

**THE IMPACT OF
COVID19 ON ACCESS TO
SERVICES FOR PEOPLE
WITH NEUROLOGICAL
CONDITIONS
AND
THE CAPACITY OF THESE
SERVICES TO RESPOND TO
DEMAND POST-COVID19**

**SUBMISSION TO THE JOINT
OIREACHTAS COMMITTEE ON HEALTH**

MARCH 2021

EXECUTIVE SUMMARY

This submission focuses on the impact of COVID19 on access to services for the over 800,000 Irish people living with neurological conditions including dementia, stroke, epilepsy, acquired brain injury, multiple sclerosis and Parkinson's disease.

The closure/curtailment of services has already had a serious impact on access to treatment and rehabilitation for people with neurological conditions. Neurology and Neurorehabilitation services were already completely under resourced and unable to meet demand before the pandemic due to decades of underinvestment and failure to implement existing policy.

The future of long-term neurological care in the community is facing its most serious threat to date as a result of the impact of COVID19 on the not-for-profit sector. Cuts or closures to this sector will have a devastating impact on the entire infrastructure of service provision for people with neurological conditions in this country.

As more and more research emerges of the neurological consequences of COVID19, neurological care is facing the "perfect storm" of pent-up demand and a new emerging group of neurological patients with complex needs coming on top of services already at breaking point pre-pandemic.

The Neurological Alliance of Ireland, the national umbrella of neurological patient organisations, is concerned that neurological care in Ireland will be fundamentally undermined at a time when a strong response is critically needed to in manage the neurological consequences of COVID19 as well as the pent-up demand to care for existing patients. Existing services will simply be unable to meet this need at current levels of resourcing.

The Neurological Alliance of Ireland recommends a programme of emergency investment in neurological care services to enable them to respond to pent-up and new emerging demands as a consequence of the pandemic.

FORMAT OF THIS SUBMISSION

The Neurological Alliance of Ireland welcomes the opportunity to make a submission to the Joint Oireachtas Committee on Health as it considers the demands and challenges facing the health system going forward following the lifting of COVID19 restrictions. This submission follows the guidelines as set out by the Committee. It also outlines a series of recommendations for the Committee to consider.

The term “neurological care” is used throughout this submission to refer to the range of services and reports required by people with neurological conditions: from diagnosis to treatment and long-term care. Neurological care services were already significantly under resourced and struggling to cope with demand pre COVID19.

This submission outlines:

1. The impact of COVID19 to date on access to services for people with neurological conditions
2. The nature and extent of post-COVID demand and the serious challenges facing every area of neurological care in meeting this demand going forward.
3. Recommendations for immediate action to ensure neurological care services can respond to pent-up need and additional demand post COVID19

The submission incorporates testimonies (Appendix 1) from both patient organisations and clinicians working directly with people with neurological conditions.

PART 1: THE IMPACT OF COVID19 ON ACCESS TO SERVICES FOR PEOPLE WITH NEUROLOGICAL CONDITIONS

The Neurological Alliance of Ireland published a detailed survey of over 600 people with neurological conditions and family carers in May 2020¹. The survey was carried out in April 2020, at the point where healthcare services had faced a period of significant curtailment/closure due to COVID19 restrictions.

A quarter of respondents reported significant challenges in accessing services for their neurological condition: including outpatient appointments, access to diagnostic tests and ongoing treatments. Access to neurorehabilitation services was particularly impacted: there was an urgent move to discharge patients from

hospital-based care with the result that a significant group of patients missed out on inpatient neurorehabilitation. Significant redeployment of staff in community settings severely impacted the provision of therapy services such as physiotherapy, speech and language therapy and other neurorehabilitation services.

This submission incorporates testimonies (see Appendix 1) from patient organisations and clinicians outlining the direct impact of COVID19 restrictions on access to services for people with neurological conditions and concerns around access to services and capacity to meet demand once restrictions are lifted.

PART 2: POST COVID19 DEMAND FOR NEUROLOGICAL CARE

The Joint Oireachtas Committee on Health at their meeting on 9th February 2021² heard of the significant demands facing the health system once COVID19 restrictions are lifted and the need for “planning now to ensure services are resourced appropriately to cater for increased demand”.

There was a rapid response across all areas of neurological care to respond to the challenges of lockdown and provide as much access to care as possible through online platforms. Nevertheless, it is clear that there will be a significant pent-up demand for services post COVID19.

This section examines neurology, neurorehabilitation and long-term neurological care in the community: outlining the critical capacity issues facing each area of service provision pre COVID19 and challenges they will face in meeting pent-up demand post COVID19.

¹ COVID19-The Impact on People with Neurological Conditions and Family Carers: Report of a Nationwide Survey Carried Out by the Neurological Alliance of Ireland (May 2020) https://www.nai.ie/go/resources/nai_documents/neurological-alliance-of-ireland-publishes-report-on-covid-19-nationwide-survey

² C2021-02-09_opening-statement-professor-robert-landers-vice-president-irish-hospital-consultants-association_en.pdf (oireachtas.ie)

NEUROLOGY SERVICES

Neurology services, hospital-based services for the diagnosis and treatment of neurological conditions, had one of the highest OPD waiting lists pre-pandemic with waiting times of up to two years to see a neurologist becoming an all too frequent characteristic of the service.

A review of Neurology Resourcing 2015-2020 which will be published by the Neurological Alliance of Ireland in March 2021³ highlights serious capacity concerns for neurological care services, a situation that has been worsened by the impact of COVID19 but that was already at breaking point before the pandemic.

The findings of a national survey of neurology centres carried out in 2015, and again in 2020 showed that:

- Neurology services remained critically understaffed despite increased demand and activity over the five-year period

- Access to dedicated beds, diagnostic tests and appropriate facilities were highlighted in 2015 and again in 2020 with services under increasing pressure to deliver care with inadequate resources
- Access to neurorehabilitation services had deteriorated even further over the five years 2015-2020. Half of the centres surveyed reported lower levels of access to inpatient and community neurorehabilitation services than in 2015.
- The report outlines the serious threat to the sustainability of neurological care in Ireland due to the impact of COVID19 on an already struggling not for profit sector.

The Neurology Clinical Advisory Group carried out an initial audit of COVID19 impact and implications for neurology services in June 2020. In addition to examining the immediate impact of staff redeployment and other restrictions: the group also addressed the longer-term challenges facing the service through a

review of individual neurology centres around the country.

The group outlined the following longer-term implications for addressing post-COVID19 demand in its June 2020 Consensus Statement⁴

- **Impact of Social Distancing Requirements on Space/Capacity**

Space for outpatient clinics, access to dedicated beds and capacity within infusion suites were already a significant issue for a majority of centres pre-COVID19. Social distancing is likely to be a reality within hospital settings for a considerable time and will have implications for capacity within neurology services: outpatient clinics for example will need to avoid large numbers and lengthy waiting times in waiting rooms.

- **Backlog of Diagnostic Tests**

Neurology services anticipate significant backlogs in the

availability of essential diagnostics including neurophysiological investigations (EEG, EMG, NCS), neuroimaging, epilepsy monitoring and neuropsychology. The challenge is that many of these services were already under resourced pre-COVID19 and simply will be unable to provide additional capacity to cope with pent-up demand unless additional resources are made available.

- **Telemedicine**

Telephone or video appointments have been introduced in response to COVID19 but these initiatives are labour intensive and will require additional supports to roll out the technology and quality assurance systems needed in the longer-term to make these a viable option for service delivery

³ *Resourcing of Neurology Services in Ireland Five Years On 2015-2020: Key Findings From the Neurological Alliance of Ireland 2020 Survey of Neurology Services (March 2021) Neurological Alliance of Ireland*

⁴ *Consensus Statement on Neurological Care Post-COVID19 (June 2020) Clinical Advisory Group in Neurology*

NEUROREHABILITATION SERVICES

Neurorehabilitation services represent a continuum of care from specialist inpatient rehabilitation to long term community supports aimed at preventing further disability and promoting recovery for people with neurological conditions. Less than half the inpatient beds required, lengthy waiting lists for the single national centre and a complete dearth of services in the community meant that access to neurorehabilitation continues to be denied to the majority of patients who require it. Neurorehabilitation services in Ireland were completely underdeveloped and under resourced to cope with pre-COVID19 levels of demand with less than half of the dedicated specialist inpatient beds required for the Irish population. The launch of the National Neurorehabilitation Strategy in 2011 and the publication of a three-year Implementation Framework (2019-2021) almost a decade later, has seen little improvement in service provision:

- Less than thirty new specialist rehabilitation beds have been introduced since the Strategy was first published in 2011.
- Only two additional community neurorehabilitation teams have been funded despite a commitment in the 2019-2021 framework to provide a minimum of one team in each of the nine CHO (Community Health Organisation) areas nationwide
- There has been no investment to develop new community neurorehabilitation services in response to the huge gaps in areas such as day services, vocational services and transitional and long-term care.

Neurorehabilitation services will be required to meet the backlog of new and existing patients who were unable to access neurorehabilitation services during lockdown. This was due to a combination of factors (i) patients discharged early from acute

hospitals and who didn't get access to post-acute rehabilitation in the acute setting due to the COVID-19 outbreak, (ii) patients who did not get access to rehabilitation because of early discharge home (rehabilitation facilities were only admitting from acute hospitals) and (iii) patients with neurorehabilitation needs who had limited or no services in the community due to the redeployment of health and social care professionals.

The Clinical Advisory Group for Neurology in their 2020 consensus statement outlined that:

“Neurorehabilitation services have been curtailed within both hospital and community settings. The COVID19 epidemic will also place additional pressure on existing services, as those hospitalised will require extensive rehabilitation. Neurological consequences of COVID19 are also anticipated. Additional resourcing of rehabilitation services will be essential to maintain services”

LONG-TERM NEUROLOGICAL CARE IN THE COMMUNITY

Neurological care services include a network of patient organisations providing the only long-term care in the community for people with neurological conditions. These organisations were already struggling preCOVID19 due to successive funding cuts and increasing costs of providing services.

There is an overwhelming reliance on patient organisations to provide a range of vital services for the long-term management of neurological conditions in the community. These are extremely wide ranging but include services such as information and helplines, self-management programmes, key worker and case manager roles, vocational, respite and residential care services as well as clinical services, research and health professional training.

Successive funding cuts and an ongoing shortfall in statutory funding in order to fund the true cost of providing services mean that the not-for-profit neurological sector is struggling to survive year on year.

Demand for the services provided by patient organisations has grown

significantly year on year but the cost of providing these services has increased: including because of increased insurance costs, increased costs involved in complying with regulations/standards etc. In 2020, not for profit organisations faced a further increase in demand for their supports with the onset of COVID19 and the closure/curtailment of other services.

“The vital importance of not-for-profit organisations in the delivery of everyday care for neurological illness in this country cannot be overstated. They contribute millions each year from fundraised income without which neurological care in this country could not be sustained”

(Professor Orla Hardiman:
National Clinical Lead for
Neurology)

The threat to the sustainability of not-for-profit neurological patient organisations has serious implications for neurological care in Ireland with these organisations providing the crucial infrastructure of community and long-term specialist support for people living with neurological conditions. The delivery of neurological care in Ireland is completely reliant on the specialist services and supports provided by the not-for-profit sector. Any closure/curtailment of service provision by even a single patient organisation in this sector has a devastating subsequent impact on the care and treatment available to patients with that condition.

The sustainability of not-for-profit providers of neurological care is now under serious threat due to the impact of COVID19 on public fundraising, coming on top of years of underfunding and accumulated deficits. Unless action is taken to protect and resource this sector in the immediate and longer term: neurological care in Ireland, already under resourced and struggling

before COVID19, will be fundamentally undermined at a time of critical need in managing the longer-term consequences of COVID19.

NEUROLOGICAL CARE FOR PATIENTS RECOVERING FROM COVID19

“Evidence strongly suggests that patients surviving COVID-19 are at high risk for the subsequent development of neurological disease”

Journal of Alzheimer’s Research & Therapy June 2020⁵

“We are facing a secondary pandemic of neurological disease”

Robert Stevens, Associate Professor of Anaesthesiology and Critical Care Johns Hopkins Medicine, Baltimore⁶

There is increase worrying evidence of the emergence of a significant cohort of patients with neurological needs as a consequence of COVID19⁷. Evidence is increasingly emerging that COVID-19 is a disease with significant neurological consequences with research suggesting that over a third of patients may suffer neurological sequelae^{8,9}. Neurological consequences with a long-term impact include cerebrovascular events (stroke), hypoxia, extreme fatigue and cognitive impairment.

Long-term neurological complications arising from COVID-19 will present to already overstretched neurology services with long waiting lists. These patients will also require access to specialist neurorehabilitation services which were already completely inadequate to meet demand pre COVID and in no position to address additional demand. It is estimated that 5% of COVID19 patients will need focused, ongoing, intensive

specialist rehabilitation¹⁰. This does not include patients in the community who missed out on rehabilitation due to COVID19 and those deconditioned due to long periods of cocooning. The Neurological Alliance of Ireland is seriously concerned in relation to the provision being made for recovering COVID19 patients and the need to ensure that services for people with existing neurological conditions are not placed under additional strain due to the need to cater for this new group.

⁵ Heneka et al (2020) “Individual and long-term consequences of COVID-19 infections for the development of neurological disease. *Alzheimer’s Research & Therapy*: 12: Article 69 (June 2020)

⁶ How COVID-19 can damage the brain <https://www.bbc.com/future/article/20200622-the-long-term-effects-of-covid-19-infection>

⁷ Neurological Associations of COVID19 (2020) *The Lancet: Sept (1) Volume 19, Issue 9 p.767-783*

⁸ Henecka et al (2020) Immediate and Long-term consequences of COVID-19 infections for the development of neurological disease. *Alzheimer Research & Therapy* (12) 69 (April 2020)

⁹ Lancet Editorial: The Neurological Implications of COVID-19. June 2020 (19)

¹⁰ Rehabilitation in the Wake of COVID-19: A phoenix from the ashes. *British Society of Rehabilitation Medicine (BSRM) April 2020*

RECOMMENDATIONS FROM THE NEUROLOGICAL ALLIANCE OF IRELAND

The Neurological Alliance of Ireland is concerned that neurological care services are completely under resourced to cope with the pent-up demand as a consequence of pandemic restrictions as well as the additional requirements of patients with neurological consequences of COVID19.

Action must be taken now to introduce an immediate programme of emergency investment in neurological care services to prepare for an upsurge in demand. We recommend:

1. Immediate priority investment in neurorehabilitation services to address the critical lack of capacity in this area. The three-year Implementation Framework for the Neurorehabilitation Strategy (2019-2021), due to come to an end this year, has failed to make progress in addressing the serious dearth in inpatient and community neurorehabilitation services

2. Investment in neurology services in line with the recommendations of the Neurology Clinical Advisory Group Consensus Statement in order to prepare neurology to cope with post COVID19 demand.

3. The threat to the sustainability of not-for-profit neurological patient organisations has serious implications for neurological care in Ireland with these organisations providing the crucial infrastructure of community and long-term specialist support for people living with neurological conditions. The Neurological Alliance of Ireland is calling for Section 39 organisations to be protected from any further cuts and that sustainability supports for the community and voluntary sector introduced in the wake of COVID19 are continued for as long as restrictions continue to impact on public fundraising. NAI is also calling on the current Government

to implement the recommendations of the Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and social care services relating to Section 39 organisations (Chapter 8). Section 39 organisations need to be funded to the true cost of providing health and social care if this sector is to be sustainable into the future.

APPENDIX 1:

Testimonies from individual patient organisations and clinicians on the impact of COVID19 on access to services for people with neurological conditions and capacity to meet demand post COVID19

Epilepsy Ireland

For people with epilepsy, the pandemic has been particularly difficult. We know that stress levels and anxiety are at an all-time high amongst the general public but for people with epilepsy, this can be extremely detrimental to their condition as stress can cause breakthrough seizures. Preliminary findings of an international study aimed at measuring the impact of the pandemic on people with epilepsy has identified findings which are surely applicable to people with epilepsy in Ireland. The figures released isolated 463 respondents with epilepsy living in the UK and noted that:

- 40% reported health changes during the pandemic
- 19% cited a change in seizures
- 34% noted having mental health difficulties
- 26% noted having sleep disruption.

By continuing to provide services for people with epilepsy across the country throughout the pandemic, our colleagues in Epilepsy Ireland are expecting that when the Irish figures are isolated from this study, they will be much in line with the UK findings. Epilepsy Ireland have adapted all their services for online delivery and continue to provide vital supports for people with epilepsy and their families – in order to help a person best manage their condition and in educating new diagnoses.

Undoubtedly, the pandemic will have an impact on epilepsy services – services that were already under pressure pre-COVID given there is over 40,000+ people living with epilepsy in Ireland today with an average of 2,000 new diagnosis each year.

Information obtained by Epilepsy Ireland paints a stark picture on the impact the pandemic has had on epilepsy services:

- 24 month waiting list for vital adult epilepsy surgeries
- Doubling of wait time for appointments in Epilepsy

Monitoring Units at specialist centres (7-8 months to 14-16 months in one centre; 7-11 months to 18-24 months in the second centre)

- In numerous centres, EEG appointments have been limited to inpatients only due to reduced capacity which will contribute to long delays in outpatient appointments post COVID
- A reported drop in new referrals amongst healthcare professionals due to reduced service which will likely contribute to further delays in initial diagnosis and have an impact on all of the above.

Epilepsy Ireland stress that the above highlights how a renewed focus must be placed on investing in epilepsy services now and post-pandemic.

APPENDIX 1

Headway Ireland

All services for Headway clients have been affected severely during COVID19. Headway's own services ceased providing face-to-face appointments during the first lockdown and moved the majority of service provision online. Whilst some groups re-commenced when restrictions first eased, with the advent of the most recent level 5 restrictions, Headway have only been able to meet the most vulnerable clients face to face. Clients have missed the in-person community and peer support elements of the service which are essential to rehabilitation. It is fair to say that the best outcome we have been aiming for in many cases is the avoidance of too much deterioration in health and wellbeing and minimising the increase in disability.

Many of the appointments of community-based services either in primary care or specialist centres which are necessary to maintain the health of clients with brain injury have also been subject to delay, transfer to online consultation or in many

cases cancellation. Some of these cancellations have appeared to our clients confusing and inconsistent between locations, with several clients quoting appointments cancelled in randomly in one service whilst the same service was available to others. We know of several clients who have been awaiting vital surgery (e.g., cranioplasty) whose operations have been cancelled on multiple occasions at short notice.

The absence of extra home supports for carers in some cases has placed intolerable strain on families who normally experience some respite through their loved one attending the Headway service. Whilst we are providing family support groups online, the level of distress in many cases has clearly increased due to the absence of appropriate service.

The extra burden on Headway services is manifesting in two principal areas:

A) The demand for access to the Headway service and the restricted way in which we can assess new clients means that our waiting lists have

grown significantly. Waiting times have increased by more than 100% and the numbers on waiting lists have increased by 60% in Dublin alone.

B) Our existing clients need extra help in advocating for access to services and referrals, which have become increasingly difficult to access during COVID19 (as explained above). Although some level of advocacy is part of our service provision, this need is escalating rapidly.

APPENDIX 1

Spinal Injuries Ireland

Every week in Ireland, 3 people sustain a devastating SCI. Spinal Injuries Ireland (SII) is the only dedicated support service for the 2200+ people living with a spinal cord injury (SCI), their family members, carers and health care professionals. Spinal Cord Injury (SCI) is a chronic disease with long-term disability and multiple comorbidities which requires lifelong medical, psychological, and financial support. A Prospective Epidemiological Update on Traumatic Spinal Cord Injury in Ireland (Smith 2018) identified that the levels of SCI injury are more complex, and that families feel very much at a loss and excluded from society when a loved one sustains an injury. Those living with a SCI are also at financial disadvantage with high levels of unemployment and people living below the poverty line.

In this time of the COVID-19 pandemic, long term management of SCI has been drastically restricted, with limited access to the medical system in hospital and community. This has had a severe impact on those living with SCI who are at increased risk of the virus compared to the general population. SCI is characterized by a broad and

unique set of functional limitations and secondary complications that impact people both physically and psychologically:

- altered urinary and bowel care
- pressure wound care
- chronic and neuropathic pain
- physical therapies
- emotional support: depression, anxiety disorders
- social support: unemployment and isolation.

Access to services to treat the above comorbidities have all but ceased, causing a substantial increase in anxiety and distress with no end in sight. Referrals to Spinal Injuries Ireland's counselling service have increased by 70% compared to the same time last year. Anecdotal evidence from Service Users have reported that because they are living with a chronic disease for many years, they feel they have been forgotten about. They say access to expert care in primary and tertiary care was limited before the pandemic and fear the services will be non-existent when services return post lock down.

The top enquiries to SII in the last year were:

- Access to medical service
- Access to social/vocational support
- Access to professional counselling
- Access to financial support
- Access to disability services.

Spina Bifida Hydrocephalus Ireland

As spina bifida is a multi-faceted condition and 80% of people with spina bifida have hydrocephalus, the number of routine appointments are crucial for their continued health and well-being.

The reported effects from service users and parents/carers - 12 months into the COVID 19 pandemic has had on services for people with spina bifida and/or hydrocephalus:

- Routine appointments have been cancelled
- Waiting lists becoming longer than there were pre COVID 19

- Fear of attending scheduled appointments
- Individuals with these conditions falling out of their services for not attending scheduled appointments because they had a fear of contracting COVID 19
- Increased isolation
- Loneliness due to cocooning and restrictions
- Lack of support services when adults with these conditions could not depend on family members who were cocooning for support
- Mental health issues have increased
- Lack of supports for parents/carers with respite/home schooling
- Priority concerns for individuals with spina bifida and/hydrocephalus when they will receive the vaccine
- The developmental and social skills of children with these conditions not being able to attend school.

APPENDIX 1

Testimony: Professor Niall Pender Neuropsychologist

I am a clinical neuropsychologist and Head of the Department of Psychology in Beaumont Hospital. I am also consulting neuropsychologist to the Hermitage Medical Clinic and Associate Professor in Neuropsychology, Trinity College Dublin.

Over the past year the impact on service provision for people with neurological conditions has been enormous. I have seen the impact across several domains 1.) The direct impact on the patient group 2.) The indirect impact due to curtailment of clinical services 3.) The pressure on already limited neuro-rehabilitation spaces, 4.) The reduction in “non-urgent” research/clinical trials and 5.) The impact on daily life and challenges with behavioural change.

Direct impact of COVID-19: Patients with chronic neurological conditions are vulnerable to the devastating and life-threatening impact of COVID-19. The virus resulted in neurological difficulties for many healthy patients and in the death of many patients with chronic neurological problems. My specialist area is neurodegenerative diseases and many

of my patients lived in fear of the virus and its implications.

Indirect impact due to service curtailment

While this is less easy to quantify the impact was enormous.

Vulnerable patients missed out on routine outpatient appointments, investigations, and treatments. For many patients this was associated with marked anxiety and fear. Patients waited for reviews, those living with the cognitive, behavioural and emotional consequences of neurological and neurosurgical conditions suffered at home and their relatives/caregivers tried their best to manage with little or no help. End of life care was filled with worry and sadness as families tried to keep loved ones out of hospital or were unable to be with them during their final journey. I have heard heart-wrenching stories of family members watching their relative die via virtual platforms.

The long-term impact of these curtailments will be challenging. Outpatient lists are long and staff are exhausted.

Pressure on already limited rehabilitation services: Many post-COVID-19 patients may require neurological rehabilitation,

especially those who were hospitalised for their illness. We are unclear about the extra demands that COVID-19 places on already compromised neurological systems and also what impact delays in rehabilitation will have on patients with existing neurological conditions.

Impact on research

Over the past year many important research studies/trials were reduced or stopped in order to minimise risk to patients. Some had sufficient funding to pivot to online/virtual platforms but many struggled to keep going. Patients were keen to continue to participate but many studies were forced to stop recruitment. This will have a significant impact on the discovery of disease modifying techniques, cures and knowledge as a whole.

Impact on daily life and behaviour change

For many patients with neurological conditions, adjusting to change is difficult because of their cognitive impairment and behavioural difficulties. Patients struggled to learn “the new normal” could not respond flexibly to the new rules or remember to follow them in public. Many carers report significant stress in trying to assist their family member in public when they

cannot adhere to infection control and social distancing rules. This results in significant daily challenges and confrontations for carer and patients alike. Both groups will require extensive support to adjust to new routines.

In summary, the past year has produced a range of new challenges for a patient group already struggling under the effects of limited services, insufficient staff support and complex multi-domain impairments. COVID-19 added a layer of distress, anxiety, fear and despair to these patients which has challenged even the most resilient person. Hopefully, as the disease passes and vaccinations are extended these patients will obtain the treatment and support they urgently require.

Prof. Niall Pender

March 2021.

NEUROLOGICAL ALLIANCE OF IRELAND

The Neurological Alliance of Ireland (NAI) brings together over thirty non-profit organisations to advocate for the rights of 800,000 people in Ireland living with a neurological condition. Founded in 2003, the NAI advocates for the development of quality services for people with neurological conditions and their families. Our campaigns are rooted

in the experience of our members and the individuals and families with whom they work. We provide a united and expert voice on neurological care through research, advocacy, policy development and education. Further information is available at www.nai.ie and www.loveyourbrain.ie

NAI MEMBER ORGANISATIONS



Acquired Brain Injury Ireland

Alzheimer Society of Ireland

An Saol

Aphasia Ireland

Ataxia Ireland

Aware

Bloomfield Health Services

Cheshire Ireland

Chronic Pain Ireland

Dystonia Ireland

Enable Ireland

Epilepsy Ireland

Headway

Huntington's Disease Association of Ireland

Irish Heart Foundation

Irish Hospice Foundation

Irish Motor Neurone Disease Association

Migraine Association of Ireland

Move4Parkinsons

Multiple Sclerosis Society of Ireland

Muscular Dystrophy Ireland

National Council for the Blind

Neurofibromatosis Association of Ireland

Neurology Support Centre

North West MS Therapy Centre

Parkinson's Association of Ireland

Polio Survivors Ireland

PSPA Ireland

Spinal Injuries Ireland

Spina Bifida Hydrocephalus Ireland

The Rehab Group

Associate Members

Brain Tumour Ireland

Syringomyelia Chiara Malformation

Support Group

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