

## **Freedom of Information Request: Our Reference CTHB\_283\_18**

### **You asked:**

We are trying to determine how people with Parkinson's, and their carers, are encouraged to take an active role in their treatment and care when in hospital.

Please could you answer the questions below about your Local Health Board's (LHB) policies? Many thanks in advance for your assistance:

### **Training and staff awareness**

**Q1. What training is provided/ sourced by the Health Board to raise awareness amongst staff (in particular ward based staff) about the needs of inpatients with Parkinson's, particularly in relation to timing of medication for these patients?**

From a medicines management perspective, critical time medicines are discussed on induction and update sessions provided to all nursing and midwifery staff.

**Q2. How many a) staff overall and b) ward based staff have undertaken such training during 2016/2017 and 2017/2018?**

We only hold this information from April 2017. Therefore, we are only able to provide data from this point forward.

	<b>April 2017 – March 2018</b>	<b>April 2018 – July 2018</b>
Staff overall	122	66
Ward based staff	82	28

**Q3. What, if any, provision for ongoing updating of/ refresher training for Parkinson's awareness is provided/ planned for staff (in particular ward based staff)?**

The Parkinson's specialist nursing service offers ward based training to all wards (acute and community), although no formal training specifically for Parkinson's patients is in place at present.

**Q4. Is there a designated member of staff with responsibility for training on Parkinson's?**

The Parkinson's specialist nursing service has responsibility for the training and education of nurses and others, this includes but is not limited to:

- Care Workers (Local Authority and Private Sector employed) via the Social Care Workforce Planning partnership
- Practice Nurses and District Nurses
- Pre Registration Student Nurses via the University of South Wales
- Post Registration Student Nurses via the University of South Wales
- Care Home staff.

## **Alert system**

**Q1. Does the Health Board have any kind of electronic (or other) alert system in place to flag to the Parkinson's service when a person with Parkinson's is admitted to hospital in a) a planned way and b) as an emergency? If so please tell us if this system is Health Board wide. If the system is not Health Board wide, please advise where the system operates (e.g. names of wards, A&E department)**

There is no formal system in place.

**Q2. If there is an alert system in place, how does it operate?**

Not applicable.

**Q3. If the Health Board does not have an alert system, how are the Parkinson's specialist service notified and subsequently involved in the care of a person admitted with Parkinson's (whether or not Parkinson's is the reason for admission.)**

This may be via telephone discussion, written or identified via Consultant's ward round.

**Q4. What is the average length of time it takes to reconcile a Parkinson's patient's medication upon admission?**

There is no data available specifically for Parkinson's. The average time for pharmacy staff to take a medication history and reconcile medication for general medical patients is 20 minutes.

## **Self-administration of medication policies**

**Q1. The Health Board reported in response to an FOI request from Parkinson's UK in 2014 and again in April 2017 that a pilot self-medication policy is in place only for those patients using insulin.**

**a) How long is the insulin pilot anticipated to run for?**

The pilot concluded in 2017.

**b) When will the pilot conclude and findings be evaluated and reported?**

Findings were reported to the Medication Safety Steering Group in 2017 and recommendation for roll out was approved by the Medicines Management Committee Scrutiny group in June 2018. It is anticipated that the procedure will be rolled out across the Health Board towards the end of 2018.

**c) Is it the intention of the Health Board to then roll out a self-medication policy for other medicines/ conditions following this evaluation?**

Following the implementation of the insulin procedure across a wider range of wards, the Health Board will consider whether to increase the scope of self administration. Barriers to implementing self administration to date include the acuity and complexity of patients on general wards, medicines management support and nursing time required to safely implement such schemes and appropriate bedside storage which is accessible to patients.

**Carers**

**Q1. In response to an FOI request from Parkinson's UK in April 2017, the Health Board indicated there is no policy in place, nor is it intended to introduce a policy to allow carers to visit the person they care for out of visiting hours.**

**a) Has this position changed?**

In relation to allowing relatives to visit out of hours there is no policy and the decision is based on the needs of the patient whilst also taking into consideration the needs of the ward areas at a specific time. There is no intention by the UHB to introduce such a policy.

**b) The Health Board also reported that carers are dealt with individually and at discretion of ward staff. What training do ward staff receive to ensure they fully understand the important role of carers and how a carer can support an inpatient with things such as mobilising, medication regime etc?**

We have an e learning module for Carer Awareness which all UHB staff are encouraged to undertake.

Carers Champions are also encouraged across the health board and within GP practices. Carers Champions act as a figurehead for internal and external communication on the subject of Carers,

maintain the profile of the subject of Carers, promote awareness of the role of Carers, promote engagement with Carers and to signpost Carers to the relevant contacts. Ward Champions are also invited to the Annual Carers Champion Conference.

We offer Carers Aware training to students, during nurse induction programmes, for Pharmacy staff and for Team Meetings upon request.

**c) What systems and protocols are in place to support ward staff in working with carers supporting loved ones in hospital?**

As stated above, although protocols are not used.

### **Practical resources**

**Q1. Is the Health Board aware of the practical resources available from Parkinson's UK to support Parkinson's patients getting their medication on time (e.g. laminate bedside clocks, washbags) and how to access these resources?**

Yes, the Parkinson's specialist nursing service is aware of the process to follow in relation to ordering the above items.

**Q2. Does the Health Board make use of these practical resources? If so, please tell us at which locations.**

Yes, the Parkinson's specialist nursing service utilise this resource at the patient's request. In the past this has included patients residing in Prince Charles Hospital, Royal Glamorgan Hospital, Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda.

### **Patient safety incidents**

**Q1. Are incidents of a) missed Parkinson's medication doses and b) delays to the administration of doses of Parkinson's medication reported as patient safety incidents through local reporting arrangements and/ or NRLS?**

We do not specifically record this level of information if the incident/complaint relates to a patient with Parkinson's, within our incident reporting system (DATIX), in an easily searchable way. We have however undertaken a search in the free text field and the Parkinson's medication. This search returned that no complaints had been received.

**Q2. a) How many Parkinson's patient safety incidents relating to medication were recorded in the last reporting period? b) How have these incidents impacted upon the patient's experience (e.g. length of hospital stay, need to report Never Event etc.)**

Please see response above. 7 patient safety incidents were reported.

**Q3. Has the Health Board received any complaints about missed or delayed administration of Parkinson's medication in a) 2017/2018 and b) 2018/2019 to date?**

We do not specifically record this level of information if the incident/complaint relates to a patient with Parkinson's, within our incident reporting system (DATIX) in an easily searchable way. To enable us to consider this element of your request would require us to individually trawl through over 600 alleged medical incidents to be able to see if this involved Parkinson's medication. There is no absolute assurance that this detail would be recorded. We are therefore applying Section 12 to this element of your request. We consider that this would be in excess of the time and cost limit permitted under the FOI Act which currently stand at £450, or in excess of 18 hours.