SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	ADHD Assessment & Treatment Pathway – Children and Young People 8 -18 years (Up to 18th Birthday)
Provider Lead	Right to Choose Provider
Period	From 01.04.2026

1. Population Needs

1.0 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.

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.

This guidance uses the World Health Organisation ICD-11 definition.

1.1 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 behavior. This can lead to risk to self and others. Relationships, education, employment and mental health may also be affected. Behaviors 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.

1.2 Co-Occurrence

People in the following groups may have increased prevalence of ADHD compared with the general population:

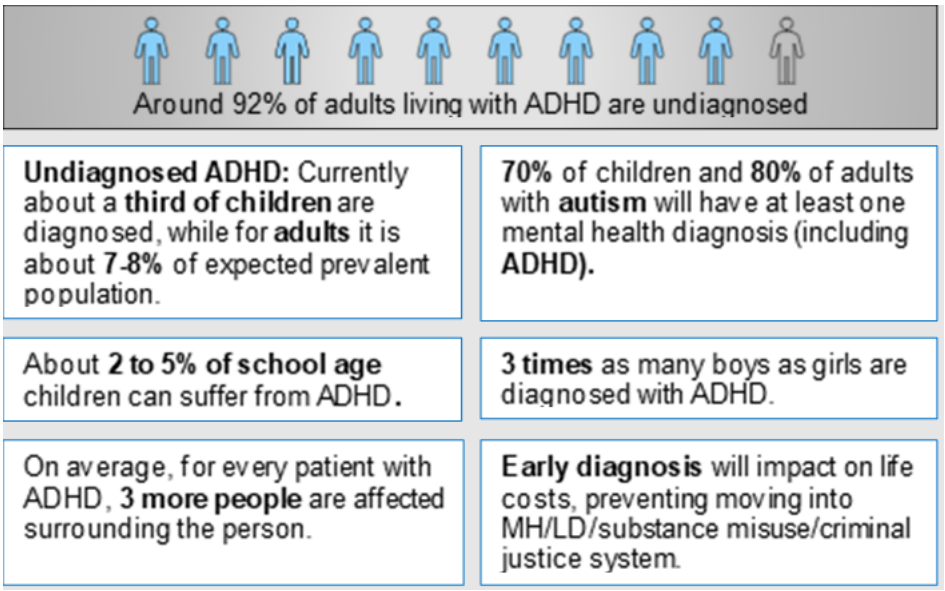
- pre-Term children and young people
- looked-after children and young people
- children and young people diagnosed with oppositional defiant disorder or conduct disorder.
- children and young people with mood disorders (for example, anxiety and depression)
- people with a close family member diagnosed with ADHD
- people with epilepsy
- people with other neurodevelopmental disorders (for example, autism spectrum disorder, tic disorders, learning disability [intellectual disability] and specific learning difficulties)
- adults with a mental health condition
- people with a history of substance misuse
- people known to the Youth Justice System or Adult Criminal Justice System
- people with acquired brain injury.

Appraisal of co-morbid conditions is essential.

1.3 ADHD is thought to be under-recognised in girls and women and that:

- They are less likely to be referred for assessment for ADHD
- They may be more likely to have undiagnosed ADHD
- They may be more likely to receive an incorrect diagnosis of another mental health or neurodevelopmental condition.

1.4 The National Challenges



1.5 Local Context

There are 223,736 people aged 0-17 years in Devon, making up a total of 18.2% of the population.

In Devon we have seen unprecedented demand for diagnosis and treatment of ADHD. Demand exceeds locally commissioned services.

Local NHS pathways for children and young people in Devon, Torbay and Plymouth are not able to meet the demand for ADHD assessment resulting in unacceptable waiting times which can impact significantly on young people's access to education and development.

The NHS Choice Framework gives patients in England the legal right to choose the service or hospital that provides their physical and mental health care.

The aim of the Provider Framework is to ensure the Devon healthcare system can offer a choice of pre-approved providers for children and young people ADHD assessment. This is to support children, young people and families who want to use their legal right to access choice in the NHS.

1.6 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:

- 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
- a developmental review and psychiatric history; and
- observer reports and assessment of the person's mental state.

In line with NG87, medication for children should only be offered if:

- their ADHD symptoms are still causing a persistent significant impairment in at least one domain after environmental modifications have been implemented and reviewed
- they and their parents and carers have discussed information about ADHD (as recommended by NICE Guideline NG87 - recommendation 1.5.4)
- a baseline assessment has been carried out (as recommended by NICE Guideline NG87 recommendation 1.7.4.

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

NOTE: Children and young people from their 8th birthday are included in this service specification.

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 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: ❖ 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 ❖ a developmental review and psychiatric history; and ❖ observer reports and assessment of the person's mental state. ❖ clinical assessment to consider any pre-existing neurodevelopmental diagnosis or known complex neurodevelopmental profile. ❖ treatment options alongside or instead of Medication • It is preferable that assessments for ADHD should be conducted by a multidisciplinary team of appropriately trained and qualified clinicians • Make a diagnosis of ADHD in line with the recommendations in **section 1.3** of NICE Guideline NG87. • A diagnosis of ADHD should not be made solely based on 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 • A QB Test can be used as an adjunct to assessments process but cannot be used as a separate, independent diagnostic assessment for ADHD. It is recognised as technology used in addition to routine clinical assessment of ADHD and not as a standalone assessment. • 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, parent/ patient questionnaire and a school questionnaire. • Maintain eligibility prioritisation of access where waits occur for those most at risk. • Considers differential (alternative) diagnoses for ADHD and whether specific assessments are needed to help interpret the ADHD history and observations. If there are concerns around other developmental issues / syndromes, then referral to a community paediatrician may be more appropriate. **NOTE: Children and young people from their 8th birthday are included in** this service specification. The ICB has made this decision based on limited evidence available for the use of virtual assessments as well as alignment with our wider local clinical NHS practice for assessment and medication/ prescribing.
2. Is provided with a comprehensive individualised treatment plan that addresses psychological, behavioural and occupational or educational needs.	• Treatment options are provided alongside or as an alternative to medication pathways to educate the patient and their family on their condition and the alternatives available to them in line with NICE Guidance NG87. This should include direct psychoeducation input as well as signposting to their SEND Local Offer and other websites/apps available to support service users as required. • Group settings should be age appropriate. • This shared plan will include non-pharmacological interventions and environmental modifications as well as, where appropriate pharmacological treatments. • As part of a shared decision-making consultation, the provider will discuss treatment expectations, and goals with the service user/user's carer before starting treatment.
3. Is able to safely prescribe the medication to address their ADHD needs. Medication will be reviewed and titrated until stabilized.	Where it is clinically appropriate for the individual service user, medicines may be prescribed, only as defined by the Devon formularies guidance. Providers should ensure their clinicians take full account of the current NICE guidance when consulting with patients. The bullets in this section are not meant to replace this guidance but seek reference points of particular note. Medication for ADHD must only be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD and only be offered if: ❖ their ADHD symptoms are still causing a persistent significant impairment in at least one domain after environmental modifications have been implemented and reviewed ❖ they and their parents and carers have discussed information about ADHD (as recommended by NICE Guideline NG87 - recommendation 1.5.4) • Undertake a baseline assessment as recommended by NICE Guideline NG87 recommendation 1.7.4. • 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 accordance with the recommendations described in the Devon Joint Formulary, NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines and relevant NHS Devon ICB clinical commissioning policies. • The provider will use the Devon shared care agreements - and only in the format obtained through links in the Devon formulary (i.e. the provider shall not re-format the documentation) • 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. **Note this service specification is for children from their 8th birthday up to 18years.** • **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 as a minimum	• 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. • **Note this service specification is for children from their 8th birthday up to 18 years.** • 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. • A young person with ADHD, receiving care should be reassessed at school leaving age to establish the need for continuing treatment into adulthood with arrangements made for transition to adult services where appropriate.
5. Receives specialist review – Quarterly and 6 monthly	• In circumstances when shared care arrangements are not agreed the specialist provider is required to continue with review and monitoring responsibilities in addition to the annual review. <= 10 years of age Provider completes Weight Check every 3 months and Height check every 6 months. >10 years of age Provider completes Weight Check every 6 months and Height Check every 6 months.
6. 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 by the relevant adult specialist service

	provider Drug and Therapeutics Committee (or equivalent) to the ICB for continuation within a secondary care setting, which is then subsequently approved. • 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 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.
7. Is treated with dignity and respect	• Ensure all staff are trained at the required levels including Equality and Diversity, Protective Characteristics 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).
8. 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 • Medication policy • 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 • Learn From Patient Safety Events LFPSE Service

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 these targets • Triage referrals within 10 working days • Carry out ADHD assessment within 18 weeks of acceptance of referral (or in accordance with Activity Planning Assumptions)
2. Is able to access feedback on the service from service users	• Anonymised qualitative and quantitative feedback is available to the commissioners and reported 10 days after the end of the last month of the quarter: April – June July – September October – December January – March • Complaints escalation protocols are established and enacted. Evidence and engagement in Learning from Patient Safety Events system (LFPSE).
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 a service which accounts for individuals' preferences
- Ensure that children, young people, and their parents / carers are treated with compassion, respect and dignity, without stigma or judgment Incorporate family/representative views appropriately and individual's developmental history and context.
- Provide accessible, assessments and diagnosis face to face in the NHS Devon ICB footprint.
- Or provide accessible, assessments and diagnosis virtually.
- Incorporate family/representative views appropriately in the individual's developmental history and context.

- Ensure that children and young people's physical health, mental health, learning and social needs are considered alongside their social communication needs.
- Ensure the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying need and making diagnostic decisions and formulations.
- Ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual exploitation, homelessness, social deprivation/poverty, parental mental health) is properly considered when identifying need and making diagnostic decisions and formulations.
- Provide a timely response from referral to assessment in accordance with NICE Guidance NG87
- Keep service users and their representatives informed of the process, including what it involves and an approximate timescale.
- Provide a diagnosis with clear reasoning behind decision reached.
- Provide written assessments that are easy to understand and jargon free; any technical terms in these assessments should be defined.
- Ensure that children and young people completing the assessment have information that supports self-management where possible and information about services available through their local offer.
- Ensure that children have a comprehensive individualised treatment plan that addresses psychological, behavioural and occupational or educational needs. This shared plan will include non-pharmacological treatments.
- 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.
- Ensure patient experience, feedback including complaints are handled in accordance with established procedures, which is conveyed to the patient at the outset.

3.3 Service description/pathway

The service will provide an ADHD assessment, diagnosis, prescribing and titration service and post diagnostic care as described in section 2, above, to children and young people for whom NHS Devon ICB is the responsible commissioner. In particular, the service will:

- Conduct a full assessment and diagnostic services for those with suspected ADHD
- Ensure that service users have a comprehensive individualised treatment plan that addresses psychological, behavioural, and occupational or educational needs, this shared plan will include non-pharmacological interventions and environmental modifications as well as, where appropriate pharmacological treatments. As part of a shared decision making consultation, the provider will discuss treatment expectations, and goals with the service user/user's carer before starting treatment.
- provide or signpost information to support service users as required.
- 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, care and education services. Work with primary care, secondary care, Local Authorities, and voluntary sector providers as appropriate to ensure a comprehensive care plan is in place for the patient including contributing to Education, Health and Care Plans as appropriate.

- 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 families and carers to voluntary and third sector organisations
- Correspond directly with the patients GP to agree Shared Care under the Devon Shared Care Agreement
- Liaise with local Paediatrics or CAMHS in instances when care needs to be transferred to local providers, which will include sharing of assessment documentation.
- Complete at a minimum an annual review in line with NICE Guideline NG87 section 1.10 and the relevant NHS Devon "Shared Care" / Specialised Medicines Service (SMS) guidelines.
- In circumstances when shared care arrangements are not agreed the specialist provider is required to continue with review and monitoring responsibilities in addition to the annual review. <= 10 years of age Provider completes Weight Check every 3 months and Height check every 6 months.
- >10 years of age Provider completes Weight Check every 6 months and Height Check every 6 months. Collect data in accordance with patient consent and fulfil commissioner reporting requirements.
- Ensure patient experience, feedback including complaints are handled in accordance with established procedures, which is conveyed to the patient at the outset.

3.3.1 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

3.3.2 Information Sharing:
In all assessment instances, (both complete and uncompleted), with parental consent, the provider must share an electronic, detailed and complete version of any assessment and outcomes including diagnosis/ formulation, (this will incorporate a full set of scoring for any Conners/ QB), with the child or young person's Parent and referrer.

The Provider will provide a point of contact who can address questions for clarity regarding an SEND need/ Education, Health and Care Plan enquiry within 6 weeks of an enquiry being made and thereby meet statutory deadlines for response.

Where the patient has been seen by the service for either assessment, or follow up, within the previous 12 months, the provider will engage positively with any request in relation to an Education, Health and Care Plan for the individual, both new and review, contributing information in a format which will clearly **identify needs and outcomes**. Responses will meet the timescales determined by the local authority. They should liaise with the Devon Designated Clinical Officer for SEND (DCOs) team based within the ICB to discuss any queries or concerns before providing statutory advice for statutory assessments, EHCP reviews, mediation or Tribunals.

3.3.3 The service will reflect national best practice and it is anticipated will be able to demonstrate its positive impact on enabling people to:

- Exercise their rights and responsibilities as equal citizens e.g. social inclusion.
- Fulfil their potential.
- 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 Population covered.

The service will focus on the needs of children and young people **aged 8 to 18 years** (up to 18th birthday) where NHS Devon Integrated Care Board is the responsible commissioner.

The service is for:

Children and young people who have suspected ADHD. If there are concerns around other developmental issues / syndromes for example, then referral to a community pediatrician for ADHD may be more appropriate.

3.5 Any acceptance and exclusion criteria

For assessment, diagnosis and treatment in children and young people:

Inclusion Criteria:

- Children and young people aged 8 to 18 years (up to 18th birthday) where NHS Devon ICB is the responsible commissioner.
- Children and young people who are able to engage successfully in the assessment provided whether that is virtual assessment or face to face in the NHS Devon ICB footprint.

Exclusion Criteria:

Children under 8 years.
Children and young people with high risk or complex mental health comorbidity where the needs of the individual might be better supported by the specialist services within Devon mental health provision. Further discussion between the Referrer and the Provider (in which case exclusion criteria may be exempted).

Where this is the case, the service will support partner agencies to hold and manage risk around the individual, through collaborative approaches whilst the diagnostic process is being completed. The following is not an exhaustive list of high risk, complex considerations:

- Acute Mental Health Crisis: 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
- Active Addiction: 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
- Age if over 18 years. If the young person will be 18 before the assessment is likely to take place the provider is requested to ask the referrer to redirect their referral to the appropriate adult's service.
- Children in court proceedings where intervention is not advised under Home Office guidelines.
- Court assessments, unless specifically contracted.

Recent= within the last 12 months

3.6 Discharge Protocols

- People will be discharged from the provider back to local primary care services when assessed and medication pathway not required.
- When Medication pathway is agreed and Shared Care is **Agreed with primary care**

Provider starts medication and review until stabilisation and shared care arrangements are in place.
The provider will complete an **annual review**. More frequent if there are any concerns. Year one, the annual review will form one of the quarterly reviews. From year two onwards, the annual review would form one of the two reviews.

- If the Parent does not want to continue with the provider for ongoing medication. The patient is discharged and referred back to the GP for any onward referrals. The provider to make the parent aware that it is likely that the child will join an NHS wait list and subject to the current waiting times.
- When Medication pathway is agreed and Shared Care is **NOT** agreed with primary care
  The specialist provider is required to continue to prescribe and complete review and monitoring responsibilities in addition to the annual review.
  Children 10 years and under must have a weight check every 3 months, which must be combined with a height check every 6 months.
  -Young People must have a weight check after the first 3 months and then a combined weight and height check after 6 months, (more frequently if there are concerns), then a combined height and weight check every 6 months.
- 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.
- If an additional need is identified this should go back to the original GP referrer.

Where patient care is transferred from one specialist service to another, and/or the patient is initiated on a different ADHD treatment with associated "Shared Care" / Specialised Medicines Service (SMS) guidelines, a new "Shared Care" agreement must be completed between the receiving specialist, the GP and the patient/carer.

Young people transferring from child/adolescent services 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.

Guanfacine is not licensed for the treatment of patients aged 18 years and above. The manufacturer's SmPC states that the safety and efficacy of guanfacine in adults and the elderly with ADHD has not been established, therefore, guanfacine should not be used in this group. Use of guanfacine in adults has not been considered for routine commissioning in Devon. Children being treated with guanfacine should normally have this withdrawn prior to transition to adult services unless an individual request has been submitted by the relevant adult specialist service provider Drug and Therapeutics Committee (or equivalent) to the ICB for continuation within a secondary care setting, and subsequently been approved

The ongoing treatment plan should be formulated collaboratively with the young person as part of the service transition to adult services. Precise timing of transition arrangements may vary according to the needs and preferences of the individual patient but should usually be completed by the time the young person is 18 years old.

3.7 Monitoring and Evaluation:

The provider will need to play a full and active part in the evaluation of the service and attend Contract Monitoring Meetings. Prior to the meeting a report will be shared with the commissioner that provides a summary of quantitative activity levels and outcomes data. These are set out in

schedule 6 of the contract as well as the Local Quality Requirements which are set out in Schedule 4 of the contract.

The provider will also need to demonstrate how qualitative data from patients is used to inform service development, including any evidence of co-production. Therefore, all families and young people 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
- Children and Family Health Devon
- GP practices
- Devon County Council,
- Plymouth City Council
- Torbay Council
- Education providers
- Royal Devon University Healthcare NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- Voluntary Sector

4. Applicable Service standards

4.1 NICE Guidance

The NICE guidance (NG87, published March 2018 and last updated 2021) describing how an assessment should take place for ADHD states:

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

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

a developmental review and psychiatric history; and

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.

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:

- Meet the diagnostic criteria in DSM-5 or ICD-11 (hyperkinetic disorder; but exclusion based on a pervasive developmental disorder or an uncertain time of onset is not recommended) **and**
- cause at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings **and**
- be pervasive, occurring in 2 or more important settings including social, familial, educational and/or occupational settings. As part of the diagnostic process, include an assessment of the person's needs, coexisting conditions, social, familial and educational or occupational circumstances and physical health. For children and young people, there should also be an assessment of their parents' or carers' mental health.

ADHD should be considered in all age groups, with symptom criteria adjusted for age-appropriate changes in behaviour.

In determining the clinical significance of impairment resulting from the symptoms of ADHD in children and young people, their views should actively be sought and taken into account wherever possible.

The National Institute for Clinical Excellence (NICE) Guideline NG87 (March 2018) sets out recommendations for medication offers for children and young people over the age of 5, combined with dietary and exercise review and advice. The provider is expected to follow this guidance in line with NHS Devon ICB Joint Formulary. Please note this service specification excludes children under their 8th birthday.

4.2 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.
- After titration and dose stabilisation, prescribing and monitoring of ADHD medication may be carried out by general practitioners under locally agreed formal "Shared Care" arrangements.
- Where treatment is maintained, 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.

4.3 Providers should follow NICE ADHD Quality Standard QS39, (2013 and updated in 2018).

- Quality statement 4: Parents or carers of children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.
- Quality statement 6: People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.
- Quality statement 7: People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

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

4.5 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.
- Notification of children and young people who Do Not Attend, (DNA) or Was Not Brought, WNB, must be sent to the patients GP.
- 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
- One Devon Children's Integrated Neurodevelopmental Assessment Pathway (INAP) Framework
- Provider engagement in National and Local peer networks/community of practice if available to peer review, share learning and ensure continuous improvement in quality of the offer and diagnostic assessments' .

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.

Where in-person assessments are part of the assessment process we would expect the provision and location in the NHS Devon ICB footprint and be accessible and comply with all health and Safety compliance, with clear communications on access and directions to venue.

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