

# DEVELOPING A CARE PATHWAY FOR ADHD

The Health and Social Care Advisory Service (HASCAS) has published 'Best Practice in Attention Deficit Hyperactivity Disorder (ADHD), A Review of the Literature and Care Pathway'. This summary provides a list of key recommendations from the report, some questions that you can consider for your local service and where and how to find this information. It also provides suggestions on what to do next to improve care for those with ADHD in your local area. It is suggested that a review of ADHD care is performed by a multi-agency multi-disciplinary team.

## RECOGNITION

- All individuals and groups within the family and community, professional or otherwise, require awareness, education and training about ADHD.
- Parents are the most likely people to be alerted first to possible ADHD, although lack of awareness and adverse media coverage may prevent or delay their seeking help from the GP.
- ADHD is an early onset disorder and may also be observed by pre-school professionals such as nursery staff and health visitors.
- Concerns are usually more pronounced when the child starts school so teachers and other school staff have an important role to play in contributing to the assessment of suspected ADHD.

Questions to address	Finding answers	Taking action
What is the local prevalence of ADHD?	Expected prevalence can be calculated using national data.	Information and awareness raising for parents, pre-school, primary school staff and primary care staff.  Events, publicity, information (e.g. ADDISS brochure)
Is there an unmet need?	Audit service usage numbers and the combined number of cases seen by community paediatrics and Specialist CAMHS. Compare these figures with your prevalence estimates.	
Are cases being detected early?	Audit: average age at referral.	
Do primary care staff e.g. health visitors, teachers, nurses and assistants in nursery and primary school settings know what to do if ADHD is suspected?	Conduct a survey or focus groups for parent feedback.	

RECOGNITION



## REFERRAL

- The main gateway to families in gaining access to specialist services is often through the GP, however, this varies and others may be involved.

Questions to address	Finding answers	Taking action
Who can refer to specialist care services and what are the referral criteria?	Audit	Referral protocols for GPs and others covering screening, filtering, differentiating and where/how to refer.
Are GPs and others referring expected numbers to specialist care?	Audit: GP and other referrals compared with expected prevalence to determine whether rates of referral are as expected.	
How is the decision made to refer to Paediatrics or Specialist CAMHS?	Audit: referrals to Paediatrics and CAMHS - how do they differ?	
What is the waiting time for assessment and diagnosis once referral has been made?	Audit: time of referral vs date of first assessment and diagnosis. Identify the bottleneck through process mapping.	Consider innovative ways to improve capacity of service to reduce waiting times e.g. use of nurses and community paediatric services.

REFERRAL TO SPECIALIST SERVICES

## DIAGNOSIS

- Assessment and diagnosis should be carried out by a child and adolescent psychiatrist or a suitably qualified paediatrician. Diagnosis should include a physical examination and medical history.
- Assessment should take account of the child's history and should include reports from family, school and other settings.

Questions to address	Finding answers	Taking action
Is there parity between paediatricians and Specialist CAMHS on diagnosis?	Audit	Consider how common assessment tools can be used as part of diagnosis. Deliver joint training.

DIAGNOSIS

## TREATMENT

- The care offered by psychiatrists and paediatricians may not be consistent.
- Treatment should be multi-modal, which means there will be a range of interventions, including various behaviour management programmes and medication.

Questions to address	Finding answers	Taking action
Do patients receive parity of service between Paediatrics and Specialist CAMHS?	Audit: comparison of treatment duration and outcomes between the two.	Joint training for joint working.
Are patients offered a range of treatment options that are backed by evidence?	Map the different organisations providing care for children with ADHD. Conduct a survey or focus groups for parent feedback.	Ensure clinicians understand and are following national guidelines. Hold refresher courses / discussion events.

TREATMENT

## MULTIAGENCY WORKING SHARED CARE AND LIAISON WITH EDUCATION

- Multi-modal treatment requires joined up working from a multi-disciplinary team.
- GPs are encouraged to get involved in shared care arrangements with specialists.
- Children with ADHD will often have special educational needs and a minority will require a Statement under the Special Education and Disabilities Act.
- Schools are required to provide for all special educational needs including, but not specifically, ADHD; this will involve close liaison with health services so that care is coordinated and integrated.
- Teachers need to organise the classroom and their teaching so that children with the disorder can be enabled to succeed; this will include structuring the day, segmenting tasks, giving praise and encouragement.

Questions to address	Finding answers	Taking action
Is there multi-agency partnership?	Check that education in particular is involved and informed fully - by surveying schools and/or using a survey or focus groups for parent feedback.	
Is there shared care between specialist services and primary care?	Conduct a survey of specialist providers and/or GPs, or analysis of case files.	Training for GPs. Develop protocols for risk assessment and management and shared care.

MULTIAGENCY WORKING

## ONGOING CARE

- In some people ADHD symptoms persist into adult life and for these young people at age 18 there needs to be an agreed protocol for moving into adult services

Questions to address	Finding answers	Taking action
What do young people and families need to feel supported through the discharge process?	Conduct a survey or focus groups for parent feedback.	
How many young people will need to move into adult services?	Telephone survey of specialist providers. Audit: compare number of adults receiving care for ADHD with expected prevalence.	Develop a CAMHS to Adult transition protocol for ADHD, or general protocol of which ADHD is a discrete component. Provide joint training between child and adult mental health staff.
How will the transition be managed?	Ask specialist providers what the experience has been to date.	

DISCHARGE & ONGOING CARE