

Information Governance

3 May 2019

Our Ref: RFI 28166

Dear

**Freedom of Information Act 2000
Information in Relation to Medication Management for People with
Parkinson's**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to the above which you requested on 2 April 2019. I apologise for the delay in responding to you.

A response to each of the questions raised has been provided by the Nursing, Older People and Primary Care Directorate, the Human Resources and Corporate Affairs Directorate and the Hospital Services Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

Jane McCormick
Information Governance Assistant

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

Training and staff awareness

Q1. What training is provided/sourced by the Trust 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?

A1. There is no formal or scheduled training in place. The Trust has a policy "Acute Medicines Management Guidelines for the Dysphagic or Nil by Mouth Parkinson's Patient".

Q2. How many a) staff overall and b) ward based staff have undertaken such training during 2017/2018 and 2018/2019 to date?

A2. As above, there is no formal training.

Alert system

Q3. Does the Trust 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?

A3. There is no alert system in place.

Q4. If the Trust 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.)

A4. The Trust does not have a specific Parkinson's Specialist Service.

Self-administration of medication policies

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

A5. There is currently no policy in place.

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

A6. As above.

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?*

A7. Not applicable.

Carers

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

A8. The Trust has an Open Visiting 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?*

A9. The Clinical Education Centre will deliver Parkinson specific training upon identified regional need or request via the Trust's Service Level Agreement. The Trust staff can also avail of advice and guidance from the Trust's community-based Parkinson's Nurse. The current Regional 'Nursing Assessment and Plan of Care document' enables staff to obtain pertinent information and assess each patient's individual needs in relation to their 'Activities of Living' and findings from 'Risk Assessments'.

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?*

A10. Care plans are person centred and involve carers where appropriate.

Practical resources

Q11. *Is the Trust 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?*

A11. The Trust is currently not aware of any specific resources available.

Q12. *Does the Trust make use of these practical resources?*

A12. As above.

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?

A13. Yes. All incidents of missed and delayed doses are reported through the Trust's Policy and Procedures for the Reporting and Management of Incidents.

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

A14. The last reporting period was October to December 2018. During this period, there were no incidents reported that related to Parkinson's medication.

Q15. How many complaints has the Trust received about missed or delayed administration of Parkinson's medication in a) 2017/2018 and b) 2018/2019 to date?

A15. The Trust does not collate this information.