

**People with Parkinson's in Scotland must get their medication on time or the consequences can be devastating.**

[illegible]

## GET IT ON TIME 2019-2020

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**T**his report highlights systematic failures in Scotland's hospitals that mean that people with Parkinson's don't receive their vital medication at their prescribed times.

Parkinson's is complex. People typically take different medicines at specific times each day – and these often do not coincide with ward drug rounds. If people don't get their Parkinson's medication at the right time and dose, the results can be catastrophic. Some people become extremely unwell very quickly. It can take weeks to regain symptom control, and some people never recover.



There are around 12,400 people with Parkinson's in Scotland – a number which is set to increase by 20% over the next decade. About a quarter of people with Parkinson's will be admitted to hospital at least once each year.

Every time someone with Parkinson's is admitted to hospital they run the risk of medication errors making their Parkinson's symptoms worse. That risk becomes reality all too often – our report shows that more than half of all Parkinson's drug doses administered in hospital are late or missed.

The responsibility firmly lies with Health boards to really examine the recommendations within this report and take action. That includes making sure that ward staff understand that Parkinson's medicines timings are crucial, and have systems in place to support administering medication on time.

NHS Scotland is rightly proud of the way that the Scottish Patient Safety Programme has implemented systems to protect patients from preventable harm – and we believe that Parkinson's medication issues errors must be tackled in the same way.

The solutions to this life-threatening problem already exist. They've been developed by hardworking and under-resourced Parkinson's nurse specialists, doctors and pharmacists across Scotland. With around 215 people with Parkinson's in hospital in Scotland on any given day, our overstretched nurse specialists can't be on the ward every time someone with Parkinson's needs their medication, and they shouldn't need to be. Responsibility for ensuring that ward staff have the resources and systems they need to deliver drugs on time rests with Health boards. Parkinson's UK Scotland will be glad to offer our expertise and support to help them to do so.

**Annie Macleod**  
Director  
Parkinson's UK Scotland

# Summary and recommendations

**P**arkinson's is very complicated. Everyone with Parkinson's has an individual medication regime to manage their symptoms. When people with Parkinson's are in hospital, their medication is often missed or given at the wrong time, which can make them very ill. These medication errors are common, and they cause harm. They are also preventable.

Many of the solutions already exist. The Parkinson's clinical community has made huge progress – undertaking audits, developing protocols and systems, and delivering education and guidance to ward-based colleagues.

It's now time for boards to put their groundwork to use. NHS Scotland needs to prioritise and enable changes at scale so that people get their Parkinson's medication on time, every time when they are in hospital, in any ward in Scotland.

## Recommendations

**1** NHS boards must prioritise Parkinson's medication management and ensure that Parkinson's issues are on the agenda for education, clinical governance and patient safety teams. Boards need to make it as easy as possible for frontline staff to improve the inpatient care that they provide for people with Parkinson's.

**2** NHS boards must promote opportunities for all ward staff and hospital pharmacists to access brief learning about Parkinson's as part of its education and training offer. This should include the UK Parkinson's Excellence Network 15-minute narrated powerpoint on medication management<sup>1</sup> and the NHS Lothian learnPro module 'Managing the Parkinson's Patient in Hospital'.

**3** NHS boards must have a self-administration policy that enables people with Parkinson's to take their own medication, if they are able to do so. This policy must be in date and supported by the correct hospital facilities, staff training, resources for patients and effective monitoring on how the policy is used.

**4** NHS Borders, NHS Highland and NHS Lanarkshire should develop an electronic alert system to inform the local specialist Parkinson's service whenever anyone with Parkinson's is admitted to hospital or changes ward.

**5** Scottish Government must ensure that all NHS boards prioritise the implementation of electronic prescribing, with implementation complete by 2023 at the very latest.

**6** All NHS boards should prioritise using their electronic prescribing systems to enable ongoing monitoring of Parkinson's medicine administration in hospital.

**7** All missed doses of Parkinson's medication must be recorded as adverse events, along with any other medication timing error where the person with Parkinson's has experienced harm.

**8** All NHS boards should introduce open visiting on all its wards so that unpaid carers who want to continue supporting the person they care for while they are in hospital are able to do so.

# Parkinson's and medication

People with Parkinson's typically take different medications several times every day. It is essential to maintain precise timings and doses.

If people do not receive their Parkinson's medication correctly, it can have a sudden and severe effect on them as their symptoms are no longer controlled.

The impact can be long-lasting. Some people take weeks to regain control of their symptoms, and others never recover.

## People may

- be unable to move, speak, eat or swallow
- experience uncontrolled movements or pain
- have severe anxiety
- develop distressing hallucinations and delusions

## Missed doses can be fatal

Some people who have missed medication in hospital report that they became so unwell that they thought they were going to die:

*"I normally take my tablets every two and a half to three hours, so by early evening I had missed three lots of medication, and I was out of it, to be honest. I had no idea what was going on.*

*... my wife could see that if I didn't get my medication soon, I might die... It was a really close call." Jim, Tayside*

*"I could hear ... and I couldn't speak for myself. I thought I was going." Mel, Fife*

In 2019, we asked people with Parkinson's and carers in Scotland to tell us about their experiences of getting medication on time in hospital. Over 70 people took part, and their comments are used throughout this report.<sup>2</sup>

One person told us that the person they cared for with Parkinson's had died of aspiration pneumonia after they were left unable to swallow because they hadn't received their Parkinson's medication.

In extreme cases, missed Parkinson's medication can also trigger a potentially fatal condition. Parkinsonism-hyperpyrexia syndrome (also known as neuroleptic malignant-like syndrome) has a mortality rate of 4% and causes long-term harm to about 1 in 3 people.<sup>3</sup>

# Parkinson's and medication

## Impact on scarce hospital resources

*"I made myself unpopular with the staff as I had to constantly ask, use my call buzzer or go to find the appropriate nurse to try to get my medication."*

People who don't get their Parkinson's medication at the correct time and dose require more intensive support.

If someone with Parkinson's cannot swallow, they risk developing aspiration pneumonia, which can be fatal. If they have less control of their movement, they are more likely to fall.

If someone is unable to eat or drink, manage toileting, or is experiencing mental health symptoms, more care is needed from busy ward staff.

If someone with Parkinson's can't move, they can't take part in physiotherapy or other activities, and their recovery will be compromised.

Giving medication at the wrong time, or missing doses makes Parkinson's symptoms worse. Some research has shown that this can lead to longer hospital stays.<sup>4 5</sup>

NHS England data shows that on average, people with Parkinson's spend about 78% longer in hospital than those without Parkinson's, and are almost twice as likely to be in hospital longer than 3 months.<sup>6</sup>

### Understanding Parkinson's medication

Medicines are critical to managing Parkinson's symptoms, but no currently available treatment can slow, stop or reverse the underlying progress of the condition.

Parkinson's medication regimes are complicated and individual to each person. People with Parkinson's need their medication in order to move, and the drugs can also have a powerful impact on other symptoms including mood, pain and cognition. Parkinson's drugs also have significant side effects.

As Parkinson's progresses, people typically require increasing quantities and types of medication. Prescribers work with individuals and families to focus on managing the symptoms and side effects that have the biggest impact on everyday life.

In the later stages of Parkinson's the condition becomes more complex, and the side effects of some medicines can start to outweigh the benefits. If this happens, some drugs are usually withdrawn so the person can benefit from the medicines they continue to take with fewer side effects.

## What does it mean to get medication "on time"?

The National Institute of Health and Care Excellence (NICE) says that people with Parkinson's must get their levodopa-based medication within 30 minutes of the prescribed time.<sup>7</sup> The prescribed time will be based on the person's needs, and will not correspond with ward drug round times.

It is also essential that medication is administered at the right dose. Many different preparations of medication are available.



# Parkinson's and medication

## What happens if people don't get their medication on time?

"Froze. Couldn't move. No voice."

"Made my husband very anxious. Affected his speech and mobility."

"Got shaky, dizzy, hard to move at times, anxious, tired."

"Agitated"

"Frustrated. Frightened, anxious, worried, tired."

"Unable to function..."

"Became agitated, frustrated, then over tired and anxious."

"When he doesn't get his meds on time it's like a panic attack and he can't seem to concentrate and shaking starts."

"Legs and arms stopped functioning as they stiffened up. Could then not walk or use hands."

"Not only [were meds] not on time but they completely changed her main Parkinson's med ... which as I expected sent her into total confusion, hallucinations and so much more, [it] was terrible."

"Severe shaking unable to hold a conversation and therefore unable to ask to be taken to the toilet amongst other things."

"Became more confused, unsettled"

"Late and missed doses meant a resurgence of symptoms including severe dyskinesia and overheating spells."

"Loss of mobility and freezing episodes."

"It made me more unstable & and tremor increased"

"Tremors, mobility, unsteady, slurred speech, couldn't speak a full sentence."

## How big a problem is it?

**T**here are around 12,400 people with Parkinson's in Scotland – and they are at very high risk of hospital admission. Around a quarter of people with Parkinson's will have at least one hospital stay in a year.

Each year:

- around 3,000 people with Parkinson's are admitted to hospital – hundreds of them more than once
- There are over 4,250 hospital admissions, totalling more than 77,000 bed days.
- The average admission lasts around 18 days
- Nearly 800 hospital stays last longer than 28 days <sup>8</sup>

Three recent surveys <sup>9 10 11</sup> have all found that fewer than half of those admitted to hospital in the UK always got their Parkinson's medication on time.

NHS Ayrshire and Arran has used its electronic prescribing system to track when every dose of Parkinson's medication was administered against each person's prescribed times. In 2015, fewer than half of all Parkinson's medications were on time – and this dropped to as low as 35% at times. We think this is likely to reflect the situation across NHS Scotland.

**We estimate that people with Parkinson's fail to get their medication on time more than 100,000 times a year in Scotland's hospitals.<sup>12</sup>**

# Making a difference

## The ward context

**W**hen putting together this report, health professionals repeatedly told us that staffing pressures on the wards are reaching a critical point. We understand that overstretched ward staff are not in a good position to take on new learning or additional tasks. It's hard to listen to what patients and families are saying when it's a struggle to meet basic care needs.

In June 2019, there were over 2,266 adult hospital nurse vacancies in NHS

Scotland, and headcount declined by 2.4% over a year.<sup>13</sup> There are ongoing financial pressures within Scotland's public sector.

We support calls for additional frontline nurses, and the Health and Care (Staffing) Act. But we also ask boards to include Parkinson's medicines within their existing mechanisms – such as critical medicines policies and mandatory ward safety briefings – to help improve implementation.

**Our ask** NHS boards must prioritise Parkinson's medication management and ensure that Parkinson's issues are on the agenda for education, clinical governance and patient safety teams. Boards need to make it as easy as possible for frontline staff to improve the inpatient care that they provide for people with Parkinson's.

## Staff education

**P**eople with Parkinson's tell us that the people who look after them in hospital do not know much – if

anything – about Parkinson's, and that they don't understand the importance of getting Parkinson's medication on time.

### People told us

"When we asked for the medication we were told he had to wait for the nurse doing her medication round and they did not accept or understand why it must be given when the patient needed it. They had no understanding of the consequences of giving it late."

"Medication was always structured around the ward rounds and dependent on these. Found that carers had to explain [the] need to keep structured times ... for Parkinson's meds to nursing staff."

"Nurses ensured that I took it on time, also they were very helpful."

"I couldn't get the nursing or ward pharmacist understand how essential it was to get my drugs on time!"

Although Parkinson's is not as common as some conditions, people with Parkinson's are at very high risk of hospital admission. People with Parkinson's are commonly admitted to hospital after a fall, or because they have an acute infection, and most have other health conditions too.

People with Parkinson's can be treated in any hospital ward. That's why it is important that staff in all types of adult ward need to understand about the timing of Parkinson's medication.



11 NHS boards responded to a Freedom of Information request about the Parkinson's training they provided to staff.<sup>14</sup> All said they provided ad-hoc training by Parkinson's specialist nurses,

typically targeted at ward staff in specific departments such as medical receiving, orthopaedics and medicine for older people. Two boards reported specific training for its hospital pharmacy team.

## Good practice

The specialist Parkinson's team in NHS Ayrshire and Arran offers two education days a year for hospital staff, student nurses, and social care staff, typically reaching over 150 colleagues each year. They also take part in general medical, nursing and pharmacy education programmes and ward-based training.

NHS Lothian's Parkinson's service hosts an annual teaching and training day for healthcare staff caring for those with Parkinson's. In 2018, over 80 multidisciplinary staff attended this event. The team has also developed a learnPro online education module.

In NHS Tayside, Parkinson's nurses provide four staff training sessions each year at Ninewells, and some at other hospitals.

Educating colleagues is an important part of a Parkinson's specialist nurse's remit. But this must be balanced with patient care, and Scotland's Parkinson's nurses are overstretched. In NHS Lanarkshire, NHS Lothian, NHS Forth Valley and NHS Highland every Parkinson's nurse has a caseload of about 600 people – around double the recommended maximum. NHS Orkney currently has no local Parkinson's nurse.

We believe that NHS boards must adopt a more strategic approach to making sure

that hospital staff have the basic knowledge needed to keep people with Parkinson's safe in hospital. This information can be shared very quickly with teams and individuals.

Parkinson's UK has developed a free 15-minute narrated powerpoint, which is available online.<sup>15</sup> The NHS Lothian LearnPro module 'Managing the Parkinson's Patient in Hospital' takes less than half an hour to complete

**Our ask** NHS boards must promote opportunities for all ward staff and hospital pharmacists to access brief learning about Parkinson's as part of its education and training offer. This must include the UK Parkinson's Excellence Network 15-minute narrated powerpoint<sup>16</sup> on medication management and the NHS Lothian learnPro module 'Managing the Parkinson's Patient in Hospital'.

## Self-administration of Parkinson's medicines

Parkinson's medication regimes are complex and personal, and most people with Parkinson's become expert at managing their medications.

Yet it is common for people with Parkinson's to arrive in hospital and be told that they are not allowed to manage their own medication – even when they are able to do so. Instead they must rely on

busy nurses to give them their essential medication. This increases the chances that they will not receive them on time.

People who have experienced this tell us that they feel disempowered, anxious and frustrated – especially when nurses don't appreciate the reasons why people with Parkinson's need their medication on time.

### People told us

"[medicines were] taken from us and put in a locked cupboard in the room."

"My late wife had been self medicating prior to admission. Her medication was taken away from her at admission and she only received it when the medication trolley was doing the rounds."

**We asked Scotland's Health boards: Do you have a medication self-administration policy?**

**No** – NHS Ayrshire and Arran, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow and Clyde, NHS Western Isles

**Yes – but there are issues with implementation** – NHS Fife, NHS Highland

**Yes** – NHS Borders, NHS Fife, NHS Lanarkshire, NHS Orkney, NHS Tayside, NHS Shetland



Many people report that there is considerable variability in nurses' attitudes to self-administration of medication.

Some unpaid carers told us that the person they support was allowed to self-administer their insulin or inhalers – but not their Parkinson's medication. This

demonstrates that people who are able to self-administer their medication are being denied the opportunity to do so – and that the staff involved do not have an understanding of how critical it is to receive Parkinson's medication on time.

## People told us

"Some nurses were happy to let me self-medicate, while others were vehemently opposed to it."

"Depends what nurse is on duty."

"Last visit I self medicated, previous visit in March last year I had to remind staff."

"Staff [were] perfectly happy for me to handle all my medications!"

"Despite requesting a personal safe box to administer her own medication at her own required times, she was told no and received them later and later, disrupting her abilities and mobility..."

## Making self-administration work

In some cases, people are not able to self-administer their medication. This may be because they are too unwell, or because they lack capacity to manage it.

*"...my father was suffering from delirium and was not always able to remember to take meds on time. To compound matters, because of the delirium he was suspicious of his meds and would sometimes hide them in his pj pockets."*

Any self-administration of medication policy should include an assessment of the person's ability to self-administer. It should also enable staff to re-assess people if their capability changes during their hospital stay.

Other patients must not be able to access an individual's Parkinson's medications. Personal lockable facilities are needed to implement self-administration policies safely.

**Our ask** NHS boards must have a self-administration policy that enables people with Parkinson's to take their own medication, if they are able to do so. This policy must be in date and supported by the correct hospital facilities, staff training, resources for patients and effective monitoring on how the policy is used

# Making a difference

## Alert system

Most people with Parkinson's in Scotland are supported by specialist health professionals, including a consultant in older people's medicine or neurology and a Parkinson's nurse, along with allied health professionals.

However, when a person with Parkinson's goes into hospital, their inpatient care is provided by health professionals who are not part of their specialist Parkinson's team, and who may not know much about the condition.

It is vital that when someone with Parkinson's is admitted to hospital, their specialist team is alerted. This enables Parkinson's specialists to work with ward staff to make sure that they have the

information they need to provide high quality care – including vital information about the person's medication regime.

*“...request to speak to Parkinson's nurse was not passed on.”*

After many years of work, the majority of NHS boards in Scotland now have an alert system which tells the specialist team when someone with Parkinson's is admitted. This compares extremely well with the rest of the UK. Only 44% of UK hospitals have an alert system in place.

Three boards – NHS Borders, NHS Highland and NHS Lanarkshire still have no alert system, and rely on ward staff or families contacting the Parkinson's nurse when a person is admitted.

### Good practice

In NHS Greater Glasgow and Clyde, Parkinson's clinicians worked with the Information Management team to develop a dashboard which automatically alerts specialist teams when someone with Parkinson's is admitted.

Since it was implemented in September 2017, the dashboard has increased early contact between Parkinson's nurses and wards, and improved medicines management for people with Parkinson's.

NHS Grampian has recently employed a part time hospital-based Parkinson's support nurse. She uses the alert system to track when people with Parkinson's are admitted to any NHS Grampian ward, and works with staff to promote better care (including medication management). This enables the other Parkinson's nurses to focus on supporting people with Parkinson's in the community.

**Our ask** NHS Borders, NHS Highland and NHS Lanarkshire should develop an electronic alert system to inform the local specialist Parkinson's service whenever anyone with Parkinson's is admitted to hospital or changes ward.

## Electronic prescribing

**H**ospital Electronic Prescribing and Medicines Administration (HEPMA) has huge potential to reduce medication errors in hospital. Scottish Government has identified that it could improve complex prescribing for conditions including Parkinson's.<sup>17</sup>

In NHS Ayrshire and Arran, electronic prescribing data is routinely used to audit

when Parkinson's medication is administered against the prescribed times for each individual patient. This enables the Parkinson's team to take action if medicines are missed or delivered at the wrong time. Their system has already been extended to NHS Dumfries and Galloway.

### Good practice

In a prizewinning project, NHS Ayrshire and Arran Parkinson's nurses worked with the e-pharmacy team to link individual's prescribing data to a ward's electronic whiteboard, placed in the nurses' station. This showed a symbol that turned green to indicate when Parkinson's medication was due, and red when it became late.

This visual prompt significantly improved medication administration times. Before the intervention, only 10% – 41% of Parkinson's medications were delivered on time on the ward. This rose to 65% – 83% in the six weeks following the intervention. The team is now extending the project.

Electronic prescribing is a potential gamechanger for Parkinson's medicine administration – but progress towards full implementation in Scotland remains disappointingly slow.

Audit Scotland asked Scottish Government for a timetable to implement HEPMA 14 years ago.<sup>18</sup>

The Scottish Government's e-Health Strategy 2014–2017<sup>19</sup> laid out an

expectation that “most NHS boards will have some elements of HEPMA operational by 2020.”

To date, only three NHS boards (NHS Ayrshire and Arran, NHS Dumfries and Galloway and NHS Forth Valley) have fully implemented electronic prescribing,<sup>20</sup> and Scottish Government implementation funding has been extended until 2023.<sup>21</sup>

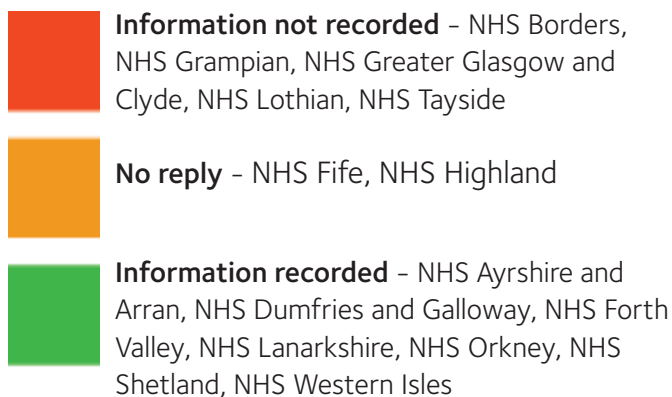
# Making a difference

## Recording Parkinson's medication incidents

Surveys of patient and carer experiences, ward audits and electronic prescribing data consistently show that Parkinson's medication errors are extremely common in Scotland's hospitals.

Yet this is not reflected in NHS patient safety records.

We asked NHS boards if they could tell us how many Parkinson's medication incidents had taken place in their board since 2017.





Only seven boards (out of 11) were able to tell us. These included three island boards with very low numbers of inpatients, and the three NHS boards which have fully implemented electronic prescribing.

The remaining five NHS boards were unable to tell us how many reported incidents had involved Parkinson's medication. Between them, these boards provide care for over 59% of Scotland's population.

Overall, only a handful of Parkinson's medication errors were identified in the system, despite what people with Parkinson's and their families tell us about how commonly they experience serious harm as a result of failing to get their medication on time.

NHS Scotland defines an adverse event as: "... an event that could have caused (a near miss), or did result in, harm to people or groups of people. Harm is defined as an outcome with a negative effect."<sup>22</sup>

When someone has not received their Parkinson's medication on time, it meets the criteria for an adverse event. It should, therefore, be recorded in line with the NHS Scotland Adverse Events Framework.

Parkinson's UK Scotland is extremely concerned that it appears that Parkinson's medication errors are not being identified or reported, and that opportunities to learn and make systems and processes less dangerous for people with Parkinson's are being missed.

We also believe that under-reporting reflects the lack of understanding among busy ward staff, who may not recognise that worsening symptoms could be caused by a medication error. This highlights the need for boards to promote brief Parkinson's education opportunities to staff.

## Our asks

- Scottish Government must ensure that all NHS boards prioritise the implementation of electronic prescribing, with implementation complete by 2023 at the very latest.
- NHS boards should prioritise using their electronic prescribing systems to enable ongoing monitoring of Parkinson's medicine administration in hospital.
- All missed doses of Parkinson's medication must be recorded as adverse events, along with any other medication timing error where the person with Parkinson's has experienced harm.

# Making a difference

## Supporting unpaid carers – open visiting

One of the important things that hospitals can do to make it easier for people to be in hospital is to offer open visiting. This enables unpaid carers, family members and friends to support someone during their hospital stay. If someone needs help to get their medication on time, the people who know them best can play an important role.

*“Found [open visiting] very helpful and less stressful as I was able to care for him.”*

However, we heard from unpaid carers that ward staff were not always willing to work with unpaid carers on medication, even though this is typically part of their caring role at home. One carer commented that they weren’t allowed to help with medication, but could help with “drinks and sick bowls”.

We welcome the rapid progress that NHS Scotland has made towards making open visiting the norm. However, four NHS boards – NHS Ayrshire and Arran, NHS Forth Valley, NHS Lothian and NHS Orkney – still have set visiting hours.

This means that individuals and families must make their case for visiting outwith these hours on a case-by-case basis. This is very stressful, and some people may miss out. One carer told us that they were only able to visit outside visiting times because they insisted.

**Our ask** NHS Ayrshire and Arran, NHS Forth Valley, NHS Lothian and NHS Orkney should introduce open visiting on all wards so that unpaid carers who want to continue supporting the person they care for while they are in hospital are able to do so.

## Going into hospital with Parkinson's?

For people planning to go into hospital Parkinson's UK has resources – and support – that can be downloaded or ordered at [parkinsons.org.uk/GIOTresources](https://parkinsons.org.uk/GIOTresources)

Our free Get It On Time washbag helps you to inform hospital ward staff that you need to take your medication on time.

It includes tips on preparing for a hospital stay, a card to record your medication and when you take it, a laminated clock flyer to put by your bedside to prompt staff about your medication, stickers that can be put on hospital notes and a wallet-sized card to help staff understand more about Parkinson's.



## Giving feedback

You can raise the profile of the Get it on Time message and improve future care for yourself and others by providing feedback to the ward team and hospital. Feedback can be positive or neutral, as well as negative.

Many people worry about complaining, but hospital staff are committed to providing the best possible care, and complaining encourages organisations to address problems. You can find information about how to raise a complaint on the NHS Inform website.<sup>23</sup>

The independent Patient Advice and Support Service (PASS)<sup>24</sup> can help you resolve concerns with NHS services.

You can also share your feedback on the independent Care Opinion website<sup>25</sup>, or report that you did not receive your medication on time to the Medicines and Healthcare Products Regulatory Agency (MHRA), using their Yellow Card Scheme.

*"I felt I had to do something. Although the outcome of my husband's last stay in hospital has been traumatic for us, I hope future patients will benefit. Since the complaint was made and procedures have been gone through, there is no bitterness on either side. I wish it had never happened of course, but the staff have listened and, I hope, have learned." Jean, Fife*

### Helpful websites

Parkinson's UK – [parkinsons.org.uk/goingintohospital](https://parkinsons.org.uk/goingintohospital)

NHS Inform – [nhsinform.scot](https://nhsinform.scot)

PASS – [cas.org.uk/pass](https://cas.org.uk/pass)

Care Opinion – [careopinion.org.uk/youropinion](https://careopinion.org.uk/youropinion)

MHRA Yellow Card Scheme – [yellowcard.mhra.gov.uk](https://yellowcard.mhra.gov.uk)

## For professionals

**T**he UK Parkinson's Excellence Network has collated helpful resources to support better medication management in hospitals. Here are some highlights.

- Our 15-minute narrated powerpoint presentation<sup>26</sup>
- Get It On Time Poster, laminated clock and stickers
- Medicines optimisation consensus statement<sup>27</sup> which includes helpful tools for admissions, implementation and audit
- Caring for your patient with Parkinson's booklet for ward staff<sup>28</sup>



### **Good practice – NHS Grampian Parkinson's medication on time project**

Parkinson's UK Scotland is currently working with staff at Aberdeen Royal Infirmary to identify what will improve Parkinson's medication management. The team is testing five measures on two wards:

- 1 Ensuring a range of Parkinson's medication is kept in stock – and that staff know where to access emergency supplies
- 2 15 minute narrated powerpoint for all staff
- 3 Get it on Time sticker to be added to the Kardex
- 4 Including Parkinson's information in the mandatory ward safety briefing
- 5 Using the Parkinson's UK laminated clock poster

The project team also developed specific guidance on medications management for Parkinson's inpatients and this has now been added to the hospital intranet.

See our professional resources library at [parkinsons.org.uk/professionals/resources](https://parkinsons.org.uk/professionals/resources) for more tools and information.

### **UK Parkinson's Excellence Network**

The professional-led UK Parkinson's Excellence Network brings people together to develop and share skills, tools and insights. It aims to reduce variation in practice and improve the quality of Parkinson's care.

In Scotland there are more than 300 health and care professional members, and three active regional groups covering the East, North and West of the country.

Find out more at [parkinsons.org.uk/professionals](https://parkinsons.org.uk/professionals) or contact us at [scotland@parkinsons.org.uk](mailto:scotland@parkinsons.org.uk)

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- 9 Parkinson's UK. UK Parkinson's Audit 2017 Full Report. Parkinson's UK, 2018. Available from: <https://www.parkinsons.org.uk/professionals/past-audits> [Accessed 1 October 2019]
- 10 Parkinson's UK. Get it on Time Survey 2019 (unpublished).
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Parkinson's UK Scotland is the Parkinson's charity that drives better care, treatments and quality of life.

Together we can bring forward the day when no one fears Parkinson's.

Our staff team is largely home-based in communities across Scotland, and we have over 40 local groups led by volunteers that provide friendship and support to people affected by Parkinson's.

We have Parkinson's local advisers covering every local authority, who provide a free and confidential information and advice service to anyone affected by Parkinson's.

Parkinson's UK also funds groundbreaking Parkinson's research in Scotland, the UK and worldwide.

Find out more about us at [parkinsons.org.uk/scotland](https://parkinsons.org.uk/scotland)

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Free confidential helpline 0808 800 0303  
(Monday to Friday 9am – 7pm, Saturday 10am – 2pm). Interpreting available.  
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