DRAFT SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	ADHD Assessment Service – Adults 18+
Commissioner Lead	Vicks Johnson, Associate Director of Commissioning (Learning Disabilities and Autism)
Provider Lead	Right to Choose Provider
Period	From 01.04.2026
Date of Review	January 2027
Allocated funding	£0

1. Population Needs

1.1 Condition Overview

ADHD is a neurodevelopmental condition that persists throughout the lifespan. Current evidence suggests that ADHD is best understood as a syndrome with deficits across multiple domains of executive function. It therefore presents as a complex condition where peoples difficulties frequently cluster around difficulties with attention, concentration, impulsivity, disinhibition, hyperactivity/ restlessness, organisation, planning, short term and working memory, and frequently disturbed mood and anger control.

These difficulties may fall under the two distinct subcategories according to the Diagnostic and Statistical Manual- 5 (2013): primarily inattentive and disorganised or primarily hyperactive and impulsive. More commonly a combined presentation is seen.

- The inattentive subtype accounts for 20% to 30% of cases.
- The hyperactive-impulsive subtype accounts for around 15% of cases.
- The combined subtype accounts for 50% to 75% of cases.
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People who are primarily inattentive and disorganised may also be referred to as having Attention Deficit Condition (ADD) - for ease in this document the term ADHD will be used to refer to both. Diagnostic systems provided by the World Health Organisation (ICD-10) currently preferred in the UK) and America (DSM-5) conceive of the condition differently. The (ICD-10) is more stringent in its criteria (and uses the label 'hyperkinetic condition') proposing higher thresholds for diagnosis. This is one of the reasons why prevalence rates differ across countries.

Conditions for Diagnosis

One of the essential criteria for diagnosis is a ***moderately/severe functional impairment*** arising from the difficulties that people are experiencing. The client group typically have a difficulty achieving activities of daily living alongside complex risk issues which result from a difficulty with

inhibition and restlessness which can result in impulsive behaviour. This can lead to risk to self and others. Relationships, education, employment and mental health may also be affected. Behaviours of people with ADHD can be shown to lie well outside of developmental norms and they may experience social exclusion and more likely to have involvement with substance misuse, forensic services, prison services and mental health services.

It is important that people with suspected ADHD are assessed as early as possible and receive the appropriate support, so that they can truly tap into their potential and live independently.

Co-Occurrence

ADHD is a neuro-developmental condition that is lifelong. It frequently co-occurs with other neuro-developmental conditions such as Dyslexia, Dyspraxia, Autism Spectrum Condition, Tic and Tourette's Syndrome and Dyscalculia. It can exist alongside other difficulties in childhood such as, oppositional defiant disorder and conduct disorder, which may have a persistent effect in adulthood. ADHD is also very commonly associated with co-morbid mental health difficulties, for example, anxiety, depression and Emotionally Unstable Personality Disorder. This means that appraisal of co-morbid conditions is essential.

1.2 NICE Assessment and Treatment Guidelines

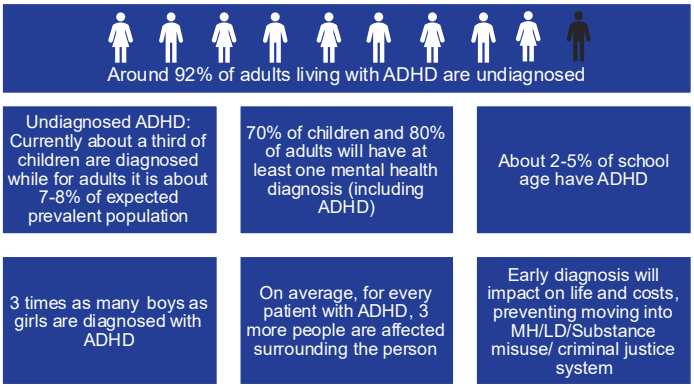
The National Institute for Health and Care Excellence (NICE) guidance (NG87, published March 2018) around how an assessment should take place for ADHD states:

A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, on the basis of:

1. a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life; and
2. a developmental review and psychiatric history; and
3. observer reports and assessment of the person's mental state.

NICE Guideline NG87 (March 2018) recommends medication for adults with ADHD if their ADHD symptoms are still causing a significant impairment in at least one domain after environmental modifications have been implemented and reviewed.

1.3 The National Challenges



1.4 Local context

In Devon we have seen unprecedented demand for diagnosis and treatment of ADHD since the beginning of the covid pandemic. Demand exceeds locally commissioned services resulting in unacceptable waiting times and significant growth.

1.5 Treatment options alongside or instead of Medication

Multiple studies have highlighted that the most effective treatment options for adults with a positive ADHD diagnosis combine stimulant medications with psychosocial treatment.

Well-structured psychoeducation sessions involve teaching patients about their condition, including how ADHD affects different areas of their lives and relationships, how to recognise symptoms and treatment options.

As a result, the education programmes drive increased treatment compliance/adherence and improve self-esteem of the patients.

In some instances, if there is a well-structured psychoeducation programme that is effectively age-targeted, the evidence suggests that rates of medication take-up may reduce.

Initial data from one current contracted provider of adult ADHD assessments and medication to the ICB implies that patients who are offered a course of 4 group psychoeducation sessions alongside or instead of medication programmes have reduced patient preference for medication by 16%.

The provider must follow the Devon formulary when prescribing medication.

https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/4-central-nervous-system/4-4-cns-stimulant-and-drugs-for-adhd **and**
https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/4-central-nervous-system/4-4-cns-stimulant-and-drugs-for-adhd

The provider must also offer in line with NG87, additional information, advice, support and training sessions as described in recommendations 1.5 and 1.6

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Locally defined outcomes

Outcome Evidence that the Service User:	**Key processes to support outcome** To enable the achievement of the outcome, the provider must:
1. Undergoes comprehensive assessment and treatment of their ADHD needs	• Ensure that a diagnosis of ADHD is only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD • Make a diagnosis of ADHD in line with the recommendations in section 1.3 of NICE Guideline NG87, and in particular on the basis of: o a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life **and** o a full developmental and psychiatric history **and** o observer reports and assessment of the person's mental state. • A diagnosis of ADHD should not be made solely on the basis of rating scale or observational data. However, rating scales such as the Conners' rating scales and the Strengths and Difficulties Questionnaire are valuable adjuncts, and observations (for example, at school) are useful when there is doubt about symptoms • Produce a management plan which includes multi-disciplinary clinical input if necessary. • Provide the family and patient with information about their condition and treatment in a format accessible to their needs. • Ensure Interventions comply with all statutory, regulatory and good practice standards, including baseline physical health evaluation and relevant monitoring in relation to any treatments prescribed. • Share information between all professionals and agencies involved in the patients care. • Triage the waiting list for those awaiting assessment which incorporates completion of referral form and patient's questionnaire. • Maintain eligibility prioritisation of access where waits occur for those most at risk.
2. Is provided with the option of structured	• Treatment options are provided alongside or as an alternative to medication pathways to educate the patient on their condition and the alternatives available to them

psychoeducation courses either instead/or alongside medication pathways post diagnosis	• Group settings should be age-appropriate
3. **Is safely prescribed the medication to address their ADHD needs. Medication will be reviewed and titrated until stabilised.**	Where it is clinically appropriate for the individual service user, medicines may be prescribed, only as defined by the Devon formularies guidance. • Ensure that medication for ADHD is only initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD • Undertake a baseline assessment as recommended by NICE Guideline NG87 recommendation 1.7.4 and as per NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines. • Refer for a cardiology opinion before starting medication for ADHD if any of the concerns set out in NICE guidance NG87 recommendation 1.7.5 apply. • Refer to a paediatric hypertension specialist before starting medication for ADHD if blood pressure is consistently above the 95th centile for age and height for children and young people. • Offer medication for ADHD in line with the recommendations and place in therapy described in the Devon Joint Formulary, NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines and relevant NHS Devon ICB clinical commissioning policies. • Undertake all specialist responsibilities as detailed in the relevant NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guideline for medicines for ADHD in children and young people aged 6 years and above. • **Note:** All prescribing and monitoring responsibilities remain with the specialist until the patient is stable and GP agrees to share care. If a GP is not confident to undertake prescribing and monitoring under a formal "Shared Care" agreement, they are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist provider.
4. **Receives specialist review on an annual basis**	• Annual reviews are carried out by the provider in line with NICE Guideline NG87 section 1.10 and the relevant NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines for medicines for ADHD in children and young people aged 6 years and above • In particular, consider trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate. If the decision is made to continue medication, the reasons for this should be documented

5. Experiences continuity of care when moving between services	• Ensure that prescribing, monitoring and other specialist responsibilities are undertaken in line with the Devon Joint Formulary, NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines and relevant NHS Devon ICB clinical commissioning policies • Young people transferring to adult services should be offered a transition appointment ideally jointly with the child/adolescent and adult specialist providers. During the appointment drug treatment should be discussed with consideration of whether continuation into adulthood will continue to provide therapeutic benefit, or in some circumstances whether a change of ADHD medication is required. • Children being treated with guanfacine should normally have this withdrawn prior to transition to adult services unless an individual request has been submitted and approved by the relevant adult specialist service provider Drug and Therapeutics Committee (or equivalent) for continuation within a secondary care setting. • Where patient care is transferred from one specialist service to another, and/or the patient is initiated on a different "Shared Care" medicine for ADHD, a new "Shared Care" agreement must be completed between the specialist, the GP and the patient/carer. • Secure IT systems for the sharing of information within the service, fulfilling meeting IG / GDPR / DPIA requirements. • Clear transfer procedures outlined within the Operational policy that details relapse indicators, crisis and contingency plans. • Clear procedures for seeking and recording the Service User's consent for the sharing of information. • Ensure that information about services is available to the client in an accessible format. • Transparency in any communications to patients, including information in relation to timescales, to help manage their expectations. • Pass original referral to alternate providers when required, when responsible commissioners deem it appropriate to secure additional capacity from additional registered and accredited providers. Adhering to, and helping to develop, a robust process in these circumstances. • Be aware of all pathways / services including criminal justice system providers and forensic services.
6. Is treated with dignity and respect	• Ensure all staff are trained at the required levels including Equality and Diversity and Information Governance training. • Take all steps to accommodate any patient and/or representative requirements. • Have a process in place allowing for patient and/or representatives feedback to be collected, collated and reported upon (Friends & Family Test).

7. Receives care in an environment that is safe	Policies and procedures that comply with all legislation and guidance including but not restricted to: • Complaints • Safeguarding • Clinical Governance & Prescribing Policy / Shared Care Protocol • Equality and Diversity • Information Governance • CQC Registration • CPD / Training & Development • Mental Capacity (including presumption of capacity) • Whistleblowing • Continuing Professional Development (CPD) • Clinical supervision and appraisal

2.3 Locally defined outcomes for the ICB

Outcome Evidence that the ICB:	**Key processes to support outcome** To enable the achievement of the outcome, the provider must:
1. Is kept aware of volumes and service levels	• Complete management information is provided on an aggregate and anonymous basis to ensure the ICB is able to track and monitor progress and spend • KPIs and SLAs are agreed with the Service provider in advance and service levels are reviewed regularly with the Provider against the these targets
2. Is able to access feedback on the service from service users	• Anonymised qualitative and quantitative feedback is available to the commissioners and reported at regular intervals • Complaints escalation protocols are established and enacted
3. Is able to reconcile all assessments and treatments to appropriate GP referrals	• All invoices are traceable to referral data without breaching client confidence and data requirements • The provider is subject to ad hoc audit of records to support the probity requirements of the ICB

3. Scope

3.1 Aims

The aim is to promote a value-based approach where high standards, excellence and equity are balanced against the need to remain efficient and cost effective for the population of Devon. This service is responsive to national guidance as well as evidence-based developments where positive outcomes and enhanced patient experiences are fundamental.

3.2 Objectives

The objectives of this service are to provide:

- Provide a service which accounts for individuals' preferences
- Provide a diagnosis with clear reasoning behind decision reached
- Provide accessible, assessments and diagnosis either face to face or virtually
- Incorporate family/representative views (where appropriate) and individual's developmental history and context
- Provide a timely response in accordance with NICE Guidance
- Keep service users and their representatives informed of the process, including what it involves and an approximate timescale
- Ensure complaints are handled in accordance with an established complaints procedure, which is conveyed to the patient at the outset
- Provide a seamless transition from referral through to diagnosis, treatment and ongoing support
- Collect data in accordance with patient consent and fulfil commissioner reporting requirements

3.3 Service description/Pathway

Access to the service is via GP referral.

The service will provide an ADHD assessment diagnosis, prescribing and titration service with post diagnostic follow up reviews through a multi-disciplinary diagnostic and intervention service to residents registered with a Devon GP practice. In particular, the service will:

- Conduct a full assessment and diagnostic services for those with suspected ADHD
- Provide access to or signposting to treatment for those diagnosed with ADHD, including post diagnostic support and psychological interventions
- Prescribe, titrate and stabilise medication for those with ADHD, in line with the Devon Joint Formulary, NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines and relevant NHS Devon ICB clinical commissioning policies. Provide the specified monitoring and review during initiation of medication and throughout treatment
- Ensure the patient/ family has a clear understanding of their diagnosis and treatment
- Provide access to advice and guidance during the assessment and stabilisation period and throughout treatment
- Ensure effective multi-disciplinary working with other health and care services
  Work with primary care, secondary care and voluntary sector providers as appropriate to ensure a comprehensive care plan is in place for the patient
- Provide consultation and advice to GPs and Primary Care team working with people with ADHD in the community
- Provide information, advice, guidance to families awaiting assessment and signposting to stakeholders working with CYP with ADHD
- Appropriately signpost to voluntary and third sector organisations
- Correspond directly with the patients GP
- Evaluation of service user experience

The service will reflect national best practice and it is anticipated will have the following features:

- Able to demonstrate its positive impact on enabling people to:

1. Exercise their rights and responsibilities as equal citizens e.g. social inclusion.
2. Fulfil their potential.
3. Exercise choice and control e.g. self-directed care, putting people first.

- Bring multi-agency, multi-disciplinary skills and expertise to bear to produce timely assessments, diagnosis and treatments proportional to the complexity of the individual presentation.
- Give information, advice and guidance to those awaiting an assessment, where requested.
- Deliver individual assessments, based on person centred approaches and routinely achieve the effective engagement of the families of the people using the service.
- Have good working arrangements/relationships with people who refer to the service.
- Be effectively linked into the local and regional care pathways for people with ADHD.
- Have the capacity and expertise to provide consultation and advice based on national best practice and research.
- Provide timely advice to local teams regarding their assessment and management of people with ADHD how to adapt and improve their service responses.

3.4 Devon Joint Formulary
Where a pharmacological treatment plan has been agreed for the individual service user, medicines may be prescribed, only as defined by the Devon formularies guidance (below).

The Devon Joint Formulary describes that - *"the notes [after each drugs formulary entry] below reflect the place in the treatment pathway for ADHD medicines. This is broadly in line with the treatment pathway described in NICE guideline NG87 (Attention Deficit Hyperactivity Disorder): diagnosis and management), but has been refined by local commissioning policies."*
https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/4-central-nervous-system/4-4-cns-stimulant-and-drugs-for-adhd
https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/4-central-nervous-system/4-4-cns-stimulant-and-drugs-for-adhd

The local formulary cannot include guidance with respect to all possible clinical scenarios, however, there is an expectation that all prescribing is in keeping with the formulary (and by extension "broadly in-line with NICE guidance"), and the product's Summary of Product Characteristics, and in keeping with the regulations that support the prescribing of controlled drugs. Where ADHD medication is commenced/changes the treatment rationale shall be added contemporaneously to the service user's notes by the consulting clinician, referencing the guideline source, if required.

The provider will ensure that patients are specifically consulted upon, at the appropriate interval/age;

- Trial periods without medication, where indicated,
- Consideration of continuing therapy into adulthood in child service users at school leaving age.

Typically, medicines will be prescribed by the provider up until the point where the service user's medication is stabilised, following appropriate individualised dosage titration, and their GP has accepted responsibility for ongoing prescriptions.

The provider will agree to use and abide by the Devon shared care guidance, to include undertaking all actions under "specialist responsibilities" and "baseline assessments" described.

The provider will use the shared care guidance as linked to from the formulary pages, and the provider will not reformat those documents, this is specifically applicable to making requests of GPs to share care – as unfamiliarity with revised formatting is likely to dissuade a GP from sharing care.

GPs may elect not to accept ongoing responsibility, and in these cases the provider agrees to prescribe for those service users for the duration of their treatment plan

3.5 Population covered

The service will focus on the needs of the people 18+ registered with a Devon GP within the Devon Integrated Care Board Footprint.

3.6 Any acceptance and exclusion criteria

For assessment, diagnosis and treatment in adults:

Inclusion Criteria:

- Registered with a Devon GP practice
- 18 years or over
- Where the person has capacity to consent to an assessment
- Who are able to engage in a remote service offer
- Displaying symptoms consistent with ADHD

Exclusion Criteria:

People with a complex mental health comorbidity where the needs of the individual might be better supported by the specialist services within our mental health provision. Further discussion between the Referrer and the Provider (in which case exclusion criteria may be exempted), maybe needed if:

- Individuals with active suicidal intent, severe self-harm, or severe unmanaged mental health disorders requiring urgent intervention. Urgent intervention or involvement from: Crisis/Home Based Treatment, Assertive Outreach
- Ongoing substance misuse that significantly impacts the reliability of the assessment. Active or recent involvement with Drug and Alcohol Services
- Active or recent admission to Acute Mental Health inpatients or 136 suite
- Active or recent admission to Psychiatric Intensive Care Unit
- Active Legal/Safeguarding Issues: Individuals involved in ongoing legal cases, police investigations, or child protection plans.
- Diagnosis of Learning Disability/impaired cognitive functioning
- Severe Learning Disability/Developmental Delay: Individuals with a significant intellectual disability (e.g., IQ below 50-70) or profound developmental delay
- Severe Comorbidities: Untreated, severe, or complex conditions such as schizophrenia, or severe PTSD, psychosis or treatment for psychotic episode

Recent= within the last 12 months

For a remote service specification, those individuals that do not wish to engage remotely or are unable to utilise a remote way of working will be excluded from the service – including those with a significant visual or hearing impairment

3.7 Discharge Protocols

People will be discharged from the provider back to primary the person does not engage or when assessed, psychological interventions carried out and medication pathway not required or deemed clinically appropriate.

The Provider will not end a treatment episode without clearly defining the outcome in terms of the treatment response and giving an evidenced rationale for continued treatment, unless it is deemed that a positive treatment response cannot be obtained within any formulary or contractual constraints. In such cases guidance will be given about next steps based upon the clinical formulation developed during the treatment episode.

3.8 Monitoring and Evaluation:

The provider will need to play a full and active part in the evaluation of the service and attend 6 monthly Contract Monitoring Meetings. Prior to the meeting a report will be shared with the commissioner that provides a summary of quantitative activity levels, outcomes data and qualitative data from patients. Therefore, all patients will need to be asked to complete a pre- assessment and immediate post-intervention questionnaire. The questionnaires should use a combination of validated quantitative rating scales and qualitative free text questions.

In addition to this report, the provider is to provide the following monthly statistics:

- Referrals received
- Referrals accepted and not accepted
- Referrals by gender
- Referrals by age
- Number of psychological interventions received
- Referrals received by GP practice
- Number of assessments carried out
- Number and percentage of patients diagnosed with ADHD
- Number and percentage of patients diagnosed with ADHD who are then started on medication
- Number of follow up appointments provided
- Number of DNAs
- Average (and longest) length of time a patient waits between referral to their first appointment
- Shared Care Agreements accepted/not accepted by GP

3.8 Interdependence with other services/providers

- Devon ICB
- Devon Partnership NHS Trust
- Livewell South West
- GP practices
- Voluntary Sector

4. Applicable Service standards

NICE Guidance

NICE guidelines on ADHD (NG87, 2018) provide a framework for best practice and individualised care for young people and the families.

The NICE guidelines include services (for young people and adults) with adequately trained healthcare and education professionals with expertise in the diagnosis and management of ADHD, who can also offer expert consultation on complex or doubtful cases of ADHD.

Offer medication to adults with ADHD if their ADHD symptoms are still causing a significant impairment in at least one domain ***after*** environmental modifications have been implemented and reviewed. (Nice 1.5.15)

Drug treatment should only be initiated by an appropriately qualified healthcare professional with expertise in ADHD. Primary care practitioners should not make the initial diagnosis or start drug treatment in children, young people or adults with suspected ADHD.

NICE Guidance on the Continuation of Treatment: Monitoring and review:

- Following an adequate treatment response, drug treatment for ADHD should be continued for as long as it is clinically effective and reviewed annually.
- Prescribing and monitoring of drug therapy may be performed by general practitioners in accordance with agreed shared care guidelines.
- Where treatment is maintained (or initiated & stabilised in adults) it should be periodically reviewed to ensure that continuation of pharmacotherapy remains appropriate and is still providing benefit.
- The annual review will be agreed between the individual, their specialist and their GP and will reflect their response to treatment and social circumstances.

Recovery Principles

The Service will provide interventions in line with Recovery Principles.

Mental health problems are varied, so recovery means different things to different people. Recovery can mean: (NIMHE (2004) Emerging Best Practices in Mental Health Recovery)

Applicable standards set out in Guidance and/or issued by a competent body (e.g Royal Colleges)

There are no England Royal College statements on adult ADHD. Expert opinion in this country is mostly represented by those in the UKAAN network which sponsors and recommends appropriate guidance.

Applicable local standards

- The full range of service provision will operate during reasonably accessible hours excluding bank holidays with videoconferencing and e-consult formats being available.
- The need and input of general services will be identified, and requested, at the earliest opportunity, and referrals made as appropriate.
- Discharge letters to be sent to services users and copied to GPs/referrers.
- Information will be shared safely and in accordance with the preferences expressed by the service user.
- The Devon Joint Formulary.
- NHS Devon “Shared Care” / Specialised Medicines Service (SMS) guidelines for medicines for ADHD in children and young people aged 6 years and above.
  NHS Devon ICB clinical commissioning policies

5. Location of Provider Premises

5.1 The Provider’s premises are located at:

XXX

Services should be provided in line with NICE Guidelines, including availability of in-person and virtual services locally.

The provider of this service must ensure that all communications are in accessible formats that appropriately engage families, carers and young people as appropriate. The provider will comply with relevant equalities legislation and best practice guidance. We will expect the service to make reasonable adjustments to ensure the service is open and accessible to the whole of our population.

For virtual assessments we would expect clear communication on process and how assessment and outcomes are delivered.