



Audit of National Standards relating to Parkinson's disease care (Incorporating PD NICE Guideline and NSF Long Term Neurological Conditions Quality Standards)

Dear colleague

One of the priorities for the Parkinson's Disease Society (PDS) is to see high quality health and social care services across the UK. The PDS is an enthusiastic supporter of the NICE guidelines for Parkinson's that were developed in 2006 and we are pleased to see that this has been an impetus for the development of services and clinical practice in many areas.

At the same time, however, feedback from people with Parkinson's highlights that the delivery of high quality care is not universal. Our members' survey highlighted the variable experiences of patients in accessing services.

The PDS is committed to working in partnership with clinical staff to improve services. That is why I am delighted to promote this audit tool that is the product of collaboration between professional bodies and the PDS.

I hope that this audit tool will help you and your team to highlight the strengths and weaknesses of your current service and enable you to put in place an action plan to deal with the issues highlighted. I know that your local patients will be reassured to know that you are reviewing your service in such a systematic way. Thank you for taking time to complete this audit.

I would like to thank our many partners who have worked on this tool. Particular thanks should go to Dr. Dorothy Robertson of the British Geriatrics Society whose hard work and determination has brought this tool to reality.

Please remember that the PDS is here to support you in developing local services so do contact us if we can be of any assistance

Steve Ford
Chief Executive
Parkinson's Disease Society

1. Introduction

This Audit tool has been developed to help centres audit their service against national standards of good practice. The audit focuses on the NICE audit criteria¹ which link to the NICE key priorities for implementation but also reflects the Quality Standards outlined in the NSF Standards for Long Term Neurological Conditions².

The information will assist in improving services for people with Parkinson's and their carers and the PDS is very grateful for your time and effort in collecting this data.

Part 1 of the audit consists of a local service description to examine patient access to NICE recommended services and treatments. Data relating to therapy access has been expanded to include information about the organization of services as a surrogate marker of likely Parkinson's expertise

Part 2 of the audit looks at standards relating to individual patient care for people referred with the query "is this PD"

An excel spreadsheet has been developed to facilitate data collection and analysis.

2. Acknowledgements and background:

Master class 10 and 12 of PD Academy (a training initiative within the Movement Disorder Section of the British Geriatric Society) piloted previous versions of this audit tool, with central data analysis from the PDS. A steering group has been established under the Chairmanship of Steve Ford, Chief Executive of the PDS with multidisciplinary representation from professions involved in PD care³

1. PARKINSON'S DISEASE: National clinical guideline for diagnosis and management in primary and secondary care Royal College of Physicians, 2006. [www.NICE.org.uk](http://www.nice.org.uk) CG 035
2. <http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Long-termNeurologicalConditionsNSF/index.htm>
3. British Association of Social Workers, British Geriatric Society Movement Disorder Section, The British and Irish Neurologists Movement Disorder Section, Chartered Society of Physiotherapy, College of Occupational Therapy Specialist Section for Neurological Practice, Hospice Director of Clinical Governance and Development Parkinson's Disease Nurse Specialist Association, Royal College of Speech and Language Therapists, Royal Pharmaceutical Society of Great Britain.

3. **Practical aspects.**

3.1 **Supporting paperwork and spreadsheet**

- ◆ Excel spreadsheet for data collection and analysis
- ◆ List of standards with guidance notes
- ◆ Registration form for centres sending data to PDS for benchmarking
- ◆ Advice about setting up an audit

Please complete the audit in consultation with local therapy leads and medical colleagues across Neurology and Elderly Care. The spreadsheet allows data analysis for local use but the data can be sent to the PDS to allow benchmarking against other centres. Use separate spreadsheets to collect and send data from Neurology and Elderly Care, but preferably with a joint Audit Registration Form. On completion remember to remove patient identifiable information from the spreadsheet and email to: pdaudit@parkinsons.org.uk

The Registration Form can be completed at the planning stage or sent with the completed audit. **Central data analysis will not be done without the Registration Form.**

If you have any problems using the attached resources please refer to the guidance document in the first instance. However, if you need additional support e-mail can be sent to pdaudit@parkinsons.org.uk.

3.2 **Choosing your sample for the patient audit – a common problem for audit**

Centres vary considerably in their IT systems to support audit activity. A database of people with Parkinson's is helpful but will only capture people who are on it, which may not be representative. The benchmarking data you receive will only be meaningful if you have an understanding of how representative your sample is of what is happening in your area. Well-developed parts of the service are often easier to audit. The Patient Audit can be collected retrospectively but also lends itself to prospective data collection to capture information on any new patients at the end of a clinic, or names and numbers of relevant patients can be collected prospectively for future retrospective audit. The spreadsheet incorporates a sample calculator. To use for the audit of new patients, calculate the expected incidence for your population over the time period studied. Type this into the population box to see what sample size is needed to give differing levels of confidence in the data. Prevalence figures should be used for later audits of people with established disease.

4. Access to the Data by the PDS

The PDS will have access to this data in order to analyse and report on the findings of this work. The data will be sent to a Research Data Analyst who will work with the Director of Research & Development. These staff will be the only members of the Society to have full access to the complete data set.

Prior to submission, any information relating to named patients should be removed. A patient identification number will however be retained in order to aid analysis. Data will therefore be analysed confidentially.

4.1 Reporting

Analysis and reporting will be completed by the PDS and will include:

- Section 1: individual provider data will be compared against the overall average for the amalgamated total data set. For example hospital A's performance in respect of access to specialist review at least 6 – 12 monthly against the average for the complete data set.
- Section 2: individual provider data will be compared against other providers whose data will be anonymised this will enable individual provider-to-provider comparison without partner providers being identified. Individual provider data will also be compared against the overall average for the amalgamated total data set.

Data will be presented in an anonymised format. This report will only be distributed to the provider to whom the data relates. A second report will be produced for each participating site detailing their individual performance in comparison with the data set as a whole, thereby enabling a form of benchmarking to take place.

4.2 Use of the data by the PDS

The PDS is working towards the mutual objective of developing an evidence base of health service delivery to people with Parkinsons. The PDS will not use the individual datasets collected as part of this project for campaigning purposes either local or national. However, the data will be used to generate a national picture of service delivery and compare this with the expectations detailed in national guidance such as the Parkinson's disease NICE guidance and the NSF for Long Term Neurological Conditions. In so doing this data will provide valuable information about priority areas within existing health care provision and will aid the PDS regional teams in focusing their practice effectively. Information generated through this

collaboration will be reported within the Society in an anonymised format. Individual provider information will not be accessible to the extended team of workers working within the Society.

4.3 *Internal (PDS) Publication*

The publication of the findings of this work will be distributed within the PDS in the form of a report. Data will primarily be presented in a summarised format with data for individual providers amalgamated. Data relating to individual providers will be presented in an anonymised format.

4.4 *External Publication of this Project*

Consideration might be given at a later date to the publication of the findings of this work to an external audience.

Service Audit Standards and Guidance

This audit consists of a local service description and examines patient access to NICE recommended services and treatments. You will need to complete a separate audit column for each PCT (*or equivalent for Scotland, Wales, Northern Ireland*) **routinely** covered by a PD Service. Separate columns should be used to capture sub-PCT areas if there are postcode differences in service provision and/or waiting times due to variations in what is commissioned or provided within a PCT area. Use separate spreadsheets to capture data from Neurology and Elderly Care. **Please collaborate with colleagues to complete**

Standard 1 Patients are able to access a Neurologist and/or Elderly Care Consultant(s) with Specialist PD expertise PD NICE Guideline Recommendation 11 (Table 3.1 Key NICE Audit Priority) NSF QR2.1; 2.2			
Data Item	Data Options		Guidance / Exceptions
1. Residence of patients routinely covered by Service	Name of commissioning area (PCT or Health Board).		Complete a separate column of data for each of the PCT or Health Board areas that routinely contract with your service. Separate columns should be used to capture sub-PCT areas if there are postcode differences in service provision and/or waiting times due to variations in what is commissioned or provided within a PCT area. Type the name of the relevant PCT or Board into the space provided.
2. PD expertise of local PD Service	Neurology Service Choose from ♦ General ♦ PD Specialist	Elderly Care Service Choose from ♦ General ♦ PD Specialist	A PD Specialist is defined as: ♦ A clinician who attends Movement Disorder meetings on a regular/ongoing basis. ♦ PD patients comprise a significant part of his/her clinic workload. A specialist service would be expected to have an identified lead clinician who liaises with other professionals regarding service development.

Standard 2		
Patients can access a PD Nurse Specialist (or Neurology Nurse with PD remit) for clinical monitoring, continuing point of contact for support, including home visits and as a reliable source of information about social and clinical matters. PD NICE Guideline Recommendation 77 (Table 3.1 Key NICE Audit Priority) NSF LTN* QR 1.2; 2.4; 2.5		
Data Item	Data Options	Guidance / Exceptions
Access to PD Nurse Specialist support	<i>Choose from</i> <ul style="list-style-type: none"> ◆ Clinic + home visit ◆ Clinic only ◆ No service 	To meet this standard in full PD Nurse Specialist input should be available for all PD patients without restrictions by post code / age / Consultant or ability to attend clinic. Continued access should be available– i.e. facility for home visit if patient unable to attend clinic.

Therapy standards: **Complete in consultation with local therapy lead(s)** The standard does not imply that patients should be automatically referred but that therapy access should be available.

Standard 3		
Physiotherapy is available at diagnosis and at each regular review and appropriate referral activated for people with PD PD Nice Guideline Recommendation R78 (Table 3.1 Key NICE audit Priority) NSF LTN QR4.1; 4.2; 5.1; 5.2; 5.3		
Data Item	Data Options	Guidance / Exceptions
Access to physiotherapy Details are being collected as a surrogate marker of: a) The likely quality of PD physiotherapy expertise b) The likelihood of coordinated multidisciplinary care as per NSF.	<i>Choose as many as apply</i> <ul style="list-style-type: none"> ◆ Integrated medical and therapy PD clinic * ◆ Referral to a specialist PD physiotherapist** ◆ Referral to a generic rehabilitation team*** ◆ Referral to generic OPD Physiotherapist ◆ Access only via GP 	Refers to the menu of possible settings for physiotherapy * i.e. same day specialist PD physiotherapy assessment available if needed ** Specialist PD therapist: Works closely with other members of the PD service, is able to access regular – at least yearly - PD specific training and PD comprises a significant part of his/her workload *** Generic rehabilitation team includes non–specialist Day Hospital and Community Teams. A Community Neurology Team is viewed as specialist only if the therapist fulfils the above definition

Standard 4 Occupational Therapy is available at diagnosis and at each regular review and appropriate referral is activated for people with PD PD Nice Guideline Recommendation R80 (Table 3.1 Key NICE audit Priority) NSF LTN QR4.1; 4.2; 5.1; 5.2; 5.3		
Data Item	Data Options	Guidance / Exceptions
Access to occupational therapy (OT) Details are being collected as a surrogate marker of: a) The likely quality of PD OT expertise b) The likelihood of coordinated multidisciplinary care as per NSF.	Choose as many as apply <ul style="list-style-type: none"> ◆ Integrated medical and therapy PD clinic * ◆ Referral to a specialist PD OT** ◆ Referral to a generic rehabilitation team*** ◆ Referral to generic OPD OT ◆ Referral to Social Services OT ◆ Access only via GP 	Refers to the menu of possible settings for OT * i.e. same day specialist PD occupational therapy assessment available if needed ** Specialist PD therapist: works closely with other members of the PD Service, is able to access regular – at least yearly - PD specific training and PD comprises a significant part of his/her workload *** Generic rehabilitation team includes non–specialist day hospital and community teams. A Community Neurology Team is viewed as specialist only if the therapist fulfils the above definition

Standard 5 Speech and Language Therapy (SLT) is available at diagnosis and at each regular review and appropriate referral is activated for people with PD PD Nice Guideline Recommendation R78 (Table 3.1 Key NICE audit Priority) NSF LTN QR4.1; 4.2; 5.1; 5.2; 5.3		
Data Item	Data Options	Guidance
I. Access to speech and language therapy (SLT) Details are being collected as a surrogate marker of:	Choose as many as apply <ul style="list-style-type: none"> ◆ Integrated medical and therapy PD clinic* ◆ Referral to a specialist PD SLT** ◆ Referral to a generic rehabilitation team*** ◆ Referral to generic OPD SLT 	Refers to the menu of possible settings for SLT * i.e. same day specialist PD speech and language therapy assessment available if needed ** Specialist PD therapist: Works closely with

<p>a) The likely quality of PD speech and language therapy expertise</p> <p>b) The likelihood of coordinated multidisciplinary care as per NSF.</p>	<p>◆ Access only via GP</p>	<p>other members of the PD Service, is able to access regular – at least yearly - PD specific training and PD comprises a significant part of his/her workload</p> <p>*** Generic rehabilitation team includes non-specialist day hospital and community teams. A Community Neurology Team is viewed as specialist only if the therapist fulfils the above definition</p>
<p>2. Access to Lee Silverman voice treatment.</p>	<p><i>Choose from</i></p> <p>◆ Yes</p> <p>◆ No</p>	<p>Is there both access to a therapist trained in LSVT and the local facility to offer this intensity of treatment.</p>

Standard 6

Patients can access PD Medications allowed by NICE based on clinical need.

PD NICE Guideline recommendations Table 7.1 and Table 7.4; R26; 28; 32; 34; 35; 38; 39; 43; 44; 46; 47; 48; 49; 50; 68. NSF LTN QR 2.3

Data Item	Data Options	Guidance / Exceptions
1. PD motor symptom treatments	<p><i>Choose from Yes, No or restricted access for each medication listed</i></p> <ul style="list-style-type: none"> ● Levodopa / DDI (standard and MR) ● Duodopa ● Ropinirole (standard) ● Ropinirole MR ● Pramipexole ● Cabergoline ● Rotigotine ● Apomorphine ● Selegiline ● Zelapar ● Rasagiline ● Entacapone ● Stalevo ● Tolcapone ● Amantadine 	<p>Local formulary policies should not restrict patient's access to NICE approved treatments.</p> <p>With the exception of Stalevo and Apomorphine, the PD NICE Guideline describes the various classes of medication that should be available to treat people with PD and emphasizes the individual nature of medication prescribing in PD.</p> <p>Data on the individual preparations available for prescription is being collected to indicate national variations in formulary policies.</p> <p>Cabergoline and Tolcapone should not be used as first line for oral therapy and require appropriate monitoring.</p> <p>The products listed are those whose product license allow use in PD in the UK at the time of printing and do not imply that the individual product was considered by NICE.</p>
2. PD dementia treatment	<p><i>Choose from Yes, No or restricted access</i></p> <ul style="list-style-type: none"> ● Acetylcholinesterase inhibitors 	
3. PD psychosis treatment	<p><i>Choose from Yes, No or restricted access</i></p> <ul style="list-style-type: none"> ● Quetiapine ● Clozapine 	Clozapine prescription via mandatory monitoring scheme

4. Hypersomnolence	Choose from Yes, No or restricted access <ul style="list-style-type: none"> • Modafanil 	
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Standard 7 Patients can be referred by a Movement Disorder Specialist for a DaTSCAN PD NICE Guideline recommendations R13; R14 NSF LTN QR 2.2		
Data Item	Data Options	Guidance / Exceptions
Access to DATSCAN	Choose from <ul style="list-style-type: none"> ◆ Yes ◆ No ◆ Restricted 	Commissioning allows referral of appropriate patients. Please detail any local access issues in the “ <i>Restricted Access to DATSCAN please explain</i> ” box

Standard 8: Patients can be considered for neurosurgery based on clinical need. PD NICE Guideline recommendations R 55; 56; 57; 58 NSF LTN QR 2.3		
Data Item	Data Options	Guidance / Exceptions
Access to neurosurgery for Parkinson’s disease	Choose from <ul style="list-style-type: none"> ◆ Yes ◆ No ◆ Restricted 	Commissioning allows referral of appropriate patients. Please detail any local access issues in the “ <i>Restricted access to neurosurgery please explain</i> ” box

Standard 9: 100% of PD patients are reviewed at 6 – 12 monthly intervals. PD NICE Guideline recommendations R12; R77 (Table 3.1 Key NICE audit priority) NSF LTC QR 2.5		
Data Item	Data Options	Guidance / Exceptions
Ongoing PD specialist review (6-12 months)	Choose from ♦ Yes ♦ Only if able to attend clinic ♦ No	Local commissioning policies should allow patients to remain under specialist follow up without the need for re-referral by GP . There should be the facility for patients unable to attend clinic to be seen at home by a specialist (<i>includes PD Nurse Specialist</i>).

Standard 10: New referrals in later disease with complex problems can access review within 2 weeks PD NICE Guideline recommendation (Table 3.1 Key NICE audit priority) NSF LTN QR 2.1; 2.4		
Data Item	Data Options	Guidance / Exceptions
Advice available within 2 weeks if complex / urgent	Choose from ♦ No ♦ Yes but telephone only ♦ Yes by telephone and / or face to face	Local commissioning policies should allow domiciliary visit by specialist (includes PD Specialist Nurse), and /or OPD via ring-fenced or reliably available urgent slots.

Patient Audit Standards and Guidance

This audit tool looks at key priority standards relating to people referred with the query “does this person have Parkinson’s”. This can include the assessment of tremor where PD is on the differential. The information requested in this section can be collected retrospectively but also lends itself to prospective data collection to capture information on any new patients at the end of a clinic.

Standard		
Data Item	Data Options	Guidance / Exceptions
Descriptive information	Patient Name/Number	For ease of data collection please use the patient’s name and/or Hospital number when collecting the individualized data. NB: Remove this information prior to sending to the PDS. To do this simply highlight the cells into which you have entered data, click on the on the Edit menu and choose Clear and then Clear Contents. Save the spreadsheet before returning.
	PCT of residence	Please record the PCT in which the person with Parkinson’s is resident (as previously defined in service audit)
	Provider Trust	Please record the name of the Provider Trust that funds/manages the service at which the person with Parkinson’s is being seen. For services that are jointly funded please record the names of all funders.
	Specialty leading the service <i>Choose from</i> ◆ Neurology	Refers to the Specialty leading the clinic where the patient is seen

	◆ Elderly Care	
	Age (at referral)	Please record the patient's age in years at the time of referral.
	Referred by <i>Choose from</i> ◆ GP ◆ Consultant ◆ Other	

Standard 1: Patients with suspected PD should be seen by a Movement Disorder Specialist within 6 weeks PD NICE Guideline recommendations R9; R11 (Table 3.1 Key NICE audit priority) NSF LTN QR2.1		
Data Item	Data Options	Guidance / Exceptions
1. Seen in 6 weeks or before (suspected PD)	<i>Choose from</i> ◆ Yes ◆ No ◆ Patient reason for delay	Count calendar days, not working days from the date that the referral letter, phone call or fax is received by the hospital. Enter Yes if 42 days or less. <i>Exceptions – i.e. patient related reasons for delay</i> <ul style="list-style-type: none"> • Patient cancellation • Refusal of appointment by patient • Patient unable to attend clinic as unwell for other reasons
2. Time delay in days if greater than 6 weeks	Count the number of calendar days , not working days, in excess of the allowed 6 weeks (i.e.42 days) from referral	Enter number of excess days over 42. Please leave blank if the patient was seen within 6 weeks.
3. Seen by Movement Disorder Specialist	<i>Choose from</i> ◆ Yes ◆ No	A PD Specialist is defined as: ◆ A clinician who attends Movement Disorder meetings on a regular/ongoing basis. ◆ PD patients comprise a significant part of his/her

		<p>clinic workload.</p> <p>Can include patients seen by junior medical staff if in consultation with PD Specialist running the clinic</p>
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Standard 2: Patients with suspected PD should be referred untreated PD NICE Guideline recommendation R11 (Table 3.1 Key NICE audit priority)		
Data Item	Data Options	Guidance / Exceptions
1. Referred untreated?	Choose from <ul style="list-style-type: none"> ◆ Yes ◆ No 	Answer yes if treatment only started after review (can include specialist telephone advice pre treatment in urgent situations).
2. Class of PD drug if already treated	Choose from <ul style="list-style-type: none"> ◆ Levodopa / DDI ◆ MAOB inhibitor ◆ Dopamine Agonist ◆ Other 	
3. Initial working diagnosis following assessment	Choose from <ul style="list-style-type: none"> ◆ Working diagnosis idiopathic Parkinson's disease (IPD)* ◆ Working diagnosis vascular parkinsonism ◆ Working diagnosis PSP ◆ Working diagnosis MSA 	Definitions: * Working diagnosis: currently the most likely – there may still be degree of uncertainty ** Other includes other tremor diagnoses where tremor predominant PD is not thought to be the likeliest diagnosis, although may still be in the

	<ul style="list-style-type: none"> ◆ Working diagnosis DLB ◆ Working diagnosis drug induced parkinsonism ◆ Other ** 	differential
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The remainder of the data collection should be completed only for patients with a working diagnosis of probable Parkinson’s disease. For all other patients, tick “Not IPD”

Standard 3: The assessment should include documentation of difficulties with Activities of Living, including speech and swallowing NSF LTN QRI.1; 5.1		
Data Item	Data Options	Guidance / Exceptions
1. Assessment of Activities of Daily Living	Is there a documented assessment of Activities of Daily Living (ADL)? <ul style="list-style-type: none"> ◆ Yes, using ADL assessment proforma ◆ Yes, but without ADL assessment proforma ◆ No ◆ Not IPD 	This standard is included as clinicians often act as gatekeepers for therapy and Social Service referrals. To meet the standard there should be documented evidence of questioning about Activities of Daily Living. The presence or absence of a formal ADL assessment tool / proforma is being captured as a surrogate marker of the likely quality of the ADL assessment. NB: “Yes, using ADL assessment proforma ” can include patients booked to have a functional assessment as part of a multidisciplinary service
2. Assessment of speech and	Documented assessment of	This standard is included as clinicians act as gatekeepers

communication	<ul style="list-style-type: none"> ◆ Yes ◆ No ◆ Not IPD 	<p>for therapy service referrals. To meet the standard there should be a documented assessment of speech and communication.</p> <p>NB: “Yes” can include patients booked to have functional assessment as part of a multidisciplinary service</p>
3 Assessment of swallow	<p>Documented assessment of</p> <ul style="list-style-type: none"> ◆ Yes ◆ No ◆ Not IPD 	<p>This standard is included as clinicians act as gatekeepers for therapy service referrals. To meet the standard there should be a documented assessment of swallow.</p> <p>NB: “Yes” can include patients booked to have functional assessment as part of a multidisciplinary service</p>

Standard 4: Physiotherapy is available at diagnosis and at each regular review and appropriate referral activated PD Nice Guideline Recommendation R78 (Table 3.1 Key NICE audit Priority) NSF LTN QR4.1; 4.2; 5.1; 5.2; 10.1; 10.2		
Data Item	Data Options	Guidance / Exceptions
Physiotherapy referral activated	Physiotherapy need identified? <i>Choose from</i> <ul style="list-style-type: none"> ◆ Yes, referred* ◆ Yes, not referred ◆ No, not referred ◆ No, but referred for education** ◆ No assessment of need documented ◆ Participating in therapy research trial 	Documented evidence that patients with physiotherapy related needs have been referred. * Yes, can include patients booked for physiotherapy assessment as part of integrated multidisciplinary service. <u>Allowed exceptions:</u> <ul style="list-style-type: none"> ◆ Patient refused ◆ Not required, based on documented ADL assessment (tick as “no, not referred” option)

	<ul style="list-style-type: none"> ◆ Declined by the patient ◆ Not IPD 	<p>Although evidence is lacking, there is a widely held view that early referral for therapy education and advice is beneficial. The option ** “No, but referred for education” is included to capture national variations in the timing of referral. Failure to refer all patients regardless of identified physiotherapy need does NOT currently indicate failure to meet Standard 4.</p> <p>Physiotherapy need is defined as a problem with</p> <ul style="list-style-type: none"> ◆ Transfers, including bed mobility ◆ Posture ◆ Reaching and grasping ◆ Balance and falls ◆ Gait ◆ Physical capacity and inactivity ◆ Injury or pain of a musculoskeletal nature <p>Physiotherapy aims to improve quality of life by maintaining or increasing the patient’s independence, safety and well being through prevention of inactivity and falls, improving functional activity and decreasing limitations in activities.</p> <p>(Dutch Clinical Practice Guidelines https://www.cebp.nl/?NODE=69)</p>
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Standard 5: Occupational Therapy is available at diagnosis and at each regular review and appropriate referral activated PD Nice Guideline Recommendation R78 (Table 3.1 Key NICE audit Priority) NSF LTN QR4.1; 4.2; 5.1; 5.2; 10.1; 10.2		
Data Item	Data Options	Guidance / Exceptions
Occupational Therapy activated	OT need identified? <i>Choose from</i> <ul style="list-style-type: none"> ◆ Yes, referred* ◆ Yes, not referred 	Documented evidence that patients with OT related needs have been referred. <ul style="list-style-type: none"> • Can include patients booked for OT assessment as part of integrated multidisciplinary service.

	<ul style="list-style-type: none"> ◆ No, not referred ◆ No, but referred for education** ◆ No documented assessment ◆ Participating in therapy research trial ◆ Declined by the patient ◆ Not IPD 	<p>OT need includes difficulties with the following</p> <ul style="list-style-type: none"> ◆ Maintenance of work and family roles, employment, home care. This may be due to problems associated with mood, physical mobility, fatigue and/or cognition. ◆ Domestic Activities of Daily Living, including shopping, cooking, home care, travel/transport and money management ◆ Leisure activities ◆ Transfers and mobility ◆ Personal self-care activities such as eating, drinking, washing and dressing ◆ Environmental issues to improve safety and motor function <p><u>Allowed exceptions:</u></p> <ul style="list-style-type: none"> ◆ Patient refusal, ◆ Not required based on documented ADL assessment. (tick as “no, not referred” option) <p>Although evidence is lacking, there is a widely held view that early referral for therapy education and advice is beneficial. The option ** “No, but referred for education” is included to capture national variations in the timing of referral. Failure to refer all patients regardless of identified OT need does NOT currently indicate failure to meet Standard 5.</p>
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<p>Standard 6: Speech and Language Therapy is available at diagnosis and at each regular review and appropriate referral activated PD Nice Guideline Recommendation R78 (Table 3.1 Key NICE audit Priority) NSF LTN QR4.1; 4.2; 5.1; 5.2; 10.1; 10.2</p>		
Data Item	Data Options	Guidance / Exceptions
SLT referral activated	SLT need identified?	Documented evidence that patients with SLT related needs have been referred.

	<p><i>Choose from</i></p> <ul style="list-style-type: none"> ◆ Yes, referred* ◆ Yes, not referred ◆ No, not referred ◆ No, but referred for education** ◆ No documented assessment ◆ Declined by the patient ◆ Not IPD 	<ul style="list-style-type: none"> • Yes, can include patients booked for SLT assessment as part of integrated multidisciplinary service. <p>SLT need defined as patient complaint of the following:</p> <ul style="list-style-type: none"> ◆ Quieter voice, slower speech, difficulty in conversation ◆ Slower eating, difficulty eating/drinking certain food types, cough on swallow. <p><u>Allowed exceptions:</u></p> <ul style="list-style-type: none"> ◆ Patient refusal, ◆ Not required based on documented assessment of speech and swallow (tick as “no, not referred” option). <p>Although evidence is lacking, there is a widely held view that early referral for therapy education and advice is beneficial. The option ** “No, but referred for education” is included to capture national variations in the timing of referral. Failure to refer all patients regardless of identified SLT need does NOT currently indicate failure to meet Standard 6.</p>
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Standard 7: Patients with new diagnosis of PD should be offered contact information for local PD Nurse Specialist <i>PD NICE Guideline recommendation R6 NSF LTN QRI.2; QR 2.4</i>		
Data Item	Data Options	Guidance / Exceptions
PD Nurse contact details offered	<p><i>Choose from</i></p> <ul style="list-style-type: none"> ◆ Yes * ◆ No ◆ No service ◆ Not IPD 	<ul style="list-style-type: none"> • Choose Yes, if offered - even if declined PD Nurse Specialist includes Neurology Nurse Specialist with a remit for PD

Standard 8:
 Driving status should be determined and patients who drive should be advised of the need to inform DVLA and their insurance. Driving status and discussion should be documented in the notes
 PD NICE Guideline recommendation R7

Data Item	Data Options	Guidance / Exceptions
1. Driving status determined	Choose from ♦ Yes ♦ No ♦ Not IPD	If no documentation choose No
2. DVLA/Car Insurance discussed	Choose from ♦ Yes ♦ No ♦ Not applicable (non driver) ♦ Diagnosis tentative and no safety concern ♦ Not IPD	There should be documented evidence re need to inform the DVLA / car insurance unless the diagnosis remains very tentative (and no concerns re impairment of driving skills)

Standard 9:
 Patients with a new diagnosis of likely PD should be offered written information regarding Parkinson's Disease
 PD NICE Guideline recommendations R3 NSF LTN QR 1.4

Data Item	Data Options	Guidance / Exceptions
Written information regarding Parkinson's Disease offered	Choose from ♦ Yes * ♦ No ♦ Not IPD	*Choose Yes, if offered - even if declined May include information regarding how to access information e.g. PDS Information Support Worker