Freedom of Information Request: Our Reference CTHB_99_19

You asked:

I am getting in touch with the below freedom of information request around medication management for people with Parkinson's within the health board.

Training and staff awareness

Q1. What training is provided/sourced by the Board to raise awareness among staff (in particular ward based staff) about the needs of inpatients with Parkinson's, particularly around 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 2017/2018 and 2018/2019 to date?

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

	April 2017 – March 2018	**April 2018 – March 2019**
Staff overall	122	135
Ward based staff	82	95

Alert system

Q3. Does the Board have any kind of electronic (or other) alert system in place to flag to the Parkinson's service when a person with the condition is admitted to hospital in a) a planned way and b) as an emergency?

There is no formal system in place.

Q4. If the 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.

Self-administration of medication policies

Q5. Does the Board have a self-administration of medication policy? If a policy does not currently exist, are there any current plans to implement one?

A self administration policy for insulin in currently being rolled out across the Health Board.

Q6. If a self-administration policy is not implemented, why is this the case?

Following the implementation of the insulin procedure 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.

Q7. If a self-administration policy is in place what systems and protocols are in place to a) ensure full and effective implementation and b) monitor its implementation?

The self administration of insulin procedure was approved by the Medicines Management Committee in October 2018. The procedure includes a requirement for annual audit to be conducted.

Carers

Q8. Does the Board have a policy that allows carers to visit the person with Parkinson's they care for outside of visiting hours?

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.

Q9. What training do ward staff receive to ensure they fully understand how a carer can support an inpatient with things such as mobilising and their 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.

Q10. What systems and protocols are in place for ward staff to work with carers supporting the person with Parkinson's in hospital to ensure flexibility when the need arises?

As stated above, although protocols are not used.

Practical resources

Q11. Is the 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.

Q12. Does the Health Board make use of these practical resources?

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

Q13. 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?

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 less than 5 complaints had been received during the time period 2017/2018 and 2018/2019 to date.

Please note that the exact figures have been withheld due to the low numbers involved. Where numbers are low we have considered that there is the potential for the individuals to be identified from the information provided, when considered with other information that may also be in the public domain. Also, responses under the Freedom of Information Act are made available to the public at large. The data is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR**.** We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

Q14. a) How many Parkinson's patient safety incidents relating to medication were recorded in your Board in the last reporting period?

Please see response above. 5 patient safety incidents were reported.

Q15. How many complaints has the Health Board received 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.