NHS
Derby and Derbyshire
Clinical Commissioning Group

ADULT ADHD ASSESSMENT GUIDANCE

Introduction

NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) commissions adult ADHD assessments from Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

This provision has historically demonstrated to be sufficient in terms of managing the number of referrals received within the expected population prevalence and providing assessments within a reasonable timeframe.

There has been a national increase in the amount of people being referred for an adult ADHD assessment over the last 2 years. This increase has significantly impacted on the waiting times experienced by Derbyshire patients at SAANS which is now over three years.

Whilst the CCG will work on options to improve the Derbyshire commissioned pathway with stakeholders during 2022/23 this will not negate the relevance of the Choice agenda.

Criteria before making a referral under the Choice Agenda

These adult ADHD guidelines have been developed in response to a number of queries that the CCG has received on the use of independent sector, online service providers for adult ADHD assessments. This brief guidance is designed to help with lines of enquiry and decision making when deciding if a referral is clinically appropriate and adherence to the 'Right to Choose' guidance, when considering making such a referral.

Before making a referral for an adult ADHD assessment, it is requested that you consider the considerations below:

- That NHS Right to Choose Guidance is being followed and the referral is **clinically appropriate** (and this would be the **first** consultant out-patient appointment into a consultant led or MH specialist's care, a subsequent episode of care is expected from the same provider before an assumed hand back to General Practice, ensure the proposed provider holds an NHS Contract (with a CCG somewhere in England or NHS England) and that **care would not be fragmented** in an undesirable way as a consequence
- As no prior approval from the CCG is required GP's are reminded that Choice opens up system expenditure which will become evident to the CCG for payment by invoice, please be assured the course of action fits within the Choice Agenda Guidance.
- NICE Guidance for referral to a specialist for ADHD has been followed and **traits have been evident from early childhood and there is significant functional impairment** in two or more areas (family life, work, education, self-care, social life, risk taking).
- An adult ADHD screening tool has been completed by the GP with the patient as part of the consultation process.
- **Longer term implications of on-going care are explained to patient**, especially if shared care protocol is likely to be required.

NICE guidance for ADHD[1]

NICE guidance states that adults presenting with symptoms of ADHD in primary care or general adult psychiatric services, who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, where there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:

- began during childhood and have persisted throughout life.
- are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions).
- Have resulted in or are associated with moderate or severe psychological, social and/or educational or occupational impairment.
- For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:
  - meet the diagnostic criteria in DSM 5 or ICD 10 (hyperkinetic disorder), and cause at least moderate psychological, social and/or educational or occupational impairment in multiple settings, and be pervasive, occurring in two or more important settings including social, familial, educational and/or occupational settings.
  - Symptoms develop from early childhood and will usually be evident before the age of seven.

[1] http://www.nice.org.uk/guidance/ng87

Clinical appropriateness of referrals

While NICE provides clear guidance on who should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, as a health economy we need to ensure consistency in determining the clinical appropriateness of referrals so that resources are used effectively.

ADHD is a neurodevelopmental condition that affects people differently and to varying degrees. It is a lifelong condition and therefore it is essential that traits will have been evident from early childhood, before a referral is considered.

It is also important to note that more than two-thirds of individuals with ADHD have at least one other coexisting condition (e.g. depression, anxiety, mood disorder, bipolar, substance misuse) and therefore it is important to consider exploring other disorders that may explain the symptoms that the patient is presenting with.

To assist with clinically appropriate referrals an **Adult ADHD Self Report Scale (ASRS-v1.1) could be completed by the GP** with the patient as part of the consultation process and to aide decision making. The Adult ADHD Self Report Scale (ASRS-v1.1) is a validated tool recognised by the World Health Organisation (WHO), further details and a copy of the questionnaire can be found at https://www.hcp.med.harvard.edu/ncs/asrs.php

A patient's 'Right to Choose' and Providers

Under the NHS Choice Framework[2], there is a legal right for patients to choose which provider and clinical team they are referred to by a GP for their **first outpatient appointment**. While there is no need for the CCG to provide prior approval for this request, the Choice agenda requires the following conditions are required to be met:

1. It is an elective referral for a first outpatient appointment.
2. The request is clinically appropriate.
3. The provider in question has a current contract for the specified assessment with either NHS England or any Clinical Commissioning Group.
4. The service and team are led by a consultant or a mental healthcare professional.

If these are met in relation to the patient, a referral can be made directly to the provider identified. Where possible, consider using local NHS services and providers that the CCG ordinarily contracts with, as there is a greater oversight in important aspects of patient care and provider performance such as:

- Quality of services.
- Safeguarding policies and procedures.
- Ensuing they have appropriate CQC registration and any current concerns or issues.

In the majority of cases, independent sector, online service providers will be providing a one-off remote consultation to then formulate if a diagnosis of ADHD is correct. Given the levels

[2] https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs

of comorbidity that is seen with ADHD there are concerns about the potential lack of wider engagement with a patient's broader support network and the patient receiving fragmented care. In addition, by using a standalone remote provider, they may lack local knowledge of where support is available post diagnosis, such as via the voluntary sector.

The legal right to Choice must be "meaningful" therefore it is important that the person is clinically informed about their condition and may need further information about their likely diagnosis or care options. When Choice is clinically appropriate it should be supported if it meets the criteria

GPs are asked to **consider the checklist on clinical appropriateness on page 17 of "NHS England Guidance on implementing patients' legal rights to choose the provider and team for their mental health care"** April 2021 https://www.england.nhs.uk/wp-content/uploads/2018/02/choice-in-mental-health-care-v5.pdf

Self-Referrals

Some cases have been noted where treatment has been commenced following a consultation from a privately funded assessment and subsequently GPs are being asked to support funding for subsequent treatment under Choice. Alternatively in some instances patients are seeking a private diagnosis as a second opinion after not receiving a diagnosis of ADHD from the NHS, neither scenario fits into the choice agenda. The GP should consider the most clinically appropriate course of action for the individual patient.

It is noted that some online providers are very clear that potential patients do not need a GP referral if they are **NOT** seeking NHS funding. Choice for NHS funded assessment and treatment only concerns **NHS supported referral** from the GP for First Outpatient appointment and subsequent treatment.

Patients may wish to access some services, such as Improving Access to Psychological Therapies (IAPT) and Children and Adolescents Mental Health Services (CAMHS), via self-referral or other locally agreed referral processes, e.g. through schools. In these instances, patients' choices will be determined by commissioners' local service choice offers. But this is separate from Choice.

CCG Commissioning for Individuals Panel (CFI)

The patient's responsible clinician (GP or treating clinician) is the gateway to the Choice agenda. There may be individual cases where follow up care is not directly offered by the on-line provider. In such a case, the GP may submit a request to consider care needs which are not covered under the Choice referral. The CCG Commissioning for Individuals Panel would consider funding approval for this request.

Shared care and medication

Whether the choice of provider chosen is NHS or non-NHS, NICE guidance recommends that medication should be offered 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. After titration and dose stabilisation, prescribing and

monitoring of ADHD medication should be carried out under Shared Care Protocol arrangements with primary care.

Joint Area Prescribing Committee (JAPC) would wish to advise GPs to follow a NHS Area Prescribing Committee approved shared care protocol. GPs should be able to receive details upon request, from Online diagnostic services about their governance process for Shared Care Agreements (SCA). JAPC note that by accepting the SCA and prescribing they accept shared clinical responsibility with the initiating specialist. Ideally online providers should follow the Derbyshire Shared Care Agreement principles.

There are criteria of when it may be appropriate to refuse shared care which could include not being clear on follow ups and periodic and ongoing reviews by the Specialist.

GPs can consider accepting on-going prescribing as per out of area requests for SCA, or refuse on appropriate clinical grounds. Alternatively, GP could ask specialist to work to Derbyshire SCA. GPs are advised to follow the existing Derbyshire principles when refusing shared care on clinical grounds.

JAPC advise refusal to accept shared care should fall within the circumstances described in the Regional Medicines Optimisation Committee (RMOC) shared care refusal letter template. The ongoing cost of treatment is likely to disproportionally high if SCA issues are not properly considered before referral or resolved afterwards.

Therefore, the referrer should consider the proposed SCA from the provider as suitable for the individual patient and be mindful of the nature of the drugs used to treat ADHD are mostly controlled drugs.