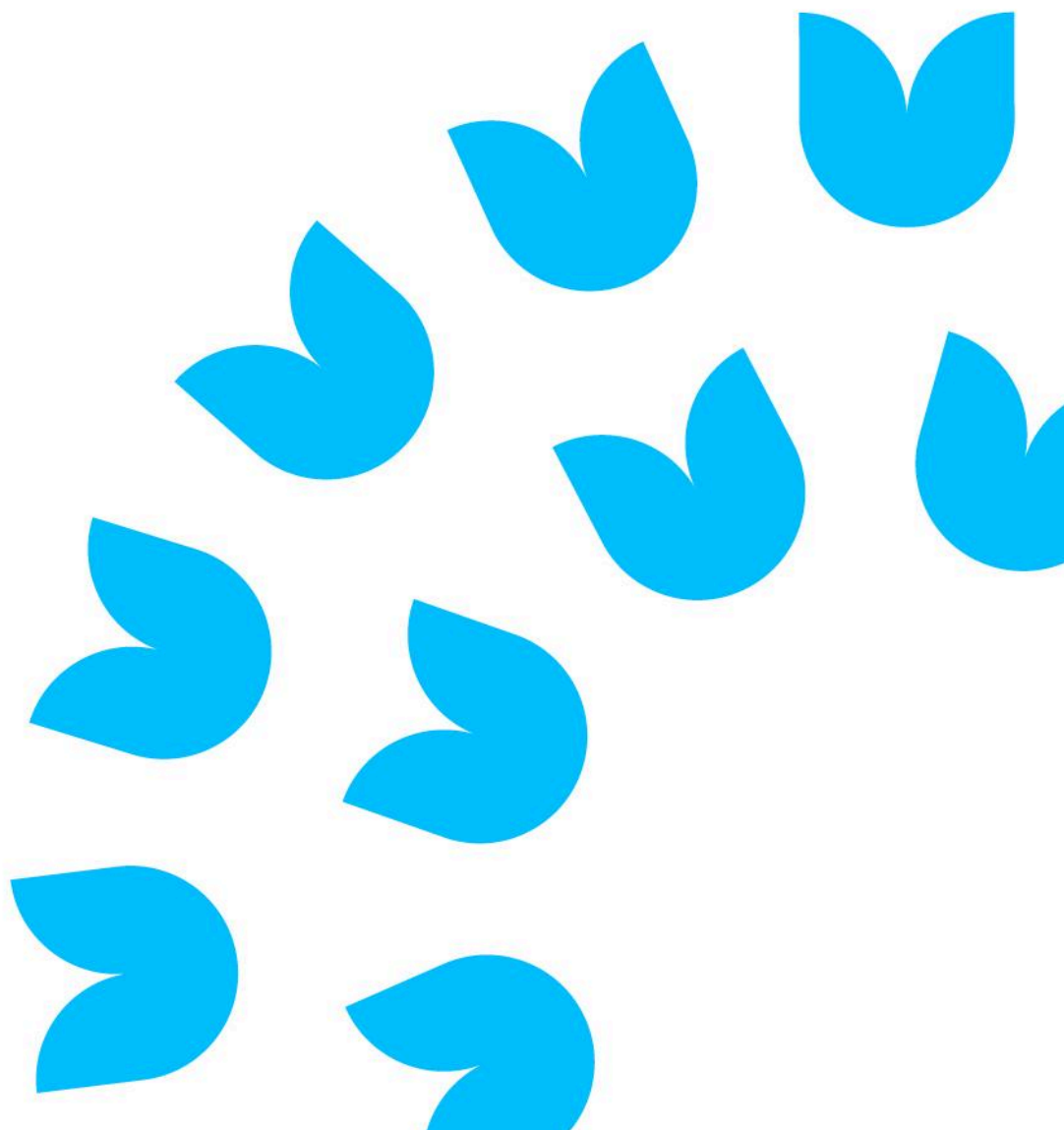


2025 UK Parkinson's Audit

Pharmacy

Guidance document



2025 UK Parkinson's Audit

Pharmacy

Audit of national standards relating to Parkinson's inpatient care, incorporating NICE quality standards¹ and other relevant evidence-based guidelines.

Aim

The aim of the pharmacy audit is to establish if inpatient pharmacy services are providing quality services for people with Parkinson's, taking into account recommendations made in evidence-based guidelines.

Objectives

1. To encourage pharmacists to audit compliance of their service against relevant guidelines, by providing a simple peer reviewed audit tool with the facility for central data analysis to allow benchmarking with other services.
2. To identify areas of good practice and areas for improvement to inform local, regional and UK-wide discussions leading to action plans and quality improvement initiatives to improve quality of care.
3. To establish baseline audit data to allow:
 - UK-wide mapping of variations in quality of care
 - local and UK-wide mapping of progress through participation in future audit cycles

The audit focuses on processes and guidelines in place in hospitals, and the management of Parkinson's time critical medications.

Background

The Parkinson's pharmacy audit is part of the UK Parkinson's Audit coordinated by Parkinson's UK and led by a steering group of professionals. This is the first round in which inpatient pharmacy services will be able to take part.

Consultants in elderly care and neurology (and their Parkinson's nurses) can participate in the parallel patient management audit, and physiotherapists,

¹ NICE Quality Standard QS164 <https://www.nice.org.uk/guidance/qs164>; NICE Quality Standard QS120 <https://www.nice.org.uk/guidance/qs120>

occupational therapists and speech and language therapists in their own bespoke audits.

Standards

- NICE Quality Standard QS164:
Adults with Parkinson's disease who are in hospital or a care home take levodopa within 30 minutes of their individually prescribed administration time. (Quality statement 4)
- NICE Quality Standard QS120:
Medicines reconciliation in acute settings - People who are inpatients in an acute setting have a reconciled list of their medicines within 24 hours of admission. (Quality statement 4)

Methodology

This audit is open to hospital pharmacy services that deal with Parkinson's medication.

Standards agreed to be pertinent to pharmacy have been transformed into a set of audit statements reviewed by a group of specialist pharmacists. The full list of questions is given in Table 1 (Service audit) and Table 2 (Patient audit) at the end of this document.

Please note the importance of logging your participation in this national clinical audit with your Audit Department.

Patient sample

The minimum audit sample size is 10 people with idiopathic Parkinson's seen during the audit data collection period, which runs from 1 May 2025 to 30 September 2025. Take account of the need to capture this minimum sample when deciding locally on your start date for collecting a consecutive patient sample. The data collection tool will have the capacity to capture as many consecutive patients as pharmacists wish to audit.

The inclusion criteria for audited patients are as follows:

- a) patients with idiopathic Parkinson's
- b) patients on Parkinson's medication

Data entry

Data is entered on an on-line tool; the link is available from www.parkinsons.org.uk/audit.

- The **service audit** section consists of general questions about your service (and needs to be completed only once by a member of the team familiar with the service set-up and running).
- The **patient audit** section allows you to enter data on individual patients.

A printable version of the patient case form that you can use to record data in your clinics is available on the audit web page.

Data entry must be completed by 31 October 2025 when the data will be downloaded for analysis.

Confidentiality

Patients

Please ensure that any information submitted does not include any personally identifiable information about your patients. Identifiable information is any information you hold about a service user that could identify them. This includes personal details such as names, addresses, pictures, videos or anything else which might identify the service user. Anonymised information is information about a service user that has had all identifiable information removed from it.⁷

When you complete the patient section of the audit, you will see that there is space for a patient identifier. It is suggested that you use code letters or a number here to help you keep track (for example the patient's initials or hospital number) – please do not use NHS numbers. It will help if you keep a list of the code words or numbers securely yourself, so that if there is any query about the information you have submitted, you can track back to the original patient.

⁷Health Professionals Council. Available at <https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-confidentiality>

Employers

The Healthcare Quality Improvement Partnership (HQIP) recommends that services participating in a national clinical audit should be named in the audit reports. The audit reference report will list all participating organisations. It is therefore vital that you inform your clinical audit department about your participation in the audit.

Participating therapists

Individual pharmacists who participate and submit data will not be named in the audit report.

Data Security

The data collection forms, which will be available online for data entry, will be accessed using a username and password chosen by each user. The password will require a minimum length and complexity according to usual online security methods. Please make sure that your username and password are well protected and can't be accessed by other people. You will be able to indicate that you will work with colleagues on the audit, and you will therefore be able to view entries made by colleagues in your local team. We ask that you comply with your organisation's Data Protection guidelines at all times.

After the data has been accessed by Parkinson's UK it will be stored in password-protected files at Parkinson's UK in accordance with NHS requirements. Within Parkinson's UK, access to the raw data set is restricted to the Clinical Audit Manager, members of the Clinical Steering Group and the Data Scientist who will carry out the data analysis. Raw data will not be accessible in the public domain.

How the audit results will be communicated

The findings of the audit will be presented in the form of a UK-wide summary report and an individual report for each service, benchmarking the results of individual services against the national average for each audit question in their specialty.

The summary report will contain detailed analysis and comments on the data along with key recommendations for commissioners and clinicians. The full data tables will also be available, along with a list of participating services.

A link to the reports will be sent to all audit participants, trust audit contacts and strategic health authority/health board audit contacts. The UK-wide reports will also be in the public domain via the Parkinson's UK website. Individual Service Reports are only accessible within the relevant Trust.

How the data will be used

Data collected during the audit will be used to generate a national picture of service delivery and to compare this with the expectations detailed in national guidance. This data will provide valuable information about priority areas within the existing healthcare provision and will support the development of commissioning. Information generated through this collaboration will be used in campaigning on behalf of people with Parkinson's, as well as guide the development of UK-wide quality improvement initiatives.

The information gathered will be used to inform the time critical medication programme and our work with pharmacy services across the UK to improve the delivery of time critical Parkinson's medication in hospitals.

Parkinson's UK Excellence Network

The Parkinson's UK Excellence Network brings together health and social care professionals to transform the care that people with Parkinson's receive across the UK. The Network is there to ensure:

- that everyone with Parkinson's has access to high quality Parkinson's services that meet their needs. Their care should be delivered by an expert, integrated, multi-disciplinary team including a consultant, specialist nurse and range of therapists, whose involvement is key to maximising function and maintaining independence
- there are clear pathways to timely, appropriate information, treatments and services from the point of diagnosis, including access to specialist mental health services, and Parkinson's UK's full range of [information and support](#) to allow people to take control of the condition
- services will be involved in continuous quality improvement through audit and engagement of service users in improvement projects.

Thank you for your participation in the 2025 UK Parkinson's Audit

Parkinson's UK 50 Broadway, London SW1H 0DB

T 020 7931 8080 **E** enquiries@parkinsons.org.uk **W** parkinsons.org.uk

Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom. A company limited by guarantee. Registered in England and Wales (948776). Registered office: 50 Broadway, London SW1H 0DB. A charity registered in England and Wales (258197) and in Scotland (SC037554)

Pharmacy (inpatient services) - Service audit

No.	Question	Data items/ Answer options	Help notes
1. Your details			
1.1	Name of lead Pharmacist completing the service audit	Free text	
1.2	Contact email of lead Pharmacist	Free text	
2. Service description			
<p>Standard A: Improve the recording of neurological conditions in people's routine health and care records, so that they are visible to appropriate services. (Scottish Government Neurological care and support: framework for action 2020-2025 - Commitment 12)</p> <p>Standard B: Adults with Parkinson's disease who are in hospital or a care home take levodopa within 30 minutes of their individually prescribed administration time. (NICE QS4)</p>			
2.1	Does your hospital have a mechanism to identify Parkinson's patients on admission which is picked up by a member of the Parkinson's team or a pharmacist?	<ul style="list-style-type: none"> • Yes - automatic process • Yes - manual process • Yes - both automatic and manual processes • No 	
2.2	Does your hospital use electronic prescribing or paper drug charts?	<ul style="list-style-type: none"> • Only Electronic prescribing (EPMA or HEPMA) • Only paper drug charts • Both electronic prescribing and paper charts 	

2.3	Does your hospital have a self-administration policy for those patients with Parkinson's who can administer their own Parkinson's medication?	<ul style="list-style-type: none"> • Yes • No 	
2.4	Does your hospital have a SOP/guideline for Parkinson's medications to be given within 30 minutes of the prescribed time?	<ul style="list-style-type: none"> • Yes • No 	Can be a part of a wider guideline document covering more than just Parkinson's medications
2.5	Does your hospital have a SOP/guideline for Parkinson's patients who are nil by mouth?	<ul style="list-style-type: none"> • Yes • No 	
2.6	Does your hospital pharmacy department regularly audit the administration of Parkinson's medication (at least yearly)?	<ul style="list-style-type: none"> • Yes • No 	Can be part of a broader missed/delayed dose audit
2.7	Does your hospital have a SOP/guideline for Apomorphine?	<ul style="list-style-type: none"> • Yes • No 	
2.8	Does your hospital have a SOP/guideline for Duodopa?	<ul style="list-style-type: none"> • Yes • No 	Co-Careldopa intestinal infusion
2.9	Does your hospital have a SOP/guideline for Produodopa	<ul style="list-style-type: none"> • Yes • No 	Foslevodopa-foscarbidopa

2.10	Does your hospital have a designated member of the pharmacy team/pharmacy process responsible for ordering and stocking time critical Parkinson's medications in the ED and on appropriate admissions units and wards to ensure they are always available?	<ul style="list-style-type: none"> • Yes • No 	
2.11	Does your hospital have a SOP/guideline with a designated location where time critical Parkinson's medications are available out of hours?	<ul style="list-style-type: none"> • Yes • No 	This location can be the emergency drug cupboard
3. Pharmacy professionals			
3.1	Are there any documented induction and support strategies for new pharmacists working with individuals with Parkinson's, including Time Critical Medication training?	<ul style="list-style-type: none"> • Yes • No 	

Pharmacy – patient audit (Note: only patients on Parkinson’s medications to be included)

No.	Question	Data items/Answer options	Help notes
1. Demographics			
1.1	Patient identifier		Used locally to identify audited patients
1.2	Specialty ward	<ul style="list-style-type: none"> • Elderly care/frailty • Neurology / neurosurgery • Medicine (includes cardiology, respiratory, endocrine, general medicine, infectious diseases, dermatology, haematology) • Gynaecology / obstetrics • General surgery, urology and plastics • Orthopaedics • ITU • Other (please specify) 	
1.3	Gender	<ul style="list-style-type: none"> • Male • Female • Other/patient prefers not to say 	
1.4	Ethnicity	<ul style="list-style-type: none"> • White <ul style="list-style-type: none"> ○ British ○ Irish ○ Gypsy or Irish Traveller ○ Roma ○ Any other White background • Asian/Asian British 	

		<ul style="list-style-type: none"> ○ Bangladeshi ○ Chinese ○ Indian ○ Pakistani ○ Any other Asian background ● Black/Black British/Caribbean/African <ul style="list-style-type: none"> ○ African ○ Caribbean ○ any other Black background ● Mixed/Multiple ethnic groups <ul style="list-style-type: none"> ○ Asian and White ○ Black African and White ○ Black Caribbean and White ○ Any other Mixed/Multiple background ● Other ethnic group <ul style="list-style-type: none"> ○ Arab ○ Any other ethnic group ● prefer not to say 	
1.5	Year of birth		
1.6	Year of Parkinson's diagnosis		
1.7	Living Alone	<ul style="list-style-type: none"> ● Yes ● No ● No, at residential home ● No, at nursing home 	

2. Parkinson's medication

Standard C: People who are inpatients in an acute setting have a reconciled list of their medicines within 24 hours of admission. (NICE Medicines optimisation Quality statement 4)

2.1	How many days has this patient been an inpatient?	Free text	
2.2	Is this patient on Parkinson's medication?	<ul style="list-style-type: none"> • Yes • No 	All patient cases included in the audit should be on Parkinson's medication
2.3	Is there evidence that a medicines reconciliation of Parkinson's medications was carried out within 24 hours of admission?	<ul style="list-style-type: none"> • Yes • No 	<p>Can be by any member of the team - pharmacist, doctor</p> <p>https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-reconciliation-how-check-you-have-right-medicines</p>
2.4	Is the patient or has the patient been nil by mouth?	<ul style="list-style-type: none"> • Yes • No 	
2.4a	If yes - was the nil by mouth SOP/guideline followed?	<ul style="list-style-type: none"> • Yes • No - not followed • No nil by mouth SOP/guideline 	
2.5	How many doses of Parkinson's medication should this patient have received in the past 14 days?	Free text	We are interested in the medication that the patient should have received, but this should take into account medication adjustments if the patient is NBM or has issues with swallow.

			<p>Include all drugs used in the management of motor symptoms of Parkinson's:</p> <ul style="list-style-type: none"> • Apomorphine • Co-careldopa • Co-beneldopa • Duodopa (Levodopa/carbidopa intestinal gel) • Foslevodopa-Foscarbidopa (Produodopa) • Pramipexole • Ropinirole • Rotigotine • Rasagiline • Selegeline • Entacapone • Tolcapone • Opicapone • Amantadine <p>This is the medication that the patient should have received, taking into account medication adjustments if the patient is NBM or has issues with swallow.</p>
2.6	Of these doses, in the past 14 days how many have been recorded as:		
2.6a	Given on time	Free text	Within 30 minutes of the prescribed time
2.6b	Given late	Free text	
2.6c	Given early	Free text	

2.6d	Missed	Free text	
2.7	Has the patient been prescribed any medication that should be avoided in people with Parkinson's?	<ul style="list-style-type: none"> • Yes • No 	Medications to be avoided include: <ul style="list-style-type: none"> • metoclopramide (Maxalon) • prochlorperazine (Stemetil) • trifluoperazine (Stelazine) • flupentixol (Fluanxol/Depixol) • haloperidol (Serenace/Haldol) • chlorpromazine (Largactil) • fluphenazine (Modecate) • perphenazine (Fentazin/Triptafen)
2.7a	If yes - which medication(s) which should be avoided were prescribed?	Free text	
3. Outcome of review			
3.1	What was the outcome of the pharmacist's review of this patient's medication? (tick all those that apply)	<ul style="list-style-type: none"> • No changes required • Advice given/changes made regarding Parkinson's medication • Advice given/changes made regarding inappropriate medication • Advice sought from other health professional (please specify) 	