

Appendix 3: Building the case for medicines optimisation for people with Parkinson's

Implementing the changes necessary to optimise the management of medication for people with Parkinson's may require you to develop a proposal for service improvement. The following template has been created to support you build the case. Please tailor to your own local requirements.

1. Aim of the proposed service changes/evaluation

Be clear and specific as to what you are looking to address

2. Description of the proposal

a) Why is the proposal important?

Explain why this change is needed. Include relevant information about Parkinson's, its prevalence and the severity and scale of the issue being addressed in the area where the development is being proposed.

USEFUL RESOURCES

[What is Parkinson's](#) (Parkinson's UK)

b) Why is there a need for this development?

Explain current issues. Include information about access to services, feedback from consultations or concerns raised by service users, and comparisons to other clinical commissioning groups and service providers.

USEFUL RESOURCES

[Excellence Network data dashboards](#) (England only)

3. Main drivers for service changes/evaluation

- Why are you looking to implement these changes?
- How do the changes fit into local delivery plans?
- What are the local priorities?
- Why should the proposed service changes/evaluation be a priority? For example, does it address:
 - reducing hospital admissions?
 - reducing length of stay in hospital admissions?
 - reducing rates of readmissions?
 - providing other cost efficiency and savings?
 - establishing need for/improved integration of specialist services?
 - improve quality of life and experience of people with Parkinson's?
 - delivering education and training that improves outcomes?

Gathering information from:

- **National policy/priorities**

As well as specific neurology and medicines optimisation-focused policy and implementation plans relevant to your region, consider referring to documents that champion high-quality outcome-based care, patient safety and patient experience. Below are some suggestions although this list is not exhaustive:

- [NICE guidelines for Parkinson's](#) (2017) (England and Wales)
- [SIGN 113 Diagnosis and pharmacological management of Parkinson's disease: a national clinical guideline \(2010\)](#) (Scotland)
- [Department of Health Ministerial Priorities](#) (NI)
- [NHS Five Year Forward View](#) (England and Wales)
- [Scottish Government Quality Strategy for healthcare](#)
- [The NHS belongs to people: a Call to Action](#) (2013) (England and Wales)

- **Evidence from people affected by Parkinson's**

- Poor experiences related to hospital admissions may relate to:

Poor understanding of Parkinson's by hospital staff (in particular the range of Parkinson's medications used, the need for timely medication and the individual nature of Parkinson's leading to different presentations which may fluctuate)

Processes not being sufficiently flexible to take into account the critical need for medication (e.g. out-of-hours procedures, administration outside of set drug rounds)

Lack of communication with patients and carers and in particular, lack of consideration of the knowledge and expertise patients and carers have about the management of Parkinson's

- **Research focusing on impact of hospitalisation of people with Parkinson's**

- [Low et al \(2015\)](#) conducted a review of England hospital episode statistics data between 2009 and 2013 and found that:

- People with Parkinson's are more likely to be admitted as an emergency admission than for planned medical procedures (72% v 28% respectively)

- Emergency admissions for people with Parkinson's costs the NHS nearly £200m a year – £3,338 per patient (this compares to £1,417 for a planned elective hospital stay)

4. Current service provision

What does the overall health and social care landscape look like now? Provide information about the stakeholders involved in how people currently receive care. This includes:

- hospitals (including places of emergency and elective admission)
- specialist services
- relevant private healthcare providers/community services (including GP surgeries)/social services/voluntary services

5. Key performance indicators, or desired outcomes

Set out how you will monitor the success of the change. Be clear about your outcomes. Include baseline figures and what improvement you expect to see. For example:

- increased quality of care
- better risk stratification
- better integrated care
- reduction of hospital admissions and associated costs
- reduction of non-elective admissions
- reduction in missed doses, evidenced by audit
- reduction in excess bed days due to poor medicines management
- improved patient experience and outcomes

6. Indication of costs

Be clear on what services your organisation currently pays for, how much any improvements will cost and where the funding will come from. For example, invest to save, external sources, or redesign of existing services.

Consider:

- the cost of the current service
- the cost of service improvement
- what the proposed cost savings will be

7. Timescales

When do you want to achieve key change milestones by? Outline implementation plan and timescales.

8. Proposed patient pathway

What does your pathway look like? Describe the patient journey through all stages of the care pathway, using text or a flowchart to illustrate this.

The UK Parkinson's Excellence Network is the driving force for improving Parkinson's care, connecting and equipping professionals to provide the services people affected by the condition want to see.

The tools, education and data it provides are crucial for better services and professional development.

The network links key professionals and people affected by Parkinson's, bringing new opportunities to learn from each other and work together for change.

Visit parkinsons.org.uk/excellencenetwork