UK PARKINSON'S
Excellence
Network

2017 UK Parkinson's Audit
Speech and language therapy
Standards and guidance

2017 UK Parkinson's Audit
Speech and language therapy

Audit of national standards relating to Parkinson's care, incorporating the Parkinson's NICE guideline and the National Service Framework for Long Term Neurological Conditions quality standards

Aim

The aim of the speech and language therapy audit is to establish if speech and language therapy services are providing quality services for people with Parkinson's, taking into account recommendations made in evidence-based guidelines.

Objectives

1. To evaluate if speech and language therapy services are currently providing assessment and interventions appropriate to the needs of people with Parkinson's, taking into account recommendations made in evidence-based guidelines.

2. To identify areas of good practice and areas for improvement to inform local, regional and UK-wide discussions leading to action plans to improve quality of care.

3. To establish baseline audit data to allow:
    - UK-wide mapping of variations in quality of care
    - local and UK-wide mapping of progress in service provision and patient care through participation in future audit cycles

Background

The Parkinson's speech and language therapy audit is part of the UK Parkinson's Audit coordinated by Parkinson's UK and led by a steering group of professionals.

This is the fourth round in which speech and language therapists will be able to take part, along with occupational therapists and physiotherapists. Consultants in elderly care and neurology (and their Parkinson's nurses) can participate in the parallel patient management audit. The audit questions for this round of the audit have been refined to reflect feedback from the 2015 audit.

Standards

Various guidelines published in recent years offer recommendations for speech language therapists in the management of people with Parkinson's. These include in particular the Parkinson's NICE guideline[1] and sections/quality requirements of the National Service Framework for Long Term Neurological Conditions (NSF LTNC)[2].

The Royal College of Speech and Language Therapists (RCSLT) has also published guidelines pertinent to Parkinson's in their Clinical Guidelines documents[3] and Communicating Quality (CQ) Live[4]. The Dutch Speech Language Therapy organisation, in conjunction with the wider Parkinson Net organisation, has also published detailed speech and language therapy (SLT) guidelines for Parkinson's[5].

Methodology

This audit is open to all speech and language therapy services and individual speech and language therapists that work with people with Parkinson's in the United Kingdom whether hospital or community based, clinic or domiciliary service (excluding acute hospital inpatients).

Standards agreed to be pertinent to speech and language therapy have been transformed into a set of audit standards and statements reviewed by specialist speech and language therapists. The full list of questions is given in Table 1 (Service audit) and Table 2 (Patient audit) at the end of this document.

A process flow chart (*How do I take part?*) can be found on page X of this document. Please note the importance of logging your participation in this national clinical audit with your Audit Department.

---

[1] National Institute of Health and Clinical Excellence. *Parkinson's Disease: Diagnosis and Management in Primary and Secondary Care Clinical Guidelines 35* (2006) Available at http://www.nice.org.uk/guidance/CG35

[2] Department of Health. *National Service Framework for Long Term Neurological Conditions*. (2005) Available at www.gov.uk/government/publications/quality-standards-for-supporting-people-with-long-term-conditions

[3] Royal College of Speech and Language Therapists/Speechmark. *Royal College of Speech and Language Therapists Clinical Guidelines (Dysarthria)* (2012)

[4] Royal College of Speech and Language Therapists. *Communicating Quality (CQ) Live.* Available at https://www.rcslt.org/cq_live/introduction

[5] H Kalf et al. *Logopedie bij de ziekte van Parkinson (Speech therapy in Parkinson's)*. Lemma (2008)

Patient sample

The minimum audit sample size is 10 consecutive people with idiopathic Parkinson's referred to a speech and language therapy service and seen during the audit data collection period, which runs from 1 May 2017 to 30 September 2017.

Take account of the need to capture this minimum sample when deciding locally on your start date for collecting a consecutive patient sample. The data collection tool will have the capacity to capture as many consecutive patients as therapists wish to audit.

The inclusion criteria for audited patients are as follows:

a) Patients who are currently receiving active intervention (including education or counselling) at the start of the audit period.
b) Those who are seen on a review appointment (irrespective of whether they then go to start another episode of active treatment) during the audit period.
c) Patients newly referred to your service who undergo full assessment (again irrespective of whether they then proceed to immediate active intervention rather than being placed on review).

Data collection and entry

The audit tool contains three sections:

- A **service audit** section, which consists of some general questions about your service (which needs to be completed only once by a manager or senior colleague familiar with the service set-up and running).

- A **patient audit** section, which allows you to enter data on individual patients. These include both newly seen people with Parkinson's and follow ups, but each person should only be documented once, even if they attend more than once during this period.

- An **instant reporting** section, which will build automatically as you enter your data, and produces pie charts for selected questions.

In some circumstances, people may have to audit notes from across a department, although we would prefer that, where possible, information is audited from one specific service in a particular type of setting.

Ideally the person entering data on the tool should not be the person who completed the notes but this may not always be possible. When reviewing

someone else's notes, it may be necessary to speak with the clinician or therapist who wrote them.

Patient data can be entered on the data collection tool which you have downloaded and, saved locally and added to at your convenience. Complete a separate entry for each patient with Parkinson's. Remember to save the data each time you add new information.

Appendix A of this document is a version of the patient questions that you can print and use to record data in your clinics, if this would be useful.

A user guide for the data collection tool will be available, providing full instructions and information.

All data must be submitted by 30 October 2017. No submissions will be accepted after that date.

'No, but…' answers

This concept has been borrowed from the National Stroke Audit. A 'No, but…' answer implies there is a pre-determined accepted reason for non-compliance with the standard. The denominator for compliance can then be determined only for those patients where the standard was relevant – ie 'No, but…' answers can be removed from calculations of compliance.

Confidentiality

Patients

Please ensure that any information you submit for the audit does not include any personally identifiable information about your patients. Identifiable information is any information you hold about a service user that could identify them. This includes personal details such as names, addresses, pictures, videos or anything else which might identify the service user. Anonymised information is information about a service user that has had all identifiable information removed from it[6].

When you complete the patient section of the audit, you will see that there is space for a patient identifier. It is suggested that you use code letters or a number here to help you keep track (for example the patient's initials or hospital number). **This data will not be included in the data you submit to Parkinson's UK – the data collection tool will prevent this.** It will help if you keep a list of the code letters or

[6] Health Professionals Council. *Confidentiality – guidance for registrants*. (2012) Available at http://www.hpc-uk.org/assets/documents/100023F1GuidanceonconfidentialityFINAL.pdf [accessed 6 January 2017]

numbers securely yourself, so that if there is any query about the information you have submitted, you can track back to the original patient.

Employers
The Healthcare Quality Improvement Partnership (HQIP) recommends that services participating in a national clinical audit should be named in the audit reports. The audit reference report will list all participating organisations. It is therefore vital that you inform your clinical audit department about your participation in the audit.

Participants
Individual therapists who participate and submit data will not be named in the audit report.

Data security

The data collection tool which will be available for download from the audit webpage will be password protected, allowing no one but eligible participants to enter and make changes to the spreadsheet. The password will be emailed to the named lead for each service. Please make sure that the password is protected and can't be accessed by other people. To ensure the security of your data, we also advise you to save and use your version of the tool on a secure computer at work and not on your personal computer at home. We ask you to comply with your organisation's Data Protection guidelines at all times.

After the data has been sent to Parkinson's UK it will be stored in password-protected files at Parkinson's UK in accordance with NHS requirements. Within Parkinson's UK, access to the raw data set is restricted to Kim Davis, Clinical Audit Manager, members of the Clinical Steering Group and Alison Smith, the Data and Analytics Adviser.

Raw data will not be accessible in the public domain. Services will be asked to report any discrepancies in the data received by the audit team in a summary sheet before data analysis begins.

Patient Reported Experience Measure

All services participating in the audit are encouraged to participate in the Patient Reported Experience Measure (PREM). The PREM takes the form of a short paper questionnaire to be distributed to up to 50 consecutive patients between 1 May and 30 September 2017. These patients do not necessarily have to be those included in the therapy audit.

The questionnaire asks 11 questions about patients' views of their Parkinson's service, and should take only five to 10 minutes to complete. If a carer has accompanied the

patient on their clinic visit, they may assist the patient in completion of the form. Patients should feel comfortable and not overlooked while completing their questionnaire.

No identifiable information is collected, and the patient will seal their completed questionnaire in the envelope provided. These envelopes will then need to be collected before the patient leaves the clinic, and all the envelopes will then be returned to the audit team at Parkinson's UK in the large postage-paid envelope provided.

Each service will be provided with the following resources:

- 50 x copies of a paper questionnaire.
- 50 x sealable envelopes.
- 50 x patient information leaflets.
- An A3 laminated poster.
- A large postage-paid envelope for return of sealed envelopes to the audit team.

A minimum of 10 questionnaires will need to be returned for a service's data to be included in the data analysis.

How the audit results will be communicated

The findings of both the clinical audit and the PREM will be presented in the form of a UK-wide summary report and an individual report for each service, benchmarking the results of individual services against the national average for each audit question in their specialty.

The summary report will contain detailed analysis and comments on the data along with key recommendations for commissioners and clinicians. A bespoke patient and carer version of the summary report will also be produced, along with a reference report which will include all of the results, and a list of all participating services.

A link to the reports will be sent to all audit participants, trust audit contacts and strategic health authority/health board audit contacts. The report will also be in the public domain via the Parkinson's UK website.

Data collected during the audit will be used to generate a national picture of service delivery and to compare this with the expectations detailed in national guidance. This data will provide valuable information about priority areas within the existing healthcare provision and will support the development of commissioning. Information generated through this collaboration will be used in campaigning on behalf of people with Parkinson's.

The UK Parkinson's Excellence Network brings together health and social care professionals to transform the care that people with Parkinson's receive across the UK. The Network is there to ensure:

- that everyone affected by Parkinson's has access to high quality Parkinson's services that meet their needs. Their care should be delivered by an expert, integrated, multi-disciplinary team including a consultant, specialist nurse and range of therapists, whose involvement is key to maximising function and maintaining independence
- there are clear pathways to timely, appropriate information, treatments and services from the point of diagnosis, including access to specialist mental health services and the full range of information and support to take control of the condition offered by Parkinson's UK
- services will be involved in continuous quality improvement through audit and engagement of service users in improvement plans

National surveys[7, 8] indicate that SLT provision for people with Parkinson's is highly variable across the country, with potential for improvement in many areas. This audit will allow SLT services to be audited in relation to NICE, NSF LTNC and other key national and international guidelines and enable SLT managers to compare their service with the pattern nationally of all responding SLT services. It will permit colleagues to identify strengths and key areas for development in both overall service organisation (service audit) and in individual case management (patient audit). Repeating the audit in subsequent years will enable services to chart maintenance of strengths and progress in the implementation of action plans.

Participating in the PREM will give individual speech and language therapy services direct feedback from their service users about the quality of care, accessibility and general satisfaction.

[7] Miller N., Noble E., Jones D., Deane K., Gibb C. (2011) 'Survey of speech and language therapy provision for people with Parkinson's disease in the United Kingdom: patients' and carers' perspectives.' *International Journal of Language and Communication Disorders.* 46 (2):179-188.

[8] Miller N., Deane K., Jones D., Noble E., Gibb C. (2011) 'National survey of speech and language therapy provision for people with Parkinson's disease in the United Kingdom: therapists' practices.' *International Journal of Language and Communication Disorders.* 46 (2):189-201.

How do I take part

Am I eligible to take part?

Any healthcare professionals who work regularly with people with Parkinson's can take part. This includes speech and language therapists, physiotherapists, occupational therapists, Parkinson's nurses, neurologists and geriatricians. You need to submit data on a minimum of 20 (patient management) or 10 (therapies) patients seen during the audit period (1 May to 30 September 2017) for your data to be included in the audit.

How do I take part if I am eligible?

Register your service

Complete and submit a registration form at **parkinsons.org.uk/audit** by 31 March 2017 for each service you wish to audit. You will then be emailed a service number and a password for the data collection tool – you will need these to enter your audit data. In mid-April you will be sent an Audit Pack containing Patient and Carer Information Leaflets and the materials required for the Patient Reported Experience Measure (PREM).

Inform your audit department

Please log your participation in this clinical audit with your audit department and discuss with Information Governance to determine if Caldicott approval is required.

Establish a local audit project group

Include key professional and medical staff collecting data – discuss the logistics for running the audit, and plan for disseminating the results and action planning. Agree a start date for acquiring patient sample. Agree a target sample size.

Data collection

You will be able to download a copy of the data collection tool from parkinsons.org.uk/audit from mid-April 2017, along with a data collection tool. Data entry begins on 1 May 2017.

1. Enter brief details about your service (the Service Audit).
2. Enter details of consecutive patients seen during the audit period 1 May 2017 to 30 September 2017 (the Patient Audit).
3. During this period, hand out Patient Reported Experience Measure questionnaires to up to 50 consecutive patients – these do not need to be the same patients you include in the main audit.

More information

If you have any queries, or for more information, please contact Kim Davis, Clinical Audit Manager, on 020 7963 3916 or email **audit@parkinsons.org.uk**

Table 1: Speech & Language Therapy Service Audit – questions, data items/answer options and help notes

No.	Question	Data items/ Answer options	Help notes
Your details			
1.1	Name of Lead Therapist completing the Service Audit	Free text	
1.2	Contact email of Lead Therapist	Free text	
1.3	What is your job description?	• Overall SLT (speech-language therapy) service manager • Parkinson's specialist SLT • Specialist SLT who sees patients with Parkinson's • Generalist SLT who sees patients with Parkinson's	
Service Description			
2.1	Describe the setting in which you usually see individuals with Parkinson's	• In a specialist clinic for people with Parkinson's • In more general neurology clinic • In an elderly care/older person's clinic • In SLT adult/acquired disorders service mainly based in a hospital • In SLT adult/acquired disorders service mainly based in a community clinic • In SLT adult/acquired disorders service mainly domicilary based • In generalist SLT service mainly based in a hospital	Choose one – the most common setting for the service

		• In generalist SLT service mainly based in a community clinic • In generalist SLT service mainly domiciliary based	
2.2	Does your service specialise in the treatment of individuals with neurological conditions?	• Yes • No	
2.3	Does your service specialise in the treatment of individuals with Parkinson's?	• Yes • No	
2.4	Does your service offer the Lee Silverman Voice Treatment (LSVT) for individuals with Parkinson's who meet inclusion criteria (louder voice stimulable; motivated; physically able to cope with intensity)?	• LSVT global prescribed service offered as required • Not all eligible candidates able to receive full service • Variant(s) of LSVT offered • LSVT not offered because there's no LSVT trained SLT • LSVT not offered because there's no service delivery decision	
2.5	Is SLT available for all individuals with Parkinson's for issues with communication irrespective of when in the course of their Parkinson's the referral was made?	• Full service, all referrals seen • Not full service, some patients not seen depending on stage of their Parkinson's • Not full service, restricted by number of hours assigned (e.g. patients can receive only 10 hours before discharge/re-referral/placed on review) • Not full service, some patients not seen depending on postcode/area • Not full service, some patients not seen depending on service (e.g. neurology vs elderly care • Not full service, some patients not seen	Tick all that apply

		depending on issue (e.g. communication vs swallowing) • Not full service, some patients not seen depending on prioritization in SLT Parkinson's service • Not full service, some patients not seen depending on prioritization in overall SLT service • No service	
2.6	Is SLT available for all individuals with Parkinson's for issues with eating/swallowing irrespective of when in the course of their Parkinson's the (re)referral was made?	• Full service available, all referrals seen • Not full service, some patients not seen depending on the stage of their Parkinson's • Not full service, restricted by number of hours assigned (e.g. patients can receive only 10 hours before discharge/re-referral/placed on review) • Not full service, some patients not seen depending on postcode/area • Not full service, some patients not seen depending on service (e.g. neurology vs elderly care • Not full service, some patients not seen depending on issue (e.g. communication vs swallowing) • Not full service, some patients not seen depending on prioritization in SLT Parkinson's service • Not full service, some patients not seen depending on prioritization in overall SLT service • No service	Tick all that apply
2.7	Is SLT available for all individuals with Parkinson's for issues with drooling irrespective of when in the course of their Parkinson's the (re)referral was made?	• Full service available, all referrals seen • Not full service, some patients not seen depending on the stage of their Parkinson's • Not full service, restricted by number of hours assigned (e.g. patients can receive only 10 hours before discharge/re-referral/placed on review)	Tick all that apply

		• Not full service, some patients not seen depending on postcode/area • Not full service, some patients not seen depending on service (e.g. neurology vs elderly care • Not full service, some patients not seen depending on issue (e.g. communication vs swallowing) • Not full service, some patients not seen depending on prioritization in SLT Parkinson's service • Not full service, some patients not seen depending on prioritization in overall SLT service • No service	
2.8	Are individuals who require assistive technology (AAC) able to receive timely, appropriate equipment to support them to live independently?	• Yes, it is part of the service • Yes, full access via other AAC service • Restricted AAC service due to financial restrictions • Restricted AAC service due to equipment range • Only able to access AAC if patient meets the complex technology specialist referral criteria applicable within the relevant devolved government • No service	
Individuals with Parkinson's			
3.1	Approximately how many referrals of individuals with Parkinson's are made to your service per year?	• Free text	New referrals, i.e. not those 'referred' for review who have previously been seen by this service
3.2	Approximately what percentage of	• 0-19%	

	the individuals referred to your service annually have a diagnosis of Parkinson's?	• 20-39% • 40-59% • 60-79% • 80-100%	
Speech and Language therapy professionals			
4.1	Within your service, can you access Parkinson's related continuing professional development (at least yearly)?	• Yes • No	Training includes in-service within the Trust/similar body/Board/Local Health Board or external courses, RCSLT CENs
4.2	Are there documented induction and support strategies for new SLT therapists working with individuals with Parkinson's?	• Yes, specifically in relation to patients with Parkinson's • Yes, as part of more general competencies • No	
4.3	What support (e.g. education, advice) is available to individual therapists working in the service?	• They can consult any member of the Parkinson's specialist MDT as they are a member themselves • They can consult members of a general neurology/elderly care specialist service of which they are a member • They do not work directly in specialist Parkinson's clinics but can readily access a Parkinson's specialist MDT/Parkinson's Nurse Specialist • They do not work directly in a specialist clinic but can readily access advice from a specialist neurology or elderly care MDT • There is access to motor speech disorder specialist colleagues in the SLT team • They have no access to more specialised advice • Work alone	Choose one

4.4	Are SLT assistants involved in the delivery of care to individuals with Parkinson's?	• Always • Sometimes • Never	
Clinical Practice			
5.1	Are individuals with Parkinson's within the local SLT service reviewed at between 6-12 monthly intervals?	• All patients in SLT service routinely reviewed within 6-12 months • Some patients reviewed at request of wider MDT/Parkinson's nurse • Some patients reviewed according to local prioritization • Patients are not automatically reviewed • No fixed time set for review • Patients are discharged after a set number of treatment sessions/ episode of care	
5.2	Are there specifically stipulated measures that must be carried out at initial assessment and at each review point?		
5.2a	Communication	• Standardised assessments of all speech/voice and language variables • Selective range of speech-voice and/or language formal assessments • Disease specific informal assessment proforma used • No specific assessments stipulated	
5.2b	Swallowing	• Standardised assessments of swallowing	

		• Selective range of formal assessments • Disease specific informal assessment proforma used • No specific assessments stipulated	
5.2c	Is saliva management included in the SLT assessment and treatment plan if required?	• Yes • No	

Table 2: Speech & Language Therapy Patient Audit – questions, data items/answer options and help notes

No.	Question	Answer options	Help notes
1. Demographics			
1.1	Patient identifier	This can be used by you to identify audited patients	This data will be removed by the data entry tool when you submit your data
1.2	Gender	• Male • Female	

1.3	Ethnicity	• White
		  o British,
		  o Irish
		  o Traveller
		  o Any other White background)
		• Asian/Asian British
		  o Bangladeshi
		  o Chinese
		  o Indian
		  o Pakistani
		  o Any other Asian background
		• Black/Black British
		  o African
		  o Caribbean
		  o any other Black background
		• Mixed/multiple ethnic backgrounds
		  o mixed - White and Black
		  o mixed White and Asian
		  o mixed any other background)
		• Other
		  o Arab	

		o Other • prefer not to say	
1.4	Year of birth		
1.5	What setting does this patient live in?	• Own home • Residential care home • Nursing home • Other (please specify)	
1.6	In what health setting was the patient seen?	• NHS – inpatient • NHS – outpatient • NHS – Community • Private clinic • At home • Other (please state)	
1.7	Parkinson's phase	• Diagnosis • Maintenance • Complex • Palliative	**Definitions of phases** **Diagnosis** • From first recognition of symptoms/sign/problem • Diagnosis not established or accepted. **Maintenance** • Established diagnosis of Parkinson's • Reconciled to diagnosis • No drugs or medication 4 or less doses/day • Stable medication for >3/12 • Absence of postural instability. **Complex** • Drugs – 5 or more doses/day • Any infusion therapy (apomorphine or duodopa) • Dyskinesia • Neuro-surgery considered / DBS in situ • Psychiatric manifestations >mild symptoms of

			depression/anxiety/hallucinations/psychosis • Autonomic problems – hypotension either drug or non-drug induced • Unstable co-morbidities • Frequent changes to medication (<3/12) • Significant dysphagia or aspiration (for this audit, dysphagia should be considered a prompt for considering end of life issues). **Palliative** • Inability to tolerate adequate dopaminergic therapy • Unsuitable for surgery • Advanced co-morbidity (life threatening or disabling).
2. Referral			
Standard A: 100% of people with Parkinson's must be reviewed at 6-12 monthly intervals. (Parkinson's NICE:R12, R77; NSF LTC:QR2)			
2.1	Year of Parkinson's diagnosis		
2.2	Date of first referral to SLT service involved in the current audit	(dd/mm/yyyy)	If actual date is not known, please give the estimated year of diagnosis in the following format - July 2016 will be 01/07/2016.
2.3	Referred by:	• Elderly care clinic • General neurology clinic • Parkinson's nurse specialist • General/non PDNS nurse • Allied health professions colleague (PT, OT) • SLT colleague • Self/relative • Other (please specify)	

2.4	Reason for referral to service involved in the current audit	• General assessment opinion • Specific assessment opinion: breathing; voice; speech; swallowing; drooling; other • Treatment • Unknown	
2.5	Is this the first episode of SLT care for this patient in any SLT service?	• Yes • No • Not known	
2.6	When the person was first referred to any SLT service, at what stage of their Parkinson's were they?	• Diagnosis • Maintenance • Complex • Palliative • Not known	
2.7	Describe current episode of care	• Initial assessments only • Review appointment only • Group treatment only • Individual treatment only • Group and individual treatment • Other: specify	
2.8	Was the target time from referral to first SLT appointment met?	• Yes • No, and no reason documented for why • No, but reason documented (e.g. clinician leave)	
2.9	Was SLT intention to treat decision to first appointment wait time	• Yes • No, there was no intention to treat	

	target met?	• No, and no reason documented for why • No, but reason documented (e.g. failed appointment) • Service does not have prescribed target time	

3. Assessments

Standard B: It is recommended to make audio or video recordings of spontaneous speech (Dutch Guidelines: R9a, RCSLT Guidelines)

Standard C: It is recommended that the speech and language therapist expressly takes note of the individual's "on/off" periods during treatment (Dutch Guidelines:R6, R19b)

Standard D: A full profile of each individual's communication skills should be carried out to include at a minimum:

- **Strengths and needs**
- **Usage in current and likely environments**
- **Partner's own skills and usage**
- **Impact of environment on communication**
- **Identification of helpful or disadvantageous factors in environment**

(RCSLT Guidelines)

Standard E: Particular consideration should be given to review and management to support the safety and efficiency of swallowing and to minimise the risk of aspiration:

- **There should be early referral to SLT for assessment, swallowing advice and where indicated further instrumental assessment**
- **Problems associated with eating and swallowing should be managed on a case by case basis**
- **Problems should be anticipated and supportive measures employed to prevent complications where possible**

(RCSLT Guidelines)

3.1	Full assessment carried out on a first referral for communication	• Yes • No reference to assessments documented • No, but reasons for not appropriate to	If seen for swallow only, go to Q3.16

		assess documented • No, referred for swallow assessment only	
3.2	Full assessment carried out on a first referral for swallowing	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • No, referred for communication assessment only	Swallowing also covers drooling
3.3	Assessment carried out at each review for communication?	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • Initial assessment only • No, referred for swallow assessment only	If seen for swallow only, go to Q3.16
3.4	Assessment carried out at each review for swallowing?	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • Initial assessment only • No, referred for communication assessment only	
3.5	Was an audio or video recording made at initial assessment and follow-	• Yes and available • Yes but not available • No, Trust/Board governance rules do	

	up referrals to the service being audited and is this available?	not permit acquisition or storage of digital data • No, client did not consent • No	
3.6	Are strengths and needs for communication in current and likely environments documented?	• All test scores and interpretation/implications documented • Limited information documented • No information documented	
3.7	Is there a clear plan of management based on assessment outcomes?	• All plans detailed in notes • Some restricted plans documented • No plans documented	
	Assessment of speech subsystems **Standard F: A perceptual assessment should be made, including respiration, phonation, resonance, articulation, prosody and intelligibility, to acquire an accurate profile for analysis (RCSLT Clinical Guidelines).**		
3.8	Are assessment results available for all speech subsystems for the initial assessment and all review appointments?	• Yes, subsystems assessed in both stimulated and unstimulated conditions • Restricted range of subsystems and/or conditions assessed, justification documented • Restricted range of subsystems and/or conditions assessed, justification not documented • No assessments documented, but with justification documented • No assessments and with no justification documented	

3.9	What tasks/contexts does assessment cover? (Tick all that apply)	• Speaking • Reading • Writing • One to one context • Group context	
3.10	Which voice-respiration and prosody parameters were assessed? (Tick all that apply)	• Loudness/amplitude level and variation • Pitch, pitch range and variation • Voice quality • Speech/articulation rate	
3.11	Was intelligibility assessed?	• Standardised diagnostic intelligibility test completed and score given • Informal assessment, non-standardised tool/subsection of other test completed and score given • Informal assessment (e.g. rating scale) completed • No assessment/results documented but justification given • No assessment documented and no justification given	
	Communication **Standard G: People with Parkinson's should be asked explicitly about difficulties with word finding and conversations (Dutch Guidelines: R11).**		
3.12	Was AAC identified and need addressed?	• Yes, fully • Yes, partially, awaiting action from outside AAC service • Yes, partially, limited range of AAC devices available • Not addressed as not indicated	

		• Indicated but no action documented	
3.13	Does assessment cover:		
3.13a	communication participation?	• Yes • No	
3.13b	the impact of Parkinson's on communication?	• Yes • No	
3.13c	the impact of communication changes on partner/carer?	• Yes • No • No carer	
	Results of assessment		
3.14	Were results and rationale for resulting actions (e.g. review period; intervention plans) conveyed and explained to patient and carer?	• Explanation of causal/maintaining factors aimed to patient and carer documented • No explanation made/documented but justification documented • No explanation made/documented and no justification documented	
3.15	Was information about communication and/or swallowing supplied by the therapist to the client (and, if relevant, carers) to help make informed decisions about care and treatment?	• Intervention specifically includes education and advice on self management and is documented • No explanation made/documented but justification documented • No explanation made/documented and no justification documented	

3.16	Where notes recommend onward referrals (e.g. ENT, video fluoroscopy), have these been made?	• Yes • None and reasons documented • None and reasons not documented • No onward referrals recommended	
4. Interventions			
Standard H: Speech and language therapists should give particular attention to improvement of vocal loudness, pitch range and intelligibility (NICE: R81). **Standard I: Speech and language therapists should report back to the referrer at the conclusion of an intervention period. Reports should detail intervention, duration, frequency, effects and expected prognosis (Dutch Guidelines: R2b).**			
4.1	Is intervention prophylactic and anticipative and not just symptomatic?	• Yes, education/planning for upcoming issues included • No, no prophylactic component indicated	
4.2	If a patient is in later stages, is there indication that there was earlier preparation for the current phase?	• Yes • No • Not referred in early stages • Patient not in later stages	
4.3	Which of the following does intervention target: (tick all that apply)	• Pitch (range) • Prosody • Improvement of vocal loudness • Strategies to optimise intelligibility • Patient seen for swallowing only	

4.4	Does intervention target features outside of direct speech/voice work? (Tick all that apply) Please specify if Other	• Patient education/advice • Managing patient participation • Managing patient impact • Managing generalisation outside clinic • Carer education/advice • Managing career impact • Other	
4.5	Were reports made back to the referrer/other key people at the conclusion of an intervention period (or when treatment lasts a longer time there are interim reports)?	• Yes • No	
4.5a	Did reports detail the intervention, duration, frequency, effects and expected prognosis and provide results from (re)assessments?	• Yes • No	
4.6	Do referral letters to other agencies contain the following? (Tick all that apply)	• Relevant history • Question(s) that the referrer wishes to have answered • Type of referral requested (e.g. single consultation for advice/initiation of treatment) • No need for onward referral currently indicated	
5. About the Speech and Language Therapist			
5.1	What is your NHS	• 5	

	banding/social service grade?	• 6 • 7 • 8a • 8b • 8c	
5.2	Approximately what percentage of people seen by the audited therapist in a year have Parkinson's?	• 0-19% • 20-39% • 40-59% • 60-79% • 80-99% • 100% • Unknown	
6. Evidence base			
6.1	Which of the following sources of information inform your clinical practice around the management of Parkinson's?	• Own clinical experience • Advice from colleagues • RCSLT Clinical Guidelines (CQ Live) • RCSLT Communicating Quality Live • 2017 NICE Guideline: Parkinson's disease: Diagnosis and management in primary and secondary care and other relevant NICE guidelines • National Service Framework for Long Term Neurological Conditions (NSF – LTNC) guidelines • Published evidence in a peer reviewed journal • None • Other (please specify)	Tick all that apply

Appendix A: Printable Patient Audit sheet

No.	Question	Answer options
1. Demographics		
1.1	Patient identifier	
1.2	Gender	• Male • Female

1.3	Ethnicity	• White
		  o British,
		  o Irish
		  o Traveller
		  o Any other White background)
		• Asian/Asian British
		  o Bangladeshi
		  o Chinese
		  o Indian
		  o Pakistani
		  o Any other Asian background
		• Black/Black British
		  o African
		  o Caribbean
		  o any other Black background
		• Mixed/multiple ethnic backgrounds
		  o mixed - White and Black
		  o mixed White and Asian
		  o mixed any other background)
		• Other
		  o Arab
		  o Other
		  o prefer not to say

1.4	Year of birth	
1.5	What setting does this patient live in?	• Own home • Residential care home • Nursing home • Other (please specify)
1.6	In what health setting was the patient seen?	• NHS – inpatient • NHS – outpatient • NHS – Community • Private clinic • At home • Other (please state)

1.7	Parkinson's phase	• Diagnosis • Maintenance • Complex • Palliative
2. Referral		
2.1	Year of Parkinson's diagnosis	
2.2	Date of first referral to SLT service involved in the current audit	
2.3	Referred by:	• Elderly care clinic • General neurology clinic • Parkinson's nurse specialist • General/non PDNS nurse • Allied health professions colleague (PT, OT) • SLT colleague • Self/relative • Other (please specify)
2.4	Reason for referral to service involved in the current audit	• General assessment opinion • Specific assessment opinion: breathing; voice; speech; swallowing; drooling; other • Treatment • Unknown
2.5	Is this the first episode of SLT care for this patient in any SLT service?	• Yes • No • Not known
2.6	When the person was first referred to any SLT service, at what stage of their Parkinson's were they?	• Diagnosis • Maintenance • Complex • Palliative • Not known
2.7	Describe current episode of care	• Initial assessments only • Review appointment only • Group treatment only • Individual treatment only

		• Group and individual treatment • Other: please specify
2.8	Was the target time from referral to first SLT appointment met?	• Yes • No, and no reason documented for why • No, but reason documented (e.g. clinician leave)
2.9	Was SLT intention to treat decision to first appointment wait time target met?	• Yes • No, there was no intention to treat • No, and no reason documented for why • No, but reason documented (e.g. failed appointment) • Service does not have prescribed target time
3. Assessments		
3.1	Full assessment carried out on a first referral for communication	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • No, referred for swallow assessment only **If patient seen for swallow assessment only, please go to Question 3.14**
3.2	Full assessment carried out on a first referral for swallowing	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • No, referred for communication assessment only
3.3	Assessment carried out at each review for communication?	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • Initial assessment only • No, referred for swallow assessment only
3.4	Assessment carried out at each review for swallowing?	• Yes • No reference to assessments documented • No, but reasons for not appropriate to assess documented • Initial assessment only • No, referred for communication assessment only

3.5	Was an audio or video recording made at initial assessment and follow-up referrals to the service being audited and is this available?	• Yes and available • Yes but not available • No, Trust/Board governance rules do not permit acquisition or storage of digital data • No, client did not consent • No
3.6	Are strengths and needs for communication in current and likely environments documented?	• All test scores and interpretation/implications documented • Limited information documented • No information documented
3.7	Is there a clear plan of management based on assessment outcomes?	• All plans detailed in notes • Some restricted plans documented • No plans documented
	Assessment of speech subsystems	
3.8	Are assessment results available for all speech subsystems for the initial assessment and all review appointments?	• Yes, subsystems assessed in both stimulated and unstimulated conditions • Restricted range of subsystems and/or conditions assessed, justification documented • Restricted range of subsystems and/or conditions assessed, justification not documented • No assessments documented, but with justification documented • No assessments and with no justification documented
3.9	What tasks/contexts does assessment cover? (Tick all that apply)	• Speaking • Reading • Writing • One to one context • Group context
3.10	Which voice-respiration and prosody parameters were assessed? (Tick all that apply)	• Loudness/amplitude level and variation • Pitch, pitch range and variation • Voice quality • Speech/articulation rate
3.11	Was intelligibility assessed?	• Standardised diagnostic intelligibility test completed and score given • Informal assessment, non-standardised

		tool/subsection of other test completed and score given • Informal assessment (e.g. rating scale) completed • No assessment/results documented but justification given • No assessment documented and no justification given
	Communication	
3.12	Was AAC identified and need addressed?	• Yes, fully • Yes, partially, awaiting action from outside AAC service • Yes, partially, limited range of AAC devices available • Not addressed as not indicated • Indicated but no action documented
3.13	Does assessment cover:	
3.13a	communication participation?	• Yes • No
3.13b	the impact of Parkinson's on communication?	• Yes • No
3.13c	the impact of communication changes on partner/carer?	• Yes • No • No carer
	Results of assessment	
3.14	Were results and rationale for resulting actions (e.g. review period; intervention plans) conveyed and explained to patient and carer?	• Explanation of causal/maintaining factors aimed to patient and carer documented • No explanation made/documented but justification documented • No explanation made/documented and no justification documented
3.15	Was information about communication and/or swallowing supplied by the therapist to the client (and, if relevant, carers) to help make informed decisions about care and treatment?	• Intervention specifically includes education and advice on self management and is documented • No explanation made/documented but justification documented • No explanation made/documented and no justification documented
3.16	Where notes recommend onward	• Yes

	referrals (e.g. ENT, video fluoroscopy), have these been made?	• None and reasons documented • None and reasons not documented • No onward referrals recommended
4. Interventions		
4.1	Is intervention prophylactic and anticipative and not just symptomatic?	• Yes, education/planning for upcoming issues included • No, no prophylactic component indicated
4.2	If a patient is in later stages, is there indication that there was earlier preparation for the current phase?	• Yes • No • Not referred in early stages • Patient not in later stages
4.3	Which of the following does intervention target: (tick all that apply)	• Pitch (range) • Prosody • Improvement of vocal loudness • Strategies to optimise intelligibility • Patient seen for swallowing only
4.4	Does intervention target features outside of direct speech/voice work? (Tick all that apply)	• Patient education/advice • Managing patient participation • Managing patient impact • Managing generalisation outside clinic • Carer education/advice • Managing career impact • Other (please specify)
4.5	Were reports made back to the referrer/other key people at the conclusion of an intervention period (or when treatment lasts a longer time there are interim reports)?	• Yes • No
4.5a	Did reports detail the intervention, duration, frequency, effects and expected prognosis and provide results from (re)assessments?	• Yes • No
4.6	Do referral letters to other agencies contain the following? (Tick all that apply)	• Relevant history • Question(s) that the referrer wishes to have answered

		• Type of referral requested (e.g. single consultation for advice/initiation of treatment) • No need for onward referral currently indicated
5. About the Speech and Language Therapist		
5.1	What is your NHS banding/social service grade?	• 5 • 6 • 7 • 8a • 8b • 8c
5.2	Approximately what percentage of people seen by the audited therapist in a year have Parkinson's?	• 0-19% • 20-39% • 40-59% • 60-79% • 80-99% • 100% • Unknown
6. Evidence base		
6.1	Which of the following sources of information inform your clinical practice around the management of Parkinson's? Tick all that apply	• Own clinical experience • Advice from colleagues • RCSLT Clinical Guidelines (CQ Live) • RCSLT Communicating Quality Live • 2017 NICE Guideline: Parkinson's disease: Diagnosis and management in primary and secondary care and other relevant NICE guidelines • National Service Framework for Long Term Neurological Conditions (NSF – LTNC) guidelines • Published evidence in a peer reviewed journal • None • Other (please specify)