

# **Joint Committee on Health**

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## **OPENING STATEMENT**

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Bernard Gloster  
Chief Executive Officer  
24<sup>th</sup> May 2023



## **Introduction.**

Good morning, Chair and members of the Committee. Thank you for the invitation to meet with the Committee today. I welcome the opportunity to engage with the Committee on the two items listed for today;

- HSE National Service Plan 2023
- Community Neuro-Rehabilitation Services.

I am joined today by my colleagues;

Ms. Mairead Dolan, Assistant Chief Financial Officer.

Mr. Damien McCallion, Chief Operations Officer.

Dr. Colm Henry, Chief Clinical Officer

I am supported by senior staff Ms. Sara Maxwell and Ms. Niamh Doody.

## **The National Service Plan (NSP).**

The NSP 2023 comes against the backdrop of the drive to return to the normal functioning of services, at the best of times complex, following the sustained impact of the pandemic since early 2020.

The winter period 2022 into 2023 saw unprecedented demand in a range of critical services including Emergency Departments, General Practice, Social Care, Mental Health and new Outpatient referrals.

NSP 2023 seeks to achieve two headline objectives. These can be listed as;

- Restoration of Health and Personal Social Services in the first full year post-pandemic.
- Advancement of the Programme for Government (PfG) and Slaintecare in achieving universal healthcare.

The 2023 core revenue budget on which the NSP is based is 5.7% higher than the opening position the previous year. When some further once-off COVID funding is included, the total revenue for the plan is €21.7bn.

This includes the provision of additionality in Existing Levels of Service (ELS) of €900.1m and €240.2m for new service developments.

The NSP is supported by a capital plan of almost €1.2bn. This takes account of previously agreed projects and is aligned to both the PfG and the strategic priorities of the HSE, supporting the mitigation of infrastructural risk and the delivery of safe and quality healthcare.

2022 saw the introduction of a targeted Waiting List Action Plan (WLAP). In view of the significant demands and the need to continuously reduce waiting times, NSP 2023 is supported by a separate WLAP for the year. The NSP and the WLAP, in addition to NTPF activity, will again ensure record numbers of people are seen and treated this year. While improving waiting times we will continue to see high volume overall lists as the numbers of new referrals are at an all-time high, an experience not unique to Ireland.

To give the Committee an understanding of the scale of our acute activity, the most recently available 12 months of data shows there were 3.4 million outpatient and 1.7 million in-patient / day case attendances. In addition to this planned ('scheduled') care, our hospital system also treated 1.6 million patients during this same period in emergency ('unscheduled') care, which represents a 10% increase on 2019 (pre-pandemic) levels and reflects the ongoing pressure on hospitals from viral surges and increased Emergency Department attendances.

The NSP 2023 will also see the advancement of new structures for the Health Service as the Regional Health Area (RHA) concept is advanced.

## **Community Neuro-Rehabilitation.**

In February 2019, the 'National Strategy and Policy for the Provision of Neuro-Rehabilitation Services in Ireland – Implementation Framework' was published. The strategy aims to integrate Neuro-Rehabilitation Services, offering care in specialist centres where needed or as close to the patient's home as possible. To achieve this, the strategy outlines the configuration of Managed Clinical Rehabilitation Networks (MCRNs) at a population-based level nationwide. Following the transfer of functions in the PfG this matter is now led by the DCEDIY and the HSE is directly engaged with the Unit there on the implementation of this strategy.

The MCRN model consists of a multi-tiered system of neuro-rehabilitation services, which include the following:

- **Tier 1:** National Neuro-Rehabilitation In-patient facility.
- **Tier 2:** Regional Neuro-Rehabilitation In-patient facilities (the aim is for four to six facilities, with approximately 20 beds per 1 million population at a regional level).
- **Tier 3:** Local Community based Neuro-Rehabilitation Teams (CNRT's) (the aim is for Nine local CRNTs teams, one per CHO).

## **Progress to Date and Next Steps:**

Progress and next steps in relation to each level of the Managed Clinical Rehabilitation Networks (MCRN) for neuro-rehabilitation services is summarised as follows;

### **Tier 1: National Neuro-Rehabilitation In-patient facility**

In 2020, a new 120 bed National Rehabilitation In-patient facility was opened. In 2023, a national rehabilitation co-ordinator was recruited and a new centralised cohesive referral process established for neuro-rehabilitation services.

### **Tier 2: Regional Neuro-Rehabilitation In-patient facilities**

The objective is to establish regional Neuro-Rehabilitation In-patient facilities (four to six facilities, with approximately 20 beds per 1 million population). Since 2022, The Royal Hospital Donnybrook have 12 Beds operational and Peamount Healthcare have 15 Beds operational. In 2023, a mapping of all post-acute in-patient rehabilitation is being finalised to identify any existing rehabilitation beds that can be realigned to operate as part of the MCRN and to inform estimates bids for further development.

### **Tier 3: Local Community based Neuro-Rehabilitation Teams (CNRT's)**

The objective is to establish nine Community based Neuro-Rehabilitation Teams. Teams include approximately 13 professionals, comprising a wide range of therapy services lead by a Consultant in Rehabilitation Services.

In 2023, full Local Community based Neuro-Rehabilitation Teams will be place in CHO 2, CHO 4, CHO 6 and CHO 7, subject to the availability of staff for recruitment. The impact of these teams will vary in 2023 due to recruitment processes, but they are intended to be fully functional by early 2024. The 2024 estimates will include the remaining CHO areas, recognising that in CHO 1 and CHO 3 there are partial teams in place which predated the strategy. These will provide a good foundation to bring those areas into line with the strategy.

Chair that concludes my opening remarks and I am happy to assist the Committee.