

Focus ADHD - One Year Review (April 2020 – March 2021)

Implementing an objective tool into the assessment of Attention Deficit Hyperactivity Disorder (ADHD) in children

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1: Executive summary

ADHD is a treatable disorder that affects approximately 5% of children. Despite evidence based national guidelines in the UK, ADHD remains underdiagnosed and undertreated with significant inconsistencies in NHS services across England. Covid-19 has exacerbated the difficulties children and young people face in getting a diagnostic decision in a timely manner.

Since March 2020, the Academic Health Science Network (AHSN) has been rolling out an evidence-based ADHD programme (Focus ADHD), working closely with mental health trusts and community paediatric services to improve the offer to children and young people regarding the assessment of ADHD. More specifically, the programme utilises an objective assessment tool (namely [QbTest](#)) which has been proven to reduce the time from assessment to diagnosis, reduce the number of appointments required to make a diagnostic decision, increase patient satisfaction, increase clinician confidence and release clinical capacity in the system.

In the first year of the national programme nearly 10,000 patients have benefitted across 46 English trusts (86 sites). This paper outlines the challenges and enablers experienced so far, as well as outlining our ambitions for the next 12 months.

2: ADHD: The challenge

ADHD is a neurobiological disorder – a disorder of brain development that affects behaviour¹. The main symptoms of ADHD are inattention (e.g. being easily distracted, making careless mistakes, difficulty concentrating), hyperactivity (e.g. being unable to sit still when needed, talking excessively, having trouble playing quietly) and impulsivity (e.g. acting inappropriately, such as acting without thinking, interrupting and intruding on others).

ADHD is a treatable disorder that affects around 5%² (1 in 20) of school-aged children worldwide. Undiagnosed and/or untreated ADHD can have significant impact on personal development, academic outcomes and family interaction.

‘A Lifetime Lost, or a Lifetime Saved’³ identified that up to 30% of children with ADHD may have a separate serious mood disorder like depression⁴, half of girls with ADHD may attempt self-harm⁵ and that up to 30% of children and over half of adults with ADHD also suffer from an anxiety disorder⁶. Other impacts of ADHD on children were identified as;

- Children with untreated or poorly controlled ADHD are:
 - More than five times more likely to participate in fights⁷
 - More than twice as likely to feel frustrated at school⁷
 - Three times as likely to have a reading disability⁸

A recent publication - ‘Failure of Health Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom: A Consensus Statement’⁹ provided further evidence about the impact on people with ADHD including highlighting that they are more prone to accidents and injuries and have a higher mortality rate compared to the rest of the population^{10,11} and are more likely to experience early or unplanned pregnancy¹². Additional evidence also highlights that people with ADHD are more likely to be involved in the criminal justice system^{13,14}.

Pre-Covid-19, children in the UK waited 18 months (on average)¹⁵ to obtain an accurate diagnosis due to the largely subjective nature of the diagnosis process. Research suggests that child and adolescent ADHD patients in the UK may experience the longest waiting times anywhere in Europe when looking at time from initial meeting with a doctor to formal ADHD diagnosis¹⁶. Sadly, it is believed that waiting times will have significantly increased due to the impact of Covid-19 on clinic appointments.

A patient with ADHD will pass through multiple stages in the process of seeking help with no consistent referral routes across the UK. Once referred, traditional assessment for ADHD is based on the clinician’s judgement, supplemented by subjective reports from parents, teachers, and the young person. These reports can be contradictory, incomplete, and not returned within a timely manner leading to



delays in diagnosis. Often multiple appointments are required to reach a diagnostic decision.

Huge variations in service provision, referral criteria and the diagnosis process exist across England and therefore needs remain unmet. The 2021 Consensus Paper highlighted the shortfalls, and variation, in ADHD service provision and these causes of under-diagnosis¹⁷.

3: ADHD: The challenge during Covid-19

Due to COVID-19, the British Medical Association (BMA) estimates that from April to June 2020 there were between 2.47 million and 2.60 million fewer first outpatient attendances in England¹⁸.

During the first Covid-19 lockdown in March 2020 the vast majority of neurodevelopment clinics offering face to face appointments were suspended. Individual trust decisions were then made as to when to re-establish face-to-face neurodevelopment clinics that would include ADHD assessments. The decision to re-commence services varied significantly across the country.

Professor Emily Simonoff et al. highlighted the negative impact of Covid-19 on children and young people with ADHD¹⁹ including the impact on their mental health as well as the clinical challenges faced. Fewer assessments would have taken place due to the limitations on in-person aspects of assessment including physical examination, cognitive assessment, direct observation of ADHD and related behaviours. In addition, behavioural changes related to social restrictions could mask/over-identify ADHD symptoms.



4: East Midlands ADHD programme

There is growing evidence for use of objective assessment tools in the initial assessment of young people with ADHD through research studies and local service audits. More than 20 studies have been published in peer reviewed journals, including a systematic review, that indicate objective computer tests which measure all the core symptoms of ADHD (inattention, impulsivity, and hyperactivity) may hold promise in streamlining the care pathway²⁰. Research also suggests that families welcome technology to improve the ADHD care pathway²¹.

In 2017, East Midlands AHSN (EMAHSN) supported a 12-month real-world demonstrator project to build upon the emerging research, more specifically it aimed to determine whether the addition of an objective assessment tool (namely [QbTest](#)) into the ADHD assessment process for children would be beneficial to families, clinicians and providers.

QbTest (provided by Qbtech, www.qbtech.com) is a commercially available measure of all three core components of ADHD (attention, impulsivity, and activity) and compares to age and gender matched, normative controls. It combines a continuous performance test designed to measure attention and impulse control with a high-resolution motion tracking system to measure activity. It is the only CE marked, European Medicines Agency (EMA) registered, and Food and Drug Administration (FDA) cleared intervention to simultaneously measure all three core components. The results are transferred via a secure link to Qbtech's servers for analysis and are available for clinicians to view within a couple of minutes. It is not a 'stand-alone' diagnostic tool, but instead provides additional objectivity to the assessment of ADHD when used alongside current clinical assessment processes.

The East Midlands demonstrator project focused on deploying the QbTest diagnostic tool within community paediatric mental health services and child and adolescent mental health services (CAMHS) across three NHS mental health trusts in the East Midlands – United Lincolnshire Hospitals NHS Trust, Derbyshire Healthcare NHS Foundation Trust and Leicestershire Partnership NHS Trust. Each trust deployed the test differently depending on the needs of their service and resources available. In all cases it was used to support the diagnostic process for children referred for assessment of possible ADHD. In total, 1,231 children had a QbTest assessment as part of their assessment process.

In each of the three trusts, an audit was undertaken of 30 case notes before the implementation of QbTest and 30 case notes once QbTest was included in the pathway.

The findings across the three trusts are outlined in table 1. (Findings of the East Midlands Demonstrator project).



Findings of the East Midlands demonstrator project

| Area | Impact | To Note: |
|--|---|---|
| Time taken to reach a diagnostic decision | Time from assessment to diagnosis reduced by 153 days | One trust saw a reduction of 4 months, another a reduction of 5.5 months |
| Number of appointments to make a diagnostic decision | The number of appointments to make a diagnosis was reduced by one appointment for two trusts | One trust only saw a reduction of 0.24 clinical appointments per child to reach a decision due to a more efficient pathway prior to implementation |
| Patient experience | 85% of patients found the QbTest results helpful | This figure was based on findings across all three trusts collectively |
| Clinician experience | 94% of clinicians reported greater understanding of patient's symptoms | This figure was based on findings across all three trusts collectively |
| Cost reduction | 32.6% reduction in costs | 32.6% was the median result. One trust saw a reduction in 9% due to only using the test for complex cases |
| Return on investment (ROI) | ROI to the NHS of £84,460 | £84,460 is the median result. One trust calculated ROI of circa £94,000 whilst another calculated £14,000 due to only using the test for complex cases with no pathway redesign |

Table 1

Subsequently, an independent cost benefit analysis was undertaken by Kent Surrey Sussex AHSN (KSS), using the East Midlands data collected during the 12-month demonstrator that showed a positive cost-benefit of £3.27 savings to the NHS for every £1 spent. The savings per patient equate to £343. Once modelled up across England the data suggests that this could be as much as £5.97 per £1 spent.

5: Overview of Focus ADHD programme

5.1 Aims and objectives

In 2019 the Academic Health Science Network selected three new programmes for national adoption and spread across the AHSN Network. The Focus ADHD programme built on the East Midlands demonstrator evidence base and was designed to enable AHSNs to start working closely with their mental health trusts and community paediatric services to improve the offer to children and young people regarding the assessment of ADHD. More specifically, the objectives of the programme are to increase the number of children and young people who have an objective test as part of their assessment;

- Reduce the length of time taken for assessment and diagnosis;
- Reduce the number of outpatient appointments;
- Improve the assessment experience for children and families; and,
- Improve clinical satisfaction and confidence in diagnosing or excluding ADHD.

5.2 Governance

A Focus ADHD national steering group was established to set the agenda and direction of the programme. The group has representation from the AHSN Network, East Midlands AHSN (EMAHSN), NHS England, clinicians, education, the ADHD Foundation, the evaluation partner as well as the supplier. In addition, the steering group has been supported by two patient/parent representatives to ensure that the patient voice is at the centre of the programme. The steering group feeds into established AHSN Network governance structures through a designated accountable officer for the programme. The steering group aims to;

- Ensure the programme delivers within its agreed boundaries;
- Define and monitor the impact of the programme;
- Resolve strategic risks and issues;
- Ensure viability and integrity of the programme; and
- Make resources available for planning and delivery purposes.

The governance structure is further supported by a core delivery team based at East Midlands AHSN which provides the central project management support. The team consists of a national programme manager, local service improvement lead, communications support, and project office support.

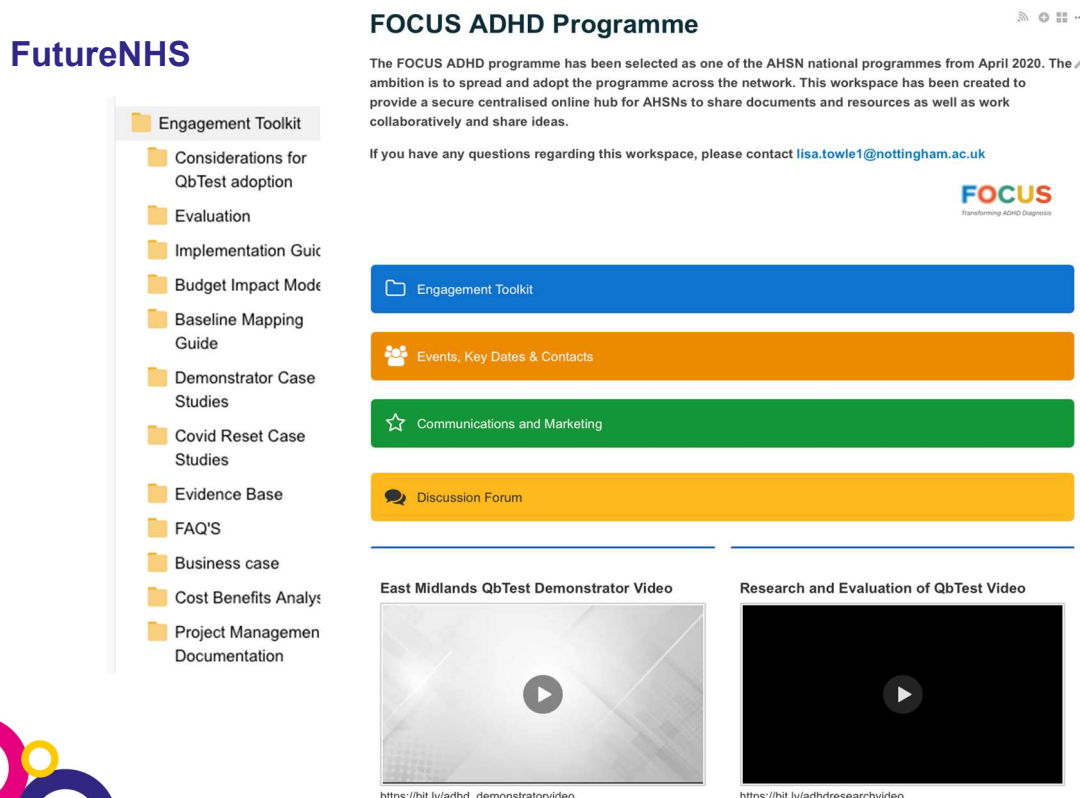


5.3. Approach to rollout

The core delivery team produced an engagement toolkit to support individual AHSN programme managers to lead on and deliver the national programme with their local systems. The toolkit contains the following resources;

- Focus ADHD implementation guide;
- Films;
 - Improving ADHD diagnosis in children by using QbTest;
 - Evidence base overview for QbTest;
- Case studies including;
 - AHSN Atlas case study;
 - Implementation case studies;
 - Covid-19 re-set case study;
- QbTest evidence base briefing;
- Stakeholder mapping template;
- Focus ADHD FAQs ;
- Cost benefit analysis;
- Budget impact model (BIM) and template business case;
- Communications toolkit (including brand guidelines);
- Operational guide for trusts; and,
- Equality impact assessment.

All engagement toolkit documents are hosted on the FutureNHS website along with a discussion forum to support shared learning between and across all AHSNs (image 1- FutureNHS).



FutureNHS

FOCUS ADHD Programme

The FOCUS ADHD programme has been selected as one of the AHSN national programmes from April 2020. The ambition is to spread and adopt the programme across the network. This workspace has been created to provide a secure centralised online hub for AHSNs to share documents and resources as well as work collaboratively and share ideas.

If you have any questions regarding this workspace, please contact lisa.towle1@nottingham.ac.uk

FOCUS
Transforming ADHD Diagnosis

- Engagement Toolkit
 - Considerations for QbTest adoption
 - Evaluation
 - Implementation Guide
 - Budget Impact Model
 - Baseline Mapping Guide
 - Demonstrator Case Studies
 - Covid Reset Case Studies
 - Evidence Base
 - FAQ'S
 - Business case
 - Cost Benefits Analysis
 - Project Management Documentation
- Engagement Toolkit
- Events, Key Dates & Contacts
- Communications and Marketing
- Discussion Forum

East Midlands QbTest Demonstrator Video
https://bit.ly/adhd_demonstratorvideo

Research and Evaluation of QbTest Video
<https://bit.ly/adhdresearchvideo>

Image 1

A virtual community of practice (CoP) was established through monthly AHSN Focus ADHD webinars, led by the core delivery team. The webinars provide an opportunity to disseminate programme information and share learning across all AHSNs. The peer-to-peer support aimed to speed up the adoption of this programme. The CoP has also been supported by the parent/patient representatives to ensure that direct lived experience of children, young people and their families is at the core of the programme. During 2020/21 eight Focus ADHD webinars were held.

In the absence of national data, individual AHSNs took an active lead on stakeholder/ baseline mapping to establish who provides local ADHD assessments (CAMHS, paediatric services or both) as well as identify the opportunity for the inclusion of an objective assessment within existing pathways. AHSNs have received one to one support from the core Focus ADHD delivery team.

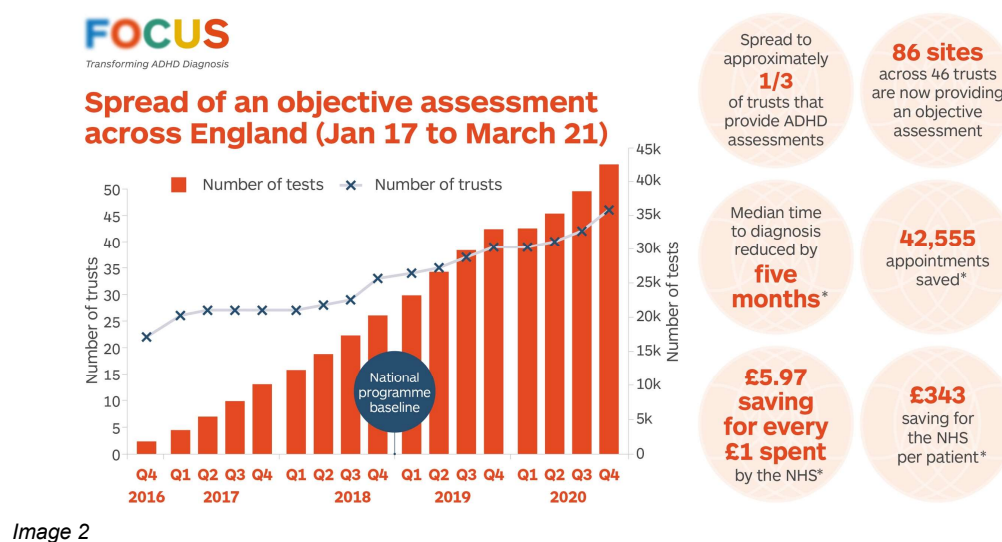
AHSNs have worked with individuals, trusts and systems to drive the adoption of the programme forward. These were supported by the core Focus ADHD team, nationally identified clinical expertise as well as the supplier.

Once interest has been shown by the provider, the local AHSN have provided support with the development of a business case through the use of a budget impact model (BIM) to help secure local funding and approval. The budget impact model identifies the in-year savings that will be achieved in their own systems. Once funding is agreed AHSNs support the supplier and the trust with implementation of an objective assessment.

6: Programme spread since 2019

As of 1st April 2019 there were 56 sites across 32 trusts delivering an objective assessment tool (QbTest) in England, alongside existing ADHD assessment processes. The baseline for the programme is based on the live sites on 1st April 2019. Eligible sites for the Focus ADHD programme are those that went live from April 2019. A further 15 sites across five trusts (three new trusts) went live with QbTest between April 2019 and March 2020. The Focus ADHD programme formally launched in April 2020 with the support from the core team outlined above. During the following 12-months, from the 1st April 2020, a further 15 sites and 11 trusts went live. This brings the total to 86 sites across 46 trusts providing an objective assessment to children in England (image 2 - Focus ADHD 2020/21 inflection chart).

Focus ADHD 2020/21 inflection chart



As of 1st April 2021, 14 AHSNs had at least one trust providing an objective assessment with 11 AHSNs having eligible trusts.

1st April 2021- No of sites live per AHSN

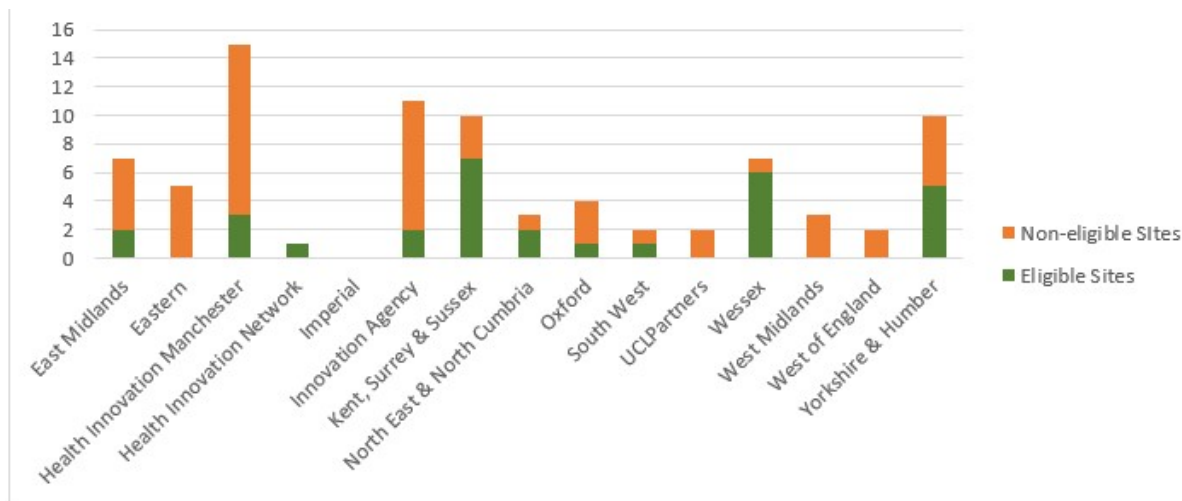


Table 2

During 2020/21 the number of assessments completed at eligible sites was 2,339 against an AHSN Network target of 1,797 (table 3 – Focus ADHD metrics for 2020/21). This exceeds the target by approximately 30% (table 4 - Patients benefitting vs target for year 1). In 2020-21 all sites (eligible and non-eligible) carried out just under 10,000 objective assessments which equates to 10,000 children benefitting and 10,000 clinical appointments saved (appointments saved are based on the East Midlands QbTest real world demonstrator evaluation).

Focus ADHD metrics for 2020/21

| | Q1 | Q2 | Q3 | Q4 | Total |
|-------------------------------------|-----|------|------|------|-------|
| Target for eligible sites | 86 | 138 | 608 | 965 | 1797 |
| Eligible sites | 1 | 191 | 847 | 1300 | 2339 |
| Non-eligible sites (pre April 2019) | 110 | 2030 | 2644 | 2670 | 7454 |
| All sites | 111 | 2221 | 3491 | 3970 | 9793 |

Table 3

Patients benefitting vs target year 1

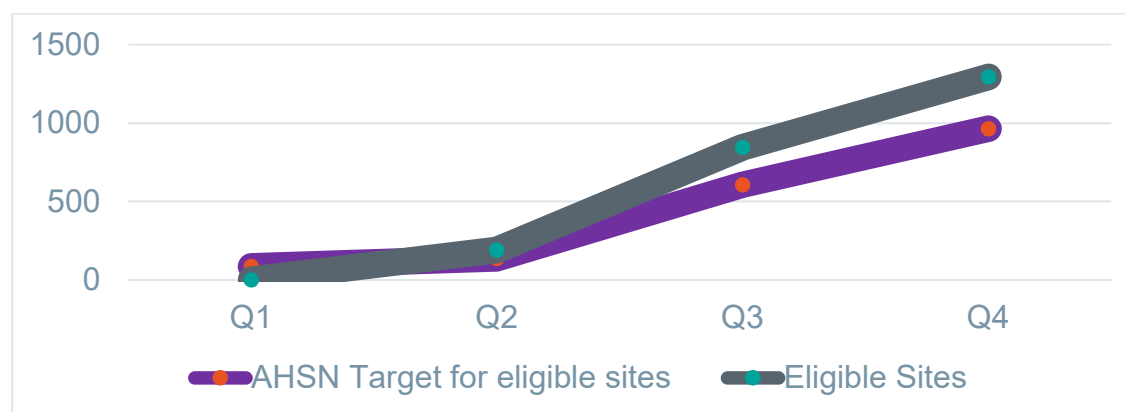


Table 4

The impact of Covid-19 on face-to-face appointments required to deliver an ADHD assessment was significant. In Q1 2020/21 objective assessment test volumes dropped from a pre-Covid-19 level of approximately 3,100 per quarter to 111 (for all sites). During Q4 healthy recovery was achieved with a total of 3,970 objective assessments completed at all sites as identified in table 5 (Covid recovery). Although Covid-19 has initially been a barrier to spread, it is more recently been an enabler as some trusts are recognising the importance of using the test to manage their increased waiting lists.

It is also important to note that AHSNs continue to increase the volume of activity in non-eligible sites (those that went live before 1st April 2019). This is being achieved by supporting sites to use an objective test on all ADHD assessments rather than complex only patients.

Covid recovery

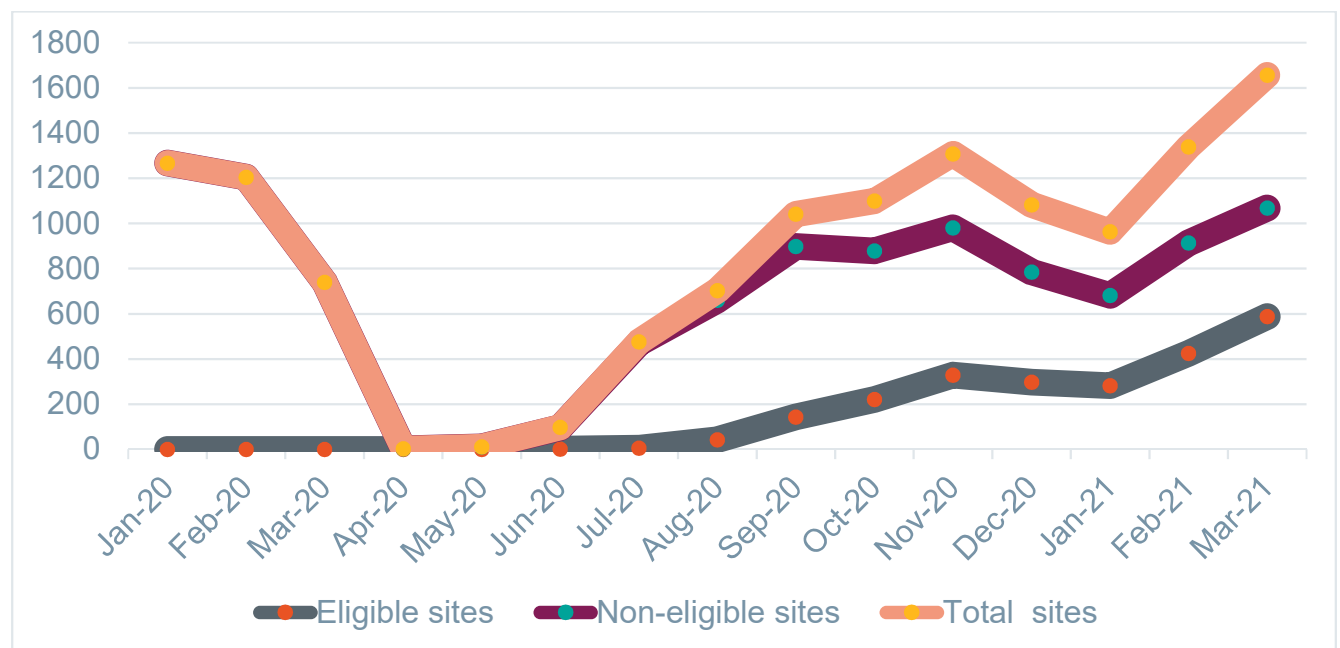


Table 5

Whilst the overall volumes for year 1 have exceeded the AHSN national target by 30% there are considerable variations in the volumes delivered by each site. This can be affected by a number of factors including, traditional referral volumes, Covid-19 re-set decisions as well as some sites choosing to use QbTest for complex only patients. During year 2, AHSNs will look to work with the trusts in their locality to maximise the patient benefit in each of their sites.

7: Evaluation

As part of the national programme, the core team have commissioned an independent evaluation to monitor spread and further build the evidence base. The Institute of Mental Health at the University of Nottingham in partnership with Nottinghamshire Healthcare Foundation Trust were selected as the evaluation partner in April 2021. The evaluation plan is to build upon the original East Midlands demonstrator with an interim report due to be issued in December 2021 and the full report in May 2022. In addition, individual trust level data will be provided to support sustainability. An evaluation guide was developed by the Focus ADHD steering group, Kent Surry & Sussex AHSN, Southwest AHSNs and the ARC-East Midlands.

The evaluation will monitor spread including:

- Number of children under 18 years who have an objective assessment for ADHD (patients benefitting);
- Number of trusts using an objective assessment measure; and,
- Number of sites using an objective assessment measure.

The evaluation will also build on the evidence base as follows:

- Reduction in clinical time taken to reach a diagnostic decision;
- Reduction in number of clinical appointments to make a diagnostic decision;
- Release of clinical time;
- Improved patient and clinical experience;
- Cost savings/avoidance; and,
- Implementation learning.

8: Year 1 learning

In May 2021 East Midlands AHSN, Qbtech and individual AHSNs reviewed the learning from the first year of the programme. The learning was captured through 15 review meetings with all AHSN participating. This process helped to outline the main barriers and challenges to implementation as well as the programme enablers for AHSNs and trusts.

8.1. Barriers identified

Barriers identified by individual AHSNs varied, however, consistent themes are outlined as below.

Covid-19

As highlighted above, Q1 2020/21 saw a significant impact on face-to-face outpatient appointments. Individual trusts took local decisions on how and when to re-introduce outpatient appointments. Some sites have reported the loss of clinical space for their service as the space was being utilised by higher acuity services due to the need to maintain social distancing. In addition, several services have reported a reduction in staffing resources as staff were re-allocated to other services.

Whilst QbTest is a face-to-face appointment, the evidence base demonstrates a reduction in consultant appointments needed to make a diagnosis. The core team have worked with Leicestershire Partnership NHS Trust to develop a Covid-19 reset case study to help manage QbTest assessments as well as highlight the infection control procedures used to minimise risks to staff and patients. However, even as late as June 2021 some trusts had still not re-introduced face-to-face neurodevelopmental assessments (including ADHD).

Data challenges

Access to accurate data has been an issue at a local and national level. Limitations on data make it difficult to access the information to establish how efficient ADHD diagnostic services are. The data required to make an accurate assessment on local services includes;

- Time from assessment to diagnosis;
- Number of appointments to rule in/out ADHD;
- Volume of new ADHD referrals per month;
- Volume of nurse school observations (if undertaken);
- Volume of formal diagnosis to rule in/out ADHD; and,
- Clinicians believing that the service is efficient.



Clinicians often state that they are very efficient and believe that they make a diagnostic decision within one or two appointments. However, numerous audits using objective data highlight that it is those patients that sit on the tail end of the normal distribution curve that often take many more appointments and clinicians are often unaware of this. A delayed diagnosis not only impacts on the child and their family, but it also means that repeated appointments and interventions consume more staffing time and incur further service costs. Recognition of the true number of appointments from assessment to diagnosis is critical when evaluating the efficiencies of individual services.

Additional pathway costs

Trusts have expressed concern to local AHSNs at the additional costs that are incurred to implement an objective assessment in existing ADHD diagnosis pathways. For an average site undertaking 20 assessments per month the approximate costs would be £12,000 (split between a licence fee and per test fees). In addition, there would be approximately £2,875 health care assistant costs for undertaking the assessments. However, using the evidence base from the East Midlands demonstrator the capacity released would be, at a minimum, 240 consultant appointments per year with a financial value of £46,800. AHSNs are able to support trusts through the use of the budget impact model as well as the template business case to demonstrate the return on investment to help mitigate the increased costs.

Whilst some sites have committed to funding QbTest for 12-months they will not commit to further funding until the financial sustainability has been demonstrated either through a local or the national evaluation. The core team are working with the evaluation partner to prioritise these sites in the evaluation process to help create the sustainability required. In addition, some AHSN have agreed to pump prime sites to help launch the programme and will then support sites to gather the financial and qualitative data and evidence to demonstrate the sustainability of the programme.

Clinician reticence

Some AHSNs have reported a small number of clinicians who believe that technology is not required to make a clinical assessment. This can be further compounded by the clinician believing that their service is already efficient. In addition to providing the evidence base, when these incidents are highlighted, support is sourced from the programme clinical lead as clinician-to-clinician conversations are often the best approach for unlocking these issues.

Systems undertaking broader ADHD pathway changes

A number of trusts/ systems have been undertaking wider neurodevelopmental and/or ADHD assessment pathways reviews and have suggested delaying the implementation of QbTest until these are complete. In these examples AHSNs are encouraged to use the BIM to help identify the opportunity and associated costs as well as gain support from the clinical lead for the programme and/or other local clinicians that have experience of this assessment process. This approach can help to mitigate against the delay a full pathway review could incur.

8.2. Enablers for AHSNs

During the one-year review meetings AHSNs reported a number of key areas that have helped them deliver the programme within their locality. These included;

Core team support

Feedback was given that the Focus ADHD programme is well managed and that the support provided has been critical in helping deliver local success. Additional comments also highlighted that the core team respond to queries in a timely manner. AHSNs also reported that the monthly webinars have been good for learning about the national programme as well as shared learning across AHSNs.

A number of AHSNs have reported that Dr Julie Clarke has given significant support with system and trusts meetings and that Julie has had a significant impact with clinician-to-clinician conversations.

Supplier support

AHSNs identified the importance of engaging with Qbtech. This is especially true when starting conversations with sites as this gives the opportunity to answer clinician queries especially when the clinician may be reticent to implement an objective assessment in their existing ADHD diagnostic pathways. In addition, the supplier can share wider implementation learning and identify clinical champions within each AHSN locality.

Engagement toolkit and FutureNHS

[FutureNHS](#) and the engagement toolkit was reported as an excellent resource by several AHSNs with the budget impact model being pointed out as a key tool.



Stakeholder engagement

AHSNs highlighted the difficulty of identifying the providers of ADHD diagnostic services within their locality as it can be CAMHS, Community Paediatrics or a combination of both. However, mapping was critical to identify opportunities to implement an objective assessment.

AHSNs have outlined the importance of engaging with both service managers and clinicians from the outset. This approach helps to firstly outline the clinical impact that an objective assessment can have before moving on to identify the potential return on investment and the impact on local services.

Some AHSNs have found the ICS's a beneficial stakeholder group to engage with whilst others found that liaising with providers rather than commissioners was the best approach to engagement. The decision on who to engage with is best addressed after the baseline and stakeholder mapping activity is completed.

The core team along with individual AHSNs identified the importance of working with the supplier as early as possible. This ensures that clinical challenges from reticent clinicians are dealt with as early as possible.

8.3. Additional enablers for trusts

AHSNs have also reported a couple of additional enablers for the implementation of an objective assessment within trusts. These include;

Evidence base

The evidence base including real world evaluation, randomised control trial (RCT) and case studies have been powerful tools. The evidence base is available for all AHSNs on the FutureNHS site and is critical to help engage with clinicians and operational managers.

Covid-19

A number of sites have worked with their local AHSNs to implement/ increase the use of an objective assessment as part of their Covid-19 recovery plans. This includes Northamptonshire Healthcare NHS Foundation Trust which increased assessments from approximately 65 per month to more than 125 per month for a fixed period to assist with the management of their waiting lists. The trust developed a case study to highlight the approach taken which is available on request.

8.4. Additional communications and engagement activity

Members of the Focus ADHD steering group and core delivery group have been raising the profile of the programme through various national presentations and discussions which include the All Party Parliamentary Group (APPG) on ADHD (May 2021), NHS Confed Conference (June 2021) and the British Association for Community Child Health (BACCH) North West Conference (May 21).

8.5. Additional ADHD AHSN programmes

During the Focus ADHD review meetings, a number of AHSNs identified additional ADHD project opportunities that are being evaluated for potential inclusion as local programmes. These included;

- CYP ADHD behaviour support;
- CYP neurodevelopmental comorbidities e.g. autism;
- ADHD assessment of young offenders;
- ADHD diagnosis in adult prisons;
- Adult ADHD behavioural support; and,
- ADHD diagnosis of rough sleepers.

Whilst East Midlands AHSN will not be overseeing these additional workstreams there may be an opportunity for shared learning to support the national programme as well as the development of local programmes.



9: Endorsements

The Focus ADHD programme has received endorsements from patients' parents/ carers as well as clinicians.

Patient endorsement

"After 5 years of battling we now have a diagnosis of ADHD for our now 11-year-old daughter. We paid privately for a QbTest after three years of no-one listening to us. The Focus ADHD programme is providing QbTest at scale reducing waiting as well as reducing family anxiety."

"Both of my children have ADHD. However, with the use of QbTest the diagnosis for my daughter was quicker, with fewer appointments compared to my son's diagnosis without QbTest."

Clinician endorsement

"Research has shown that ADHD is a common long-term condition that can significantly affect the lives of children and young people and their families. However, effective treatments exist. The Focus ADHD national programme provides an important opportunity to implement an evidence-based intervention to improve timely access to assessment and diagnosis for this vulnerable group of young people."

Prof Prathiba Chitsabesan - Associate National Clinical Director for Children & Young People's Mental Health, Chair of CRG (NHS England and Improvement), and Honorary Professor (Manchester Metropolitan University)

"I'm thrilled to be a part of such an innovative and exciting national programme. The success of Focus ADHD will revolutionise ADHD assessments and will significantly improve children's access to accurate ADHD diagnosis and treatment. Everyone who has been involved will feel the benefit, whether they are a commissioner, service provider or user."

Dr Julie Clarke - Consultant Community Paediatrician,
United Lincolnshire NHS Trust



10: Plan for year 2

All AHSN plan for at least one new site during 2021/22 (other than HInM where all trusts now utilise QbTest). The AHSN network is aiming to support 47 new sites to implement an objective assessment in 2021/22 (table 6 - AHSN site trajectory for 2021/22). If delivered, more than 7,000 patients will benefit during 2021/22, over and above the other live sites.

AHSN site trajectory for 2021/22

| AHSN | Spread | | |
|----------------------------------|-----------------------------|---|-------------------|
| | Sites adopting EoY 20/21 | Forecasted sites adopting EoY 21/22 | Increase on 20/21 |
| East Midlands | 2 | 3 | 1 |
| Eastern | 2 | 3 | 1 |
| Health Innovation Manchester | 1 | 1 | 0 |
| Health Innovation Network | 1 | 4 | 3 |
| Imperial College Health Partners | 0 | 1 | 1 |
| Innovation Agency | 2 | 4 | 2 |
| Kent, Surrey & Sussex | 7 | 10 | 3 |
| North East & North Cumbria | 3 | 10 | 7 |
| Oxford | 0 | 2 | 2 |
| South West | 0 | 3 | 3 |
| UCLPartners | 0 | 13 | 13 |
| Wessex | 6 | 9 | 3 |
| West Midlands | 2 | 5 | 3 |
| West of England | 1 | 3 | 2 |
| Yorkshire & Humber | 5 | 8 | 3 |
| Total | 32 | 79 | 47 |

Table 5

11: Conclusion

The national Focus ADHD programme began at the same time as the Covid-19 pandemic in the UK. Despite the pausing of face-to-face appointments and assessment processes, this programme has benefitted just shy of 10,000 children and young people in 2020-2021 through the collective efforts of all 15 Academic Health Science Networks in England. 46 trusts are now delivering the objective assessment tool with many more on the horizon for the coming 12 months.

Contact details

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References

- ¹ American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. Washington DC: 2013
- ² <https://www.scie-socialcareonline.org.uk/the-lifetime-costs-of-attention-deficit-hyperactivity-disorder-adhd/r/a11G0000008MnWRIA0>
- ³ <https://www.adhdfoundation.org.uk/wp-content/uploads/2017/11/A-Lifetime-Lost-or-a-Lifetime-Saved-report.pdf>
- ⁴ CHADD. The National Resource on ADHD. Depression. Available at: <http://www.chadd.org/Understanding-ADHD/About-ADHD/Coexisting-Conditions/Depression.aspx>. Last accessed October 2017.
- ⁵ Hinshaw, S. P et al. Prospective Follow-up of Girls with Attention-deficit/ Hyperactivity Disorder into Early Adulthood: Continuing Impairment Includes Elevated Risk for Suicide Attempts and Self-Injury. *J Consult Clin Psychol* 2012; 80(6): 1041-1051.
- ⁶ CHADD. The National Resource on ADHD. Available at: <http://www.chadd.org/understanding-adhd/about-adhd/coexisting-conditions.aspx>. Last accessed October 2017
- ⁷ Caci H et al. Daily life impairments associated with self-reported childhood/ adolescent attention-deficit/hyperactivity disorder and experiences of diagnosis and treatment: Results from the European Lifetime Impairment Survey. *European Psychiatry* 2014; 29(5): 316-323.
- ⁷ Caci H et al. Daily life impairments associated with self-reported childhood/ adolescent attention-deficit/hyperactivity disorder and experiences of diagnosis and treatment: Results from the European Lifetime Impairment Survey. *European Psychiatry* 2014; 29(5): 316-323.
- ⁸ Yoshimasu K et al. Gender, attention-deficit/hyperactivity disorder, and reading disability in a population-based birth cohort. *Pediatrics* 2010; 126(4): e788-795.
- ⁹ Failure of Healthcare Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom: A Consensus Statement. S. Young et al.
- ¹⁰ Ruiz-Goikotxea M, Cortese S, Aznarez-Sanado M, Magallón S, Alvarez Zallo N, Luis EO, et al. Risk of unintentional injuries in children and adolescents with ADHD and the impact of ADHD medications: a systematic review and meta-analysis. *Neurosci. Biobehav. Rev.* (2018) 84:63– 71. doi: 10.1016/j.neubiorev.2017.11.007
- ¹¹ Dalsgaard S, Ostergaard SD, Leckman JF, Mortensen PB, Pedersen MG. Mortality in children, adolescents, and adults with attention deficit hyperactivity disorder: a nationwide cohort study. *Lancet.* (2015) 385:2190– 6. doi: 10.1016/S0140-6736(14)61684-6
- ¹² Owens EB, Zalecki C, Gillette P, Hinshaw SP. Girls with childhood ADHD as adults: cross-domain outcomes by diagnostic persistence. *J. Consult. Clin. Psychol.* (2017) 85:723–36. doi: 10.1037/ccp0000217
- ¹³ Molina BSG, Flory K, Hinshaw SP, Greiner AR, Arnold LE, Swanson JM, et al. Delinquent behavior and emerging substance use in the MTA at 36 months: prevalence, course, and treatment effects. *J. Am. Acad. Child Adolesc. Psychiatry.* (2007) 46:1028–40. doi: 10.1097/chi.0b013e3180686d96
- ¹⁴ Young S, Gudjonsson G, Chitsabesan P, Colley B, Farrag E, Forrester A, et al. Identification and treatment of offenders with attention-deficit/hyperactivity disorder in the prison population: a practical approach based upon expert consensus. *BMC Psychiatry.* (2018) 18:281. doi: 10.1186/s12888-018-1858-9
- ¹⁵ Fridman, M., Banaschewski, T., Sikirica, V., Quintero, J., & Chen, K. S. (2017). Access to diagnosis, treatment, and supportive services among pharmacotherapy-treated children/adolescents with ADHD in Europe: Data from the caregiver Perspective on Pediatric ADHD survey. *Neuropsychiatric Disease and Treatment*, 13, 947–958.
- ¹⁶ Fridman M et al. Access to diagnosis, treatment, and supportive services among pharmacotherapy-treated children/adolescents with ADHD in Europe: data from the Caregiver Perspective on Pediatric ADHD survey. *Neuropsych Dis and Treat* 2017; 13: 947-958.
- ¹⁷ Failure of Healthcare Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom: A Consensus Statement. S. Young et al
- ¹⁸ BMA, The hidden impact of COVID-19 on patient care in the NHS in England, July 2020
- ¹⁹ The impact of Covid-19 on children and young people with ADHD: preliminary results from the SLAM CAMHS Covid-19 Survey Prof Emily Simonoff
- ²⁰ Hall CL, Valentine AZ, Groom MJ, Walker GM, Sayal K, Daley D, & Hollis C. The clinical utility of the continuous performance test and objective measures of activity for diagnosing and monitoring ADHD in children: a systematic review. *European Child & Adolescent Psychiatry* 2016;25(7):677-99.
- ²¹ Hall CL, Taylor JA, Newell K, Baldwin L, Sayal K, & Hollis C. The challenges of implementing ADHD clinical guidelines and research best evidence in routine clinical care settings: Delphi survey and mixed-methods study. *British Journal of Psychiatry Open* 2016;2(1):25-31.