## SCHEDULE 2 PART A - SERVICE SPECIFICATIONS

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>02/GMS/0073</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Parkinson’s Disease Nurse Specialist Service</td>
</tr>
<tr>
<td>Commissioner Lead</td>
<td>Clinical Commissioning Programme for General Medical and Surgical</td>
</tr>
<tr>
<td>Provider Lead</td>
<td>Dorset Healthcare University NHS Foundation Trust</td>
</tr>
<tr>
<td>Period</td>
<td>May 2013 onwards</td>
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<tr>
<td>Date of Review</td>
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</table>

### 1. Population Needs

#### 1.1 National/local context and evidence base

In developing this service specification the Commissioner has drawn on information and guidance given by:

- NHS Outcomes Framework 2012-2013
- NICE guidance GG 35 Parkinson’s Disease: Diagnosis and Management in Primary and Secondary Care (2006)
- National Service Framework for Older people (2001), standards 2,3,4,6 and 7
- NICE guidance GC 42 Dementia (2006)
- National Parkinson’s Disease Nurse network
- Parkinson’s UK: Please Mind the Gap (2009)

**NICE Guidance CG 35 2006** on “Parkinson’s Disease: Diagnosis and Management in Primary and Secondary Care”. This guidance recommends that all patients with Parkinson’s Disease should have regular access to a Parkinson’s Disease Nurse Specialist in order to:

- Monitor and alter medication appropriately
- Provide a continuing point of contact for support, including home visits
- Provide reliable information about clinical and social matters of concern to people with Parkinson’s disease and their carers.

**National Service Framework for Long Term Conditions 2005** which aims to transform the way health and social care services support people to live with all long-term neurological conditions. It has 11 Quality Requirements. Key themes are early assessment and diagnosis, specialist input, independent living, care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved. It applies to all health and social services who are working with local agencies involved in supporting people to live independently, such as providers of transport, housing, employment, education, benefits and pensions.

**Competencies: A competency framework for nurses working in Parkinson’s management. (2008)**

The framework comprises of core competencies underpinned by consultant nurse areas of practice and include:
The National network of Parkinson’s Disease Specialist Nurses outlines their role as:

- Acting as an advocate for people with Parkinson’s
- Information giving and counselling
- Acting as a help point in times of emergency
- Liaison with medical and social services
- Adjusting and implementing medical treatments
- Education and training for health and social services staff.

2. Scope

2.1 Aims and objectives of service

The aims and objectives of the service are:

- To ensure timely referral, initial contact and support for adults with newly and currently diagnosed Parkinson’s disease. This includes those with Parkinsonism caused by medication and conditions less common than that of Parkinson's disease such as Multiple System Atrophy (MSA), Progressive Supranuclear Palsy (PSP), Corticobasal Degeneration (CBD), Lewy Body disease (LBD) and vascular Parkinsonism.
- To deliver a quality service in line with NICE and National Service Framework requirements.
- To develop the role and integrated working of the all the Parkinson’s Nurse Specialists in Dorset, regardless of the employing organisation.
- To ensure a more equitable and effective distribution of people with Parkinson’s amongst the current Parkinson’s Nurse Specialists through a team working approach, regardless of employing organisation.
- To ensure information and advice is readily available to service users, carers and the wider community in a range of formats.
- To work within an integrated pathway as a known point of contact for each individual.
- To improve the patients quality of life by facilitating access to services which enable patients to self manage and reduce the need for medical intervention.
- To ensure individual patients have a care management plan jointly developed and agreed with them. This should be communicated to primary care and should include an escalation plan, if appropriate, to inform out of hours service and the ambulance service.
- The care plan must include an action plan to support self care that has been jointly agreed with the patient and/or carers and should help patients to develop the necessary skills to be active self-managers.
- To develop services within appropriate community settings which offer convenient access for patients where possible.
- To make better use of support available across health and social care.
2.2 Service description/care pathway

The objective is to commission a Parkinson’s Nurse Specialist service that operates on a Dorset wide basis regardless of the employing organisation to enable the assessment, treatment and support of adults with Parkinson’s registered with an NHS Dorset Clinical Commissioning Group based General Practitioner.

The service should provide assistance to Healthcare professionals with the diagnosis, assessment, management, support and treatment to adults with Parkinson’s disease. The care pathway should support the management of the four phases of Parkinson’s disease and those people who have co-morbidities. Care pathway included as appendix one.

The overall aim of the service is to enable people with Parkinson’s disease to overcome their activity limitations, to promote autonomy and participation and to facilitate psychosocial adaptation to their condition. As part of the wider Parkinson’s service the nurse specialists must promote the biopsychosocial model of care. This will be achieved by supporting the individual and family/carer in the process of adapting to their circumstances through the provision of appropriate interventions, information and advice, and acting as a resource for other health and social care professionals. The nurse specialist should work closely in partnership across health and social care to facilitate this.

The wider Dorset Parkinson’s Disease Service is made up of the Neurology and elderly care services provided at all acute providers across Dorset and within the Dorset community service providers.

All Parkinson’s Disease Nurse Specialist providers in Dorset must work together as part of a ‘virtual’ or real team and the wider Dorset Parkinson’s Disease services and groups.

Details of Service to be provided

The Parkinson’s Nurse Specialist service will be available during normal working hours Monday to Friday every week of the year. Cross cover for annual leave and sickness will be provided through the ‘virtual or real’ team approach to service delivery.

Outpatient clinics will be provided as part of the Dorset Neurology and elderly care Parkinson’s services provision.

The Parkinson’s Nurse Service delivers a service that involves multi sector/ multi agency input as described in the attached care pathway. (Appendix 1). It is recognised that people with Parkinson’s may have other long term conditions where it would be more appropriate for a Multi Disciplinary Team approach and that the Parkinson’s Nurse Specialist may not be the appropriate key worker in this instance.

Location(s) of Service Delivery

- Community clinics and settings where appropriate
- Outpatient clinics at acute providers across Dorset
- Inpatient services including Community Hospitals
- GP practices
- Care Homes
- Home visits

Transfer of and Discharge from Care Obligations

- Effective referral of appropriate patients to other services to facilitate care closer to home
and/or address other individual care needs;

- Effective sign-posting to a range of health and social care provision;
- Links to national Parkinson’s UK and third sector organisations
- Developing and improving support in the community

The Parkinson’s Nurse Specialists employers/providers will ensure, through co-operative or virtual team working, equitable access into the service which meets the health needs of patients living in all localities within Dorset.

In addition the Parkinson's Nurse Specialists employers/providers will ensure that the caseload for each nurse/support worker is equitable and appropriate, using a clear and transparent allocation mechanisms within the virtual team as required.

**Referral criteria & sources**

**Referral Criteria for Consultant**

- Adult patients registered with an NHS Clinical Commissioning Group GP who have a suspected diagnosis of Parkinson’s who meet the agreed referral criteria
- Adult patients referred with an established diagnosis of Parkinson’s following a review by a Parkinson’s Nurse Specialist

**Referral Criteria for Specialist Nurse**

- Adult patients with an established diagnosis of Parkinson’s which has previously been diagnosed by a Neurologist or Specialist Parkinson’s Elderly Care Physician who has been discharged from Neurological follow-up. In such a case the Consultant Neurologist or Elderly Care Physician will provide overall clinical supervision to the Parkinson’s Nurse Specialist.
- Adult patients who are under the continuing care of a Consultant Neurologist who have a confirmed diagnosis of Parkinson’s.

The Dorset Parkinson’s Nurse Service shall reject any referral received for patients not considered appropriate for this service. Any cases of dispute should be discussed with the commissioners.

**Sources of Referrals**

The services shall be accessed by all appropriate’ referrals from:

- Neurology Consultants
- Parkinson’s Specialist Elderly Care Physician

The service will also accept self referrals of individuals who are already known to the service providing these individuals meet the referral criteria as above.

**Referral route**

- A single point of contact to be available for referral for the Parkinson's Nurse Specialist Service.
- The hours of operation of the service and mechanisms are in place to answer and record all telephone contacts.

**Transfer and Discharge**

Providers will ensure that they have in place effective referral mechanisms to other services.
to facilitate care closer to home and/or address other individual care needs.

Providers will ensure that they have in place effective sign-posting to a range of health and social care provision.

2.3 Population covered

This Parkinson's Nurse Specialist is part of a Dorset service provision for all adult patients registered with an NHS Dorset Clinical Commissioning Group General Practitioner under the care of Dorset Healthcare University Foundation Trust, Dorset County Hospital Foundation Trust, Poole Hospital Foundation Trust or Royal Bournemouth and Christchurch Hospitals Foundation Trust.

The Providers must ensure the service deliver consistent outcomes for patients regardless of:

- Gender
- Race
- Age
- Ethnicity
- Education
- Disability (including access and regress)
- Sexual orientation

2.4 Any acceptance and exclusion criteria

People who have not been diagnosed by a Consultant Neurologist or Elderly Care Physician with a special interest in Parkinson's.

People not known to neurological or elderly care services.

2.5 Interdependencies with other services

The Parkinson's Nurse Specialist shall refer patients as appropriate to other services such as Physiotherapy, Occupational Therapy, Community Rehabilitation Teams, Palliative Care Teams, Community Matrons and Speech and Language Therapy in line with locally agreed policies.

Expectations regarding partnership working

The Parkinson's Nurse Specialist service shall work collaboratively to deliver the Parkinson's service equitably across Dorset.

The Parkinson's Nurse Specialist service shall establish and maintain contact, communication links and appropriate clinical arrangements with appropriate clinical colleagues working across primary and secondary care.

The Parkinson's Nurse Specialist service shall establish appropriate knowledge of the support available to patients and carers from Social Services, the NHS and/or the voluntary sector and provide guidance and advice to patients to enable them to access services.

The Parkinson's Nurse Specialist service shall establish and maintain contact and effective communication with appropriate social care colleagues to facilitate the above.

Communication with Patients

The Parkinson's Nurse Specialist service will compile and provide to patients a Patient
Information Leaflet, in a form to be approved by the Commissioner(s) providing appropriate information relating to the service including information on complaints procedures.

The Parkinson’s Nurse Specialist service will ensure that all communications relating to the care and treatment of patients are copied to the patient in accordance with current NHS policy and procedures.

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

Applicable service standards are:

- NHS Outcomes Framework 2012-2013
- NICE guidance GG 35(2006)
- National Service Framework for Older people (2001)
- NICE guidance GC 42 Dementia.(2006)
- National Parkinson’s Disease Nurse network

3.2 Applicable local standards

Patients should be offered a choice of appointment within 2 weeks and 6 monthly reviews as outlined in NICE guidance 35.

The Parkinson’s Nurse Specialist team will operate within national waiting time targets for outpatient care.

4. Key Service Outcomes

To deliver a timely and effective specialist Parkinson’s Nurse service in line with the National Service Framework for Long Term Conditions (Neurological) and NICE clinical guidelines and Technical Appraisals

Effective implementation of the Service will enable the Commissioner(s) to realise the following benefits for patients;

- Improving health related quality of life through maximising functional capacity
- Developing and improving support in the community
- Effective use of the Parkinson’s Nurse Specialists currently employed by the development of a ‘team’ approach regardless of employing organisation
- Each Parkinson’s Nurse Specialist will have an appropriately sized and clinically balanced caseload, according to grade and skills
- Promoting self care and self efficacy
- A telephone service for patient and carer information and support during daytime
weekdays

- Written information in range of formats/styles
- To deliver services that exceed or match national and local clinical benchmarks
- To deliver a service that is informed by service users and utilises patient report outcome measures

NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
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</thead>
<tbody>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
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<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
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<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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</tbody>
</table>

The performance of service from the providers shall be assessed in terms of the individual indicators included in section B part 8: Quality

5. Location of Provider Premises

There are currently four organisations that employ Parkinson’s Nurse Specialists, located in both community and acute settings. It is envisaged that the current providers will collaborate together to provide a comprehensive Dorset wide service from a variety of locations that maximises the use of resources and minimises travel for both patients and team members.

6. Individual Service User Placement

[Not applicable]
## Section B Part 8 - Quality

### Quality Requirements

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Quality Requirement</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes</strong></td>
<td>50% of people diagnosed with Parkinson's disease report that their symptoms are well controlled.</td>
<td>50%</td>
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<td></td>
<td>85% of people with Parkinson’s disease and carers report they know how to and are able to access their local Parkinson’s Disease Nurse Specialist service and receive advice in a timely manner within 72 hours.</td>
<td>85%</td>
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<td></td>
<td>50% of people with Parkinson's disease report that they receive ongoing information they require outlined in their care plan about their condition and local services. To demonstrate a 5% increase year on year.</td>
<td>50%</td>
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<td></td>
<td>All patients with Parkinson’s disease known to the Parkinson’s Disease Nurse Specialist are referred to other members of the multidisciplinary team when and where appropriate and are accessible to the patients.</td>
<td>90%</td>
<td></td>
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<tr>
<td><strong>Personalised Care Planning</strong></td>
<td>50% of patients to have an agreed care plan with self care goals</td>
<td>50%</td>
<td>Annual audit of patient records</td>
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<tr>
<td><strong>Service User experience</strong></td>
<td>Patient Satisfaction</td>
<td>80% overall satisfaction</td>
<td></td>
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<tr>
<td>Performance indicator</td>
<td>Quality Requirement</td>
<td>Threshold</td>
<td>Method of Measurement</td>
<td>Consequence of breach</td>
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<tr>
<td><strong>Performance and productivity</strong></td>
<td>Full participation in the National Parkinson's UK audit</td>
<td>Analysis of survey results</td>
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<tr>
<td>Waiting times</td>
<td>100% of patients referred to service contacted within 2 weeks</td>
<td>90% of patients referred to service contacted within 2 weeks</td>
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<tr>
<td>Number of new patients seen in the service</td>
<td>Levels to be determined as service becomes fully established</td>
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<tr>
<td>Number of patients attending follow up appointments and the total caseload per WTE of Parkinson’s Nurse Specialist</td>
<td>Levels to be determined as service becomes fully established</td>
<td></td>
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<tr>
<td>Number of patients handed to other services for on-going treatment as appropriate</td>
<td>Levels to be determined as service becomes fully established</td>
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<tr>
<td><strong>Quality</strong></td>
<td>Serious adverse incidents</td>
<td>Zero serious adverse incidents reported</td>
<td>One or more serious adverse incident reported.</td>
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