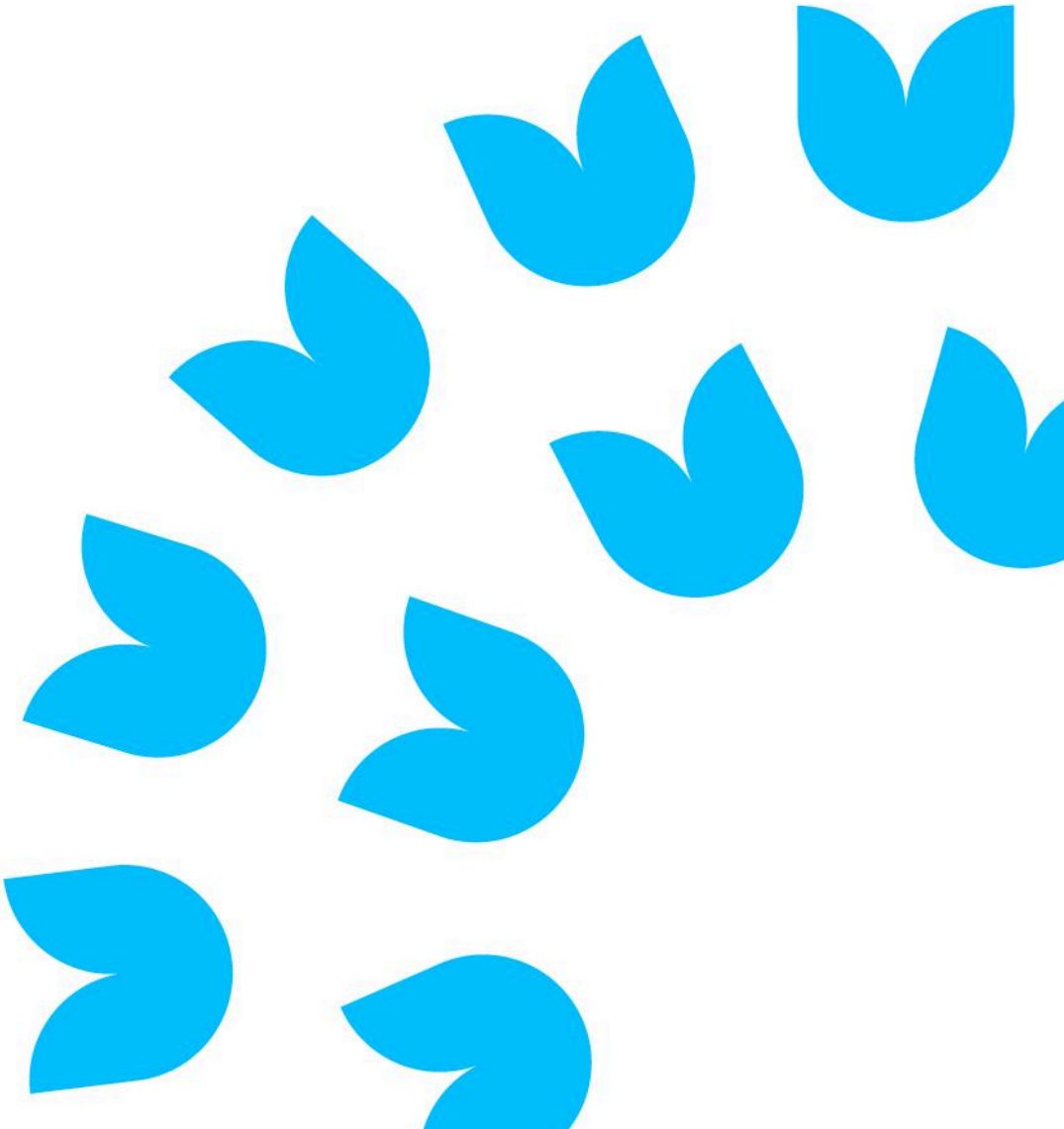
Parkinson's UK
Excellence Network

2025 UK Parkinson's Audit

Speech and language therapy

Guidance document



2025 UK Parkinson's Audit
Speech and language therapy

Audit of national standards relating to Parkinson's care, incorporating the Parkinson's NICE guideline,[1] NICE quality standards[2] and other relevant evidence-based guidelines.

Aim

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

Objectives

1. To encourage speech and language therapists to audit compliance of their local Parkinson's service against Parkinson's 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 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 in service provision and patient care through participation in future audit cycles

[1] National Institute of Health and Clinical Excellence. *Parkinson's Disease in Adults NG71.* (2017) Available at https://www.nice.org.uk/guidance/ng71

[2] Nice Quality Standard QS164 https://www.nice.org.uk/guidance/qs164

Background

The Parkinson's speech and language therapy 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 seventh round in which speech and language therapists will be able to take part, along with physiotherapists and occupational therapists. Consultants in elderly care and neurology (and their Parkinson's nurses) can participate in the parallel patient management audit and there is a separate audit for inpatient pharmacy services. The audit questions for this round have been refined to reflect feedback from the 2022 audit.

Standards

Various guidelines published in recent years offer recommendations for speech language therapists in the management of people with Parkinson's. These include in particular the Parkinson's NICE guideline 2017[3], NICE Quality Standards 2018[4] and sections/quality requirements of the National Service Framework for Long Term Neurological Conditions (NSF LTNC)[5].

The Royal College of Speech and Language Therapists (RCSLT) has also published guidelines pertinent to Parkinson's in their Clinical Guidelines documents[6] and guidance to meet HCPC standards[7]. The Dutch Speech Language Therapy

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[3] National Institute of Health and Clinical Excellence. Parkinson's Disease in Adults NG71. (2017) Available at https://www.nice.org.uk/guidance/ng71

[4] Quality Statement 3: https://www.nice.org.uk/guidance/qs164/chapter/Quality-statement-3-Referral-to-physiotherapy-occupational-therapy-or-speech-and-language-therapy

[5] Department of Health. *National Service Framework for Long Term Neurological Conditions*. (2005) Available at www.gov.uk/government/publications/quality-standards-for-supporting-people-with-long-term-conditions

[6] Royal College of Speech and Language Therapists/Speechmark. *Royal College of Speech and Language Therapists Clinical Guidelines (Dysarthria)* (2012)

[7] Royal College of Speech and Language Therapists guidance to meet HCPC standards https://www.rcslt.org/speech-and-language-therapy/rcslt-guidance-to-meet-hcpc-standards/

organisation, in conjunction with the wider Parkinson Net organisation, has also published detailed speech and language therapy (SLT) guidelines for Parkinson's[8].

Methodology

This audit is open to all speech and language therapy services and individual speech and language therapists that work with people with Parkinson's in the United Kingdom whether hospital or community based, clinic or domiciliary service (excluding acute hospital inpatients).

Standards agreed to be pertinent to speech and language therapy have been transformed into a set of audit standards and statements reviewed by specialist speech and language therapists. 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 consecutive people with idiopathic Parkinson's referred to a speech and language therapy service and 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 therapists wish to audit.

The inclusion criteria for audited patients are as follows:

a) Patients who are currently receiving active intervention (including education or counselling) at the start of the audit period.
b) Those who are seen on a review appointment (irrespective of whether they then go to start another episode of active treatment) during the audit period.

[8] H Kalf et al. *Logopedie bij de ziekte van Parkinson (Speech therapy in Parkinson's)*. Lemma (2008). http://www.parkinsonnet.info/media/14829977/dutch_slp_guidelines-final.pdf

c) Patients newly referred to your service who undergo full assessment (again irrespective of whether they then proceed to immediate active intervention rather than being placed on review).

Data collection and 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. These include both newly seen people with Parkinson's and follow ups, but each person should only be documented once, even if they attend more than once during this period.

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.

'No, but…' answers

A 'No, but…' answer implies there is a pre-determined accepted reason for non-compliance with the standard. The denominator for compliance can then be determined only for those patients where the standard was relevant – ie 'No, but…' answers can be removed from calculations of compliance.

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.[9]

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.

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 therapists 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. Colleagues will be able to collect and enter data for the audit, and you will be able to 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.

[9] Health Professionals Council. Available at https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-confidentiality

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.

Patient Reported Experience Measure

All services participating in the audit are encouraged to participate in the Patient Reported Experience Measure (PREM). The PREM takes the form of a short paper questionnaire to be distributed to up to 50 consecutive patients between 1 May and 30 September 2022. These patients do not necessarily have to be those included in the therapy audit.

The questionnaire asks 10 questions about patients' views of their Parkinson's service, and should take only five to 10 minutes to complete. If a carer has accompanied the patient on their clinic visit, they may assist the patient in completion of the form. Patients should feel comfortable and not overlooked while completing their questionnaire.

No identifiable information is collected, and the patient will seal their completed questionnaire in the envelope provided. These envelopes will then need to be collected before the patient leaves the clinic, and all the envelopes will then be returned to the audit team at Parkinson's UK in the large postage-paid envelope provided.

Each service will be provided with the following resources:

- 50 x copies of a paper questionnaire
- 50 x patient information leaflets
- 50 x sealable envelopes
- A large postage-paid envelope for return of sealed envelopes to the audit team

A minimum of 10 questionnaires will need to be returned for a service's data to be included in the data analysis. Services from different specialties who work as part of one multidisciplinary team and see the same cohort of patients can combine their PREM forms - just enter all of the appropriate service numbers on each form.

Participating in the PREM will give individual services direct feedback from their service users about the quality of care, accessibility and general satisfaction.

How the audit results will be communicated

The findings of both the clinical audit and the PREM 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.

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

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Speech and language Therapy - Service audit

No.	Question	Data items/ Answer options	Help notes
Your details			
1.1	Name of Lead Therapist completing the Service Audit	Free text	
1.2	Contact email of Lead Therapist completing the Service Audit	Free text	
1.3	What is your job description?	• Overall SLT (speech-language therapy) service manager • Parkinson's specialist SLT • Specialist SLT who sees patients with Parkinson's • Generalist SLT who sees patients with Parkinson's	
Service Description			
2.1	Describe the setting in which you usually see individuals with Parkinson's	• Integrated medical and therapy Parkinson's clinic • Outpatient rehabilitation in acute services • Community rehabilitation service • Social services including reablement • Individual's home • Other (please specify)	Choose one - the most common setting for the service.

2.2	How does your service offer assessments?	• In person • Virtually - by video • Virtually - by telephone	Tick all that apply
2.3	Does your service specialise in the treatment of individuals with neurological conditions?	• Yes • No	
2.4	Does your service specialise in the treatment of individuals with Parkinson's?	• Yes • No	
2.5	Does your service offer one-to-one treatment, or groups only?	• One to one treatment only • Group treatments only • Both one-to-one and group treatments available	
2.6	Does your service offer the Lee Silverman Voice Treatment (LSVT) for people with Parkinson's who meet inclusion criteria (louder voice stimulable; motivated; physically able to cope with intensity)?	• Yes - all eligible candidates • Yes - limited service available to selected candidates only • Alternative attention to effort volume therapy offered • LSVT not offered because there's no LSVT trained SLT • LSVT not offered because there's no capacity or service demands	
2.6a	Approximately what percentage of eligible candidates seen by your service are offered LSVT?	• 0-25% • 25-50% • 50-75% • 75-100%	

2.7	Is SLT available for all individuals with Parkinson's for issues with communication irrespective of when in the course of their Parkinson's the referral was made?	• Yes • Not consistently due to restricted capacity/service demands • No	
2.8	Is SLT available for all individuals with Parkinson's for issues with eating/swallowing irrespective of when in the course of their Parkinson's the (re)referral was made?	• Yes • Not consistently due to restricted capacity/service demands • No	
2.9	Is SLT available for all individuals with Parkinson's for issues with drooling irrespective of when in the course of their Parkinson's the (re)referral was made?	• Yes • Not consistently due to restricted capacity/service demands • No	
2.10	Are individuals who require assistive technology (AAC) able to receive timely, appropriate equipment and support to help them to live independently?	• Yes, it is part of the service • Yes, full access via other AAC service • Restricted AAC service due to financial restrictions • Restricted AAC service due to equipment range • AAC service available via specialist technology service if referral criteria met • No service	

2.11	Are individuals who require EMST able to receive it as a therapy?	• Yes, offered to all appropriate candidates • Restricted service due to equipment funding • Restricted service for other reason • No, EMST not yet available but being explored by service • No, EMST not available	
2.12	Do you use any digital technology within your service?	• Yes, specialised voice therapy software used • Yes, audio/visual recording used (e.g. Audacity, Adobe Audition) • Yes, apps on ios/android used • Yes, other • No, not available locally but would like to • No	
Individuals with Parkinson's			
3.1	Approximately what percentage of the individuals referred to your service annually have a diagnosis of Parkinson's?	• 0-19% • 20-39% • 40-59% • 60-79% • 80-100%	
Speech and Language therapy professionals			
4.1	Within your service, can you access Parkinson's related continuing professional development (at least yearly)?	• Yes • No	Training includes in-service within the Trust/similar body/Board/Local Health Board or external courses, RCSLT CENs.

4.1a	If yes, have you accessed Parkinson's-related continuing professional development in the last 18 months?	• Yes • No	
4.2	Are there documented induction and support strategies for new SLT therapists working with individuals with Parkinson's?	• Yes, specifically in relation to patients with Parkinson's • Yes, as part of more general competencies • No	

Speech & language therapy - patient audit

No.	Question	Answer options	Help notes
1. Demographics			
1.1	Patient identifier		Used locally to identify audited patients
1.2	Gender	• Male • Female • Other/patient prefers not to say	

1.3	Ethnicity	• White
		  o British
		  o Irish
		  o Gypsy or Irish Traveller
		  o Roma
		  o Any other White background
		• Asian/Asian British
		  o Bangladeshi
		  o Chinese
		  o Indian
		  o Pakistani
		  o Any other Asian background
		• Black/Black British/Caribbean/African
		  o African
		  o Caribbean
		  o any other Black background
		• Mixed/Multiple ethnic groups
		  o Asian and White
		  o Black African and White
		  o Black Caribbean and White	

		○ Any other Mixed/Multiple background • Other ethnic group ○ Arab ○ Any other ethnic group • prefer not to say	
1.4	Year of birth		
1.5	What setting does this patient live in?	• Own home • Residential care home • Nursing home • Other (please specify)	
1.6	In what health setting was the patient seen?	• NHS – outpatient • NHS – community • Private clinic • At home • Other (please specify)	
1.7	How was this person assessed?	• In person • Virtually - by video • Virtually - by telephone	
1.8	Parkinson's phase	• Diagnosis • Maintenance • Complex • Palliative	Definitions of phases: **Diagnosis** • From first recognition of symptoms/ sign/ problem • Diagnosis not established or accepted. **Maintenance** • Established diagnosis of Parkinson's

			• Reconciled to diagnosis • No drugs or medication 4 or less doses/day • Stable medication for >3/12 • Absence of postural instability. **Complex** • Drugs – 5 or more doses/day • Any infusion therapy (apomorphine or duodopa) • Dyskinesia • Neuro-surgery considered / DBS in situ • Psychiatric manifestations >mild symptoms of depression/ anxiety/ hallucinations/ psychosis • Autonomic problems - hypotension either drug or non-drug induced • Unstable co-morbidities • Frequent changes to medication (<3/12) • Significant dysphagia or aspiration (for this audit, dysphagia should be considered a prompt for considering end of life issues) **Palliative** • Inability to tolerate adequate dopaminergic therapy • Unsuitable for surgery • Advanced co-morbidity (life threatening or disabling).

2. Referral			
Standard A: Consider referring people who are in the early stages of Parkinson's disease to a speech and language therapist with experience of Parkinson's disease for assessment, education and advice. (NICE NG71 1.7.7) Standard B: An integrated approach to assessment of care and support needs and to the delivery of services is key to improving the quality of life of people with longterm neurological conditions. The most effective support for people with long term neurological conditions is provided when local health and social services teams communicate; have access to up to date case notes and patient held records and work together to provide coordinated services. (NSF QR1)			
2.1	Year of Parkinson's diagnosis		
2.2	Has the person received previous speech and language therapy specifically for Parkinson's?	• Yes (go to Q2.3) • No (go to Q2.4) • Offered but declined • Unknown	
2.3	When the person was first referred to any SLT service, at what stage of their Parkinson's were they?	• Diagnosis • Maintenance • Complex • Palliative • Not known	
2.4	Who made the referral to speech and language therapy for the current episode of care?	• Elderly care consultant • Neurologist • Parkinson's nurse specialist • General/non-PDNS nurse • GP • Allied health professional colleague (OT/Physio)	

		• Dietician • Social care worker • Self-referral/relative • Other (please specify) • Unknown	
2.5	What was the time between the date of the referral letter and the date of the initial appointment for this episode of care?	• 1 to 4 weeks • 5 to 8 weeks • 9 to 12 weeks • 13 to 18 weeks • More than 18 weeks	

3. Assessments

Standard C: It is recommended to make audio or video recordings of spontaneous speech. (Dutch Guidelines: R9a, RCSLT Guidelines)

Standard D: It is recommended that the speech and language therapist expressly takes note of the individual's "on/off" periods during treatment. (Dutch Guidelines: R6, R19b)

Standard E: A full profile of each individual's communication skills should be carried out to include at a minimum:Strengths and needs

- **Usage in current and likely environments**
- **Partner's own skills and usage**
- **Impact of environment on communication**
- **Identification of helpful or disadvantageous factors in environment.**

(RCSLT Guidelines)

Standard F: Particular consideration should be given to review and management to support the safety and efficiency of swallowing and to minimise the risk of aspiration: • **There should be early referral to SLT for assessment, swallowing advice and where indicated further instrumental assessment** • **Problems associated with eating and swallowing should be managed on a case by case basis** • **Problems should be anticipated and supportive measures employed to prevent complications where possible.** (RCSLT Guidelines)			
3.1	Was there documentation of on-off phase at assessment?	• Yes • No	
3.2	Is an assessment of communication recorded at initial assessment?	• Yes • No (go to Q3.5) • No, referred for swallow/drooling assessment only (go to Q3.5)	
3.3	Did the communication assessment also include a screening question about swallowing?	• Yes • No	
3.4	Is an initial audio or video recording included in the record?	• Yes and available • Yes but not available • No, Trust/Board governance rules do not permit acquisition or storage of digital data • No, equipment not available • No, client did not consent • No	

3.5	Was an assessment of swallowing recorded at initial assessment?	• Yes • No, but reasons for not appropriate to assess documented • No reference to assessments documented • No, referred for communication assessment only	
3.6	Was drooling assessed?	• Yes - formal published assessment used • Yes - informal observation checklist used • Yes - clinical observations documented • Yes - patient report recorded • No, as not reported/ observed • No	
	Assessment of speech, language and communication subsystems **Standard G: A perceptual assessment should be made, including respiration, phonation, resonance, articulation, prosody and intelligibility, to acquire an accurate profile for analysis.** (RCSLT Clinical Guidelines) **Standard H: People with Parkinson's should be asked explicitly about difficulties with word finding and conversations.** (Dutch Guidelines: R11) **Standard I: Consider referring people for alternative and augmentative communication equipment that meets their communication needs as Parkinson's disease progresses and their needs change.** (NICE NG71 1.7.9)		
3.7	Which speech subsystems were assessed and documented?	• Phonation including voice quality • Loudness/amplitude level and variation • Stimulability of volume • Prosody including pitch, pitch range and variation • Oromotor skills • Articulation and speech rate	Tick all that apply. Questions 3.7 to 3.11 only to be completed if Q3.2 answered YES

		• No assessments documented but justification documented • No assessments and no justification documented	
3.8	Was intelligibility assessed?	• Standardised diagnostic intelligibility test completed • Informal assessment, non-standardised tool/subsection of other test completed • Informal assessment (e.g. rating scale) completed • No assessment/results documented but justification given • No assessment documented and no justification given	
3.9	Is word finding assessed?	• Formal standardised word finding assessment • Informal word finding assessment • Observations recorded • Self report documented but not assessed • No	Choose one
3.10	Was the need for AAC identified and addressed?	• Yes • No • Not applicable	
3.11	Communication - does assessment cover:	• communication participation • the impact of Parkinson's on communication • the impact of communication changes on partner and/or carer	Tick all that apply

	Results of assessment		
3.12	Was information about communication and/or swallowing provided to patient and carer?	• Yes, verbal and written information provided • No, but justification documented • No and no justification	
3.13	If the patient is in the complex or palliative phase, is there evidence of anticipatory care planning in the last 12 months?	• Yes • No • Not in complex or palliative phase • Not indicated	
4. Interventions			
Standard J: Speech and language therapy should be offered to people experiencing communication problems and should include strategies to improve speech and communication, such as attention to effort therapies. (NICE NG71 1.7.8) **Standard K: Offer speech and language therapy for people with Parkinson's disease who are experiencing problems with swallowing or saliva. This should include: strategies to improve the safety and efficiency of swallowing to minimise the risk of aspiration, such as expiratory muscle strength training (EMST).** (NICE NG71 1.7.8) **Standard L: Speech and language therapists should report back to the referrer at the conclusion of an intervention period. Reports should detail intervention, duration, frequency, effects and expected prognosis.** (Dutch Guidelines: 2b)			
4.1	Communication – which of the following interventions were offered?	• Pitch (range) • Prosody • Improvement of vocal loudness • Strategies to optimise intelligibility • Word finding/language change	Tick all that apply

		• Patient education/advice • Managing patient participation • Managing patient impact • Managing generalisation outside clinic • Carer education/advice • Managing career impact • Other • Not applicable - seen for swallowing/drooling only	
4.2	Swallow – which of the following interventions were offered:	• Compensatory strategies for safer swallowing (eg clearing swallows, postural moves) • Fluid and diet modification • Positioning • Feeding advice for anyone involved in supporting eating and drinking • Environmental/external advice • Expiratory Muscle Strength Training • Information on risks and warning signs • Cough skill training • Swallow re-training eg CTAR, Shaker, VAST, NMES • Not applicable – seen for communication/drooling only	Tick all that apply
4.3	Drooling – which of the following interventions were offered:	• Strategies to manage saliva • Swallow reminder tools • Referral on for botulinum toxin, new medical management or adjustment of current medical management • Other (please describe) • Not applicable – seen for communication/swallowing only	Tick all that apply

4.4	Was a letter sent to the referrer?	• Yes • No	
4.4a	If no:	• Not current practice • Therapy ongoing but letter to be sent on completion • No requirement as discussed directly with referrer at MDT review	
	If yes:		
4.4b	Did the letter include details of the therapy assessment?	• Yes • No	
4.4c	Did the letter include therapy outcome scores?	• Yes • No	
4.4d	Did the letter include strategies and recommendations?	• Yes • No	
5. About the Speech and Language Therapist			
5.1	What band (grade) is the speech and language therapist who carried out the initial assessment of this person?	• 4 • 5 • 6 • 7 • 8a • 8b • 8c	

5.2	Approximately what percentage of people seen by the audited therapist in a year have Parkinson's?	• 0-19% • 20-39% • 40-59% • 60-79% • 80-99% • 100% • Unknown	The individual who is seeing the person for this episode of care
6. Evidence base			
6.1	Which of the following did the audited therapist use to inform clinical practice or guide intervention?	• Own clinical experience • Advice from colleague or supervisor • RCSLT Clinical Guidelines (CQ Live) • RCSLT Communicating Quality Live • 2017 NICE Guideline: Parkinson's disease: Diagnosis and management in primary and secondary care and other relevant NICE guidelines • National Service Framework for Long Term Neurological Conditions (NSF – LTNC) guidelines • Allied Health Professionals' competency framework for progressive neurological conditions • Published evidence in a peer reviewed journal (read within last 12 months) • Information from Parkison's UK website' • Postgraduate training (eg attending course/lectures specific to Parkinson's) within last 24 months • Other (please specify) • None	Tick all that apply