

## Appendix A

### Parkinson's NICE Guideline key priorities for implementation

| Recommendation  | Audit criterion  | Exceptions  |
|---|--|-------------|
| <b>Referral to expert for accurate diagnosis</b>  |  |             |
| <p>People with suspected Parkinson's should be referred quickly* and untreated to a specialist with expertise in the differential diagnosis of this condition.</p> <p>*In suspected mild Parkinson's people should be seen within 6 weeks, but new referrals in later disease with more complex problems require an appointment within 2 weeks.</p>   | <p>100% of people with suspected Parkinson's are seen within 6 weeks of GP referral.</p>   | <p>None</p> |
| <b>Diagnosis and expert review</b>  |  |             |
| <p>The diagnosis of Parkinson's should be reviewed regularly** and reconsidered if atypical features develop.</p> <p>**At 6–12-month intervals.</p>   | <p>100% of people with Parkinson's are reviewed at 6–12 month intervals.</p>   | <p>None</p> |
| <p>Acute Levodopa and Apomorphine challenge tests should not be used in the differential diagnosis of parkinsonian syndromes.</p>   | <p>0% of people with suspected Parkinson's are offered acute Levodopa and/or Apomorphine challenge tests for the differential diagnosis of parkinsonian syndromes</p>  | <p>None</p> |
| <b>Regular access to specialist nursing care</b>  |  |             |
| <p>People with Parkinson's should have regular access to the following:</p> <ul style="list-style-type: none"> <li>• clinical monitoring and medication adjustment</li> <li>• a continuing point of contact for support, including home visits, when appropriate</li> <li>• a reliable source of information about clinical and social matters of concern to people with Parkinson's and their carers, which may be provided by a Parkinson's nurse.</li> </ul> | <p>100% of people with Parkinson's have access to a Parkinson's nurse or other professional capable of providing:</p> <ul style="list-style-type: none"> <li>• clinical monitoring and medication adjustment</li> <li>• a continuing point of contact for support, including home visits, when appropriate</li> <li>• a reliable source of information about clinical and social matters of concern to people with Parkinson's and their carers</li> </ul> | <p>None</p> |

### Access to physiotherapy

Physiotherapy should be available for people with Parkinson's. Particular consideration should be given to:

- gait re-education, improvement of balance flexibility
- enhancement of aerobic capacity
- improvement of movement initiation
- improvement of functional independence, including mobility and activities of daily living
- provision of advice regarding safety in the home environment.

For 100% of people with Parkinson's, at diagnosis and each regular review, physiotherapy is available and appropriate referral is activated. This is recorded in the patient's notes.

None

### Access to occupational therapy

Occupational therapy should be available for people with Parkinson's. Particular consideration should be given to:

- maintenance of work and family roles, employment, home care and leisure activities
- improvement and maintenance of transfers and mobility
- improvement of personal self-care activities such as eating, drinking, washing and dressing
- environmental issues to improve safety and motor function
- cognitive assessment and appropriate intervention.

For 100% of people with Parkinson's, at diagnosis and each regular review, OT is available and appropriate referral is activated. This is recorded in the patient's notes.

None

### Access to speech and language therapy

Speech and language therapy should be available for people with Parkinson's. Particular consideration should be given to:

- improvement of vocal loudness and pitch range, including speech therapy programmes such as Lee Silverman voice treatment (LSVT)
- teaching strategies to optimise speech intelligibility
- ensuring an effective means of communication is maintained throughout the course of the disease, including use of assistive technologies
- review and management to support the safety and efficiency of swallowing and to minimise the risk of aspiration.

For 100% of people with Parkinson's, at diagnosis and each regular review, speech and language therapy is available and appropriate referral is activated. This is recorded in the patient's notes.

None