



**Oifig an Cheannaire Oibríochtaí,**  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
31-33 Sráid Chaitríona, Luimneach.

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7<sup>th</sup> November 2022

Deputy Denis Naughton,  
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Kildare Street,  
Dublin 2.  
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Dear Deputy Naughton,

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: 52916/22**

*To ask the Minister for Health the digital solutions that he is exploring to target speech and language waiting lists both for adults and children; and if he will make a statement on the matter.*

**PQ: 52917/22**

*To ask the Minister for Health the digital solutions that he is exploring to target occupational therapy waiting lists both for adults and children; and if he will make a statement on the matter.*

**HSE Response**

The HSE acknowledges the challenges in meeting the demand for disability services and is acutely conscious of how this impacts on children and their families.

Children and adults requiring therapy services would access services through Primary Care Teams in CHO Areas. Children with more complex issues would access services through Children's Disability Services.

**Waiting List Initiatives**

It is a key priority of Community Services to help people to access the care and support that they need as soon as possible. There are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, competing with private or small practice organisations when attempting to recruit, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services.

The Project Group established of national clinical leads and operational community leaders to oversee work, has put in place arrangements for a number of initiatives that are both clinically high priority as well as being operationally achievable within current constraints.



There are also related actions in the DOH waiting list plan to improve community services information systems including the implementation of the Integrated Community Case Management System (ICCMS) which will be integral to supporting medium to long term management of waiting lists.

With regard to Disability Services, the National Clinical Programme for People with Disabilities (NCPDP) is in the process of completing a consultation with Speech and Language Therapy stakeholders to identify how digital technologies can add value to service provision in this area. It is expected that an open call to address this need will issue at the end of 2022.

In addition, HSE Disability Services has secured funding for a waiting list initiative to facilitate additional assessments of need under the Disability Act, 2005 through a range of measures including recruitment of dedicated AON assessment teams, private procurement and overtime initiatives for existing staff.

The capacity of the domestic market to provide the necessary skilled clinicians for direct employment or the procurement of private assessments is extremely limited. As a result, the HSE is exploring the potential to progress a large scale international procurement process to secure significant numbers of diagnostic ASD assessments. This will have a positive impact on waiting lists in disability services.

### **Children's Disability Network Teams (CDNTs):**

With regard to children's disability services, all 91 Children's Disability Network Teams are now in place. These teams provide services and supports for all children with complex needs within a defined geographic area.

CDNTs are teams of health and social care professionals (e.g., occupational therapists, psychologists, physiotherapists, speech and language therapists, social workers) and others disciplines (e.g., nursing). The reconfiguration into CDNTs and the resultant staffing mix was influenced by a number of factors including the staff resources of existing services and the available skill mix. Hence, some CDNTs may include disciplines such as nurses, family support workers or early educators.

Regardless of the nature of their disability, where they live, or the school they attend, every child with complex needs and their families have access to the full range of family centred services and supports of their CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when needed. Supports are provided as is feasible in the child's natural environments - their home, school and community.

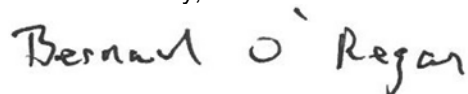
Work is ongoing on mapping specialised services and supports, and paediatric supports available and gap analysis for children with highly complex needs, in order to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

### **National Information Management System for the CDNTs (CDNTIMS)**

Historically the number of children waitlisted for children's disability services provided by section 38 and section 39 providers has not been available nationally. The establishment of CDNTs will facilitate the collection of this data.

A National Management Information System for all 91 CDNTs is in development and when implemented, will provide current data on waiting lists for all CDNTs. In the interim, manual data collection is on-going and will provide information to the local areas regarding the number of children waiting for each CDNT.

Yours Sincerely,



**Mr Bernard O'Regan,  
Head of Operations - Disability Services,  
Community Operations**

