

16<sup>th</sup> May, 2024

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

**RE: PQ 18948/24**

**To ask the Minister for Health what problems and issues have arisen from the lack of a structured programme of recurrent funding for the National Stroke Strategy; what recommendations of both the National Stroke Strategy and the Irish National Audit for Stroke are not able to be implemented as a result of the lack of a structured programme of recurrent funding; and if he will make a statement on the matter**

Dear Deputy O'Reilly,

The Health Service Executive (HSE) 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.

The HSE's Stroke Strategy (2022-2027)<sup>1</sup> provides a blueprint for the required investment over a 5 year timeline (2022-2027), to improve stroke services and deliver on key priorities under four pillars comprising:

1. Stroke Prevention;
2. Acute Care and Cure;
3. Rehabilitation and Restoration to Life;
4. Education and Research.

Investment towards implementation of the HSE National Stroke Strategy commenced in 2023.

Two recommendations outlined in the Stroke Strategy received approval for recruitment in the Letter of Determination (LoD) 2023, for 24.9 whole time equivalent (WTE) staff. This was to increase resource capacity for acute services and early supported discharge (ESD) rehabilitation teams.

Progress was made in 2023, by the recruitment of 11.5 WTEs, as follows:

Pillar 2: Acute Care and Cure

- Improved access to specialist acute stroke care;
- Improved access to endovascular thrombectomy (EVT) for stroke patients with large vessel occlusion by expanding interventional neuroradiology services in Cork University Hospital (CUH).

Pillar 3: Rehabilitation and Restoration to Life

- Improved access to rehabilitation in stroke patients' own homes by establishing/expanding Early Support Discharge (ESD) Teams.

The remaining 13.4 WTEs (across both acute stroke unit and rehabilitation/ESD settings) are delayed due to the HSE recruitment moratorium. The LoD 2023 approved the recruitment of these posts. However, these posts are currently unfunded. As a consequence, they are paused due the recruitment moratorium.

In the acute stroke unit setting, patients at three acute sites continue to have limited access to Speech and Language Therapy. Bray et al (2017)<sup>2</sup> found that a delay in screening for dysphagia after stroke is associated with an increased risk of stroke-related pneumonia.

Six existing ESD services do not have the full MDT Team complement recommended in the Stroke Strategy.

The Irish National Audit of Stroke (INAS) Organisational Audit Report (2021)<sup>3</sup> describes the organisation of acute hospital stroke services, based on a self-reported questionnaire submitted by all hospitals providing acute stroke services in Ireland in September 2021. This 2021 report reported that five out of the 24 stroke units across the country had access to clinical psychology.

The HSE's National Stroke Strategy aims to improve essential access to psychological supports at acute and post-acute stages of care for stroke survivors through the recruitment of senior clinical psychologists. Clinical psychology services are essential to address the needs of patients at acute, post-acute and long-term stages of care, both in the clinic and at home. These services can manage a range of sequelae and support caregivers and family members in their management.

In 2023, approval was given to recruit two Senior Clinical Psychology WTEs and recruitment campaigns were progressed for these posts. However, there were challenges in successfully recruiting these professionals, due to the well-acknowledged recognition of a current insufficient pool of senior clinical psychologists in Ireland.

Increasing staff Whole Time Equivalent (WTE) levels to the required level, as outlined in the strategy, has significant costs and takes time to recruit suitable qualified and available personnel. Cognisant of these factors, NCP Stroke will seek to develop a more detailed Stroke Strategy Implementation Plan in 2024. In line with this plan, it will continue to seek additional investment to implement the strategy successfully.


The HSE will endeavour to bring all services up to recommended capacity over the lifetime of the strategy by a graduated incremental scale up process, as outlined in Appendix 3 of the strategy<sup>1</sup>.

Posts are being targeted towards stroke services in both the acute and rehabilitation stages of stroke care and include a variety of healthcare professional disciplines and grades. It is anticipated that further implementation of the strategy will continue in 2024 and subsequent years, with associated funding requests/requirements.

It is acknowledged that the 'entire chain of care from primary prevention to life after stroke' will not be achieved within the 5-year span of this strategy. Notwithstanding this, successful and full implementation of this current strategy will result in a more standardised, equitable and safe service for acute stroke care across the country and address much of the requisite key deficits in modern stroke care

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



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

## References

1. [National Stroke Strategy 2022-2027 \(hse.ie\)](https://www.hse.ie)
2. Bray, B. D., Smith, C. J., Cloud, G. C., Enderby, P., James, M., Paley, L., & Rudd, A. G. (2017). The association between delays in screening for and assessing dysphagia after acute stroke, and the risk of stroke-associated pneumonia. *Journal of Neurology, Neurosurgery & Psychiatry*, 88, 25-30.
3. [Irish National Audit of Stroke Organisational Audit Report 2021](#)