

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	Adult ADHD Service with Modality LLP
<b>Services</b>	ADHD
<b>Commissioner Lead</b>	John Haines, Lancashire and South Cumbria ICB
<b>Provider Lead</b>	Dr S P Natarajan & Sapna Shannon Modality LLP
<b>Period</b>	1 April 2023 to 31 March 2024
<b>Date of Review</b>	April 2024

#### 1. Population Needs

##### 1.1 Introduction - National Context:

It is estimated that Attention Deficit Hyperactivity Disorder (ADHD) affects around 3-5% of children and 2-3% of adults in the UK.

ADHD is a neurodevelopmental disorder that often presents in early childhood, but many people go undiagnosed and will often only receive an assessment, diagnosis, and treatment during adulthood. Common coexisting conditions in adults include Autism, Personality Disorders, Bipolar Disorder, Obsessive-compulsive disorder, and substance misuse. These difficulties in turn can damage physical health and impair an individual's ability to access healthcare.

Many people with ADHD have their lives affected considerably by the condition and have difficulties with education, relationships, and employment. Evidence suggests that adults with undiagnosed ADHD are less likely to have full time employment or have lower paid employment than the rest of society. There is also a higher incidence of road traffic accidents, A&E attendance, Substance dependence and involvement with the criminal justice system.

ADHD is characterised by symptoms of inattention and/or hyperactivity and impulsivity. Signs of ADHD are evident during the developmental period, causing functional impairment in different domains of life. The three main criteria for the diagnosis of ADHD in adults are:

1. The presence of five or more symptoms from inattention and/or hyperactivity and impulsivity domains
2. Several of these symptoms must present before the age of 12 years
3. Signs of functional impairment in two or more settings.

Depending on the presence of inattentive or hyperactivity/impulsivity symptoms, ADHD can be further categorised into three types: combined, predominantly inattentive, and predominantly hyperactive/impulsive types.

Why does diagnosing ADHD matter?

ADHD causes significant functional impairments varying from increased comorbid mental illnesses, substance misuse, accidental injury, and unemployment to many other domains of life (Gjervan et al, 2012). A recent register-based study showed increased premature death in people with ADHD further increased with increasing psychiatric comorbidity (Sun et al, 2019).

## 1.2 Local Context

### Lancashire and South Cumbria Integrated Care Board (ICB)

The Lancashire and South Cumbria Integrated Care Board (ICB) has a population of around 1,785,000 people. This is split between five Integrated Care Partnerships, Morecambe Bay (352,000), Pennine Lancashire (566,000), Fylde Coast (354,000), Central Lancashire (399,000) and West Lancashire (114,000). The geography is varied across Lancashire and South Cumbria with high population density in areas such as Blackpool (39.94 people per hectare) and Hyndburn (11.07) compared to low population density in rural areas such as South Lakeland (0.68) and Ribble Valley (1.03). The percentage of population in rural communities is 20.4% and the national average for England is 17%. Nearly one third (29.1%) of residents live in some of the most deprived areas across England.

The Blackpool locality will continue to have a separate service for initial ADHD assessment although Blackpool residents can utilise this service as and when required.

## 2. OUTCOMES

### 2.1 NHS Outcomes Framework Domains & Indicators

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

### 2.2 Outcomes

Modality LLP will report monthly on the following data:

- Number of patients referred into the ADHD service
- Number of patients screened and placed on a waiting list
- Current number of patients on the waiting lists
- Numbers of people receiving ADHD assessment the previous month
- Number of patients who DNA'd initial assessment.
- Numbers of patients offered Psychosocial therapy
- Number of patients offered bypass to medication pathway
- Numbers of Carer's/family members receiving support
- Numbers of compliments and complaints
- Any concerns that need escalating to commissioners
- Inappropriate and rejected referrals
- Cases closed where the patient has not engaged
- Number of annual reviews undertaken
- Numbers of patients being prescribed for due to lack of shared care.
- Numbers of ECGs requested.
- Any audits shared with commissioners

- Re-commencing alternative medication when a patients clinical presentation suggests that they may benefit from an alternative treatment.

## 2. SCOPE

### 2.3 Aims and objectives of service

- Clinically screen referrals into the service
- Manage a waiting list
- Provide support and guidance to
  - GPs
  - Patients and Carers
  - Other professionals
- Provide assessment and diagnosis of patients referred into the service
- Encourage self-care and personal ownership as first line of treatment
- To provide titration and stabilisation of medication when prescribed
- Issue prescriptions of medication where shared care arrangements are not in place.
- Undertake annual reviews of patients who already have an ADHD diagnosis.
- To safely transfer a caseload of individuals who are in receipt of treatment from a previous provider, including those at transition from Children and Young People services.
- To ensure patients who have waited in other adult ADHD services, CYP services, will have these waits taken into consideration when transitioning to adult services
- To deliver this service with compassion and empathy in a respectful and non-judgmental way; ensuring that the safety and welfare of service users is promoted at all times.
- To ensure that adults with ADHD, their families and carers are satisfied with the service.
- To provide commissioners with information about any unmet needs to inform future service development.
- To achieve cost effectiveness and operate the service within budget.
- To ensure close links with Primary Care are maintained.
- To accept referrals where patients that have been assessed by another provider and have been discharged into the care of their GP. This could be patients who have used a '**Right to Choose Pathway**'. Some patients may need a point of contact and annual review to be undertaken by Haydock. (All referrals must have completed documentation to include diagnostic reports, follow up letters, and information relating to medications).
- To prescribe for all patients where shared care is not available.
- Manage the cost of medications prescribed by the service, ensuring all invoices are kept up to date. This includes prescription and medications costs; the service will monitor this, will be captured in the quality schedule.

### 2.4 Population covered

The service will be available to all patients registered with GP practices in the following areas:

- Fylde and Wyre
- West Lancashire
- Greater Preston

- Chorley and South Ribble
- Blackpool
- Morecambe Bay
- East Lancashire

## **2.5 Acceptance Criteria - Service Users shall be:**

- Adults – aged 18 or above unless referred prior to their 18<sup>th</sup> birthday to transition from Paediatric or CAMHS services.
- Have a GP within the Lancashire and South Cumbria footprint.

## **2.6 None acceptance Criteria**

- Not registered with a GP within the Lancashire and South Cumbria Footprint.
- Under the age of 18 (except for CYP aged 17yrs and 6 months who have been referred as part of the transition pathway)
- Where screening indicates risks that need to be managed via another service (e.g., Mental Health Services)
- Actively misusing substances that would make the assessment and diagnosis of ADHD difficult and problematic.

## **2.7 Transition from Children's Services**

The service will work with Children and Young people's (CYP) services to ensure that the CYP receives a safe and supportive transition. It is important that CYP are supported in a kind and sensitive way when being transitioned into adult services.

It is expected that the number of appointments to safely transition CYP will vary as will the mode of intervention. Where face to face appointments are indicated they will be undertaken within the persons own locality.

Close working relationships between Modality LLP and CAMHS/Paediatric services will be vital. Modality LLP will prioritise CYP transitions.

It is expected that Modality LLP will communicate *in writing* to both the GP and CYP provider once the transition arrangements are complete.

Appointments undertaken to support transition into adult services will be recorded as "reviews", where a maximum of three appointments will be funded. Modality LLP will continue to offer reviews outside of the funding model until the patient has safely transitioned into adult services.

## **2.8 Service description/care pathway**

The service model will consist of the following:

- Referrals accepted from General Practices and other clinical settings.
- Triage new referrals and decline those not suitable for the service.
- Assessment, Diagnosis, and treatment as appropriate
- Psychosocial interventions to support reasonable adjustments.
- Medication prescribing, titration, and review where appropriate.
- Annual medication review.
- Referral to shared care with the individuals GP where applicable.

- Physical health monitoring including ECG's where necessary.
- Provide telephone support and advice for patients and carers.
- Education, advice, guidance and support to GPs for patients in shared care.

### **2.8.1 Referral Process**

Referrals will usually be made from GP's via EMIS web although some referrals will come from other clinical services, including CAMHS and Paediatric services as part of transitions. The referral will be screened according to the inclusion / exclusion criteria and accepted based on the information.

All people accepted into service will be assessed in date order, i.e., longest waits will be seen first. The Service will accept referrals from a specialist mental health service providing there is adequate patient history (including physical health history).

Patients who have waited within CYP providers or other NHS providers and Adult ADHD providers, but have not yet received their assessment, will be accepted into the service based on the date they were referred to the initial provider, to allow waits accrued to be taken into consideration.

### **2.8.2 Triage Process**

Patients referred into the service will be triaged in one week wherever possible (from April 2024). This will include both an admin process, to ensure sufficient information has been provided, and a clinical process, to identify patients not suitable for the service, or where risk issues may require management.

### **2.8.3 Mindfit Programme**

All patients placed on the waiting list for triage or assessment should be offered the Mindfit programme through East Lancashire NHS Talking Therapies. This course covers symptoms common to both ADHD and common mental health problems, including depression and anxiety.

This is intended as the primary support for those not yet diagnosed with ADHD. Patients accepting this service can opt to remain on the waiting list or choose to be discharged from the service.

Patients should be offered this service via batch text message on a quarterly basis unless they opt out from communications.

### **2.8.4 Assessment Process**

Patients will be assessed using a range of methodology against NICE Guidelines and best practice. This will include completion of standardised questionnaires, liaison with family and carers, and a semi-structured interview.

Modality LLP shall ensure that the service user assessment report contains person-centered recommendations, which involve an appropriate range of interventions and support, including signposting. These recommendations will be tailored to the individual and intended to support reasonable adjustments alongside psychosocial interventions.

### **2.8.5 Family and Carer support**

Modality LLP will provide support to family members and carers of patients under their care. This will be via support groups and webinars.

### **2.8.6 Reasonable Adjustments**

In most cases, patients will be supported and encouraged to make reasonable adjustments before medication is considered, as per NICE guidance.

This will be underpinned by person-centered recommendations defined within the post-assessment care plan, and the option to access psychosocial interventions focused on the management of ADHD.

Modality LLP will determine through engagement with the patient if they would benefit from psychosocial interventions. This should be provided whenever indicated and commissioners provided with monthly KPIs the numbers of people who access the intervention.

If the patient declines the intervention, they should be encouraged to follow recommendations from their assessment care plan and allow time to develop coping mechanisms in relation to their new diagnosis.

In such instances, they should remain under the care of Modality LLP and be contact in approximately three months to be invited for review. If a patient declines this offer, they will be discharged from the service.

*Patients may bypass the psychosocial intervention stage where it can be demonstrated that they have already made significant attempts to make reasonable adjustments in the past, which align closely with recommendations made within the assessment. All instances of exception should be documented by the clinical lead and reported to the ICB on a monthly basis.*

### **2.8.7 Psychosocial Intervention**

Modality LLP will offer a Psychological Programme in line with NICE guidelines, using CBT techniques and motivational interviewing.

Modality LLP will provide 4 group sessions every month following diagnosis, non-contractual and patients can drop into sessions that they need help with. They also will be offered online materials.

These are the draft of the structure and content of the programme.

#### **Session 1: Introductory informative session**

- Psychoeducation about ADHD
  - Including: What is ADHD; understanding the diagnosis and symptoms; understanding how ADHD develops; understanding how ADHD can affect daily life (e.g., sleep hygiene etc.); treatment and management options of ADHD.
- Short exercise for identifying individual difficulties and outcomes want to achieve
- Identifying and creating SMART goals (specific, measurable, achievable, realistic and timely)

- Complete mindfulness exercise

### Session 2: Training of neurocognitive strategies part 1

- Strategies for inattention
  - Attentional control skills and reducing distractibility (time the length of one's attention span, when doing a task to write down distractions vs acting on them, etc.)
  - Memory skills (chunking, use of compensatory aids, etc.)
  - Organising and planning skills (creating routine, implementing structure/consistency, and building habits, calendar list task systems, etc.)
- Complete mindfulness exercise

### Session 3: Training of neurocognitive strategies part 2

- Strategies for hyperactivity and impulsivity
  - Impulse control skills (outlining your behavioral expectations, developing self-awareness skills, etc.)
  - Problem-solving skills (problem identification, generating alternatives and picking best solutions, breaking tasks into manageable steps, consequential thinking etc.)
- Complete mindfulness exercise

### Session 4: Emotional regulation and social interaction session

- Learning to cope with emotional symptoms of ADHD (frustration, humiliation and shame etc. using psychological compassion and acceptance strategies)
- Cognitive restructuring (learning to think more adaptively in situations that cause distress, challenging negative thoughts etc.)
- Learning pro-social skills (recognition of thoughts and feelings of others, empathy, negotiation skills and conflict resolution etc.)
- Review SMART goals
- Complete mindfulness exercise

Upon completion of the course, patients should be invited for a review three months after completion of the intervention, to ascertain whether they require further support. In such instances, they will remain open to Modality LLP until contact is initiated. If a patient declines this offer, they will be discharged to their GP.

#### **2.8.8 Treatment Review**

Patients will be contacted by letter three months after they have completed the most recent intervention and invited for a treatment review with a suitably qualified clinician.

This should include an assessment of impairment and an exploration of need for further treatment or support. Those still experiencing significant impairment should be considered for medication treatment, while other patients may require further guidance in respect of psychological, behavioral, or environmental changes.

Where a patient doesn't respond to this letter within two weeks, they should be discharged to their GP.

### **2.8.9 Prescribing Pathway**

Modality LLP will issue prescriptions for patients in titration and those where shared care arrangements are not in place. It is expected that most patients, on average, will stabilize on medication within a 6-month period prior to being transferred back to the care of their own GP. Modality LLP will ensure that all prescriptions are sent to the pharmacy of the patient's choice.

Some patients may require re-titration to an alternative medication if their presentation is unstable or they are experiencing adverse side-effects from a medication.

Patients will be funded for a maximum of three follow-up appointments to support a process of titration. Any further follow-up appointments required will be provided outside of the funding model and defined for data purposes as a non-funded review. Appointments for open patients should be prioritised to ensure the process of titration can be completed in a timely manner.

#### ***Please note:***

The provision of shared care prescribing guidelines does not necessarily mean that the GP must agree to and accept clinical and legal responsibility for prescribing; they should only do so if they feel clinically confident in managing that condition.

The ICB will support where there are barriers to shared-care arrangements. A DPIA will enable the transfer of personal identifiable information by secure means (see Schedule Five – Governance)

### **2.8.10 Discharge from the Service**

Patients will be discharged from the service upon completion of their treatment or following non-attendance as per the DNA policy.

Where the patient has received medication as their treatment option, a shared care request will be made to the patient's GP once they are deemed stable on their required dosage.

A care plan will be given to the patient that provides contact details for the service and any further appropriate plan of care, e.g, peer support groups and webinars.

Once stable all patients will remain under the care of Modality LLP for the purpose of the annual review and to provide support to patients and GP's as necessary.

Where a barrier emerges in seeking an agreement for shared care with the patient's GP, Lancashire and South Cumbria ICB will work on behalf of Modality LLP to support completion of this transfer.

Personal identifiable information in the form of name, NHS number, and GP will be provided upon request. This process is underpinned by a DPIA (attached).



It is expected that some patients will either not benefit from, or will struggle to tolerate, a medication-based treatment. In such instances, clinicians within Modality will not be expected to undertake repeated attempts to re-titrate (only in line with NICE Guidelines) or offer long-term care to such individuals. Patients will be encouraged to continue engagement with making reasonable adjustments and can access psychosocial intervention if required. They should also be encouraged, sign-posted and supported to access care for other co-morbidities as necessary. The ICB team will support in instances where alternative pathways are proving difficult to access.

If a patient does not attend their annual review, they will be offered one further appointment with Modality LLP. If they subsequently miss this appointment, they will be discharged from the service and the patient's GP will be notified and asked to cease prescribing. Modality LLP will respond to any concerns or queries raised by the GPs in response to this.

### **2.8.11 Post-Discharge Reviews**

Modality LLP will ensure those patients under shared care arrangements are provided with ad hoc support when required. This may be in response to effectiveness of treatment or concerns with side-effects.

To receive funded reviews, a patient should be referred to the service from their GP, or other suitable clinician. A maximum of three funded review appointments would be offered in such instances where a new referral is opened to the patient, or they have not received support for six+ months and a shared care request is pending.

Any further review would be offered outside of the funding model, but continued until the patient has returned into a shared-care relationship with their GP (or supported by Modality LLP in a declined shared care arrangement as applicable).

In instances where a patient is being supported by Modality under a long-term basis, due to a GP practice declining shared care, three funded reviews will be applicable if the patient is referred by their GP (or other clinician) for support and it is considered they are not within a course of titration at the point of referral and have been stable for six months.

## **2.9 Autistic Spectrum Disorders**

It is widely recognised that approximately 30% of adults with ADHD will also have ASD/ASC. It is important therefore that people who are deemed to need a separate ASD/ASC assessment are referred for this assessment by Modality LLP to the provider commissioned by the patient's own system.

### **2.10 ECGs**

If Modality LLP determine that an ECG is required prior to the commencement of ADHD medication, (usually due to cardiac history) then Modality LLP will request the patient's own GP to arrange the investigation via the practice's local arrangements.

*Where an ECG is required, the Modality LLP administrative team will contact the GP and ask that this is completed. The GP will be provided with the standard invoicing template in order to claim back the cost of delivering the ECG. This is embedded below:*

Invoice Template	
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## 2.12 Interdependence with other services/providers

The proposed service model is based on the premise that it is not a stand-alone service. It will only function appropriately if it is linked into existing local mainstream services. Modality LLP will on occasion need to liaise with other services linked to the patients care such as local specialist mental health services whenever the need arises.

## 3. Applicable Service Standards

### 3.1 Applicable national standards (e.g., NICE)

- National Commissioning Guide: Service for the diagnosis and management of ADHD in adults (2009)
- NICE Clinical Guidance (NG87) Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults (2018)
- NICE Clinical Guideline (CG51) Drug Misuse: Psychosocial interventions (2007)
- NICE Technology Appraisal (TA98) Methylphenidate, Atomoxetine, Dexamphetamine for attention deficit hyperactivity disorder in children and adolescents (2006)
- NICE Quality Standard (QS39) Attention deficit hyperactivity disorder (2013)

### 3.2 Applicable local standards

This service should adhere to all relevant standards, guidelines, and local formulary. This will include agreed protocols for Safeguarding, data protection, compliance against Clinical guidance and legislation including the Mental Health Act and Mental Capacity Act. The service should notify commissioners should any benchmarking against these standards identify gaps in commissioned services.

#### 3.2.1 Prescribing Guidance

Whenever possible, Modality LLP should use generic rather than Branded drugs, unless there is a clear clinical rationale for their use.

#### 3.2.2 DNA

The service user will be sent appointment reminders by Modality LLP via letter, telephone, and SMS. If the patient DNA's without appropriate notice (minimum of 48 hours). The patient will be discharged from service and the GP will be notified. If a patient requests a further appointment following a DNA, a new GP referral will be required. This is due to the high number of patients on the current waiting list and cost associated with DNA.

Patients who fail to complete titration following DNA, or who miss their annual review, should be discharged from the service completely and the GP informed.

In instances where the patient fails to attend their annual review, the GP should be instructed to no longer offer medication under shared care arrangements.

### **3.2.3 Accreditation, Training & Supervision**

The provider will ensure that all staff have the appropriate qualifications, training, and supervision in order to provide a high quality, safe and effective service.

### **3.2.4 Workforce Transformation**

Modality LLP should work towards an MDT service model through recruitment of suitably qualified workforce. This is to support wider transformational aims in providing assessment and treatment with an affordable workforce, against a defined governance framework and under supervision of clinical leadership. Training and recruitment will be supported by the ICB as applicable.

## **4. Applicable quality requirements and CQUIN goals**

Not Applicable

## **5. Location of Provider Premises**

The ADHD services will be provided via an online platform, face to face or telephone depending on the patient's preference. It is essential that the provider remain operational in the event of local and national restrictions as a result of the Covid-19 pandemic.

## **6. Individual Service User Placement**

Not Applicable