Parkinson’s –
What you need to know
What you need to do

Checklist for NHS Board Chief Executives, Medical Directors, Chief Pharmacists, Chief Nurses, Neurologists and Geriatricians in Scotland

‘Get it on time’ campaign

The Parkinson’s Disease Society (PDS) is running its ‘Get it on time’ campaign to make sure that people with Parkinson’s in hospitals and care homes get their medication on time – every time. When patients don’t, their Parkinson’s symptoms become uncontrolled and they can become very ill.

We want...

• all staff working in hospitals and care homes to have a better understanding of Parkinson’s and why the timing of drugs is so crucial
• hospital and care home staff to listen to people with Parkinson’s, their carers and families
• hospital pharmacies to make sure they always stock a broad range of Parkinson’s medication which is also easily accessible
• people with Parkinson’s to have the option to self-medicate (control their own medication), if they are able to
• people with Parkinson’s to have their medication on time

Introduction to Checklist

Improved medicines management is a key outcome of NHS reform in Scotland. The Scottish Executive first identified the importance of medicines management in hospital in The Right Medicine: a Strategy for Pharmaceutical Care in Scotland, and set out the role of the hospital pharmacist in delivering medicine reviews. Audit Scotland’s A Scottish prescription: Managing the use of medicines in hospitals substantially built on this agenda.

Standards and recommendations for medicines management in hospitals were set out in 2006 in Patients and their medicines in hospital, a joint report from the National Pharmaceutical Forum and the Scottish Medical and Scientific Advisory Committee, endorsed by the Scottish Executive.

Within this document we have charted the key standards and recommendations from the joint report and outlined how they relate to people with Parkinson’s. These standards are extremely relevant to the management of people with Parkinson’s in hospital, making it a very suitable condition to use to implement and monitor the success of your hospital’s medicines management policy. We hope you find it useful.

To stop their condition getting out of control, people with Parkinson’s need their medication on time – every time
## Standards and Recommendations from *Patients and their medicines in hospital* a joint report from the National Pharmaceutical Forum and the Scottish Medical and Scientific Advisory Committee

### Standards

#### The Patient Experience

“The NHS in Scotland will make medicines available to meet the clinical needs of patients and whenever possible actively involve patients... in making decisions about their medicines...”

#### Patient Safety and Clinical Governance:

“The NHS in Scotland must have systems in place to support the safe and secure prescribing, supply and administration of medicines...”

### Recommendations

#### “Clinicians must develop models of practice to ensure that a comprehensive medication review is undertaken for all patients before or at admission.”

#### “NHS Boards should implement suitable medication self-administration schemes that empower patients to take an active role in managing their medicines.”

#### “NHS Boards should review pharmacy supply arrangements and operating hours in light of *The Right Medicine: a Strategy for Pharmaceutical Care in Scotland* to ensure that service and patient needs are met.”

#### “Clinicians must ensure that patients are supported to learn about, and take responsibility for, their own medication.”

#### “NHS Boards should redesign their supply systems (ensuring patients have their own individually dispensed medication supply) to optimise use and minimise risk in the use of medicines.”

#### “All staff involved in the prescribing, supply and administration of medicines receive sufficient formal competency-based training.”

#### “NHS Boards must have systems in place to audit prescribing, supply and administration of medicines.”
To stop their condition getting out of control, people with Parkinson’s need their medication on time – every time

<table>
<thead>
<tr>
<th>What this means for people with Parkinson’s disease</th>
<th>Who is responsible?</th>
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<tbody>
<tr>
<td>People with Parkinson’s disease often get their Parkinson’s medication altered or changed on admission, which can lead to adverse drug reactions and the re-emergence of Parkinson’s symptoms. An early medication review can ensure that the correct medication regimen is in place, the correct drugs are available in the hospital pharmacy and any changes are understood by the patient, carer and clinical staff.</td>
<td>As Consultant Neurologist, Geriatrician, Nursing Director and Chief Pharmacist, do you ensure all people with Parkinson’s disease get a prompt medication review? Yes □  No – needs action □</td>
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<td>People with Parkinson’s are experts in the exact and unique timing of the medication needed to manage their symptoms. Self-administration of Parkinson’s drugs can effectively promote independence and support self care, making your Trust more responsive and patient focused.</td>
<td>As Chief Executive, Nursing Director, Medical Director and Chief Pharmacist, have you introduced a self-administration scheme in your hospital? Yes □  No – needs action □</td>
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<td>Parkinson’s medication is often not available on all wards, and availability out of pharmacy hours can be a problem. An audit of prescribing and administration of Parkinson’s medication can highlight any problems regarding access to the appropriate medication.</td>
<td>As Chief Executive, Nursing Director, Medical Director and Chief Pharmacist, have you reviewed pharmacy supply arrangements and operating hours to ensure appropriate access to Parkinson’s medication at all times? Yes □  No – needs action □</td>
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<td>People with Parkinson’s disease are not always properly consulted about changes to their medication in hospital. As experts in their condition, they should be listened to about any concerns they have about alterations to their drug regimen.</td>
<td>As Consultant Neurologist, Geriatrician, Nursing Director and Chief Pharmacist, do you explain to patients why their medicine regimen has been altered, involve them in decisions and address their concerns about any changes? Yes □  No – needs action □</td>
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<tr>
<td>People with Parkinson’s may be on a regimen involving many different medications, required at specific individual times during the day. Dispensing medication in the manufacturer’s pack can help people with Parkinson’s understand what they are taking, and how this differs, if at all, to their medication regimen at home.</td>
<td>As Chief Executive, Nursing Director, Medical Director and Chief Pharmacist, are there systems in place to ensure all patients have an individually dispensed supply of medicine? Yes □  No – needs action □</td>
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<td>The drug regimes for Parkinson’s disease patients are complex and varied. A large number of different drugs are now available for the management of Parkinson’s symptoms. Training is essential to educate healthcare professionals about Parkinson’s and the difficulties that could arise from mismanaged medication.</td>
<td>As Medical Director, Nursing Director and Chief Pharmacist, do you ensure that all staff who supply, prescribe or administer medication receive training in Parkinson’s disease and the importance of timely medication to control symptoms? Yes □  No – needs action □</td>
</tr>
<tr>
<td>The full range of Parkinson’s medication in all formulations and preparations is not likely to be stocked on every ward. Auditing the availability of Parkinson’s drugs throughout the hospital is vital to ensure patients get the correct medication and at their individually prescribed time.</td>
<td>As Chief Executive, Nursing Director, Medical Director and Chief Pharmacist, have you put in place systems to audit the availability, prescribing and handling of medication in your hospital? Yes □  No – needs action □</td>
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Why medicines management of Parkinson’s in hospitals is so important

People with Parkinson’s have very individualised drug regimes. If they are unable to take their prescribed medication at the right time, the balance of chemicals in their bodies can be severely disrupted – and this will lead to their Parkinson’s becoming uncontrolled.

A person may suddenly not be able to move, get out of bed or walk down the corridor. Other problems can occur too – sleep can become disturbed, bowel and kidney function and digestion can be affected and mood swings can also be triggered.

Once this balance of chemicals has been upset, it may take hours or even weeks for a person’s Parkinson’s to stabilise, enabling them to get on with life again.

When people with Parkinson’s are admitted into hospital, it can be difficult for them to maintain the timing of their own individual drug regimen. Lack of understanding among ward staff about the importance of Parkinson’s medication and inflexible drug rounds often prevent effective and timely medicines management.

Almost 9 out of 10 Parkinson’s Disease Nurse Specialists feel that an inability to get Parkinson’s medication on time in hospital can lead to other clinical problems for people with Parkinson’s or extended hospital stays, using up additional hospital resources unnecessarily.

Implementing a system that ensures people with Parkinson’s get their medication on time can reduce the burden on ward staff, shorten hospital stays, and reduce the chance of people being re-admitted after being discharged from hospital.

How the PDS can help you

‘Get it on time’ campaign materials:

- Posters (A3, A4)
- Leaflets
- Stickers
- ‘When your patient has Parkinson’s’ leaflet

All resources are available by contacting the PDS on 020 7963 9370 or pr@parkinsons.org.uk

Information on good practice from hospitals around the UK: Contact campaigns@parkinsons.org.uk

Information for people with Parkinson’s, their carers and families:
Free helpline: 0808 800 0303 Website: www.parkinsons.org.uk