National Clinical Programme for People with Disability in Ireland

Geography and scale: Ireland; national

Type of disability: People with physical, sensory, cognitive, intellectual and psychosocial disabilities; persons with chronic illnesses or frailty and those with transitory impairment.

Involved actors: Health Service Executive (HSE)

Best practice description

Housed within the Ministry of Health, the National Clinical Programme for People with Disability (NCPPD) seeks to support the provision of effective and efficient health and social care for people with disabilities. Created in March 2020 and composed of three members and a number of associated Disability Specialists, the programme aims to design clinical services that are evidence-informed, context-appropriate, and based in the social and rights model of disability. The NCPPD is advised by the Disability Advisory Group (DAG), consisting of 20 members drawn from each of the nine disciplines which each have a unidisciplinary sub-committee, a range of disability-stakeholders (e.g., service users, carers, associations, service providers, etc.) and representatives of the National Disability Operations and Strategy and Planning programmes. The NCPPD also works closely with other specialized clinical programmes such as mental health, rehabilitation, older persons, etc.

Origin / impetus for best practice

- Increasing recognition that governance structures dominated by a single profession are sub-optimal for designing integrated clinical services.
- Existing commitment to enhancing the role of other professions through the Health and Social Care Professions Office.
- Promotion by NCPPD personnel of equity of esteem, interdisciplinary and co-leadership across professions.
- Opportunity to rapidly progress establishment of the new NCPPD due to the exigencies of Covid-19 pandemic.

Impact / results of implementing best practice

- Development of suite of national guidance documents to support health and social care delivery during the COVID-19 pandemic resulting in lower morbidity and mortality by international comparison.
- Supporting health workers training to adapt disability assessments and interventions during COVID-19, thereby ensuring continuity of safe and essential services.
- A survey on digital and assistive technology for disability services recognized good practice and scalable projects for acceptable and safe services, supports and opportunities beyond COVID-19 pandemic.
- Changing expectations of people with disability and health and social care professions through co-design, parity of input and integrated approach.
- The NCPPD has bridged the gap between social care and healthcare in Ireland. The programme has created a fit-for-purpose governance structure which will ensure that integrated health and social care services are co-designed with people with disability, civil society, clinical and care practitioners; is rights-based and determined by person and family-centred needs. – NCPPD team

Critical success factors for best practice

- Leveraging ratification of UNCRPD
- Political and clinical window of opportunity for disability related agenda-setting.
- People with disabilities and/or their representatives are centred in the programme.
- Strong backing from health and social care leadership

Impact statement

“The NCPPD has bridged the gap between social care and healthcare in Ireland. The programme has created a fit-for-purpose governance structure which will ensure that integrated health and social care services are co-designed with people with disability, civil society, clinical and care practitioners; is rights-based and determined by person and family-centred needs.”

– NCPPD team

Sources

1. National Clinical Programme for People with Disability
2. NCPPD Programme Governance
3. The Impact of COVID-19 on People with Disabilities
4. COVID-19 posters and resources
5. COVID-19 HSE Clinical Guidance and Evidence

Lessons learned

- The relevance of the UNCRPD to clinical contexts has to be claimed and demonstrated.
- The principle of participation has to be embedded for service providers as well as service users.
- Conventional practices need to be challenged by credible people with credible alternatives.
- Senior allies open to change must be identified and engaged.

Further links & information

- Guidance on Conducting Assessments in Disability Services
- Survey on Digital and Assistive Technology use in Disability Services

Date: March 2021