

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Services	1 Online Initial ADHD Assessment & Diagnostic Service (manual waiting list management) for the Lancashire Population
Commissioner Lead	Liz Dover, Morecambe Bay CCG
Provider Lead	Psychiatry-UK LLP (PUK)
Period	1 July 2020 to 31 March 2021
Date of Review	January 2021.

1. Population Needs

1.1 Introduction

Attention deficit hyperactivity (ADHD) is a medical condition that presents in early childhood. ADHD is a heterogeneous behavioural syndrome characterized by the core symptoms of hyperactivity, impulsivity and inattention. There is a strong genetic component to ADHD. The symptoms impact on all areas of functioning, including academic performance, ability to regulate behaviour, in peer relationships, and in the family home. Common coexisting conditions in adults include 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. Furthermore, the symptoms of ADHD can impair academic performance, disrupt relationships and increase the likelihood of criminal offending behaviour.

1.2 National/local context and evidence base.

ADHD prevalence in Adults

There is a small, but developing evidence base regarding adult ADHD. The 2007 Adult Psychiatric Morbidity Survey estimates that 8% of children within England have ADHD. Reported levels of persistence of ADHD into adulthood stands between 60-80%.

In 2008 NICE extended the scope of ADHD guidance to cover children, young people and adults. The guidance noted the high incidence of co-morbidity, particularly in people with untreated ADHD. The social impact of undiagnosed and untreated ADHD in young people and adults can be found in the high levels of ADHD in the criminal justice population, and noted the association with looked after children status and homelessness, in addition to the high levels of mental health and physical health problems in this vulnerable population.

The NICE guideline on ADHD highlights that people with ADHD need integrated care that addresses a wide range of personal, social, educational and occupational needs. Commissioning services for children, young people and adults with ADHD is therefore likely to involve close working between healthcare and social care commissioners, and the third sector to provide multidisciplinary care for people with ADHD.

1.3 Population

The geography of this service is to include Lancashire. This population had a number of unique characteristics; physical size and landscape, dispersed populations and the relative remoteness of specific communities. . The population of the service is approximately 1.5 million people with a geographical variation across the 5 Integrated Care Partnerships that make up this wider community. The ADHD service to be commissioned through this specification is for working age adults across the whole of Lancashire and encompassing children at transition into adult services.

1.4 Service Description

The initial service to be commissioned is a fixed term transition scheme which will provide an assessment/diagnosis service with medication initiation and management and with a limited focused post-diagnostic support for people who are displaying symptoms and behaviour that is indicative of ADHD using the existing Psychiatry-UK pathway. The intention is to use this to eliminate the current waiting list and provide information for a longer term model across Lancashire and South Cumbria.

This service is to be commissioned for an initial period of **nine** months with the flexibility to continue if the developing and longer term model of service is not ready at that point.

From the onset this service will receive referrals from general practitioners using an electronic referral form sent to P UK's NHS net account and using the GP EMIS function. The cohort to begin transition will be those who are currently in treatment from LSCFT MH trust ELCAS and Ormskirk Paeds and also include those who are receiving medication, requiring ongoing review in the year, at point of transition from adolescent services and also those assessed by LSCFT as high risk on a waiting list. The initial service will include a review of this waiting list with a risk assessment of current waiters and prioritisation of the following groups:

From the outset PUK will need to prioritise people in the order of priority:

1. People who are unstable and need immediate monitoring
2. People who need an ongoing px as they are not currently under shared care
3. People who need to transition from CAMHS or Paediatric services.
4. People awaiting assessment – The longest waits first.

PUK will develop close and supportive relationships with General Practice across the ICS, including development of an effective shared care model, and ensure that they are responsive and provide support to GPs whenever indicated.

The service will be monitored using a newly developed performance and monitoring framework which has been agreed with commissioners and PUK colleagues. This framework not only captures data but reflects quality measures for the service that commissioners would expect to see and will inform any future developments.

1.4.1 Key requirements of the Service

The services will both work in accordance with NICE guidelines on the assessment and treatment of people with ADHD.

They will require:

- linkage to other existing services which will work, or continue to work, with co-morbidity issues;

- providing a reliable, discreet and confidential service to service users across Lancashire;
- To undertake a full clinical and psychosocial assessment of multiple aspects of an individual's life undertaken by a healthcare professional with specialist training, knowledge and experience of ADHD diagnosis and treatment.
- To commence the required physical health monitoring, as set out in appendix 2 of this specification in the initial assessment and titration period,
- During the transition phase it will be the responsibility of PUK to issue all prescriptions, as agreed with the CCG' using an FP10 coded to PUK.
- During the transition period, PUK will develop relationships with Primary Care to implement an agreed shared care guideline, where appropriate, with the aim to moving all patients on to shared care prescribing once stabilised
- For any service users that require an ECG, PUK will contact the patients GP who will follow local procedure for requesting ECG or direct referral to an ECG service. (There are different arrangements across the ICS see appendix 1).
- Part of this relationship development could be provided through a series of online educational webinars for GPs on ADHD for which GPs will receive CPD accreditation for engagement. The offer will be explored during the contract period but is not essential.
- PUK will provide ongoing advice, guidance and support to GP's regarding patients referred.
- All patients being supported under shared care will remain under PUKs specialist service and have an annual review. (As per NICE guidance)
- All patients diagnosed with ADHD will be supported through access to a clinically supervised ADHD online forum.
- For the transition period appointments will be made by PUK contacting the individual to offer and assign an online appointment
- In the transition service, a letter to the patient's GP, informing them of the diagnosis and treatment plan will be sent within 14 days of the assessment.
- Governance arrangements in order that service users, commissioners and other regulators can be assured of the implementation of safe, best practice and quality monitored procedures will include:
 1. An appropriate record of referrals, interventions and an outcomes framework, in order to ensure the provision of information for the purposes of service review and development
 2. An outcomes framework will require the capture of both quantitative and qualitative data across a range of agreed service outcome indicators.

The PUK service currently has a legal basis for processing and handling data and is compliant with GDPR and the Data Protection Act 2018. However, the supplier is required to complete the Data Protection Impact Assessment and this is required to be signed off through the information Governance Framework in the ICS.

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 Local defined outcomes

- Increased implementation of national and local policy/guidelines regarding accessible ADHD diagnosis; and provision of local access to an ADHD assessment/diagnostic and onward management service.
- Improved access to information about ADHD and its management for both patients and primary care.
- Signposting to any available local support based on best practice assessment.
- Low cost post assessment support to promote engagement and develop a wider understanding of the condition for the individual and their families
- Delivery of quality outcomes.
- Development of robust shared care arrangements with Primary care practitioners.
- Reduction in waiting times for specialist adult ADHD services.
- Increased numbers of service user/carer satisfaction ratings of excellent or good.

The following aspects of the service will be collected and collated by the provider monthly and reported quarterly

PUK will report through the agreed Key Performance Monitoring Framework which is included in the contract documentation with Morecambe Bay CCG and PUK Below is the minimum data set which will be collected and ensures the service specification meets the minimum requirements of the performance expectations.

- Ethnicity and gender of the cohort.
- Number of referrals
- Number of appointments issued each month by type
- Number seen in 14 day period and those not
- Inappropriate referrals defined as referrals declined
- DNAs and lost to follow ups (cases closed as patient has not engaged)
- Number diagnosed with ADHD
- Number requiring prescribing/medication titration
- Number of medication reviews per month
- Numbers under shared care arrangement and reasons for any refusal
- Referrals requiring follow up by other service
- Number/percentage who are assessed as requiring additional psychosocial interventions
- Report on patient satisfaction survey % good or excellent, great comments and action plan to address any negative issues arising.
- Incident reporting
- Psychiatry UK audits to be shared with commissioners.

CQC action plan updates to also be shared.

3. Scope

3.1 Aims and objectives of service

Particular aims and objectives:

- To provide an easily accessible, and simple to use online ADHD diagnostic assessment, medication/titration and ongoing patient management service that provides a best practice model.
- To safely transfer a caseload of individuals who are in receipt of treatment from previous provider, including those at transition from CYP services
- To provide assessment of risk for those people identified as in higher need for assessment when the initial cohort has been reviewed
- To ensure that an unknown waiting list is reviewed and prioritised when capacity is available to assess
- To deliver this service with compassion and empathy in a respectful and non-judgemental way; ensuring also 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 this local assessment and diagnostic service.
- To provide commissioners with information about any unmet needs to inform future service development.
- To achieve cost effectiveness.
- To provide a service on which to develop a Primary care shared care model fit for the future and to encourage integration of ADHD into physical health care services in primary care.
- To offer education and skills development opportunities to our system partners where required and targeted to meet the service aims.

2. Service description/care pathway –

The service model will consist of the following:

- Assessment/diagnostic/titration process – based on NICE Guidelines that will be accessed online from a single point of access, provided from General Practice.
- Medication prescribing, titration and review where appropriate.
- Up to 2 post diagnostic follow up sessions per annum for those given an ADHD diagnosis. If further follow up is required this will be discussed and agreed by CCG.
- Annual medication review.
- Referral to shared care with the individuals GP where applicable
- Access to P UK OT assessment, therapeutic interventions and ongoing support services from the apps and peer groups in place
- Physical health monitoring with provision of a BP monitor to the individual where required and or ECG access facilitated from PUK (either through GP agreement or other)
- Easy access to support and advice for patients.
- Education, advice, guidance and support to GPs for patients in shared care.

3. Population covered

3.3.1 Criteria - Service Users shall be:

- Adults – working age (18).
- Ordinarily resident and living and registered with a GP in Lancashire.

3.3.2 Any acceptance and exclusion criteria and threshold

The assessment element of the service will not be required for service users as described in 3.3.1 if they have previously received an assessment through a multi-disciplinary assessment/ diagnostic process, this will not preclude medication review and prescribing or onward support.

3.3.3 Transition from Children's Services

The service will work with Children's services to transition existing cases between the ages of 17-19 years based on the clinical assessment/treatment to ensure timely and safe handover.

3.3.4 Referral Process

Referrals will be made from GP's and other Clinical services e.g CMHT's using an electronic format and an NHS.net email address and with permission of the individual GP using an electronic format and with permission of the individual. The referral will be screened according to the inclusion / exclusion criteria and accepted from PUK based on the information and triage screen within the P UK service. An individual will be contacted by PUK and asked to engage with the service, if a person does not respond then P UK will send 'one' letter to the individual to request consideration of the request and to contact PUK or GP if any concerns are stopping them from engaging.

3.3.5 Interventions and Activities

The Provider shall ensure that the service user assessment report contains person-centred recommendations which involve an appropriate range of interventions and support, including signposting.

3.3.6 Prescribing process-

For the transition period with Lancashire Psychiatry UK will receive an FP10 coded to them to enable the process for prescribing and requesting medication from a pharmacist sits within one pathway and is the responsibility of PUK.

The process will require PUK to:

- Assess and Prescribe for an individual by a clinical member of PUK
- Agree the community pharmacy of choice for the patient and send Rx through registered post for dispensing
- Post prescriptions to the patients GP for collection if preferable
- Prescribe on a 28 day cycle as recommended in pharmacy guidelines
Prescribe within the agreed formulary of the Lancashire and South Cumbria Medicines management group and shared care protocol (see link <https://www.lancsmmg.nhs.uk/media/1254/combined-adult-and-child-adhd-share-care-guideline-version-11.pdf>)
- Where shared care is in place PUK will prescribe for 3 months or until titration is complete and the individual is stabilised before passing prescribing onto the GP

- If a GP is not undertaking shared care then PUK will retain the prescribing of that individual in their service

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 shared care guideline excludes:

- Treatment of children under 6 years (N/A)
- Treatment of patients with ADHD in active treatment with drug and alcohol services
- Treatment of patients with ADHD on the caseload of community mental health services for a psychotic illness or bipolar affective disorder

3.3.7 Discharge from Service

At point of discharge, an appropriate plan of care, describing the management techniques and a description of suitable behavioural interventions will be made available. It is important to describe the impact ADHD has on the individual so that recognition of an exacerbation is possible. On discharge signposting/referral will be made available to describe ongoing support required and assessment/diagnostic results will be provided, with service user consent, to the patient, their GP and/or any receiving service.

Patients requiring ongoing prescriptions through shared care with local primary care will not be discharged from the service. They will have access to ongoing support and advice via the online forum and will require a yearly psychiatric review to continue shared care prescribing by primary care.

3.8 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.

3.8.1 On-going referral to Secondary Mental Health Services

The provider will identify any concerns relating to referral processes and engagement with the MH trust to the project commissioner lead if assistance is required.

4. Applicable Service Standards

4.1 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)

4.2 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, Data. The service should notify commissioners should any benchmarking against these standards identify gaps in commissioned services.

4.3.1 Accreditation, Training & Supervision

Core training will include NICE Guideline for recommended assessment and diagnostic tools.

Peer and clinical supervision will be provided for front-line staff including nurse prescribers.

5. Applicable quality requirements and CQUIN goals

1. **Applicable quality requirements (See Schedule 4 Parts A-D).**

2. **Applicable CQUIN goals (See Schedule 4 Part E)**

6. Location of Provider Premises

The ADHD services will be provided online to patients in their own homes or reasonable adjustments will be made taking into consideration individual needs

7. Individual Service User Placement

Not Applicable

Appendix 1

Physical Health & ECG Process Psychiatry UK

Psychiatry-UK is a provider of both private and NHS mental health services and have been offering online video consultations for diagnosis and providing prescriptions.

Psychiatry-UK will be undertaking any initial monitoring via self-care. Pulse, blood pressure and weight are needed for all patients who will be prescribed medication for ADHD. A home BP machine is supplied to patients for this purpose as part of their assessment and titration, those accessing an annual review alone will not require this to be carried out in PUK.

The full history and physical examination will include;

- A medical history, taking into account conditions that may be contraindications for specific medicines
- Current medication
- Height and weight (measured and recorded against the normal range for age, height and sex)
- Baseline pulse and blood pressure (measured with an appropriately sized cuff and compared with the normal range for age)
- A cardiovascular assessment

There will be occasions where GP's may be requested, by Psychiatry-UK, to arrange ECG's for patients in line with the secondary care shared care arrangements. ECGs are only likely to be required for patients at risk of cardiac complications.

- A baseline electrocardiogram (ECG) where ADHD medication is co-prescribed with other medication which has a significant risk of prolonging QTc interval e.g. tricyclic antidepressants, monoamine oxidase inhibitors, antipsychotic medication, certain antihistamines or antiarrhythmic.
- A baseline ECG in those with a personal history of cardiac conditions or family history of serious heart conditions
- An ECG where clinical presentation is suggestive of cardiac disease
- Referral for cardiology opinion if certain conditions apply (as per NG87).

Variances to the process are as follows:

CCG	Contract in place
Morecambe Bay CCG	Psychiatry UK will contract with GP practices in Morecambe Bay to undertake the ECG and will agree a fee which is their agreement (after discussion with the LMC). A copy of this fee will be shared with Practices across Morecambe Bay.
All other CCGs	Contact GP to arrange via usual commissioned route