Results of the Parkinson’s UK Audit for Sheffield (Geriatric Medicine)

Rosie Lockwood
PD services in Sheffield

- Two services: neurology and geriatric medicine.
- Both services have therapy, PD nurse and medical support.
- Younger patients without comorbidity *tend* to be referred to neurology, older patients with complex comorbidity *tend* to be referred to geriatric medicine.
- Some transfer between services.
- Communication (PD nurses/stakeholder group).
- Two audits. Results will be compared.
Demographics

- 18 patients (8M, 10F).
- 16 white, 2 Asian.
- Average age 74 (average age of my current inpatients is 84).
- Average duration of PD 3 years (max 10 years). New consultant, new clinic.
- PD phase: D4, M6, C8, P0. (Too ill to come to clinic?)
Results: diagnosis phase

- 1 patient not referred untreated.
- 2 patients not seen within 6 weeks.
  - Further work to be done with GP education?
- Only half given PD nurse contact details at diagnosis.
  - PD nurse usually makes telephone contact promptly and gives details then.
## Results: assessment and care planning

<table>
<thead>
<tr>
<th>Domain</th>
<th>Complex (8 pts)</th>
<th>Maintenance (6 pts)</th>
<th>Diagnosis (4 pts)</th>
<th>Overall (18 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>12</td>
<td>9</td>
<td>7</td>
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<td>Domain 2</td>
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Discussion

- Most/least experienced clinicians.
- Setting and use of proforma.
- More than one visit.
- Does it matter?

- Lots of local discussion about what the results of this audit will actually mean.