

2017 UK Parkinson's Audit Executive summary

This executive summary outlines the key findings of the 2017 UK Parkinson's Audit. The audit measures the quality of care provided to people living with Parkinson's against a range of evidence-based guidance about the care of people with the condition.

This UK-wide audit takes a multi-professional approach, involving Elderly Care and Neurology consultants, who care for people with movement disorders. It also includes Parkinson's nurses, occupational therapists, physiotherapists and speech and language therapists who also care for people with Parkinson's. The audit engages services to measure the quality of their practice, within their model of care provision, and trigger service improvement plans.

This audit reports on the care provided to 9,480 people with Parkinson's during the five month data collection period. This is 7% more than the number of patients in the 2015 audit.

In addition, 6,446 people with Parkinson's and their carers contributed to the Patient Reported Experience Measure (PREM) questionnaire, giving them the opportunity to provide their views on the service they attend.

Key findings

- There have been improvements in many areas since 2015.
- There is still work to be done across all specialisms in the following areas:
 - specialised multidisciplinary working
 - standardised practices
 - communication and information sharing
 - medicines management
 - anticipatory care planning
- The Summary Report provides examples of work being done in response to the challenges highlighted by the audit.

Elderly care and neurology

Evidence of good practice

- Documentation of advice given about potential side effects of new medication.
- Timely specialist review – 98.1% of patients audited in Elderly Care and Neurology services had received a specialist review in the preceding 12 months.
- Increased signposting to Parkinson's UK.
- Improvement in the percentage of patients in the palliative phase given advice about Lasting Power of Attorney.

Areas for Improvement

- A multidisciplinary approach to working.
- Recording of blood pressure and weight in Neurology clinics and of pain and saliva in both Elderly Care and Neurology clinics.
- Uptake of Parkinson's-related continuing professional development (CPD) by clinicians.
- Documentation of advice regarding potential impulse control disorders for all dopaminergic therapy.
- Management of bone health.
- Anticipatory care planning.
- Underuse of Parkinson's local advisers (previously called Information and Support Workers)

Occupational therapy

Evidence of good practice

- Use of practical guidance and support.
- Access to Parkinson's related CPD.
- Therapists are specialists in neurological conditions.

Areas for improvement

- Specialist induction.
- Use of evidence-based practice rather than reliance on clinical experience and peer support.
- Use of standardised assessments and outcome measures to guide occupation-based intervention.
- Use of outcome measures to support service development.

Physiotherapy

Evidence of good practice

- Increase in the number of people with Parkinson's referred to physiotherapy within two years of diagnosis.
- Increase in the number of physiotherapy services specialising in Parkinson's.
- High number of physiotherapists able to access Parkinson's-related continuing professional development (CPD) in the past 2 years.
- Increase in the number of physiotherapists using *The European physiotherapy guideline for Parkinson's disease* to inform practice.

Areas for improvement

- Use of appropriate outcome measures for people with Parkinson's based on guidelines and best practice.
- Physiotherapists not using outcome measures.
- Provision of induction and support for new physiotherapists working with people with Parkinson's.
- Initial assessment by unregistered therapy support staff (e.g. Band 4).
- Referral to physiotherapy for patients in the diagnosis phase.

Speech and language therapy

Evidence of good practice

- Patients continue to receive a timely service for communication and swallowing.
- More patients are able to access Lee Silverman Voice Treatment.
- There is consistent consideration of the impact of communication difficulties on participation in activities of daily living.
- Patients are consistently given information and support including around anticipatory planning.
- Therapists are accessing continuing professional development in the field.

Areas for improvement

- Patients continue to be referred in the maintenance phase rather than in the early phase as recommended by NICE.
- Inconsistent use of appropriate standardised assessments for people with Parkinson's that are based on best practice.
- Test results, on which management plans or reports are based, are not fully documented.
- Parkinson's-specific induction for therapists new to working with Parkinson's.

Patient Reported Experience Measure (PREM)

Areas of satisfaction

- As in the 2015 audit, most people with Parkinson's or their carers are satisfied with the frequency of review by medical staff and their Parkinson's nurse, and over three quarters rate the service provided by their health care practitioners as excellent or good.
- Three quarters of respondents had been signposted to Parkinson's UK.
- Just over three quarters had had an enquiry into balance and falls.
- There has been an improvement in the percentage of drivers advised to contact the DVLA and their insurance company from 73% in 2015 to 84% in the 2017 audit.

Areas of concern

- Only 61% felt they received enough information at diagnosis.
- Only two in five of those admitted to hospital in the last year always received their medication on time.
- A third felt that they were not given enough information, or were not sure if they were given enough information, when starting new medication.
- 1 in 8 felt their service needed to improve.

For more detail on these key findings, and the recommended actions, please see the audit Summary Report. For details of the audit design and methods, participating services, and the audit and PREM questions, please see the Reference Report.

parkinsons.org.uk/audit