics to the West of Ireland from the NRH.

Future planning of care for this patient cohort should be sufficiently specialist to meet the needs of service users. Thus, in the context of limb loss, rehabilitation staff need to have expertise in management of

- physical health issues (e.g. diabetes mellitus, pain);
- adjustment/mental health (depression/anxiety, grief);
- cognition and behaviour (it is not unusual that people have cognitive impairment and reduced safety awareness);
- rehabilitation process required;
- equipment (e.g. wheelchairs);
- engineering relating to prosthesis fitting and adjustment.

To meet this, any commissioned service will need several professionals including: Medical Social Worker, Physiotherapist, Occupational Therapist, Clinician, Psychology, Orthotist etc.

A principle in health strategy is to deliver care close to the service user. There needs to be an economy of scale to services – small services run the risk of non-sustainability, lack of critical expertise and financial inefficiency. Service development should be based on data about population need.



Noting Irish demographics, funding efficiency and recruitment requirements, NCP for Rehabilitation Medicine proposes that there needs to be an economy of scale in considering commissioned rehabilitation services for amputees, with such services working in a clinical network manner.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

Happ Dune

Anne Horgan General Manager

