



**Dr J and colleagues  
Consultant Psychiatrists**

Regus, Cromwell  
house, Lincoln, LN6 7YT

[www.drsj.co.uk](http://www.drsj.co.uk)

[secretary@drsj.co.uk](mailto:secretary@drsj.co.uk)

Tel: 01522 454 373

**Service Specification for an ADHD Service**

Key Service Outcomes

- Provision of a high-quality service for the diagnosis and management of ADHD in adults and children and young people in transition.
- To support the transition of young people requiring ongoing monitoring and management of ADHD.
- To provide assessment by a consultant-lead mental health professional with specialist training and knowledge of ADHD.
- To provide a diagnostic, treatment, and consultation service for people with ADHD who have complex needs, or where general psychiatric services are in doubt about the diagnosis, and/or management of ADHD.
- To prescribe pharmacological treatment and advice in line with NICE guidance.
- To provide the patient with self-help information around non-pharmacological interventions to address psychological, lifestyle, behavioural and educational or occupational needs.
- Liaison with Social and Occupational Services where appropriate.

Service Scope

- Providing a specialist ADHD service to patients, and registered with a GP



- Referrals are accepted from:
  - Child and Adolescent Mental Health Services (CAMHS)
  - Primary Care – either General Practitioner or a Primary Care Mental Health Worker
  - Any Secondary Care Mental Health Service
  - Student Mental Health Services
  - Prison Mental Health Services (at the time of release) or Probation / Offender Services
- Referral Criteria
  - In the case of transition; young people already receiving treatment and monitoring for ADHD with CAMHS and requiring the ongoing monitoring of medication. Those having had a previous diagnosis and / or treatment either with CAMHS or an Adult Service and requiring re-assessment of needs relating to both ADHD symptoms and ongoing psychological, social, and/or educational or occupational impairment. This may be to review the appropriateness and need for continuing ADHD medication.
  - Those presenting to a Primary or Secondary Care Mental Health Service with no previous diagnosis, but with signs and symptoms of ADHD dating back to childhood, and, currently suffering significant psychological, social and/or educational impairment.

### Service Delivery

- The team would comprise:
  - several Consultant Psychiatrist
  - several Administrators
  - In-house counselling and psychological treatments will be available but would require separate funding approval, if needed
- The Service **will be provided both via remote video consultation or face to face according to patients choice.**
- Referral Process
  - All referrals can be sent through to the above address.
  - All non-urgent referrals will be discussed at a weekly meeting and either placed on a waiting list and / or further information may be requested. In the first instance patients are contacted by phone and encrypted email letters will be sent to offer an appointment. This is to reduce the number of no-shows. In all cases, the referrers will be informed by encrypted email of the decision.



- Assessment Process
  - All assessments include:
    - A specialist diagnostic assessment
    - A full psychiatric assessment, assessment of comorbid conditions, and assessment of psychological needs
    - Completion of the widely used, structured, Diagnostic Interview for Adults with ADHD (DIVA)<sup>1</sup> instrument
    - Completion of the widely researched self-reporting: ASRS (Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist)
  - All assessments take place with the service user present but also:
    - where appropriate another significant other, usually a partner/spouse/parent.
  - Assessments, therefore, will consist of a combination of self-reporting history, corroborative history, and clinical assessment. This helps to ensure an accurate diagnosis and formulation of psychosocial needs.
  - All assessments will be written up in a comprehensive clinic letter to be sent to the referrer and patient, by consent.
  
- Management
  - Following completion of the assessment, if ADHD is confirmed, a Care Plan to meet the specific service user's needs will be discussed.
  - In line with NICE guidance, medication may be offered as intervention.
  - service users who need medication treatment will need to provide physical health observations including blood pressure, heart rate, height and weight check and an assessment of cardiac risk factors, including taking a family history.
  - All service users will have an assessment of risk of medication abuse and medication diversion.

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<sup>1</sup> <http://www.divacenter.eu/DIVA.aspx?id=461>



- Medication choice will involve discussion with a clinician with consideration of comorbidity, interactions, and possible compliance issues.
- Medication will be titrated, as appropriate, based on a balance of efficacy and side-effects.
- Once a stable dose has been reached, a request for ongoing prescribing in Primary Care will be made in line with Shared Care Agreement for the individual medication.
- All service users commenced on medication and stabilised on a specific dose, will be offered, at least, an annual review by the ADHD Service, to include assessment of the clinical need, benefits and side-effects of the medication, and assessment of coexisting conditions.
- Referral to an Occupational Therapist resource can take place, if needed, but this will require a separate funding approval and, on a case-by-case basis. However, information around self-help material may be provided for specific areas which are compromised by ADHD including:
  - Time management and organizational strategies
  - Prioritization of tasks
  - Education or occupation related interventions
  - Sleep management.
- Referral to in-house counselling or psychological treatment may be considered, if appropriate, but this will require funding approval and, on a case-by-case basis.



- Outcomes
  - Plans to collect both service user and stakeholder feedback are in place.
- Discharge Planning
  - Whilst on medication, service users will continue to receive at least a Annual review, as mentioned above. The Service will be available to offer a consultation or review at the request of Primary Care providers, as appropriate.
  - If not on medication, the service user will usually be discharged to either Primary Care or other mental health services, as appropriate. Comprehensive discharge letters will be completed.

**Dr Salwan Jajawi MRCPsych.  
Consultant Psychiatrist**

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