

Local Key Information Sheet – Adult ADHD Service

The Adult ADHD Service is a tertiary NHS service commissioned to provide specialist assessment and treatment to adults within Bristol, North Somerset, South Gloucestershire (BNSSG) and Bath and North East Somerset, Swindon and Wiltshire (BSW) who have diagnoses or are seeking a diagnosis for Attention Deficit Hyperactivity Disorder (ADHD). The team covering this large area form a base in South Bristol.

Accessing the Service

The majority of patients are referred by GPs, primary and secondary care mental health teams or child and adolescent health services. The service does not accept self-referral. The service receives between 200-300 referrals a months for new assessments or reviews of treatment.

Due to high referral backlogs in the service, this fixed term position has been commissioned in order to specifically process new referrals to the service in order to manage high referral levels effectively.

Referral Criteria:

1. Clinically significant indications of ADHD symptomatology (inattention, hyperactivity and impulsivity) in adulthood and childhood plus evidence of significant functional impairment according to DSM-V categorisation.
2. Over 17.5 years of age
3. Stable enough mental health and/or substance misuse history in order to be able to engage with assessment process
4. The difficulties they are experiencing are not explained by other neurodevelopmental or psychiatric conditions.

Referrals are then clinically triaged and split according to Referral types, new assessments, transition assessments or review assessments.

The ADHD service adopts an individualised approach when considering how patients will access the service. This will take into account the Equality Act (2010) (8), considering factors such as physical or learning disabilities, sight, speech or hearing problems and difficulties with reading, understanding or speaking English so that full participation is possible in any consultations.

The service considers how individuals will attend appointments, with flexibility where possible such as:

- Ascertaining whether they would prefer letter or email contact.
- Conducting consultations via video call (Attend Anywhere).
- Meeting at a clinic in closer proximity to the patient's home.

Hours of delivery:

The core working hours for contacting the service are **Monday to Friday 9.00am to 5.00pm** but the team will strive to offer flexibility beyond these hours to address individual and carer need- such as an evening/weekend clinic.

As a tertiary service the team does not provide co-ordination and does not provide any psychiatric service outside of ADHD and or an out of hours or emergency service

ADHD Team

Consultant Psychiatrist – Clinical Lead

Team Manager

Assessment Team

Clinical Psychologist

ADHD Specialist Practitioners

ATMOS Manager

Assistant Psychologist

Treatment Team

Non-Medical Prescribers

Associate Specialist Doctor

ADHD Pharmacist

Administration Team

ADHD Administrators

Key Duties:

Carrying out the initial diagnostic/transition assessment appointments, writing diagnostic reports, carrying out annual and clinical reviews. Providing duty cover for clinical queries,

Key Duties:

Providing treatment for ADHD in the form of medication until stabilisation or a short psycho-social intervention (1:1 or group). Providing supervision to assessment team and duty cover for clinical queries and triaging referrals.

Key Duties:

Management of clinical appointments and referrals, communication with patients, management of clinical data.

Assessment Process

Pre-assessment questionnaires:

Shortly before the assessment appointment, a set of questionnaires will be sent out to complete and return to us (email/post) before the assessment appointment. The results of the questionnaires aids the assessment process. The ADHD team makes use of an online application to help manage this (managed by the Assistant Psychologist). The Assistant Psychologists in the ADHD Team will administer these questionnaires to patients using an online system ATMOS. Additional support in the form of a phone call can be offered from a clinician if the patient requests help with filling out the questionnaires. It will be stipulated the importance of completing these questionnaires prior to the assessment within the appointment letter.

The assessment:

ADHD Specialist Practitioners typically carry out around six assessments a week.

The assessment for ADHD usually takes between 2-4 hours and consists of two parts, typically completed on two separate days. Part one involves gathering history, considering early development, education, employment and social aspects of the service user's life.

Should there be significant evidence within part one that indicates ADHD, the service user will be offered a second appointment for the diagnostic interview (DIVA). Assistant Psychologists will be able to observe these appointments with the goal of conducting them in the near future.

The service will also request previous psychology reports, school reports and collateral information from family and friends, where appropriate to aide the information gathering. This is a comprehensive process, recognising that ADHD is a lifelong, pervasive condition.

Signposting will be provided, where required, to tools, resources and other services.

The assessor will ask the service user who they wish the report to be addressed to i.e. the service user or the referrer. The report will then be written in the selected style. The report can also be produced in an accessible format if required. Assistant Psychologists will also have a role in writing up the report for the clinical psychologist conducting the assessment.

A copy of the report will be sent to the referrer/GP and the service user.

Treatment Process

Treatment goals are agreed together with the patient, usually based on the symptoms and impairments identified through the assessment (for initial and transition assessments) and following review of progress for titration appointments and annual or other reviews (1).

Treatment goals are documented explicitly in the clinic letter.

The patient will be made aware of the most common adverse effects (> 1:10) of each of the ADHD medications prescribed and also offered a medication information leaflet (10).

Potential interactions with other prescribed and OTC medications are pointed out and referred to in the clinic letter (most commonly- the risk of Serotonin Syndrome).

The patient is informed about certain restrictions and precautions for prescribing of controlled medications (most of the ADHD medications).

Patient consent to treatment is recorded in the clinic letter and in the clinical system. A further review date is agreed and referred to in the clinic letter.

The patient is able to contact the service anytime prior to the scheduled review date.

The majority of patients are then transferred to shared care prescribing with their GP, with the clinic or GP providing on-going review.

Groups

Patients will be offered a place on an ADHD coping skills course (consisting of 6 weekly sessions) following new diagnosis or if there is a clinical need for patients with an established diagnosis. This course is based on cognitive behavioural therapy (CBT) principles which is recommended as the best treatment option for adults with ADHD. The course will focus on self-management of ADHD using therapeutic skills. Assistant psychologists will be able to co-present in this course in the near future.

Patients who are transitioning from the care of another provider will be offered a one-off transition group session, focusing on self-management of ADHD and coping skills.

Patients and friends/family members will also be able to access an ADHD information and advice group that will run remotely out of the service. The group will aim to meet once a month in the evening.

1:1 Interventions

Patients will be offered psychosocial intervention only if deemed pharmacological intervention is not appropriate or if medications have been optimised but their ADHD symptoms are still causing significant impairment. Unless clinically inappropriate it would be planned that a patient wanting to access 1:1 psychosocial interventions would have attended either the coping skills course or transitions group first.

Patients must be referred by a professional within the ADHD team to the psychosocial team (this can be profession specific or a dual referral). The team aims to provide occupational therapy and psychology.

If there is no current 1:1 provision space for the referred patient then they will be added to a waiting list if referral appropriate (acknowledged by a member of the psychosocial team).

In addition the Service is also supported by an 'expert by experience' group.