



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil  
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Deputy Louise O'Reilly, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 14778/23**

**To ask the Minister for Health the estimated costs associated with the further development of the early supported discharge of people who have suffered a stroke; the current staffing deficits in existing teams that are below the level 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>. Research has shown that ESD patients spend 5-6 fewer days in hospital and are more likely to be living at home and to be independent in daily activities six months after stroke.

There is currently one fully funded ESD team in Our Lady of Lourdes Hospital, Drogheda.

There are currently nine partially funded Early Supported Discharge (ESD) teams in Ireland:

- Mater Misericordiae University Hospital (MMUH)
- Tallaght University Hospital (TUH)
- University Hospital Galway (UHG)
- University Hospital Limerick (UHL)
- Beaumont Hospital (BH)
- Cork University Hospital/ Mercy University Hospital (CUH/MUH)
- St James's Hospital (SJH)
- St Vincent's University Hospital (SVUH)
- Connolly Hospital

We are also aware of an additional two pilot ESD teams (Sligo University Hospital and University Hospital Kerry).

Of the existing nine partially funded ESD teams, none meet the minimum staffing requirement as set out by the NCP for Stroke. This impacts the capacity of the team in terms of the number of patients, the complexity of patients and geographical catchment. The following table demonstrates the number of staff in whole time equivalents (WTEs) required to complete the existing teams:

Discipline, grade	MMUH	UHG	TUH	CUH	UHL	Beaumont	SVUH	SJH	OLOL	Connolly	Total WTE
Occupational Therapist, Senior	0	0	0	0.5	0	0	0.5	0.5	0	0	1.5
Physiotherapist, Senior	0	0	0	0.5	0	0	0.5	0.5	0	0	1.5
Speech and Language Therapist, Senior	0	0.5	0	0.5	0	0	0.5	0.5	0	0	2
Medical Social Worker, Senior	0	0.3	0	0.75	0.5	0	0.25	0	0	0	1.8
Clinical Nurse Specialist (General)	0.5	0.5	0.5	0.75	0	0	0.25	0	0	0	2.5
Therapy Assistant (PT scale)	0	0	1	1.5	1	1	0.5	0.5	0	0	5.5
											14.8

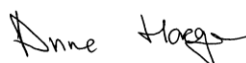
The cost required to complete the existing teams is €968,000. Funding has been committed by the Department of Health in the National Service Plan 2023 to meet these gaps. Therefore, by the end of 2023, the NCP for Stroke hopes to have ten ESD teams with a full complement of staffing levels.

The National Stroke Strategy 2022-2027 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. Year 1 will be completed in 2023. The cost for this is shown in the table below:

Year 2	ESD Service Expansion	€1,819,477
Year 3	ESD Service Expansion	€827,035

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