

Reference:	FOI.465.19
Subject:	Medication management for people suffering from Parkinson's disease
Date of Request:	2 April 2019

Requested

Training and staff awareness

1. What training is provided/sourced by the Board to raise awareness among staff (in particular ward based staff) about the needs of inpatients with Parkinson's, particularly around timing of medication for these patients?
2. How many a) staff overall and b) ward based staff have undertaken such training during 2017/2018 and 2018/2019 to date?

Alert system

1. Does the Board have any kind of electronic (or other) alert system in place to flag to the Parkinson's service when a person with the condition is admitted to hospital in a) a planned way and b) as an emergency?
2. If the Board does not have an alert system, how is the Parkinsons 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.)

Self-administration of medication policies

1. Does the Board have a self-administration of medication policy? If a policy does not currently exist, are there any current plans to implement one?
2. If a self-administration policy is not implemented, why is this the case?
3. 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?

Carers

1. Does the Board have a policy that allows carers to visit the person with Parkinson's they care for outside of visiting hours?
2. 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?
3. 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?

Practical resources

1. Is the Board aware of the practical resources available from Parkinson's UK to support Parkinson's patients getting their medication on time (e.g. laminate bedside clocks, washbags) and how to access these resources?
2. Does the Trust make use of these practical resources?

Patient safety incidents

1. 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?

2. How many Parkinson's patient safety incidents relating to medication were recorded in your Board in the last reporting period?
3. 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?

Response:

Hywel Dda University Health Board will provide answers to the questions under the headings provided within the request.

Training and staff awareness

The UHB has previously responded to a similar request, FOI/300/18, and the position regarding staff training and awareness has not changed in the time that has lapsed between requests. The UHB is therefore applying a section 21 exemption to this section of your request. A copy of the previous Freedom of Information request and response can be accessed via the following link:

<http://www.wales.nhs.uk/sitesplus/862/page/95420>

Alert system

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Self-administration of medication policies

1. The UHB does have a self-administration of medication policy; the policy is an appendix to the UHB's medicines policy.
2. Please see response to question 1.
3. Whilst the UHB has implemented the policy across the key wards to which this policy is attributable, a task and finishing group has been formed and are due to commence work in June 2019 to take forward the implementation of the policy across the UHB. The recommendations of the task and finish group will be fed into the UHB's senior nursing and midwifery team. Six monthly audits will be undertaken to monitor continued policy adherence.

Carers

1. Carers are fully supported to enable visiting outside of normal visiting hours. Whilst the UHB fully supports the involvement of carers, it does, however, encourage them to rest during this difficult time. As much support as possible is offered to the care receiver whilst an inpatient. Page 7 of the UHB's In-Patient Visitors Policy has a dedicated section on carers.
2. All patient contact staff receive training in order to undertake risk assessments. When patients who have carers are admitted to hospital as inpatients a risk assessment is completed as soon as possible in order that any support which is needed by their carer is identified early on. Individual patient plans, with support from allied health professions such as physiotherapists, are written considering individual patient needs. This includes the detail of any support required from patients' carers. Whilst additional formal training is not currently provided, the UHB works in conjunction with the Johns Campaign to support the involvement of carers. Additional training requirements will be identified as a result of this work.

3. The policy identifies the support of carers involved with patients during their inpatient stay incorporating all health related concerns. Flexibility to support all patients during their inpatient stay is central to the UHB policy.

Practical Resources

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Patient Safety Incidents

1. Any recorded patient safety incidents, including those of missed medications or medication errors are reported to the National Reporting and Learning System.
2. The UHB is unable to provide you with the number of patient safety incidents or complaints relating to the medication of Parkinson's patients or the number of complaints received regarding the Parkinson's patients as there is a potential risk of identifying individuals if this was disclosed, medication due to the low numbers of cases (5 and under). The UHB is therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This information is protected by the Data Protection Act 2018 / General Data Protection Regulations 2016, as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and schedules 2 and 3 of the Act. This exemption is absolute and therefore there is no requirement to apply the public interest test.

In reaching this decision, the Data Protection Act 2018 / General Data Protection Regulations 2016 defines personal data as data which relates to a living individual who can be identified solely from that data or from that data and other information which is in the possession of the data controller.

3. Please see response to question 2.