



Hard to Swallow?

A review of the quality of dysphagia care provided to patients with Parkinson's disease aged 16 years and over who were admitted to hospital when acutely unwell.

NCEPOD Stakeholder meeting

BACKGROUND

The NCEPOD 2021 report, *Hard to Swallow?* identified 5 key areas, informed by 11 recommendations that needed addressing to improve the care and outcomes for patients with dysphagia. Just over one year on from the release of the report a stakeholder group met to discuss progress since the report and to highlight those key areas that need further work to implement improvements.

KEY AREAS

1. DOCUMENTATION OF SWALLOW STATUS

Since dysphagia can occur at every stage of PD it is important to assess and communicate its presence in a referral letter. Information relating to dysphagia was not available in the referral letter of 20/79 patients who were known to have dysphagia at the point of referral.

2. SCREEN PATIENTS WITH PD FOR SWALLOWING DIFFICULTIES AT ADMISSION

Patients admitted to hospital may have swallowing difficulties, not recorded as 'dysphagia'. Other indicators should be considered, such as the patient's ability to swallow food, fluids or medication, whether they have control of saliva or have a history of pneumonia.

3. REFER PATIENTS TO SLT

Early input, as needed, from speech and language therapy (SLT) is fundamental to improving swallowing difficulties and communication for many patients with dysphagia. In this study referral to SLT was made following a swallowing screen on arrival for 51/209 (24.4%) patients and case reviewers were of the opinion that a further 36/132 (27.3%) patients should have been referred.

4. NOTIFY THE SPECIALIST PD SERVICE WHEN A PATIENT WITH PD IS ADMITTED

For any team caring for a patient with PD it is important to know if there has been any unexpected change in the patient's clinical status or care plan. While a majority of patients in this study were under the care of a PD service prior to their admission, there was no evidence of contact with their PD service, on admission, documented in 180/316 (57%) sets of notes.

5. PROVIDE WRITTEN INFORMATION AT DISCHARGE ON HOW TO MANAGE SWALLOWING DIFFICULTIES

At the point of discharge from hospital any changes in care or medication, as well as swallowing status (including the ability to take oral medication), nutrition plan or level of future risk of dysphagia should be provided to care providers as well as the patient and family members.

PROGRESS

Recommendation - documentation

Document the swallow status of all patients with Parkinson's disease at the point of referral to hospital.

Target audiences: Primary care and community Parkinson's disease teams

Recent developments

- UK Parkinson's Excellence Network: Pump priming for specialist Parkinson's nurses, and allied health and mental health professionals.
 - Funding an SLT.
 - Business case based on the NCEPOD report.

Recommendation - screening

Screen patients with Parkinson's disease for swallowing difficulties at admission, irrespective of the reason for admission.

Target audiences: Healthcare professionals who see patients at admission and clinical directors

Recent developments

- Dysphagia assessment and treatment: a guide for nurses. How to identify eating, drinking and swallowing difficulties, often associated with stroke, head and neck cancers and neurological conditions and provide support. <https://rcni.com/nursing-standard/newsroom/analysis/dysphagia-assessment-and-treatment-a-guide-nurses-182556>
- PUK Excellence Network grant to jointly fund a joint SLT & pharmacy project to develop and pilot a swallow screen to be used with PD patients on admission.

Recommendation – written information at discharge

Provide written information at discharge on how to manage swallowing difficulties.

Target audiences: Clinical directors, healthcare professionals who see patients throughout their admission, quality improvement leads

Recent developments

- *Local example of practice* – Yellow Bag Project: for every patient that SLT are aware of on a new modified diet or newly modified fluids, they ensure that they have a discharge pack which comes in a yellow bag on discharge, and SLT write a letter to GP's requesting ongoing prescription if required.

Recommendations – medication management

Ensure patients are able to take the medication they have been prescribed at, and throughout, their admission. If there are concerns about whether or not the patient can swallow safely consider other formulations of medication (e.g., liquid rather than a tablet) or ways of administering them.

Target audiences: Healthcare professionals who see patients at, and throughout, their admission, pharmacists, and clinical directors

Ensure there is a hospital policy for the different ways of administering medication and the review of medications at the point of patient discharge. This includes the use of rotigotine patches.

Target audiences: Clinical directors, medical directors, hospital pharmacists, specialist Parkinson's disease teams and quality improvement leads

Recent developments

- Get it on Time – the case for improving medication management for Parkinson’s. Parkinson’s UK. <https://www.parkinsons.org.uk/sites/default/files/2019-10/CS3380%20Get%20it%20on%20Time%20Report%20A4%20final%2026.09.2019-compressed%20%281%29.pdf>

Recommendations - nutrition

Screen the nutritional status of patients admitted to hospital with Parkinson’s disease and act on the findings.

Target audiences: Clinical directors, dietitians, nutrition team members and healthcare professionals who see patients at, and throughout, their admission

Formalise pathways for the provision of modified texture diet and fluids.

Target audiences: Medical directors, clinical directors, clinical teams caring for patients with dysphagia.

This includes speech and language therapists, pharmacists, dietitians, hospital housekeeping and catering services, community Parkinson’s disease teams and quality improvement leads

Ensure there is a hospital policy for ‘risk feeding’ which includes the assessment or re-assessment (if already undertaken at admission) of mental capacity regarding this decision.

Target audiences: Clinical directors, medical directors, speech and language therapists, pharmacists, dietitians and nutrition team members and quality improvement leads

Recent developments

- RCSLT Eating and drinking with acknowledged risks: Multidisciplinary team guidance for the shared decision-making process (adults) guidelines (September 2021). <https://www.rcslt.org/wp-content/uploads/2021/09/EDAR-multidisciplinary-guidance-2021.pdf>
- NHS England: National standards for healthcare food and drink (November 2022). <https://www.england.nhs.uk/wp-content/uploads/2022/11/B0508-i-National-standards-for-healthcare-food-and-drink-Nove-2022.pdf>
- *Local example of practice:* South Eastern Health and Social Care Trust. Procedure for ordering and the provision of texture modified diet, fluids and snacks to adult inpatients in SEHSCT. Operational May 2023. <https://setrust.hscni.net/wp-content/uploads/2023/07/Protocol-for-Ordering-Texture-Modified-Meals.pdf>

Additional resources

Parkinson’s UK: Parkinson’s Pathway for Health and Care Staff.

https://www.parkinsons.org.uk/sites/default/files/2022-07/Therapists-AHP-Pathway_July_2022_0.pdf

The Royal College of Speech and Language Therapists (RCSLT) Online Outcome Tool (ROOT) supports SLTs with collecting and collating Therapy Outcome Measures (TOMs) (Enderby and John, 2015; 2019) and generating reports. The reports generated by the ROOT can be used by SLTs to inform clinical decision-making, drive quality improvement and demonstrate the impact of speech and language therapy. For more information, please visit the [RCSLT website](#)

NCEPOD: The full report and supporting documentation can be downloaded from

<https://www.ncepod.org.uk/2021dysphagia.html>