



Neuro-mapping Phase 2. Working together towards integrated care in the community for people with neuro rehabilitative needs.

## Communique #4

### Key Themes arising from CHO 2, 3 & 6

### The Neuro-Mapping Project - Phase 2:

#### Project Aim

The aim of this project is to further understand the current service and support pathways that occur between existing and developing statutory and voluntary community services for people with neuro-rehabilitative needs in CHO 2, 3 and 6. The information obtained will inform the work of the Community Workstream of the HSE Neuro-Rehabilitation Strategy.

The key actions relating to the project include consultation with people with a neurological condition and neuro-rehabilitative need and service-providers whose services contribute to the neuro-rehabilitative needs of people with neurological conditions in the three CHO areas.

As well as outlining the primary themes and suggestions for the future that surfaced from Service User and Service Provider participation, this Communique also gives details of participation levels and next steps.

#### Service-user participation

56 service-users participated/inputs in the engagement sessions. Their neurological diagnoses included Multiple Sclerosis (18), Stroke (17), Acquired Brain Injury (12), Spinal Cord Injury (3), Functional Neurological Disorder (2), Epilepsy (2), Rare Neurological Condition (2), Parkinson's Disease (1), Progressive Supranuclear Palsy (1), Brain Aneurysm (1) and Brain Tumour (1).

#### Service-provider participation

Staff representing service-providers (both statutory and voluntary) contributed to the 6 consultation sessions (106) and pre-cursor questionnaires (137), in addition to the 102 service-providers who attended the two briefing sessions across each CHO.



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## Primary themes from **service-users'** experiences

CHO 2	CHO 3	CHO 6
<ul style="list-style-type: none"> <li>➤ Lack of dedicated specialist services</li> <li>➤ Navigating services alone</li> <li>➤ Value of support network and social connections</li> <li>➤ Obstacles to accessing services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Services are beneficial but there is an absence of long-term continuity of care</li> <li>➤ Expertise is needed but there is an absence of specialist services</li> <li>➤ Burden of responsibility of finding services</li> <li>➤ Financial burden of accessing services</li> <li>➤ Accessibility limitations of services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complexity of navigating services</li> <li>➤ Inconsistency in services</li> <li>➤ Gaps in long-term supports</li> <li>➤ Systemic issues resulting in fragmented service delivery</li> </ul>

## Primary themes from the **service-providers'** experiences

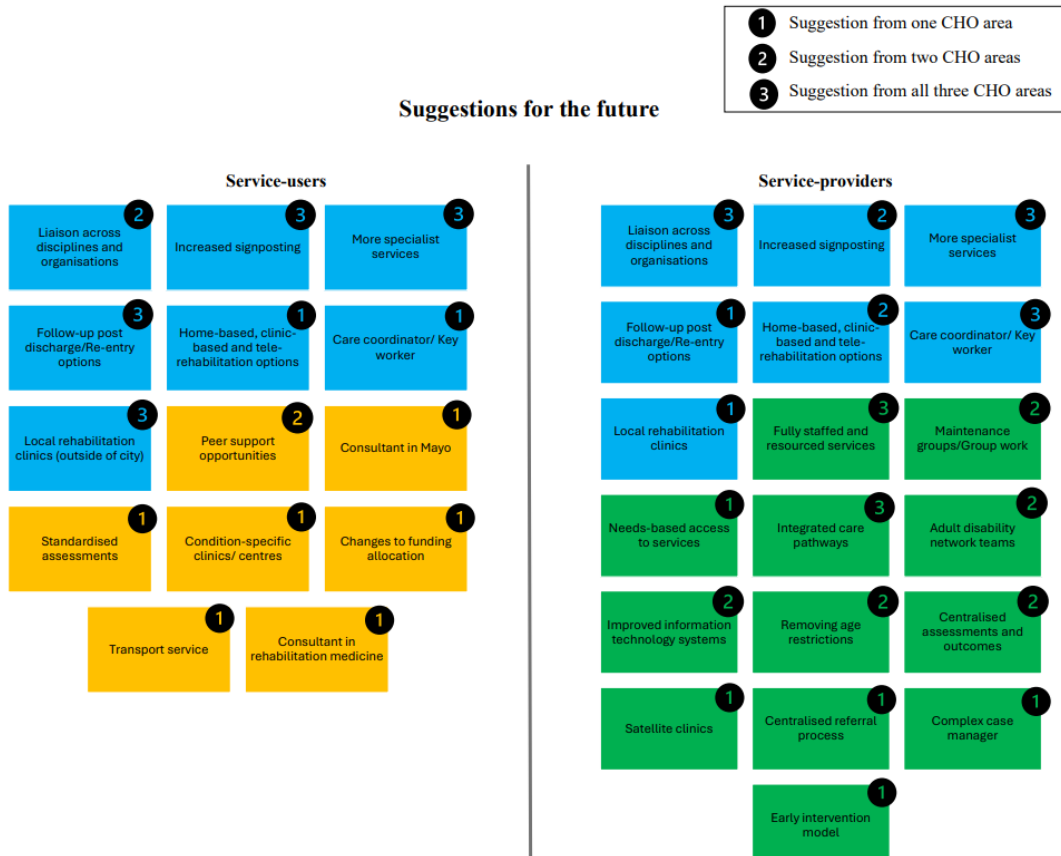
CHO 2	CHO 3	CHO 6
<ul style="list-style-type: none"> <li>➤ Insufficient specialist services</li> <li>➤ Under-staffed and under-resourced services resulting in long waiting lists</li> <li>➤ Lack of knowledge of services</li> <li>➤ Challenges with referral processes</li> <li>➤ Impact of transport and support network on access to services</li> <li>➤ Inequitable access to services based on neurological diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>➤ Insufficient specialist services</li> <li>➤ Under-staffed and under-resourced services resulting in long waiting lists</li> <li>➤ Lack of knowledge of services</li> <li>➤ Age, location and transport impact access to services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Insufficient specialist services</li> <li>➤ Under-staffed and under-resourced services resulting in long waiting lists</li> <li>➤ Lack of knowledge of services</li> <li>➤ Challenges with referral processes</li> </ul>



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## Suggestions for the future

There were many suggestions for the future, including several common areas across service-users and service-providers as highlighted below.



## Next Steps

The feedback and themes will be explored and analysed in more detail in the final report, which will be available towards the end of 2024.

The project partners would like to take this opportunity to thank all those who participated in the consultation sessions and contributed to this project. Your time and input are very much appreciated, and your contributions were constructive and very insightful.

More information on the Neuro-Mapping Project can be found on [Neuro-Mapping](#) webpage of the DFI website.

The overall governance for this project sits with the National HSE Neuro Rehabilitation steering group, and the HSE, NAI and DFI are the project partners.