



**Oifig an Stiúirthóra Náisiúnta
Géaroibríochtaí**

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20th June 2022

Deputy Louise O'Reilly

Dáil Éireann

Leinster House

Dublin 2.

PQ 27462/22 - To ask the Minister for Health the number of stroke beds in Ireland; the deficit that exists for the population on the basis of recommendations contained in the UK national clinical guidelines for stroke; the estimated cost of meeting the staffing requirements for a singular stroke unit bed; the estimated cost that is required to meet the increase in incidence; the additional staffing that is needed for the development of acute stroke unit bed capacity; and if he will make a statement on the matter. -Louise O'Reilly

Dear Deputy O'Reilly,

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 am advised by the National Clinical Programme for Stroke that it completed an analysis of acute stroke beds required to meet the agreed national key performance indicator (KPI) that 90% of cases of acute stroke are admitted to a stroke unit bed. This analysis considered requirements over the next five years at each site using a calculation based on the proportional growth in the over 65 population in the catchment of each hospital (taken from Central Statistics Office data) and the fact that 75% of strokes occur in that age group.

I understand from the National Clinical Programme for Stroke that in 2018 there were 210 stroke unit beds and 239 beds in 2020 (the most recent figures provided). The Programme has also estimated that, based on the potential increase in stroke numbers and the average length of stay for stroke, 327 acute stroke beds are required.

The National Clinical Programme for Stroke has advised that adequate staffing of stroke units is essential to ensure proper care of this emergency brain injury, enhance acute treatment delivery, prevent and manage complications, start patient recovery and discharge planning early and to ensure proper patient and carer education and support.

The National Clinical Programme for Stroke has described the required staffing for a five-bedded stroke unit based on the British Association of Stroke physicians 2016 National Stroke Guideline, outlined in the table below.



5 Bedded Stroke Unit (1 Hyperacute bed, 4 Acute Stroke Unit Beds)	Physiotherapist	Occupational Therapist	Speech and Language Therapist	Clinical Psychologist	Dietician*	Nurse	Consultant Stroke Physician
	Whole-Time equivalent (WTE) per 5 beds						WTE per bed
1 Hyperacute Stroke Unit bed	0.2	0.1	0.1	0.04	0.07	Registered 2.32 Unregistered 0.58	
4 Acute Stroke Unit beds	0.7	0.7	0.3	0.2	0.3	Registered 3.51 Unregistered 1.89	
Total WTE	0.9	0.8	0.4	0.24	0.37	Registered 5.8 Unregistered 2.9	

The National Clinical Programme for Stroke has advised of nursing deficits of 24% within the current number of stroke unit beds.

	Staff Nurse Costs per Recommended Stroke Unit Beds (1.16 per bed)	HCA Costs (.58 per bed)
TOTAL COST FOR RECOMMENDED SU BEDS	7766772.66	4537676
TOTAL POSTS REQUIRED FOR RECOMMENDED SU BEDS	205.02	143

The National Clinical Programme for Stroke mapped the existing gap in HSCP staff numbers for all disciplines and what would be needed with the projected growth in stroke numbers at individual sites. Increasing staff WTEs to the required level requires significant investment and lead time to recruit suitable qualified personnel. In this context, the National Clinical Programme for Stroke recommends a phased approach to reaching optimal staffing levels for stroke services.

HSCP staffing projections for acute stroke unit needs

Discipline	Gap to be filled over 3 years	Cost over 3 years
Physiotherapy	42.5	€2517254.9
Occupational Therapy	40	€2541530.8
Speech and Language Therapy	15.8	€1,171,994
Dietetics	22.2	€1,442,664
Medical Social Work	20.2	€1,411,322
Psychology	16.9	€1,253,888
Total Posts/Costs HSCP	157.5	€10,338,653.7



Yours sincerely,

A handwritten signature in blue ink that reads 'Carol Ivory'. The signature is written in a cursive style with a loop at the end of the 'y'.

Carol Ivory
General Manager,
Acute Operations