Parkinson's Academy®

Education with impact: Parkinson's Academy 2024

The workplace project – putting learning into practice

Neurology Academy®

NEUROLOGY ACADEMY: EDUCATION WITH IMPACT

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Introduction

Parkinson's disease is the fastest-growing neurological condition worldwide, characterised by significant variability in care provision across the UK. To meet the rising prevalence and complexity of Parkinson's, the Parkinson's Advanced MasterClass continues to empower healthcare professionals through innovative training, enabling them to develop and implement impactful, sustainable service improvement projects.

This report showcases **25 innovative and impactful projects** developed by delegates of the 2024 Parkinson's Advanced MasterClass. These projects directly address national priorities and systemic challenges in Parkinson's care, including inpatient medication safety, bone health assessment, management of frailty, access to advanced therapies, obesity management, mental health and mood disorders, complementary therapies, carer support, multidisciplinary collaboration, and digital innovation.

The report provides a comprehensive national snapshot of clinical leadership, creativity, and a shared commitment to delivering safer, more consistent, and genuinely person-centred care for people living with Parkinson's disease across the UK.

The national picture

A 2024 audit by Parkinson's UK highlighted persistent inequalities in Parkinson's care, particularly relating to medication management, inpatient safety, comprehensive bone health assessments, and integrated access to mental health and allied health services. While some areas demonstrate excellence, too many people with Parkinson's still face fragmented care pathways, limited holistic assessments, and significant unmet clinical and support needs.

The projects outlined in this report actively tackle these ongoing challenges, specifically by:

- Improving inpatient safety through initiatives such as inpatient MDT liaison services, medication dispensing alerts (e.g., rotigotine patches), and structured Parkinsonism allergy documentation (PAST).
- Promoting systematic, routine use of holistic assessments, including fracture risk (FRAX) tools, orthostatic hypotension screening, cognitive and mood disorder assessments.
- Enhancing multidisciplinary collaboration and staff education across acute, community, outpatient, and emergency department settings.
- Supporting proactive, patient-centred care, particularly through initiatives targeting frailty, carer well-being, obesity management, and advanced therapy pathways.
- Introducing innovative digital tools, including wearable technology (e.g., Parkinson's KinetiGraph), electronic MDT summary forms, prescribing alerts, and comprehensive digital resource libraries.

These projects embody a collective determination among Parkinson's clinicians to implement practical, scalable, and sustainable improvements in care delivery.

Key takeaways

- The 2024 Parkinson's Advanced MasterClass supported 25 diverse and geographically widespread projects across the UK.
- Common project themes included inpatient medication safety, holistic bone health assessments, frailty management, obesity and lifestyle interventions, mental health screening, carer support, and enhanced MDT collaboration.
- Projects demonstrated innovation by integrating comprehensive assessments (FRAX, orthostatic hypotension checks, cognitive and mood screening) into routine clinical practice.
- Several delegates introduced new service delivery models, including Parkinson's champions, dedicated carer clinics, A&E triage alerts, and specialist inpatient MDT services, resulting in demonstrable patient and carer benefits.
- Digital innovations, such as electronic MDT forms, wearable devices, and electronic dispensing data, were effectively used to enhance monitoring, support clinical decisions, and personalise care.
- Active patient and carer involvement featured prominently, including complementary therapy sessions, home-care interventions, and direct patient feedback influencing service redesign.
- Extensive capacity building and staff education programmes were embedded across projects, strengthening skills and confidence among healthcare support workers, nursing teams, and wider MDTs.
- Project outcomes align closely with NHS priorities, particularly in reducing variation in care, preventing avoidable hospital admissions, and supporting integrated, community-based management.

These highlights show that Parkinson's care services are actively evolving through clinician-driven innovation towards a proactive, integrated, holistic, and person-centred approach.

Conclusion

The 2024 Parkinson's Advanced MasterClass projects illustrate the far-reaching impact achievable through targeted education and clinician-led innovation. Healthcare professionals from diverse settings across the UK have demonstrated remarkable leadership, collaboration, and creativity, driving meaningful improvements that directly enhance patient safety, care consistency, and quality of life for people with Parkinson's and their carers.

This cohort's achievements underscore the importance and effectiveness of empowering frontline clinicians to innovate, transform local practice, and positively influence wider service design and delivery. Their efforts pave the way for a future in which Parkinson's care is consistently safer, more integrated, holistic, and genuinely person-centred.

Acknowledgements

> *Every single piece of work in this booklet comes from the efforts of dedicated healthcare professionals and we are very grateful to each for their work on these projects. We're also aware that, without our Faculty and our speakers, there would be no Parkinson's Academy, and are hugely thankful to them, and to our sponsors whose financial support enables so much of our work.*

Can rotigotine patch inpatient dispensing facilitate proactive reviews for patients with Parkinson's disease?

Dr Stephanie Jordan, geriatric medicine registrar, Southmead Hospital, North Bristol NHS Trust

The challenge:

Inpatients with Parkinson's disease (PD) often require rotigotine patches when they are unable to take oral medications due to acute illnesses or surgical procedures. However, these patients frequently did not receive timely specialist reviews to ensure the appropriate use of rotigotine patches and to optimise their overall inpatient care.

The project:

Dr Jordan initiated a pilot project aimed at leveraging inpatient dispensing data to proactively identify PD patients prescribed rotigotine patches. The key components of the project included:

- **Daily pharmacy reports:**
  Implementing a system where daily pharmacy dispensing data highlighted patients who had been prescribed rotigotine patches.
- **Prompting specialist reviews:**
  Utilising these pharmacy reports to alert geriatric medicine registrars, prompting them to conduct timely inpatient reviews. These reviews focused on:
  - Assessing the appropriateness of rotigotine prescribing.
  - Exploring alternative treatment routes if necessary.
  - Ensuring adherence to best practice guidelines for PD management.

The results:

The pilot project yielded several notable outcomes:

- **Early identification:**
  The dispensing reports effectively identified patients for early specialist review, facilitating timely interventions.
- **Collaborative approach:**
  Enhanced collaboration between pharmacists and geriatricians led to the prompt resolution of prescribing issues and ensured that patients received the most appropriate therapies.
- **Guideline adherence:**
  The initiative highlighted gaps in adherence to prescribing guidelines and raised awareness about the need to consider alternatives to rotigotine in certain patient cohorts.

The impact:

The implementation of this proactive approach had significant benefits:

- **Prevention of inappropriate prescribing:**
  By promoting proactive specialist input, the project helped prevent the inappropriate use of rotigotine patches.
- **Enhanced patient safety:**
  Particularly for patients with delirium or those nearing the end of life, timely reviews ensured that medication regimens were tailored to their specific needs, enhancing safety and comfort.
- **Optimised use of data:**
  The project demonstrated the value of utilising existing pharmacy data to improve the management of PD inpatients, showcasing an innovative approach to patient care.

The future:

Building on the success of the pilot, future recommendations include:

- **Extended trials:**
  Conducting longer trials to validate the approach and assess its impact on patient outcomes more comprehensively.
- **Integration into routine workflows:**
  Exploring ways to embed the process within standard pharmacy and ward procedures to ensure sustainability and widespread adoption.
- **Staff education:**
  Increasing awareness among healthcare staff regarding alternative routes for Parkinson's medications, ensuring that all treatment options are considered and appropriately utilised.

Conclusion:

This pilot project demonstrates that using rotigotine patch dispensing data is a feasible and low-burden method to prompt timely specialist reviews of PD inpatients. By integrating this approach into routine clinical practice, healthcare providers can improve the quality and safety of care for patients with Parkinson's disease.

[View full project]

The introduction of a Parkinson’s champion link role

Robert Davies, Parkinson’s specialist practitioner, University Hospitals Plymouth NHS Trust

The challenge:

People with Parkinson’s disease (PwP) admitted to hospitals frequently encounter delays in receiving their time-critical medications (TCM) and often experience care that lacks individualisation. This inconsistency stems from varying levels of staff understanding about Parkinson’s, leading to patient deconditioning, psychological distress, and extended hospital stays.

The project:

To address these challenges, Robert Davies developed and implemented the "Parkinson’s champion link role" at University Hospitals Plymouth. The initiative's core components included:

- **Staff recruitment and training:**
  Engaging staff members from various wards and departments to serve as Parkinson’s champions. These individuals received specialised training to enhance their understanding and management of Parkinson’s care.
- **Resource development:**
  Creating comprehensive induction sessions and resource packs equipped with branded materials, QR-coded tools for quick information access, and entry to a dedicated PD teams resource hub.
- **Hospital-wide promotion:**
  Launching the initiative during World Parkinson’s Day through social media campaigns and direct staff engagement to raise awareness and encourage participation.

The methodology:

The structured approach to implementing the champion role involved:

- **Welcome packs and departmental resources:**
  Distributing tailored materials to support champions in their roles and facilitate the dissemination of knowledge within their respective departments.
- **Patient and public involvement and engagement (PPIE) informed training:**
  Delivering training sessions that incorporated real-world scenarios and feedback from patients and the public to ensure relevance and practicality.
- **Identification and community building:**
  Providing identifiable badges for champions and establishing a support infrastructure to foster a sense of community and shared purpose among participants.

The results:

The initiative led to significant positive outcomes:

- **Champion recruitment:**
  Fourteen staff members from multiple disciplines committed to the Parkinson's champion role, enhancing the network of informed personnel across the hospital.
- **Improved knowledge and confidence:**
  Post-training surveys indicated that 100% of participants reported increased knowledge and confidence in supporting PwP.
- **Resource effectiveness:**
  All participants agreed that the provided resources would aid in improving care standards.
- **Medication timing improvement:**
  There was a 16% improvement in on-time medication delivery, increasing from 62.25% to 72.25%.

The impact:

The Parkinson's champions have become local leaders, driving improved care practices within their areas. The initiative has fostered greater engagement from the broader healthcare team, with increased interest in future training sessions. Early indications suggest a sustained enhancement in the quality of Parkinson's care within the hospital.

The future:

Plans are underway to conduct additional induction sessions, aiming to recruit up to 31 more champions. Ongoing development of resources, key performance indicator audits, and continuous education are scheduled through 2025. Furthermore, the initiative's best practices are set to be shared with other teams and trusts to promote widespread adoption.

Conclusion:

The Parkinson's champion link role empowers staff across various disciplines to elevate the standard of care for PwP. The initiative has delivered measurable improvements in medication timing, patient safety, and staff confidence. Its scalable and sustainable design, rooted in local leadership, positions it as a model for enhancing Parkinson's care in hospital settings.

View full project

Treatment of orthostatic hypotension in Parkinson's patients attending the Collingwood Assessment Unit (CAU), Gosport War Memorial Hospital

Dr Selma Mohammed, specialist doctor, Portsmouth Hospitals University NHS Trust

The challenge:

Orthostatic hypotension (OH), characterised by a significant drop in blood pressure upon standing, is a prevalent yet often under-recognised non-motor symptom in Parkinson's disease (PD). Its presence can lead to increased risks of falls, functional decline, and extended hospital stays. Despite its impact, OH frequently remains undetected during acute hospital assessments, particularly in older adults with PD.

The project:

Dr Selma Mohammed conducted a comprehensive review of clinical notes for PD patients admitted to the Collingwood Assessment Unit (CAU) to evaluate the frequency and quality of OH documentation and treatment. The objectives were to:

- **Audit current practices:**
  Assess how often OH was identified, documented, and managed in patient records.
- **Emphasise postural blood pressure checks:**
  Highlight the necessity of routine postural blood pressure measurements as a standard component of patient assessments.
- **Recommend proactive management strategies:**
  Propose approaches for the early detection and treatment of OH in older adults with PD, incorporating both non-pharmacological and pharmacological interventions.

The results:

The review uncovered several key findings:

- **Under-documentation of OH:**
  OH was infrequently recorded in patient notes, indicating a gap in recognition and reporting.
- **Inconsistent postural blood pressure measurements:**
  There was a lack of consistent measurement of postural blood pressure, suggesting that this critical assessment was not routinely performed.
- **Overlooked non-pharmacological interventions:**
  Clinical decisions often did not incorporate non-pharmacological strategies for managing OH, such as patient education on lifestyle modifications and physical counter-manoeuvres.

The impact:

The project led to significant advancements in patient care:

- **Increased awareness:**
  Raised awareness among healthcare professionals about the importance of OH assessment as an integral part of comprehensive Parkinson's care.
- **Improved documentation:**
  Encouraged better documentation practices, leading to more accurate identification and management of OH.
- **Foundation for quality improvement:**
  Provided a basis for future initiatives aimed at enhancing the assessment and management of frailty and functional status in older adults with PD.

The future:

Building on these findings, the following steps are proposed:

- **Electronic record prompts:**
  Implement prompts within the electronic health record system to ensure OH assessments are conducted upon patient admission.
- **Staff training and guidance:**
  Develop and deliver training programmes to equip staff with the knowledge and skills necessary for consistent OH assessment and management.
- **Integration into care pathways:**
  Embed OH management protocols into the standard Parkinson's care pathway for older patients at the Collingwood Unit, ensuring a systematic approach to detection and treatment.

Conclusion:

Enhancing awareness and standardising the assessment of orthostatic hypotension within acute older adult services are critical steps toward improving the detection and management of this significant contributor to morbidity in Parkinson's disease. Through systematic evaluation and targeted interventions, patient safety and outcomes can be substantially improved.

View full project

Improving staff confidence in managing hospitalised patients with Parkinson's disease

Dr Claire Pearson, consultant geriatrician, NHS Greater Glasgow and Clyde

The challenge:

Hospital admissions for individuals with Parkinson's disease (PD) are common; however, ward staff often report a lack of confidence in managing this complex condition. Issues such as missed or delayed medications, inappropriate prescribing, and unrecognised non-motor symptoms can lead to adverse patient outcomes, including increased morbidity and extended hospital stays.

The project:

To address these challenges, Dr Claire Pearson developed a targeted training intervention aimed at enhancing the knowledge and confidence of hospital staff in managing patients with PD. The education package encompassed:

- **Importance of medication timing:**
  Emphasising the critical nature of timely administration of Parkinson's medications and the potential harm caused by delays.
- **Avoidance of contraindicated medications:**
  Highlighting drugs that are contraindicated in PD, such as certain antipsychotics, and providing guidance on safer alternatives.
- **Understanding motor and non-notor symptoms:**
  Providing comprehensive insights into the diverse manifestations of PD, including both motor and non-motor symptoms, to facilitate holistic patient care.
- **Case-based scenarios:**
  Utilising real-life case studies to support learning and enable staff to apply theoretical knowledge to practical situations.

The results:

The implementation of the training programme yielded significant improvements:

- **Enhanced staff confidence:**
  Pre-and post-training assessments revealed a 36% increase in staff confidence regarding the management of PD patients.
- **Improved understanding:**
  Feedback indicated a deeper comprehension of the complexities associated with PD, leading to more informed clinical decision-making.

- **Strengthened multidisciplinary collaboration:**
  The shared knowledge base fostered better communication and teamwork among multidisciplinary teams, enhancing patient care coordination.

The impact:

The training intervention led to tangible benefits in patient care:

- **Reduction in medication errors:**
  There was a noticeable decrease in medication timing errors and increased vigilance in prescribing practices, ensuring patients received appropriate treatments promptly.
- **Safer inpatient environment:**
  The heightened awareness and competence among staff contributed to a safer and more responsive environment for hospitalised individuals with PD.
- **Ongoing educational engagement:**
  The success of the programme sparked enthusiasm among staff for continuous learning and participation in further Parkinson's-related education initiatives.

The future:

Building on the positive outcomes, future plans include:

- **Expansion of training:**
  Rolling out the education programme to additional wards and clinical areas to broaden its impact across the hospital.
- **Integration into staff inductions:**
  Incorporating Parkinson's management training into the induction process for new staff members to establish a baseline competence from the outset.
- **Long-Term practice audits:**
  Conducting audits to assess the sustained impact of the training on clinical practice and patient outcomes over time.

Conclusion:

Structured, Parkinson's-specific training for hospital staff significantly enhances knowledge and confidence, leading to improved safety and quality of care for inpatients with Parkinson's disease. This initiative underscores the importance of targeted education in managing complex conditions within hospital settings.

[View full project]

Bone health assessments in hospital inpatients with Parkinson's disease

Dr Laura Bray, geriatric specialty registrar, Liverpool University Hospitals NHS Foundation Trust

The challenge:

People with Parkinson's disease (PD) have an increased risk of osteoporosis and fragility fractures due to reduced mobility, vitamin D deficiency, and certain medications. However, routine bone health assessments were not consistently performed for hospitalised patients, representing missed opportunities to prevent fractures and related complications.

The project:

Dr Bray conducted a retrospective audit of hospital inpatients with Parkinson's disease over a three-month period to evaluate:

- **Bone health assessment frequency:**
  Reviewing patient records to determine if bone health assessments were routinely conducted and documented.
- **Vitamin D testing:**
  Assessing the regularity of vitamin D level checks and whether deficiencies were addressed with supplementation.
- **Osteoporosis management and referrals:**
  Determining if appropriate osteoporosis management was initiated or if patients were referred for further assessment, such as dual-rnergy x-ray absorptiometry (DEXA) scans.

The results:

The audit highlighted significant gaps:

- **Infrequent bone health assessments:**
  Few patients had documented assessments of bone health status during their hospital stay.
- **Rare vitamin D testing:**
  Vitamin D levels were seldom checked, and supplementation was rarely initiated, despite known associations between PD and vitamin D deficiency.
- **Missed preventive opportunities:**
  Opportunities to initiate preventive treatments or further investigations, such as DEXA scans, were frequently overlooked.

The impact:

The project raised awareness of the need for a standardised protocol for bone health assessments in PD inpatients, resulting in:

- **Enhanced staff awareness:**
  Improved staff understanding of fracture risk and the importance of early identification and intervention.
- **Discussion on integrating assessment tools:**
  Prompted discussions about incorporating FRAX assessments and routine vitamin D checks into inpatient care practices.

The future:

To build upon these findings, future actions will include:

- **Developing local guidelines:**
  Creating protocols for systematic bone health assessments for Parkinson's inpatients.
  Re-auditing following implementation:
  Conducting further audits to evaluate the effectiveness of newly introduced guidelines.
- **Educational initiatives:**
  Incorporating bone health education into Parkinson's multidisciplinary team (MDT) meetings and providing targeted ward-based teaching sessions.

Conclusion:

Routine inpatient bone health assessments for patients with Parkinson's disease offer significant potential to reduce fracture risk and improve preventive care. This project has established the groundwork necessary for improving long-term bone health outcomes for individuals living with Parkinson's.

View full project

Opicapone: increasing the options

Dr Emma Jay, care of the elderly specialty registrar, Walsall Healthcare NHS Trust

The challenge:

Patients with Parkinson's disease (PD) experiencing motor fluctuations often face complex medication regimens that can be challenging to manage. Opicapone, a once-daily catechol-O-methyltransferase (COMT) inhibitor, was not routinely considered within the local service due to limited clinician awareness.

The project:

Dr Emma Jay initiated a quality improvement project aimed at enhancing the utilisation of opicapone in the management of motor fluctuations in PD patients. The project's objectives were to:

- **Audit local use and prescribing patterns:**
  Evaluate the current prescribing trends of opicapone within the trust to identify gaps and areas for improvement.
- **Increase clinical awareness:**
  Conduct educational sessions to inform clinicians about the benefits and appropriate use of opicapone in treating motor fluctuations.
- **Advocate for formulary Inclusion:**
  Promote the addition of opicapone to the trust's formulary, ensuring its availability as a treatment option for suitable patients.

The results:

The project led to several positive outcomes:

- **Enhanced clinical awareness:**
  There was a notable increase in clinicians' understanding of opicapone's role in managing motor fluctuations, leading to more informed prescribing decisions.
- **Formulary inclusion:**
  Opicapone was successfully added to the trust's Parkinson's medication formulary, expanding the therapeutic options available to patients.
- **Patient Access to alternative therapy:**
  Patients gained access to a once-daily treatment option, potentially improving adherence and simplifying medication regimens.

The impact:

The introduction of opicapone into the treatment landscape resulted in:

- **Improved patient choice and flexibility:**
  Patients now have an additional therapeutic option to manage motor fluctuations, allowing for more personalised treatment plans.
- **Reduced pill burden:**
  The once-daily dosing of opicapone offers convenience and may enhance adherence compared to more frequent dosing schedules of other medications.
- **Enhanced multidisciplinary engagement:**
  The initiative fostered greater collaboration among the multidisciplinary team (MDT) in updating and optimising Parkinson's prescribing protocols.

The future:

To build upon these achievements, the following steps are planned:

- **Follow-up audit:**
  Conduct a subsequent audit to assess the uptake of opicapone and evaluate patient outcomes, ensuring the continued effectiveness of the intervention.
- **Ongoing clinician education:**
  Continue to provide educational sessions on advanced therapies in Parkinson's disease to maintain and further enhance clinical knowledge.
- **Monitor impact on hospital admissions:**
  Evaluate whether the introduction of opicapone influences hospital admission rates and the need for therapy escalation among PD patients.

Conclusion:

By raising awareness and improving access to opicapone, clinicians and patients now have a valuable therapeutic option for managing motor fluctuations in Parkinson's disease. This initiative has the potential to enhance symptom control, improve medication adherence, and ultimately contribute to better patient outcomes.

View full project

Parkinson's disease medication management in acute hospital settings

Dr Zayar Min & Dr Kay Teck Ling, geriatric medicine doctors, Sandwell and West Birmingham Hospitals NHS Trust

The challenge:

Inpatients with Parkinson's disease (PD) often experience delays or omissions in receiving their time-critical medications. Such disruptions can lead to worsening symptoms, preventable complications, and prolonged hospital stays. Both local audits and the 2022 UK Parkinson's Audit highlighted the severity of these issues.

The project:

A retrospective audit of 100 admissions involving 78 patients was conducted to evaluate the accuracy of prescribing and administration of Parkinson's medications. The objectives were to:

- **Quantify prescribing and administration errors:**
  Assess the extent and nature of errors related to PD medication management.
- **Educate healthcare professionals:**
  Raise awareness among clinicians and nurses about the critical importance of timely PD medication administration.
- **Recommend system improvements:**
  Propose enhancements to electronic prescribing systems and ward workflows to mitigate errors.

The results:

The audit revealed significant findings:

- **High rate of prescription errors:**
  52% of initial prescriptions contained errors, with incorrect administration times accounting for 73.1% of these inaccuracies.
- **Frequent medication delays:**
  87.4% of patients experienced at least one delay exceeding 30 minutes, and 79.8% faced delays over an hour.
- **Symptom deterioration:**
  Five patients exhibited worsening PD symptoms directly linked to delayed medication administration.
- **Limited specialist review:**
  Only 21.4% of patients were evaluated by a PD specialist during their hospital stay.

The impact:

The project led to several key outcomes:

- **Increased awareness:**
  Heightened recognition of the clinical risks associated with medication delays among hospital staff.
- **Initiation of improvement measures:**
  Efforts to enhance the accuracy of patient assessments, ensure timely medication access, and increase specialist reviews were set in motion.
- **Identification of systemic issues:**
  The audit uncovered system-level challenges, including medication stock shortages and communication gaps, necessitating targeted interventions.

The future:

To build upon these findings, the following steps are planned:

- **Implement visual prompts and alerts:**
  Introduce bedside signs and electronic prescribing alerts to remind staff of the importance of timely PD medication administration.
- **Integrate Parkinson's training into induction programs:**
  Incorporate PD-specific education into staff induction curricula to ensure all healthcare professionals are equipped with essential knowledge.
- **Collaborate with pharmacy services:**
  Work closely with pharmacy departments to maintain adequate stocks of essential PD medications and streamline distribution processes.

Conclusion:

Enhancing the accuracy and timeliness of Parkinson's disease medication administration in acute hospital settings requires a multifaceted approach, including targeted education, electronic safeguards, and process redesign. Implementing these interventions is crucial to reducing avoidable harm and improving patient outcomes.

View full project

Making every moment matter: acute frailty team quality improvement project

Dr Michelle Kidd, consultant in acute frailty, Mid Cheshire Hospitals NHS Foundation Trust

The challenge:

People living with Parkinson's disease (PwP), particularly those experiencing frailty, carer breakdown, or multimorbidity, frequently present to hospitals in crisis. The absence of timely access to Parkinson's specialist input and frailty-focused care often results in delayed discharges and suboptimal outcomes.

The project:

Dr Kidd initiated a quality improvement project within the acute frailty team to enhance unscheduled care for frail PwP. The initiative encompassed:

- **Comprehensive geriatric assessments (CGA):** Implementing CGAs and advance care planning for all admitted PwP to address their complex needs holistically.
- **Rapid access "hot clinics":** Establishing clinics to provide prompt evaluation and management for complex patients, aiming to prevent hospital admissions.
- **Virtual frailty ward:** Creating a virtual ward to support post-discharge monitoring, ensuring continuity of care and reducing the likelihood of readmissions.
- **Integrated care advocacy:** Promoting equitable access to Parkinson's disease nurse specialists (PDNS), neurology liaison services, and community multidisciplinary teams (MDTs) to facilitate coordinated care.

The results:

The project yielded significant improvements:

- **Comprehensive assessments:** All admitted PwP received CGAs, medication reviews, and bone health screenings, ensuring a thorough evaluation of their health status.
- **Efficient discharges:** 75% of patients were discharged within 48 hours, demonstrating enhanced efficiency in patient throughput.
- **Continued support:** Approximately 75% of patients continued to receive support through the virtual frailty ward and follow-up services, promoting sustained well-being.

- **End-of-life care:**
  Two patients were supported to die at home in accordance with their preferences, highlighting the project's commitment to patient-centred care.
- **Positive feedback:**
  Patient and carer feedback was unanimously positive, reflecting satisfaction with the care received.

The impact:

The initiative led to:

- **Reduced admissions and length of stay:**
  A marked decrease in unscheduled admissions and hospital stay durations, alleviating strain on hospital resources.
- **Enhanced integration:**
  Improved collaboration across frailty, neurology, community therapy, and palliative services, fostering a cohesive care approach.
- **Identification of service gaps:**
  Recognition of unmet needs for frail PwP, particularly in accessing mental health services, community geriatrics, and Parkinson's specialist nursing.

The future:

To build upon these achievements, the following steps are planned:

- **Integrated Parkinson's services:**
  Advocate for consultant-led Parkinson's services that span acute and community care, ensuring seamless patient management.
- **Direct referral pathways:**
  Establish direct referral pathways into older people's mental health services to address the psychological needs of PwP.
- **Targeted education:**
  Deliver educational programmes to upskill hospital and community teams, enhancing their competence in managing frail PwP.

Conclusion:

Implementing a proactive, integrated frailty model that incorporates rapid access clinics, comprehensive geriatric assessments, and virtual ward follow-up significantly improves outcomes for people with Parkinson's disease, particularly during the critical last 1,000 days of life.

[View full project]

Development of a Parkinson’s team meeting

Dr Louise Cormie, ST7 geriatrics, Raigmore Hospital, NHS Highland

The challenge:

Parkinson’s services across NHS Highland are geographically dispersed, with limited opportunities for clinicians and allied health professionals (AHPs) to connect, share learning, and support one another. There was no regular multidisciplinary forum to discuss complex Parkinson’s cases or updates in clinical care.

The project:

Dr Cormie established a regular Parkinson’s team meeting to improve multidisciplinary engagement and shared decision-making. The project involved:

- **Assessing interest and training needs:**
  Conducting surveys among clinicians and AHPs to gauge interest in a regular meeting and identify specific training requirements.
- **Launching virtual meetings:**
  Initiating bi-monthly virtual meetings via Microsoft Teams to facilitate participation across the region.
- **Structured session content:**
  Focusing each session on complex case discussions and clinical updates pertinent to Parkinson’s care.

The results:

The initiative yielded positive outcomes:

- **Increased engagement:**
  Two meetings were successfully held, with growing attendance and active participation from various disciplines.
- **Positive feedback:**
  All post-meeting respondents expressed interest in attending future sessions, indicating the meetings' value.
- **Effective case management:**
  Consultants presented cases and left with clear management plans, while AHPs contributed valuable insights, particularly regarding dystonia management.

The impact:

The establishment of the Parkinson's team meeting led to:

- **Enhanced collaboration:**
  Strengthened connections and knowledge-sharing among geographically isolated professionals.
- **Platform for innovation:**
  Provided a forum for peer support and the development of service innovations.
- **Unified multidisciplinary team:**
  Fostered a sense of working as a connected Parkinson's multidisciplinary team (MDT).

The future:

To build on this progress, the following steps are planned:

- **Expand participation:**
  Invite neurology and psychiatry colleagues to enrich discussions and broaden perspectives.
- **Explore integrated services:**
  Consider joint clinics or integrated service proposals to further enhance patient care.
- **Continued outreach:**
  Extend invitations to all clinicians involved in Parkinson's care across the region to ensure comprehensive engagement.

Conclusion:

In a remote and rural context, virtual multidisciplinary meetings provide a vital platform for shared learning, improving practitioner confidence, connectivity, and ultimately care for people with Parkinson's.

View full project

PAST: The Parkinsonism allergy status transcription project

Dr Charles Durdin, care of the elderly specialty registrar, Gloucestershire Hospitals NHS Foundation Trust

The challenge:

Individuals with parkinsonism are at heightened risk of medication-related harm due to inappropriate prescribing practices—particularly the administration of antipsychotics such as haloperidol, which are contraindicated in these patients. Often, these critical risks are not clearly documented in the allergy or alert sections of patient records, leading to potential adverse drug events.

The project:

Dr Durdin initiated the Parkinsonism Allergy Status Transcription (PAST) project with the aim of:

- **Standardising documentation:**
  Ensuring that parkinsonism-related sensitivities and contraindications are consistently recorded across patient records.
- **Enhancing visibility:**
  Utilising the allergy status fields in both paper and electronic records to prominently display these risks, thereby alerting healthcare providers during prescribing.
- **Educating prescribers:**
  Raising awareness among prescribing clinicians about the importance of recognising parkinsonism as a significant medication safety concern.

The results:

The PAST project achieved several notable outcomes:

- **Successful pilot implementation:**
  The standardised documentation process was trialled across various wards, demonstrating feasibility and ease of integration into existing workflows.
- **Prompt integration:**
  Prompts were introduced in the allergy/alert sections of patient records for those diagnosed with Parkinson's disease or parkinsonism, ensuring immediate visibility of medication sensitivities.
- **Increased awareness:**
  There was a marked improvement in prescribers' awareness and confidence in safely prescribing medications for patients with parkinsonism.

The impact:

The implementation of the PAST project led to:

- **Reduction in prescribing errors:**
  A decrease in incidents involving the prescription of contraindicated drugs, particularly antipsychotics, thereby enhancing patient safety.
- **Heightened risk awareness:**
  An increased recognition of parkinsonism as a high-risk condition among healthcare professionals, fostering more cautious prescribing practices.
- **Broader adoption:**
  The PAST initiative was disseminated across departments and more widely adopted within the trust, indicating its scalability and applicability in diverse clinical settings.

The future:

Building on its initial success, plans for the PAST project include:

- **Expanding scope:**
  Extending the standardised documentation approach to encompass other patient groups with complex medication risks, thereby broadening the impact on patient safety.
- **Institutional integration:**
  Incorporating the PAST protocols into trust-wide medication safety guidelines and embedding them within electronic health record templates to ensure sustainability and consistency.

Conclusion:

The PAST project exemplifies how systematic improvement in documenting parkinsonism-related contraindications within allergy fields can significantly reduce medication errors and enhance patient safety. By standardising this practice, healthcare providers are better equipped to recognise and mitigate risks associated with prescribing for individuals with parkinsonism.

View full project

Evaluating the level of knowledge and understanding of Parkinson's disease among healthcare support workers in University Hospitals of Leicester (UHL)

Dr Nisha Sunuwar, specialty registrar, University Hospitals of Leicester NHS Trust

The challenge:

Healthcare support workers (HCSWs) play a crucial role in the frontline care of individuals with Parkinson's disease (PD). However, their specific knowledge and understanding of the condition had not been systematically evaluated within UHL. Identifying potential knowledge gaps was essential to enhance training programs and improve the quality of care provided to patients with Parkinson's (PwP).

The project:

Dr Sunuwar conducted a comprehensive survey targeting HCSWs across UHL to:

- **Assess baseline knowledge:**
  Evaluate HCSWs' understanding of Parkinson's symptoms, effective care strategies, and the critical importance of medication timing.
- **Measure educational impact:**
  Determine the effect of targeted teaching sessions on HCSWs' confidence and comprehension regarding PD care.
- **Identify educational needs:**
  Highlight specific areas where further education and training were required to support HCSWs in their roles.

The results:

The survey uncovered several key insights:

- **Knowledge gaps:**
  HCSWs reported limited understanding, particularly concerning non-motor symptoms of PD and the significance of administering medication on time.
- **Enhanced confidence post-education:**
  After participating in specialist-led teaching sessions, HCSWs expressed increased confidence and a better grasp of how their knowledge directly impacts patient care.

The impact:

The findings from this project led to meaningful advancements:

- **Development of education programs:**
  Informed the creation of tailored education initiatives aimed at enhancing HCSWs' skills and knowledge in PD care.
- **Promotion of a supportive care culture:**
  Emphasised the importance of recognising complex PD symptoms and delivering safe, patient-centered support, thereby fostering a more informed and empathetic care environment.

The future:

Building on the project's outcomes, the following steps are planned:

- **Continued education:**
  Maintain face-to-face teaching sessions and explore the development of e-learning modules to provide flexible learning opportunities.
- **Broadened evaluations:**
  Expand assessments to include other wards and care groups to ensure comprehensive educational coverage.
- **Integration into induction programs:**
  Embed PD education into staff induction processes to establish a foundational understanding of the disease from the outset of employment.

Conclusion:

Enhancing the foundational knowledge of Parkinson's disease among healthcare support workers is pivotal in elevating the quality and safety of patient care throughout all stages of the Parkinson's journey. This project underscores the value of targeted education in empowering support staff and improving patient outcomes.

View full project

Developing a new carers clinic in the Parkinson's geriatric MDT

Dr Elizabeth Hudson, advanced clinical fellow, Greater Manchester Mental Health NHS Foundation Trust

The challenge:

Carers of individuals with Parkinson's disease (PD) often endure significant emotional and physical burdens. Despite their crucial role, support for these carers is frequently limited or reactive. Traditional peer support models may not adequately address the needs of families managing complex situations, fluctuating symptoms, or carer fatigue.

The project:

Dr Hudson co-developed a Carers Clinic within the local Parkinson's multidisciplinary team (MDT) to provide timely, personalised support to carers during periods of high need. The clinic's structure was informed by systemic therapy principles and single-session therapy models, offering:

- **Initial goal-setting call:**
  Engaging carers in a preliminary conversation to identify specific concerns and objectives for the session.
- **Therapeutic session (1–2 hours):**
  Conducting a focused session to explore emotional strains, relationship dynamics, and decision-making processes.
- **Follow-up communication:**
  Providing subsequent phone follow-up to reinforce strategies discussed and address any emerging issues.
- **Structured themes:**
  Addressing topics such as acceptance, assertiveness, and adapting routines to the evolving needs of the person with Parkinson's.

The results:

The pilot clinic involved five families, yielding positive outcomes:

- **Carer feedback:**
  Participants described the sessions as validating, emotionally relieving, and practically helpful.
- **Identified themes:**
  Discussions frequently centred on challenges related to cognitive changes, sleep deprivation, feelings of guilt, and issues of trust within the caregiving relationship.

The impact:

The initiative led to several beneficial effects:

- **Enhanced carer confidence:**
  Carers reported increased clarity and confidence in their roles, feeling better equipped to manage caregiving challenges.
- **Improved communication:**
  The clinic facilitated better interactions between carers and the MDT, fostering a more collaborative approach to patient care.
- **Systemic insights:**
  The project highlighted gaps in broader systemic support for carers, underscoring the need for more comprehensive services.

The future:

Building on the pilot's success, future plans include:

- **Clinic expansion:**
  Increasing access to the Carers Clinic and integrating it into standard MDT pathways to reach more families in need.
- **Sharing insights:**
  Disseminating thematic findings from the sessions to inform and shape the development of carer-focused services.
- **Virtual sessions:**
  Offering virtual consultations to enhance accessibility for working or geographically distant carers.

Conclusion:

The introduction of a focused, single-session therapeutic intervention for carers of people with Parkinson's disease provides timely and personalised support. This approach contributes to reducing carer strain, strengthening family resilience, and enhancing the overall quality of Parkinson's care.

View full project

Catch you at the door

Marlyn Guthrie, Parkinson's disease nurse specialist, NHS Greater Glasgow and Clyde

The challenge:

At Inverclyde Royal Hospital, inpatient medication timing for Parkinson's was generally well-managed; however, patients arriving via Accident & Emergency (A&E) often experienced delays in receiving their medication. This led to avoidable deterioration in their condition, highlighting a significant gap in emergency care procedures.

The project:

To tackle these challenges, Marlyn Guthrie developed the 'catch you at the door' project, with the following key objectives:

- **Early identification:**
  Implemented procedures to promptly identify people with Parkinson's (PwP) upon arrival at A&E.
- **Staff education:**
  Delivered comprehensive training to emergency department staff, increasing their understanding of Parkinson's and emphasising the critical importance of timely medication administration.
- **Enhanced handover procedures:**
  Standardised and improved handover processes, ensuring smooth transition and continuous monitoring from A&E to inpatient wards.

The results:

The implementation of the project delivered notable improvements:

- **Consistent patient identification:**
  PwP were identified more reliably upon their arrival in A&E, enabling earlier intervention.
- **Increased staff confidence:**
  Emergency staff gained greater confidence in recognising Parkinson's symptoms and effectively managing medication regimens.
- **Dedicated A&E assessment area:**
  A dedicated area within A&E was piloted, specifically catering to PwP and ensuring focused, specialist care.

The impact:

The outcomes significantly improved patient care:

- **Reduced medication delays:**
  Timely medication administration during emergency care minimised symptom deterioration and prevented complications.
- **Improved communication:**
  Strengthened collaboration and communication between A&E staff and the Parkinson's specialist team facilitated more integrated patient management.
- **Foundation for wider improvements:**
  Successful outcomes from the project laid a solid foundation for broader improvements in Parkinson's care across the hospital.

The future:

To build on this initiative, future plans include:

- **Continued staff training:**
  Ongoing educational programmes to maintain and further enhance staff knowledge and skills for managing Parkinson's within emergency settings.
- **Collaboration with frailty practitioners:**
  Working alongside frailty specialists to provide comprehensive support and address the wider healthcare needs of PwP.
- **Integration into triage systems:**
  Exploring ways to incorporate Parkinson's alerts directly into A&E triage protocols to prioritise timely care from the moment patients arrive.

Conclusion:

The 'catch you at the door' project demonstrates that proactive identification and tailored support for Parkinson's patients at hospital entry can significantly enhance medication timing, patient safety, and continuity of care. It provides a valuable template for improving emergency care practices across NHS services.

View full project

Improving compliance with administration of apomorphine for inpatients

Emma Walker, movement disorder nurse specialist, County Durham & Darlington NHS Foundation Trust

The challenge:

Hospital staff often lacked familiarity with advanced Parkinson's therapies, particularly apomorphine pumps. This knowledge gap led to medication errors, administration delays, and decreased staff confidence in managing inpatients requiring such treatments.

The project:

To address these challenges, Emma initiated a comprehensive service improvement project with the following key components:

- **Patient information packs:**
  Developed detailed information packs for patients to bring upon hospital admission. These packs included:
  - An overview of apomorphine therapy.
  - Personalised medication schedules.
  - Guidelines for managing the apomorphine pump.
  - Contact information for the Parkinson's care team.
- **Staff education and training:**
  Implemented face-to-face training sessions complemented by visual guides to enhance staff understanding of apomorphine therapy. Training covered:
  - Identification and operation of apomorphine pumps.
  - Procedures for initiating and discontinuing therapy.
  - Troubleshooting common pump issues.
  - Emphasis on the critical nature of timely medication administration for Parkinson's patients.
- **Clarification of roles and communication channels:**
  Defined clear roles and responsibilities for device management among healthcare staff and established direct communication pathways between ward staff and the Parkinson's specialist team to ensure prompt support and guidance.

The results:

The implementation of this project yielded significant improvements:

- **Enhanced staff competence:**
  Staff demonstrated a marked improvement in recognising and managing apomorphine devices, leading to increased confidence in handling such therapies.

Reduction in medication administration time:
Streamlined processes and improved knowledge reduced the time required to administer correct apomorphine doses, minimising delays and enhancing patient care.

The impact:

The project led to several positive outcomes:

- **Improved patient safety and continuity of care:**
  Ensured consistent and accurate administration of apomorphine, reducing the risk of complications associated with missed or delayed doses.
- **Reduction in therapy-related delays and safeguarding concerns:**
  Addressed and mitigated issues related to the administration of advanced therapies, enhancing overall patient well-being.
- **Strengthened interdisciplinary collaboration:**
  Fostered better communication and cooperation between ward staff and the Parkinson's specialist team, facilitating a more cohesive approach to patient management.

The future:

Building on the success of the initiative, future plans include:

- **Ongoing education and training:**
  Continuing to provide regular training sessions and refresher courses to maintain and further enhance staff competence in managing advanced Parkinson's therapies.
- **Expansion to other advanced therapies:**
  Extending the initiative to encompass additional advanced Parkinson's treatments, ensuring comprehensive staff preparedness across all therapeutic modalities.
- **Long-term monitoring and evaluation:**
  Conducting regular audits to assess the sustained impact of the project on patient safety, therapy adherence, and safeguarding, allowing for continuous quality improvement.

Conclusion:

Targeted education, clear communication pathways, and well-structured patient information resources significantly enhance healthcare professionals' ability to manage advanced therapies like apomorphine. These improvements lead to better patient outcomes, increased safety, and a higher standard of care for individuals with Parkinson's disease during hospital admissions.

View full project

Improvement of assessment and management of anxiety and depression in Parkinson's disease

Dr Heidi See, specialist registrar, Portsmouth Hospitals University NHS Trust

The challenge:

Mood disorders such as anxiety and depression are highly prevalent in Parkinson's disease (PD) but are frequently under-recognised or inadequately managed during routine outpatient specialist consultations. This oversight can profoundly impact patients' overall health, quality of life, and increase the risk of crisis episodes.

The project:

Dr See undertook a detailed audit of outpatient clinic letters over a three-month period, specifically reviewing:

- **Recognition of mood disorders:**
  Whether anxiety or depression symptoms were identified and clearly documented during routine consultations.
- **Interventions and referrals:**
  Whether appropriate referrals for psychological therapies or medications were made following identification of mood symptoms.
- **Follow-up and monitoring:**
  The level of follow-up or structured review provided for patients already receiving treatment for mood disorders.

The results:

The audit highlighted critical areas for improvement:

- Mood symptoms (anxiety, depression, or both) were documented in 47.5% of reviewed clinic letters.
- Only 53% of patients had any form of mood assessment recorded, indicating inconsistent practice.
- Suicidal ideation was explicitly explored in only one documented case, highlighting a concerning gap in patient safety assessments.

The impact:

The findings identified significant systemic gaps in managing non-motor symptoms in Parkinson's disease, prompting:

- **Clinician education:**
  Training sessions were introduced to enhance clinician competence and confidence in using validated screening tools and referral pathways.
- **Improved resource awareness:**
  Greater visibility and improved utilisation of local community support resources, such as iTalk and mental health teams.

The future:

To build upon this work, planned next steps include:

- Embedding structured mood assessments within routine Parkinson's consultations.
- Providing clinicians with standardised templates and prompts to systematically address mental health issues.
- Raising awareness among patients and their families to encourage open disclosure and active engagement in mood symptom management.

Conclusion:

Incorporating structured mood assessments into routine Parkinson's care is essential to effectively manage anxiety and depression, enhance patient wellbeing, and prevent potential mental health crises.

View full project

Implementing bone health assessment in Parkinson's disease (PD) clinic

Dr Ioana Chis, specialty doctor, Dorset County Hospital NHS Foundation Trust.

The challenge:

Individuals with Parkinson's disease (PD) face a significantly increased risk of developing osteoporosis and experiencing fragility fractures. Despite this heightened risk, routine bone health assessments were not integrated into standard Parkinson's care pathways, leading to missed opportunities for early intervention and fracture prevention.

The project:

Dr Ioana Chis initiated a project aimed at embedding comprehensive bone health evaluations into the routine care of patients attending the PD clinic. The key components of this initiative included:

- **Biochemical assessments:**
  Conducting laboratory tests to measure levels of vitamin D, calcium, and assess renal function in all PD patients. These parameters are crucial for bone metabolism and identifying deficiencies or dysfunctions that could compromise bone integrity.
- **Fracture risk evaluation:**
  Utilising the fracture risk assessment tool (FRAX) to calculate each patient's 10-year probability of sustaining a major osteoporotic fracture. This tool integrates clinical risk factors with or without bone mineral density (BMD) values to guide treatment decisions.
- **Personalised treatment plans:**
  Based on FRAX scores and biochemical results, initiating appropriate interventions such as prescribing bisphosphonates, calcium, and vitamin D supplements to strengthen bone density and reduce fracture risk.
- **Lifestyle modification guidance:**
  Providing tailored advice on dietary improvements, weight-bearing and muscle-strengthening exercises, and safe sun exposure to enhance endogenous vitamin D synthesis, all aimed at promoting bone health.
- **Communication with primary care:**
  Documenting bone health assessments and management plans in correspondence to general practitioners (GPs) to ensure continuity of care and facilitate ongoing monitoring and support in the community setting.

The results:

The implementation of this structured approach led to several positive outcomes:

- **Identification of high-risk individuals:**
  The systematic assessments uncovered patients at elevated risk for fractures who had previously not been recognised, allowing for timely initiation of protective treatments.

- **Integration into clinical practice:**
  Bone health evaluations became a routine aspect of the PD clinic's workflow, ensuring that all patients received standardised assessments and interventions as part of their comprehensive care.
- **Enhanced multidisciplinary collaboration:**
  The initiative fostered improved communication and cooperation between the Parkinson's care team, GPs, and allied health professionals, creating a cohesive network focused on optimising patient outcomes.

The impact:

The project's outcomes had a significant impact on patient care:

- **Fracture prevention:**
  Early identification and management of osteoporosis and fracture risk factors contributed to reducing the incidence of fractures and associated complications among PD patients.
- **Promotion of independence:**
  By preventing fractures, patients maintained greater mobility and independence, which are critical for quality of life in individuals with PD.
- **Holistic care approach:**
  The initiative underscored the importance of addressing non-motor symptoms and comorbidities in PD, leading to more comprehensive and patient-centered care planning that includes considerations of frailty and fall risk.

The future:

Building upon the success of this project, future directions include:

- **Sustained assessment and treatment:**
  Continuing to perform bone health evaluations for all PD patients seen in both outpatient clinics and inpatient wards to ensure ongoing identification and management of osteoporosis.
- **Participation in national initiatives:**
  Engaging in national service improvement projects to benchmark outcomes, share best practices, and contribute to the development of standardised guidelines for bone health management in PD.

Conclusion:

Integrating early and routine bone health assessments into Parkinson's disease care is essential for reducing fracture risk and enhancing the overall quality of life for patients. This proactive approach ensures that bone health is recognised as a vital component of multidisciplinary, comprehensive care strategies for individuals living with PD.

View full project

Wearable devices as a therapeutic tool in Parkinson's disease

Dr Claire Gibbons, consultant in elderly care, Gloucestershire Hospitals NHS Foundation Trust

The challenge:

Despite recommendations from the National Institute for Health and Care Excellence (NICE) to utilise wearable devices like the Parkinson's KinetiGraph (PKG) for remote monitoring of Parkinson's disease (PD), local adoption remained limited. Both patients and clinicians exhibited a lack of confidence in interpreting PKG results, leading to underutilisation of its therapeutic potential.

The project:

Dr Gibbons spearheaded an initiative to integrate the PKG into routine clinical practice with the following strategies:

- **Targeted patient offering:**
  Introducing the PKG to newly diagnosed patients and those experiencing complex symptoms to facilitate comprehensive symptom tracking.
- **Clinician training:**
  Providing education for clinicians to effectively interpret and communicate PKG data, ensuring that patients receive clear and meaningful explanations of their results.
- **Patient surveys:**
  Conducting surveys to assess the impact of PKG usage on patients' understanding of their condition and overall well-being.

The results:

The initiative led to significant improvements:

- **Increased PKG utilisation:**
  The number of patients using the PKG rose from 18 to over 40 per year, indicating a growing acceptance and integration of the device into patient care.
- **Enhanced patient understanding:**
  Over one-third of patients reported a better comprehension of their diagnosis, attributing this improvement to the insights provided by the PKG data.
- **Improved mental well-being:**
  Patients who gained a clearer understanding of their PKG data experienced enhancements in mental well-being, likely due to increased empowerment and engagement in their care.

The impact:

The project's outcomes had several positive implications:

- **Patient empowerment:**
  The PKG enabled patients to gain better insights into their motor symptoms, fostering a proactive approach to managing their condition.
- **Informed clinical decisions:**
  Clinicians reported greater confidence in making treatment decisions, supported by objective data from the PKG.
- **Collaborative care:**
  Patients began requesting copies of their PKG data to engage in shared decision-making, enhancing the collaborative nature of their healthcare experience.

The future:

Building on the success of the initial implementation, future plans include:

- **Expanding PKG usage:**
  Extending the offer of PKG monitoring to patients on high-dose levodopa therapy to better manage and understand medication effects.
- **Ongoing staff training:**
  Continuing to deliver comprehensive training for healthcare staff to maximise the clinical and therapeutic benefits of the PKG.

Conclusion:

The PKG transcends its role as a mere diagnostic tool; it serves as a catalyst for personalised care, enhancing patient understanding, engagement, and confidence in managing Parkinson's disease. By integrating wearable technology into routine practice, both patients and clinicians can experience a more informed and collaborative approach to disease management.

View full project

Parkinson’s and movement disorders multidisciplinary and multimedia bibliography

Dr James Richards, consultant physician and geriatrician, Dorset County Hospital NHS Foundation Trust

The challenge:

Clinicians managing Parkinson’s disease and other movement disorders lacked a centralised, up-to-date resource for clinical guidelines, training materials, and patient-focused tools. This gap impeded efficient access to best practices and evidence-based resources, affecting the quality and consistency of patient care.

The project:

Dr Richards developed a dynamic, "living" digital bibliography to:

- **Collate essential resources:**
  Gathering key documents, guidelines, academic articles, online tools, calculators, and multimedia content relevant to Parkinson’s and movement disorders care.
- **Facilitate collaboration:**
  Encouraging multidisciplinary contributions from clinicians, therapists, nurses, and educators, ensuring breadth and relevance of content.
- **Maintain real-time updates:**
  Regularly updating the resource and sharing it widely across clinical teams through digital platforms.

The results:

The digital bibliography was successfully implemented and embraced by the local Parkinson’s multidisciplinary team (MDT), regional trainees, and allied health professionals, resulting in:

- **Enhanced decision-making:**
  Clinicians reported greater confidence and accuracy in managing complex cases through easy access to trusted resources.
- **Widespread adoption:**
  Broad dissemination and active use by healthcare professionals across various disciplines within the trust.

The impact:

The introduction of this multimedia resource has led to:

- **A culture of continuous learning:**
  Encouraged ongoing education and knowledge exchange within the MDT, improving overall clinical standards.
- **Improved consistency of care:**
  Standardised access to best practice guidelines has ensured greater uniformity in managing Parkinson's disease.
- **Valued collaborative learning:**
  Highlighted the importance of interdisciplinary contributions to enhancing care quality and professional development.

The future:

Plans to further enhance and expand the resource include:

- **Regional expansion:**
  Extending the availability of the bibliography beyond the trust to benefit a wider professional audience.
- **Integration with training programmes:**
  Incorporating the bibliography into induction and ongoing professional education initiatives for staff.
- **Continuous real-time updates:**
  Utilising digital collaborative platforms to ensure ongoing accuracy and relevance of the content.

Conclusion:

This multidisciplinary and multimedia bibliography has become an essential, evolving resource that significantly supports clinical excellence in Parkinson's and movement disorders care, benefiting both healthcare professionals and patients alike.

View full project

Challenges of initiating foslevodopa-foscarbidopa in a non-neurosciences centre

Dr Michael Sen, consultant physician in elderly care, County Durham and Darlington NHS Foundation Trust

The challenge:

In 2024, foslevodopa-foscarbidopa (Produodopa) received approval from the National Institute for Health and Care Excellence (NICE) as a treatment for advanced Parkinson's disease. However, initiating this therapy outside of specialised neuroscience centers presented significant challenges, including:

- **Service limitations:**
  Non-neuroscience centers often lack the specialised infrastructure and resources required for the administration of advanced Parkinson's therapies.
- **Training deficiencies:**
  Healthcare professionals in these centers may not have the necessary training to manage and monitor patients receiving Produodopa infusions.
- **Logistical hurdles:**
  Coordinating care, ensuring medication availability, and establishing protocols for infusion therapy in a non-specialist setting posed additional complexities.

The project:

To address these challenges, Dr Sen and the elderly care movement disorders team undertook the development of a local Produodopa initiation pathway by:

- **Collaborating with a tertiary neuroscience center:**
  Partnering with the Newcastle neuroscience center to gain specialist insights, share best practices, and establish a referral and support network.
- **Training nursing staff:**
  Implementing comprehensive training programs for nurses on the setup, administration, and monitoring of Produodopa infusions to ensure patient safety and efficacy of treatment.
- **Establishing a homecare framework:**
  Developing a structured homecare model to support patients post-initiation, facilitating ongoing treatment delivery, monitoring, and patient education in the home environment.

The results:

The initiative led to several positive outcomes:

- **Positive patient outcomes:**
  Early assessments indicated that patients tolerated the treatment well, with notable improvements in symptom control and overall quality of life.

- **Successful local initiation:**
  Produodopa was effectively introduced within the County Durham and Darlington NHS Foundation Trust, demonstrating the feasibility of administering advanced Parkinson's therapies in non-neuroscience centers.
- **Model development:**
  The creation of a structured and replicable service model provided a blueprint for other non-tertiary centers aiming to implement similar therapies.

The impact:

The project had a significant impact on various aspects of patient care and service delivery:

- **Enhanced access to advanced therapies:**
  Patients in the local area gained improved access to Produodopa without the need to travel to specialised centers, promoting equity in healthcare delivery.
- **Reduced burden on tertiary centers:**
  By managing initiation locally, the project alleviated pressure on neuroscience centers, allowing them to focus resources on more complex cases.
- **Skill development:**
  Local healthcare teams acquired specialised skills and knowledge, enhancing their capability to manage advanced Parkinson's treatments and potentially other complex therapies.

The future:

Building on the success of this initiative, future plans include:

- **Knowledge sharing:**
  Disseminating the developed service framework and findings to other NHS trusts to encourage the adoption of similar models and promote best practices.
- **Long-term monitoring:**
  Conducting ongoing evaluations of patient outcomes, treatment efficacy, and safety to inform continuous improvement of the pathway.
- **Protocol refinement:**
  Further refining patient selection criteria and treatment protocols to optimise outcomes and r esource utilisation.

Conclusion:

The successful initiation of foslevodopa-foscarbidopa therapy within a non-neuroscience center underscores the feasibility and safety of administering advanced Parkinson's treatments in such settings. This achievement was made possible through strategic collaboration, targeted staff training, and the establishment of robust care frameworks, ultimately enhancing patient access to innovative therapies and improving health outcomes.

View full project

Bone health assessments in medicine of the elderly (MOE) patients with Parkinson's disease at East Lothian Community Hospital

Dr Rachel Hawksworth, geriatric specialty doctor, NHS Lothian

The challenge:

Patients with Parkinson's disease at East Lothian Community Hospital were not routinely assessed for bone health, despite their increased risk of falls and fragility fractures. This lack of assessment created a significant risk of undetected osteoporosis, increasing the potential for fractures and poor patient outcomes.

The project:

Dr Hawksworth conducted an audit of current practices which revealed that:

- No patients had documented bone health assessments.
- Very few had undergone DEXA scans or were receiving bone-protective therapies.

To address these gaps, Dr Hawksworth introduced a new local guideline recommending:

- Routine fracture risk assessment for all eligible patients, utilising assessment tools such as FRAX.
- Appropriate prescribing of vitamin D, calcium supplements, and bisphosphonates to protect and strengthen bone density.

The results:

Following the introduction of the guideline, key improvements included:

- Development and dissemination of a standardised bone health assessment protocol across clinics.
- Increased awareness of the importance of bone health among the MOE clinical team.

The impact:

The changes implemented by the project resulted in:

- Reduced risk of undetected osteoporosis among patients.
- Improved prescribing safety and more timely referrals to specialist osteoporosis services.

The future:

To sustain and build upon the initial success, future actions will include:

- Regular audits to monitor adherence to the newly implemented guidelines.
- Embedding bone health assessments into the routine care pathway for patients with Parkinson's disease.

Conclusion:

Integrating routine fracture risk assessments into the management of Parkinson's disease significantly enhances patient safety and improves long-term outcomes for a vulnerable patient group.

View full project

Implementation of an MDT summary e-form to improve documentation within UHDB Parkinson's service

Dr Emily Jackson, geriatric specialty registrar, University Hospitals of Derby and Burton NHS Foundation Trust

The challenge:

Inconsistent and fragmented documentation within the Parkinson's multidisciplinary team (MDT) at the University Hospitals of Derby and Burton NHS Foundation Trust negatively affected care planning, patient safety, and audit outcomes. Important clinical details and assessments were often inadequately recorded, making it difficult to track patient progress and demonstrate compliance with best-practice guidelines.

The project:

Dr Jackson developed and implemented a structured electronic MDT summary form designed to standardise documentation. The key aims were:

- **Standardisation of clinical data:**
  Capturing essential Parkinson's metrics consistently, including cognitive assessments (MoCA scores), bone health evaluations, driving status, and medication reviews.
- **Integration with electronic patient record (EPR):**
  Embedding the MDT summary form directly within the trust's EPR system, aiming to facilitate rapid, real-time access to patient data and streamline participation in national and local Parkinson's audits.
- **Enhancing MDT engagement:**
  Encouraging multidisciplinary staff to engage proactively with structured documentation, fostering a more holistic approach to patient management.

The results:

While the MDT summary form was successfully created and embedded within the electronic system, initial usage was limited due to several implementation barriers:

- **Usability concerns:**
  Staff encountered difficulties with the form's design, describing the user interface as challenging to navigate within the existing EPR system.
- **Time constraints:**
  Clinicians reported that completing the form during busy MDT meetings was time-consuming, leading to inconsistent usage.

Despite these challenges, the project successfully highlighted existing documentation gaps and increased MDT awareness of the importance of comprehensive clinical recording.

The impact:

The introduction of the MDT summary form had several positive effects:

- **Increased awareness of documentation gaps:**
  The project identified critical areas for improvement, prompting teams to reconsider their documentation practices.
- **Enhanced MDT reflection:**
  Encouraged the MDT to reflect on how to better capture and utilise clinical data to improve patient outcomes and service performance.
- **Improved audit readiness:**
  Raised awareness among staff of the importance of structured data for national audits and performance reviews.

The future:

Building on the initial findings and feedback, planned next steps include:

- **Improving form usability:**
  Revising the MDT form design to streamline data entry and improve user experience within the EPR.
- **Dedicated staffing:**
  Assigning specific team members responsibility for completing the form during MDT meetings to ensure consistency and compliance.
- **Continuous training and support:**
  Providing ongoing training for clinicians and administrative staff to embed the structured approach into routine clinical practice.

Conclusion:

Structured and consistent MDT documentation significantly enhances patient safety, facilitates comprehensive care planning, and improves audit outcomes. Effective integration and user-friendly design of electronic documentation systems are essential to realising these benefits fully.

View full project

Development of a multi-disciplinary inpatient Parkinson's disease liaison service

Dr Claire Kershaw, ST6 in geriatric medicine, Hull University Teaching Hospitals NHS Trust

The challenge:

Inpatients with Parkinson's disease (PD) frequently experienced preventable harm due to medication delays or errors, insufficient specialist input, and fragmented communication between healthcare teams. This led to suboptimal patient outcomes, increased risks of complications, and prolonged hospital stays.

The project:

To address these issues, Dr Kershaw developed and piloted a multidisciplinary (MDT) inpatient liaison service for patients with PD. The initiative involved:

- **Weekly MDT reviews:**
  Establishing regular weekly meetings involving pharmacists, Parkinson's specialist nurses, dietitians, speech and language therapists, and geriatricians to jointly review PD patients admitted to hospital wards.
- **Electronic patient identification:**
  Utilising an electronic patient list to proactively identify inpatients with Parkinson's across hospital departments, ensuring timely intervention and review.
- **Integrated clinical management:**
  Conducting face-to-face patient reviews, addressing medication errors promptly, facilitating therapy referrals, and providing diagnosis clarification where required.

The results:

During the initial six-week pilot phase:

- **57 inpatients reviewed:**
  The MDT service reviewed 57 patients, delivering comprehensive and collaborative management.
- **Medication errors corrected:**
  The team identified and resolved numerous significant prescribing and medication timing errors, greatly improving medication safety for patients.
- **Enhanced clinical interventions:**
  Provided direct interventions including therapy referrals, dietary assessments, swallowing assessments, and clarifications or adjustments to PD diagnoses and treatment plans.

The impact:

The project delivered substantial improvements in patient care and safety

- **Improved patient safety:**
  Reduced medication errors and preventable complications associated with hospital stays.
- **Better coordinated care:**
  Timely specialist input facilitated more effective discharge planning, improved patient experience, and reduced length of hospital stays.
- **Enhanced staff knowledge:**
  Hospital-wide educational efforts driven by the MDT improved general staff awareness, understanding, and capability in managing Parkinson's disease patients.

The future:

Plans to expand and sustain the success of the project include:

- **Wider hospital implementation:**
  Extending the MDT liaison service across additional departments and wards to standardise Parkinson's inpatient care throughout the trust.
- **EPR automation:**
  Leveraging electronic patient records (EPR) to automate the identification of Parkinson's patients, enhancing efficiency and error detection capabilities.
- **Continuous MDT education:**
  Continuing to deliver hospital-wide training and education programmes to maintain improved standards of PD care.

Conclusion:

The establishment of a dedicated multidisciplinary inpatient Parkinson's liaison service significantly enhances patient safety, care quality, and collaborative working across hospital teams. Such a model demonstrates clear benefits and provides a robust framework for improving Parkinson's inpatient care.

[View full project]

Audit of Parkinson’s regional clinic relating to bone health

Donna Drew, movement disorder specialist nurse, Belfast Health and Social Care Trust

The challenge:

Despite the established association between Parkinson’s disease (PD) and an increased risk of osteoporosis, bone health assessments were inconsistently performed across regional PD clinics. This inconsistency potentially left patients vulnerable to undiagnosed osteoporosis and subsequent fractures.

The project:

Donna conducted a detailed audit within the regional Parkinson’s clinic, evaluating existing documentation and clinical practice related to bone health. The audit specifically focused on assessing:

- **Vitamin D status:**
  Whether patients were routinely screened and treated for vitamin D deficiency.
- **DEXA scan referrals:**
  The frequency and appropriateness of referrals for bone density assessments.
- **Fracture risk documentation:**
  How consistently clinicians documented fracture risks, including the use of standardised assessment tools such as FRAX scores.

The results:

The audit highlighted significant inconsistencies across clinics, demonstrating substantial variation in how bone health was assessed, recorded, and managed. Key findings included:

- **Variable practice:**
  A wide disparity was found in documentation practices regarding vitamin D assessment, DEXA scan referrals, and fracture risk evaluations.
- **Underuse of standardised tools:**
  Many clinicians did not routinely perform FRAX scoring or vitamin D checks, leading to gaps in fracture risk assessment and management.

The impact:

The audit outcomes led to several positive developments:

- **Increased clinical awareness:**
  Raised clinician awareness regarding the critical importance of proactive bone health management in PD.
- **Foundation for improvement:**
  Established baseline data for quality improvement initiatives and provided clear evidence to advocate for standardised assessment processes.

The future:

To address audit findings and enhance clinical practice, the following steps are planned:

- **Standardisation of assessments:**
  Routinely implement FRAX scoring and vitamin D status checks across all PD clinics.
- **Staff education:**
  Deliver targeted educational programmes to neurology and Parkinson's clinic staff, emphasising osteoporosis management strategies and preventive care.
- **Regular monitoring:**
  Conduct follow-up audits to monitor compliance, measure improvements, and sustain practice changes.

Conclusion:

Integrating routine bone health assessments into Parkinson's disease clinics is essential for preventing avoidable fractures, improving patient outcomes, and delivering holistic care. This audit underscores the need for consistent, proactive bone health management in Parkinson's services.

View full project

Are complementary therapies effective in easing non-motor symptoms in advanced PD? A patient's perspective

Shirley Catto, neurology nurse specialist, NHS Grampian

The challenge:

People living with advanced Parkinson's disease (PD) often experience debilitating non-motor symptoms such as chronic pain, sleep disturbances, and emotional distress. Conventional medical treatments frequently fall short of fully addressing these issues, resulting in reduced quality of life and increased patient and carer stress.

The project:

Shirley Catto implemented a pilot project to explore whether complementary therapies could offer meaningful relief for these symptoms. Over a period of six weeks, 10 patients with advanced PD participated in sessions of reflexology and therapeutic massage. The sessions were delivered consistently, with the aim of assessing patient-reported outcomes regarding symptom relief and overall well-being.

The results:

- **Short-term symptom relief:**
  All participants reported notable immediate relief from pain and improvements in sleep quality following therapy sessions.
- **High patient satisfaction:**
  Every patient completed the full course of treatments and expressed strong satisfaction, describing the experience as emotionally supportive and physically beneficial.
- **Temporary but valuable effects:**
  Although symptom relief was transient, patients emphasised the value of these therapies, especially as traditional medication options were often limited or ineffective for their non-motor symptoms.

The impact:

- **Enhanced quality of life:**
  The project underscored the importance of holistic, patient-centred care, highlighting the significant potential of complementary therapies in improving day-to-day life for advanced PD patients.
- **Strengthened patient-clinician relationships:**
  Offering complementary therapies significantly enhanced the therapeutic rapport between patients and healthcare providers, fostering trust, emotional support, and improved overall patient experience.

- **Recognition of unmet needs:**
  Demonstrated that complementary therapies could address gaps in conventional symptom management, providing patients with additional, valued options to improve comfort and quality of life.

The future:

Based on the positive outcomes and high patient acceptance, future directions include:

- **Sustained complementary therapy offerings:**
  Continuing the provision of reflexology and massage therapies within the Oaks Day Unit to meet ongoing patient demand.
- **Larger-scale research:**
  Undertaking larger-scale clinical trials to provide robust evidence regarding the effectiveness and sustainability of complementary therapies for non-motor symptom relief.
- **Long-term outcome evaluation:**
  Tracking longer-term patient outcomes and examining whether ongoing complementary therapy use has sustained benefits or affects medication requirements over time.

Conclusion:

Complementary therapies such as reflexology and massage effectively provide significant short-term relief from challenging non-motor symptoms in advanced Parkinson's disease. Their integration into holistic care frameworks is highly beneficial, improving patient quality of life, care satisfaction, and emotional well-being.

View full project

Impact of obesity on Parkinson's disease including management

Dr Mustafa Mustafa, locum care of the elderly consultant, Kettering General Hospital NHS Foundation Trust

The challenge:

Obesity is frequently overlooked as a significant contributing factor in Parkinson's disease (PD) management. It exacerbates mobility difficulties, increases treatment complexity, and worsens mental health comorbidities, negatively affecting overall quality of life and placing additional demands on healthcare resources.

The project:

Dr Mustafa conducted a retrospective review of obese patients diagnosed with Parkinson's disease, focusing on:

- **Impact of higher BMI on PD symptoms:**
  Assessing the severity of motor symptoms such as tremor and bradykinesia, and non-motor symptoms including sleep disorders, anxiety, and depression.
- **Medication management needs:**
  Evaluating the frequency and types of medication adjustments necessary for obese patients compared to non-obese counterparts.
- **Multidisciplinary team (MDT) involvement:**
  Analysing the extent of involvement from dietitians, physiotherapists, and other specialists in addressing obesity-related complications and improving patient outcomes.

The results:

Key findings from the review highlighted:

- **Exacerbation of symptoms:**
  Obese PD patients showed significantly greater severity of motor symptoms, including worse tremor and bradykinesia.
- **Increased non-motor burden:**
  Higher incidences of sleep disorders, anxiety, and mood disturbances were observed.
- **Enhanced MDT involvement:**
  Obese patients required more frequent medication adjustments and demonstrated increased referrals to dietitians and physiotherapists to manage weight-related issues effectively.

The impact:

The project outcomes prompted increased clinical awareness regarding the significance of obesity as a modifiable risk factor in Parkinson's disease, highlighting the need for dedicated obesity management strategies within routine PD care.

- **Raised awareness:**
  Clinicians became more vigilant in recognising and managing obesity-related challenges in PD patients.
- **Targeted interventions:**
  Emphasised the importance of tailored, multidisciplinary interventions focused on weight management and symptom control.

The future:

Planned next steps to improve patient outcomes include:

- **Routine obesity screening:**
  Incorporating systematic BMI assessments into regular PD clinic reviews.
- **Collaboration for targeted care:**
  Developing structured referral pathways to dietetics and physiotherapy teams, ensuring comprehensive management of obesity-related complications.
- **Enhanced education:**
  Offering training and resources for clinicians to effectively integrate obesity management into Parkinson's care pathways.

Conclusion:

Early recognition and proactive management of obesity in patients with Parkinson's disease significantly enhance treatment outcomes, alleviate symptom burdens, and facilitate personalised care. This project underscores the importance of viewing obesity as a critical, modifiable component within comprehensive Parkinson's disease management.

View full project

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