



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohifigeach Cliniciúil  
Ospidéal Dr. Steevens, D08 W2A8  
R: [clinicaldesign@hse.ie](mailto:clinicaldesign@hse.ie)

Clinical Design & Innovation; Office of the Chief Clinical Officer  
Dr Steevens' Hospital, D08 W2A8  
E: [clinicaldesign@hse.ie](mailto:clinicaldesign@hse.ie)

9<sup>th</sup> June 2022

Deputy Louise O'Reilly, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 27465/22**

**To ask the Minister for Health the estimated costs associated with further development of early-supported discharge for stroke; the staffing deficits that currently exist in existing teams which are below those as recommended by the national stroke programme; the estimated costs to ensure that staffing deficits are addressed; and if he will make a statement on the matter**

Dear Deputy O'Reilly,

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 Stroke on your question and have been informed that the following outlines the position.

Early Supported Discharge (ESD) for stroke is an international model of best care for stroke patients that improves patient outcomes while facilitating a faster discharge home from hospital through the provision of stroke-specific rehabilitation in the home setting<sup>1</sup>.

**Table 1** outlines current versus recommended minimum staffing requirement as set out by the NCP for Stroke at 6 ESD sites, namely:

1. Mater Misericordiae University Hospital (MMUH);
2. University Hospital Galway (UHG);
3. Tallaght University Hospital (TUH);
4. Cork University Hospital/ Mercy University Hospital (CUH/MUH);
5. University Hospital Limerick (UHL);
6. Beaumont Hospital (BH).

Healthcare Professional	Recommended Staffing *	MMUH	UHG	TUH	CUH/MUH	UHL	BH
Occupational Therapist (OT)	1 WTE Snr	1	1	1	1	1	0.5
Physiotherapist (PT)	1 WTE Snr	1	1	1	1	1	0.5
Speech and Language Therapist (SLT)	1 WTE Snr	0.5	0.5	0.4	0.5	0.5	0.5
Medical Social Worker (MSW)	0.5 WTE Snr	0.5	0.2	0.5	0	0	0.5
Clinical Nurse Specialist (CNS)	0.5 WTE	0	0	0	0	0	0.5
Therapy Assistant (TA)	1 WTE	1	1	0	0	0	0

\*recommended staffing applies to all teams except for CUH/MUH who require 1.5 of the recommended staffing levels

Table 2 describes estimated costs to ensure the deficits in existing six ESD teams are addressed:

TABLE 2	mid-point	PRSI 11.05%	total gross *	MMUH	UHG	TUH	CUH/MUH	UHL	BH	total WTE	Cost
OT	59,429	6,567	65,996	0	0	0	0.5	0	0.5	1	65,996
PT	59,429	6,567	65,996	0	0	0	0.5	0	0.5	1	65,996
SLT	59,429	6,567	65,996	0.5	0.5	0.6	1	0.5	0.5	3.6	237,586
MSW	65,920	7,284	73,204	0	0.3	0	0.75	0.5	0	1.55	113,466
CNS	55,469	6,129	61,598	0.5	0.5	0.5	0.75	0.5	0	2.75	169,394
TA	33,669	3,720	37,389	0	0	1	1.5	1	1	4.5	168,251
<b>Total pay</b>											820,689

\*Oct 2021 payscales

The NCP for Stroke National Stroke Strategy 2021-2026 has a planned 3-year phased implementation plan for the expansion of ESD teams. The strategy aims to have 21 ESD teams in place to cover 92% of stroke services. The cost for this is shown in Table 3 below:

TABLE 3

Year 1	Consolidation of existing six ESD teams & expansion to 4 additional sites	<b>€2,257,470</b>
Year 2	ESD Service Expansion	<b>€1,819,477</b>
Year 3	ESD Service Expansion	<b>€827,035</b>
<b>Total Cost</b>		<b>€4,903,982</b>

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



---

**Anne Horgan**  
**General Manager**

**Reference**

1. Early supported discharge services for stroke patients: a meta-analysis of individual patients' data. Langhorne et al. Lancet 2005; 365: 501–06