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

Checklist for Chief Pharmacists, Chief Nurses, Neurologists and Geriatricians

‘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 2003 the Department of Health introduced a Medicines Management Framework of standards for Trusts to develop clinical and cost effective medicines management. A series of indicators within the Acute Hospital Portfolio Review are assessed by the Healthcare Commission to measure Trusts’ success in meeting these standards. These indicators contribute to the rating of Acute Trusts in their Annual Health Check.

Within this document we have charted key standards and indicators and 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
**Checklist for Chief Pharmacists, Chief Nurses, Neurologists and Geriatricians**

<table>
<thead>
<tr>
<th>Indicator / standard</th>
<th>What this means for people with Parkinson's disease</th>
<th>Who is responsible</th>
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<tbody>
<tr>
<td>Acute Hospital Portfolio Review 2006</td>
<td>The advantages of effective medicines management for people with Parkinson's disease include:</td>
<td>As Chief Pharmacist, do you ensure all people with Parkinson’s disease get a medication review within, or ideally earlier than, 24 hours and that your pharmacy staff are trained in the issues relating to Parkinson's disease medication?</td>
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<tr>
<td>“% patients receiving a medication review within 24 hours”</td>
<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>Yes</td>
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<tr>
<td>Patient focus indicator 1</td>
<td></td>
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<td>Acute Hospital Portfolio Review 2006</td>
<td>Effective management of Parkinson's disease relies on a complex regime of drugs which may need to be taken up to 14 times a day. People with Parkinson’s disease therefore need to be immediately identified on admission and receive an early comprehensive medicines review, to ensure their drug regime is accurately maintained.</td>
<td>As Chief Pharmacist, have you put in place a system to flag people with Parkinson’s on admission to ensure they receive an early medication assessment?</td>
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<tr>
<td>“% patients on more than 4 medicines receiving a comprehensive medication review”</td>
<td></td>
<td>Yes</td>
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<td>Patient focus indicator 2</td>
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<tr>
<td>Acute Hospital Portfolio Review 2006</td>
<td>People with Parkinson’s disease are the experts in the exact and unique timing of the Parkinson’s 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 Pharmacist and Chief Nursing Officer, have you introduced a self-administration scheme in your Trust?</td>
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<tr>
<td>“Progress towards self-administration”</td>
<td></td>
<td>Yes</td>
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<tr>
<td>Patient focus indicator 4</td>
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<tr>
<td>Acute Hospital Portfolio Review 2006</td>
<td>Encouraging people with Parkinson’s to bring in their own medication not only saves the Trust and the NHS money but can be very helpful for continuity of care and the empowerment of patients.</td>
<td>As Chief Pharmacist and Chief Nursing Officer, have you introduced a system for patients to bring in and use their own medicines in your Trust?</td>
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<tr>
<td>“Progress on patients using own medication”</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Capability and efficiency indicator 18</td>
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<tr>
<td>Acute Hospital Portfolio Review 2006</td>
<td>It is vital there are adequate numbers of pharmacy staff to ensure all people with Parkinson’s receive a medication review within 24 hours of admission and are given advice on any changes to their medication while in hospital.</td>
<td>As Chief Pharmacist, is there sufficient pharmacy time to provide an adequate service, including medicines reviews of all people with Parkinson’s?</td>
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<tr>
<td>“Clinical pharmacy time available per inpatient admission”</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Capability and efficiency indicator 16</td>
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</table>
### Indicator / standard

#### Acute Hospital Portfolio Review 2006

**“Average number of training days for pharmacy staff”**

Clinical focus indicator 8

The drug regimes for Parkinson’s disease patients are complex and varied. A large number of different drugs are now recommended by NICE (National Institute for Health and Clinical Excellence).

Training of pharmacy staff is essential for them to understand Parkinson's and the difficulties which could arise from mismanaged medication.

**Who is responsible**

As **Chief Pharmacist**, do you ensure pharmacy staff are trained in Parkinson’s disease and the importance of the timing of medication to control symptoms?

- Yes
- No – needs action

#### Acute Hospital Portfolio Review 2006

**“NICE implementation”**

Capability and efficiency indicator 15

The NICE Guideline on Parkinson’s disease, diagnosis and management in primary and secondary care (June 2006), recommends:

*People with Parkinson’s disease admitted to hospital or care homes should have their medication:
  • given at appropriate times, which in some cases may mean allowing self administration
  • adjusted by, or adjusted only after discussion with, a specialist in managing Parkinson’s disease.*

**Who is responsible**

As **Consultant Neurologist & Geriatrician, Chief Nursing Officer** and **Chief Pharmacist** do you ensure all Parkinson’s disease admissions get their medication adjusted by an expert in Parkinson’s disease, such as the Parkinson’s Disease Nurse Specialist and also allow them to self administer where appropriate?

- Yes
- No – needs action

#### Hospital Medicines Management Framework 2003

**“Clinical guidelines should accurately reflect national guidance including NICE recommendation, National Service Frameworks...”**

Standard 12

The NSF for Long Term Conditions, Quality Standard 11, states, “When a person is admitted to hospital … it is important that their normal neurological care plan continues as far as possible. For example: people with Parkinson’s disease need their medication at specific times to control their symptoms properly. Failure to achieve this can result in … further medical problems developing”

**Who is responsible**

As **Consultant Neurologist & Geriatrician and Chief Nursing Officer**, do you ensure your Trust’s local clinical guidelines reflect this NSF standard?

- Yes
- No – needs action

#### Hospital Medicines Management Framework 2003:

**“The Chief Executive is responsible for the provision of regular and updated assurance that a strategic plan for medicines management exists and is being implemented”**

Standard 1

The advantages of effective medicines management for people with Parkinson’s disease include:

- reduction in unplanned admissions and re-admissions,
- prevention of unnecessary extension in patient stays,
- less nurse time spent in managing patients whose Parkinson’s disease is poorly controlled,
- improved patient safety,
- better clinical outcomes.

**Who is responsible**

As **Chief Executive**, have you ensured that a Medicine Management strategic plan exists which reflects the needs of people with Parkinson’s in your Trust and that it is being implemented?

- Yes
- No – needs action
Why careful medicines management of Parkinson's in hospitals is 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 regime. Lack of understanding among ward staff about the importance of Parkinson’s medication and inflexible drug rounds often prevent effective and timely medicines management.

Nearly 9 out of 10 Parkinson’s Disease Nurse Specialists feel that an inability to get Parkinson’s medication on time in hospitals can lead to other clinical problems or extended hospital stays for patients.

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 chances of people being readmitted 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 available by contacting the PDS on **020 7963 9370** or **pr@parkinsons.org.uk**

Information on good practice from hospitals around the UK and details of how your trust is performing against the national standards:
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**