

Service for the diagnosis and  
management of ADHD in  
adults

## Commissioning guide

Implementing NICE guidance

February 2009



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# **Service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition**

This commissioning guide provides support for the local implementation of NICE clinical guidelines through commissioning, and is a resource to help healthcare professionals in England to commission, together with other relevant agencies, an effective service for the diagnosis and management of attention deficit hyperactivity disorder in adults (ADHD). The guide covers the transition of young people with ADHD receiving treatment and care from child and adolescent mental health services (CAMHS) or paediatric services to adult services.

Commissioning this service is likely to require healthcare commissioners to work closely with health and social services, education and employment services to provide a multidisciplinary response to adults and young people in transition with ADHD. In many areas there are currently no mechanisms in place for specialist tertiary mental health services to support general mental health teams in the provision of adult ADHD services. Therefore commissioners may wish to consider reviewing provision across a region, including how best to improve access to adult ADHD services and manage the transition for young people with ADHD.

This commissioning guide should be read in conjunction with the following NICE guidance:

- [NICE clinical guideline CG72 Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults](#)
- [NICE clinical guideline CG51 Drug misuse: psychosocial interventions](#)
- [NICE technology appraisal TA98 Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder in children and adolescents.](#)

The NICE guidance covers clinical and cost effectiveness in detail and underpins the content of this guide. Implementation of the guidance noted above is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement this guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in the guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

The guide:

- [makes the case for commissioning a service for the diagnosis and management of ADHD in adults](#)
- [specifies service requirements](#)
- [helps you determine local service levels](#)
- [helps you ensure corporate and quality assurance.](#)

The full text of this commissioning guide can be downloaded or accessed from the navigation menu on the right hand side of the screen. Download the openly available [commissioning and benchmarking tool](#), there is no need to register.

We are keen to improve the commissioning guides in order to better meet the needs of commissioners. [Please send us your ideas for future topic-specific guides or other comments.](#)

Read the [NICE disclaimer](#) for information on the use and accuracy of content on the NICE website.

- [Topic-specific Advisory Group: service for the diagnosis and management of ADHD in adults](#)

## Commissioning a service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition

Attention deficit hyperactivity disorder (ADHD) is a heterogeneous behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention. Common co-existing conditions in adults include personality disorders, bipolar disorder, obsessive-compulsive disorder and substance misuse. Young people with ADHD are also likely to have higher rates of both specific and generalised learning disabilities<sup>[1]</sup>. Based on the criteria in the Diagnostic and statistical manual, 4<sup>th</sup> edition, ADHD is thought to affect about 2% of adults worldwide. See the [Determining local service levels section](#) for further information.

ADHD has been increasingly recognised in the UK over recent years, but the provision of treatment for young people has been variable<sup>[1] [2]</sup>. The identification of ADHD in adults in the UK is uncommon. There are very few specialist or generic mental health services in the NHS for adults with ADHD<sup>[1]</sup>, despite evidence of effectiveness; in addition, clinicians often feel ill equipped to treat adults with ADHD<sup>[3]</sup>. Young people often leave children's services with no readily identifiable adult service to support them<sup>[4]</sup>, even though most young people with a sustained diagnosis will go on to have significant difficulties in adulthood. These, may include continuing ADHD, comorbid psychiatric disorders, emotional and social difficulties, substance misuse, unemployment and involvement in crime. This also means that there is a pool of adult patients in whom the diagnosis of ADHD has been unidentified and where ineffective treatments have been put in place for alternative diagnoses, which may account for the high rates of contact reported with mental health services for adults with ADHD and in turn the associated cost implications<sup>[1]</sup>. In addition, many people with ADHD, and their parents or carers, experience stigma and other difficulties because of the symptoms and impairment associated with ADHD and current practice within healthcare and education.

Transition from children's to adult services remains a major concern in young people with mental health problems<sup>[5]</sup>, particularly those with ADHD who are vulnerable<sup>[6]</sup> and require continuing care into adulthood. Currently there is a lack of experience and training in the care of young adults with ADHD within adult mental health services, primary healthcare and psychology services<sup>[6]</sup>. It has also been identified that some clinicians may be reluctant to prescribe psychostimulants<sup>[7]</sup>, as methylphenidate is not licensed for use in adults. Therefore the full implementation of the [NICE clinical guideline CG72 on ADHD](#) may require significant effort and partnership working.

The [NICE clinical guideline CG72 on ADHD](#) makes recommendations for the diagnosis and management of ADHD. This includes drug treatment for adults,

which should always form part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs. The guideline also notes that people with ADHD require integrated care, that addresses a wide range of personal, social, educational and occupational needs.

## ***Benefits***

The potential benefits of robustly commissioning an effective service for the diagnosis and management of ADHD in adults include:

- **better care of young people with ADHD during the transition between child and adolescent mental health services (CAMHS) or paediatric services, and adult mental health services**, which improves clinical, educational and social outcomes<sup>[8]</sup>
- **decreasing the number of people who disengage from services** at a time when they are most vulnerable, and reducing the likelihood of them re-presenting in crisis in the future
- **improving the recognition, diagnosis and treatment of ADHD in adults and reducing the risk of misdiagnosis**, which can improve the quality of care and may reduce the number of mental health contacts, with the associated costs
- **reducing the distress from the symptoms of ADHD** in young people and adults and their parents and/or carers
- **improving clinical and social care outcomes**
- **reducing inequalities** by improving access to adult psychiatric services for ADHD and addressing differences in referral rates for different ethnic groups<sup>[9]</sup>
- **increasing patient choice**, and improving partnership working, patient experience and engagement
- **better value for money**, through helping commissioners to manage their commissioning budgets more effectively – this may include opportunities for clinicians to undertake local service redesign to meet local requirements in novel ways.

Drug treatment for adults should be the first-line treatment for ADHD unless the person prefers psychological treatment. There is the potential for substance misuse and diversion (where the prescribed medication is forwarded on to others for non-prescription use) in adults with ADHD, especially in some settings, such as prison. However there is no strong evidence that this is a significant problem and the appropriate treatment of ADHD is associated with a reduction in substance misuse<sup>[11]</sup>.

## ***Key clinical issues***

Key clinical issues in providing an effective service for the diagnosis and management of ADHD in adults are:

- **accurately identifying and diagnosing all adults** with ADHD
- **ensuring that appropriate referral pathways are in place** for young people to support a smooth transition between CAMHS or paediatric services, and adult services (including adult mental health services, substance misuse services and primary care)
- **ensuring offender management services** have appropriate referral pathways for young people and adults
- **providing effective and efficient clinical care** in line with [NICE clinical guideline CG72 on ADHD](#), and ensuring appropriate treatment of comorbid psychiatric disorders including personality disorders, bipolar disorder, obsessive-compulsive disorder and substance misuse, and specific and generalised learning disabilities
- **ensuring that the service is integrated** with other health and social services for young people and adults with ADHD
- **ensuring responsive engagement with the third sector**
- **providing the best possible outcomes** for individual people/patients, their carers and local communities
- **[providing a quality assured service](#)**.

### ***National priorities***

National priorities and initiatives relevant to commissioning a service for the diagnosis and management of ADHD in adults include:

- [High quality care for all: NHS next stage review final report](#) identifies the need for locally-led, patient-centred and clinically driven change, including the work stream on children's health.
- [World class commissioning](#).
- [The NHS in England: The operating framework for 2009/10](#) identifies the national priorities for children in 2009/10 including reviewing the effectiveness of CAMHS and ensuring that vulnerable children have access to services. Locally determined priorities include providing services relative to need, to support vulnerable people, and improving the overall quality of healthcare for people with a learning disability.
- [National service framework for children, young people and maternity services](#) and in particular standard 9: [The mental health and psychological well-being of children and young people](#), which identifies markers of good practice for transfer from child to adult services, and [National service framework for mental health: modern standards and service models](#).

- [Promoting mental health for children held in secure settings: a framework for commissioning services.](#)
- [Commissioning IAPT for the whole community: improving access to psychological therapies.](#)
- [Joint planning and commissioning framework for children, young people and maternity services](#) sets out the overarching framework for local partners to use in the commissioning of services for young people.
- [Delivering the 18 week patient treatment pathway.](#)
- The [Care closer to home](#) initiative outlined in chapter 6 of the white paper 'Our health, our care, our say'.
- [Commissioning framework for health and well-being.](#)
- Considering the impact of [patient choice](#).
- The [Expert patients programme](#).
- [A stronger local voice: a framework for creating a stronger local voice in the development of health and social care services.](#)
- Implementation of NICE clinical and public health guidelines. These are core standards, and performance against these standards will be assessed by the [Care Quality Commission](#) in line with [Standards for better health](#).

Although many or all of these priorities may be relevant to the services nationally, your local service redesign may address only one or two of them.

## **References**

1. National Collaborating Centre for Mental Health (2008) [Diagnosis and management of ADHD in children, young people and adults](#). London: Royal College of Psychiatrists.
2. Department of Health (2004) [National service framework for children, young people and maternity services. The mental health and psychological well-being of children and young people](#). London: Department of Health.
3. Young S, Bramham J (2007) ADHD in adults: a psychological guide to practice. Chichester: J Wiley and Sons Ltd.
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6. Department for Children, Schools and Families (2008) [Children and young people in mind: the final report of the national CAMHS review](#). London: Department for Children, Schools and Families.
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8. Department of Health, Department for Education and Skills (2006) [Transition: getting it right for young people](#). Improving the transition of young people with long term conditions from children's to adult health services. London: Department of Health.
9. Moosa F, Lohawala A (2007) [ADHD – do guidelines translate into service?](#) Child and Adolescent Mental Health 12 (2):73–5.

# Specifying a service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition

## *Service components*

The key components of a service for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in adults and young people in transition are:

- the transition of young people with ADHD into adult services
- appropriate referral, diagnosis and management of adults with ADHD
- [developing a high-quality service](#) for the diagnosis and management of ADHD in adults and young people in transition.
- the organisation and planning of services.

## **The transition of young people with ADHD into adult services**

The [NICE clinical guideline CG72 on ADHD](#) states that young people with ADHD receiving treatment and care from child and adolescent mental health services (CAMHS) or paediatric services should normally be transferred to adult services if they continue to have significant symptoms of ADHD, or coexisting conditions that require treatment. Transition should be planned in advance by both referring and receiving services. An assessment at school-leaving age to establish the need for continuing treatment into adulthood should be carried out.

Flexibility in the timing of transition is important. The precise timing of arrangements may vary locally but should usually be completed by the time the young person is 18 years old.

Transition arrangements should normally include:

- details of the anticipated treatment and services that the young person will require
- consideration of a formal meeting involving CAMHS and/or paediatrics and adult psychiatric services, and provision of full information about adult services to the young person
- the use of the [care programme](#) approach as an aid to transfer between services for young people aged 16 years and older
- the involvement of the young person, and when appropriate the parent or carer, in the planning.

[Transition: getting it right for young people](#) describes best practice for the care of young people in transition between CAMHS or paediatric services and adult

services. This guidance notes that well-planned transition improves clinical, educational and social outcomes and requires accountability, cooperation and partnership working across a wide range of professionals and organisations.

### **Appropriate referral, diagnosis and management of adults with ADHD**

The diagnosis and general management of ADHD is described in detail in [NICE clinical guideline CG72 on ADHD](#). It is important to ensure that people with symptoms suggestive of ADHD are referred for appropriate assessment, diagnosis and treatment in order to improve the recognition and management of ADHD in adults, and to reduce the risk of potentially vulnerable young people lacking access to appropriate treatment and services.

The [NICE clinical guideline CG72 on ADHD](#) recommends that:

- Adults presenting with symptoms of ADHD in primary care or general adult psychiatric services, who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, where there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:
  - began during childhood and have persisted throughout life
  - are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions)

- have resulted in or are associated with moderate or severe psychological, social and/or educational or occupational impairment.
- Adults who have previously been treated for ADHD as children or young people and present with symptoms suggestive of continuing ADHD should be referred to general adult psychiatric services for assessment. The symptoms should be associated with at least moderate or severe psychological and/or social or educational or occupational impairment.
- A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified health care professional with training and expertise in the diagnosis of ADHD.

The details of the diagnosis are described in the [NICE clinical guideline CG72 on ADHD](#). This guideline also notes that drug treatment for adults should:

- be the first-line treatment unless the person prefers psychological treatment
- be started under the guidance of a psychiatrist, nurse prescriber specialising in ADHD or other clinical prescriber with training in ADHD diagnosis and management
- always form part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs
- be prescribed by an appropriately qualified healthcare professional with expertise in managing both ADHD and substance misuse for adults who also misuse substances.

### **Developing a high-quality service for the diagnosis and management of ADHD in adults and young people in transition**

[NICE clinical guideline CG72 on attention deficit hyperactivity disorder](#) recommends that:

- trusts should ensure that specialist ADHD teams for children, young people and adults jointly develop age-appropriate training programmes for the diagnosis and management of ADHD for mental health, paediatric, social care, education, forensic and primary care providers and other professionals who have contact with people with ADHD
- child and adult psychiatrists, paediatricians, and other child and adult mental health professionals (including those working in forensic services) should undertake training so that they are able to diagnose ADHD and provide treatment and management.

The guideline states that people with ADHD would benefit from improved organisation of care and better integration of paediatric, CAMHS and adult mental health services.

### **The organisation and planning of services**

[NICE clinical guideline CG72 on ADHD](#) recommends that multidisciplinary specialist ADHD teams and/or clinics for children and young people should be established, with separate teams and/or clinics for adults. Initially these could be provided by a specialist team, but over time should be integrated within generic mental health services.

The guideline also recommends that these teams and clinics should have expertise in the diagnosis and management of ADHD, and should:

- provide diagnostic, treatment and consultation services for people with ADHD who have complex needs, or where general psychiatric services are in doubt about the diagnosis and/or management of ADHD
- put in place systems of communication and protocols for information sharing among paediatric, child and adolescent, forensic, and adult mental health services for people with ADHD, including arrangements for transition between child and adult services
- produce local protocols for shared care arrangements with primary care providers, and ensure that clear lines of communication between primary care secondary care are maintained
- ensure age-appropriate psychological services are available for young people and adults with ADHD, and for parents or carers.

The size and commitment of these teams should depend on local circumstances (for example, the size of the trust, the population covered and the estimated referral rate for people with ADHD).

Every locality should develop a multi-agency group to oversee the implementation of the [NICE clinical guideline CG72 on ADHD](#) and to start and coordinate local training initiatives. This should include representatives from multidisciplinary specialist ADHD teams, paediatrics [if considered appropriate locally for adult services], mental health and learning disability trusts, forensic services, CAMHS, the Children and Young People's Directorate (including services for education and social services), parent support groups and others with a significant local involvement in ADHD services. It may also include the third sector, substance misuse services, youth justice, offender management and primary care.

Joint commissioning for mental health as a whole is still underdeveloped<sup>[1]</sup> and the commissioning process should have full participation and ownership with health, social services and education<sup>[2]</sup>. As the symptoms of ADHD are

commonly found in people with learning difficulties and in offenders<sup>[3]</sup>, commissioners may need to carry out a joint health and social needs assessment and engage with a range of other partners. Commissioners may also need to consider these as potential sources of referrals to services for adults with ADHD. This may provide the opportunity to work with health and social care providers to develop local [care pathways](#) that support the integration of services across different sectors. In some areas the third sector is already bringing different agencies together and encouraging sharing of information on good practice.

A service model for the management of adults with ADHD might include a multidisciplinary specialist ADHD team and/or clinic for young people, with separate teams and/or clinics for adults. As generic mental health services develop competence in the management of adults with ADHD, the delivery of these services could be integrated between specialist and generic mental health teams. However, as there are currently no mechanisms in place for specialist tertiary mental health services to support general mental health teams, commissioners may wish to consider how this can be delivered across a geographical area. Generic mental health teams and/or primary care could provide a treatment monitoring service, which could include a nurse or other clinical prescriber and/or practitioner with a specialist interest.

Commissioners may wish to consider service models that include the NHS working with non-NHS providers and/or the third sector to stimulate the market. As service models may need to take into account patients with a dual diagnosis, it may be appropriate for generic adult mental health services to provide an overall coordinated package of care, with advice from specialist clinicians for the management of ADHD. Some patients may need support over a significant period of time, so service models may need to consider current levels of provision, clinical skills and competence, and how best to provide the level of service capacity required in the local area (see also the [commissioning and benchmarking tool](#)).

Local stakeholders, including [service users](#), should be involved in determining what is needed from a service for the diagnosis and management of adults with ADHD and young people in transition in order to meet local needs. The service should be centred on the person with ADHD and integrated with other elements of care for people with ADHD.

The service specification needs to consider:

- The required competencies of, and training for, staff responsible for providing the service. This may need to focus on the competencies and skills required by individuals involved at various stages of the care pathway, rather than which specific professionals should be involved<sup>[4]</sup>.
- The expected number of patients. This should take into account how quickly any changes in service provision are likely to take place.

- Ease of access and service location. Commissioners should engage with service users and other relevant individuals and organisations locally.
- Referral and [care pathways](#) should support the integration of services across different sectors.
- Information and audit requirements, including IT support and infrastructure.
- Planned service improvement, including redesign, quality, equitable access, and referral-to-treatment times according to the [18 week patient pathway](#) or equitable waiting times locally for those services currently outside 18 weeks.
- [Service monitoring criteria](#).

Useful sources of information may include:

- The NHS Purchasing and Supply Agency's [Mental health roadmap](#) is an online resource pack for commissioners of mental health services for people of all ages. The pack contains practical tools, guidance, case studies and templates, and integrates commercial and procurement elements with clinical aspects to help commissioners get the most from the provider market, enabling quality and value for money in delivering improved outcomes.
- [Delivering the 18 week patient pathway: 18 week commissioning pathways](#).
- [Implementation advice for NICE clinical guideline CG72 on ADHD](#).

## **References**

1. Department for Children, Schools and Families (2008) [Children and young people in mind: the final report of the national CAMHS review](#). London: Department for Children, Schools and Families.
2. Department of Health (2004) [National service framework for children, young people and maternity services](#) and in particular standard 9: [The mental health and psychological well-being of children and young people](#). London: Department of Health.
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# Determining local service levels for a service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition

## ***Benchmarks for a standard population***

Available data suggest that the standard benchmark rate for referral to a service for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in adults is **25 per 100,000 population per year**.

For an **average primary care trust** population of 300,000, the average number of people requiring referral to a service for the diagnosis and management of ADHD in adults would be **75 per year**.

For an **average general practice** list size of 10,000, the average number of people requiring referral to a service for the diagnosis and management of ADHD in adults would be around **3 per year**.

Examine the [assumptions used in estimating these figures](#).

A service for the diagnosis and management of ADHD in adults is likely to fall under the [programme budgeting](#) category 205X (other mental health disorders).

Use the service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition [commissioning and benchmarking tool](#) to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.

## ***Further information***

Sources of further information to help you in assessing local health needs and reducing health inequalities include:

- Annex A of the [Commissioning framework for health and well-being](#) outlines the process and data needed to undertake a joint strategic needs assessment.
- Department of Health [Delivering quality and value – focus on benchmarking](#).
- NICE [Health equity audit – learning from practice briefing](#).
- [Delivering the 18 week patient pathway: 18 week commissioning pathways](#).

- The [No delays achiever](#) provides access to service improvement tools aimed at reducing time between referral and treatment.

## Assumptions used in estimating a population benchmark

The assumptions used in estimating a population benchmark for referrals to a service for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in adults and young people in transition of **25 per 100,000 population per year** are based on the following sources of information:

- **epidemiological data** on the prevalence of ADHD
- **expert clinical opinion** of the topic-specific advisory group, based on experience in clinical practice and literature review.

### *Epidemiological data*

Prevalence estimates of ADHD are rare in the published literature, especially in relation to Diagnostic and statistical manual, 4<sup>th</sup> edition (DSM–IV) and ICD-10 (International classification of diseases, 10<sup>th</sup> revision) criteria. Therefore to calculate the prevalence of ADHD in adults and young people where evidence is limited we have made the following assumptions:

- The prevalence of ADHD in the population aged 13–15 years based on the 1999 British Child and Mental Health Survey is 3.62% in males and 0.85% in females<sup>[1]</sup>.
- The prevalence of ADHD in the population aged 18 years and older is based on the assumption that 65%<sup>[2]</sup> of the population aged 13–15 years with ADHD will continue to have symptoms of ADHD in adulthood that meet the DSM–IV criteria for either a full or partial diagnosis of ADHD. This equates to a prevalence of ADHD in the population aged 18 years and older of 2.35% in males and 0.55% in females.
- The prevalence of ADHD in the population aged 16–17 years is assumed to be the midpoint between the prevalence in the population aged 13–15 years and the prevalence of ADHD in the population aged 18 years and older. This equates to a prevalence of ADHD in the population aged 16–17 years of 2.99% in males and 0.70% in females.

We have assumed that 30% of the population aged 16–17 years with ADHD will require referral to adult ADHD services. This is based on a survey of community paediatricians and the proportion of children with ADHD they expected to require follow-up in adulthood<sup>[3]</sup>. The weighted average of the responses from the survey is 20% (lower range) and 40% (upper range), the mid point of which is 30%.

Of the population aged 16–17 years with ADHD who require referral to an adult ADHD service, we assumed that 50% would be referred in any one year. The topic-specific advisory group concurred with this assumption. Therefore

the number of referrals to an adult ADHD service would be around **7.5 per 100,000 population** per year. This is based on the following calculations:

- the combined prevalence of ADHD in males and females is around 50 per 100,000
- around 30% of the above (15 per 100,000 population) will require referral at some point to an adult ADHD service
- in any one year 50% of the above (7.5 per 100,000 population) will require referral to an adult ADHD service.

### ***Expert clinical opinion***

The consensus opinion of the topic-specific advisory group was:

- Between **1% and 2%** of the population with ADHD aged 18 years and older may be referred to an adult ADHD service each year; however, this estimate is subject to a high degree of uncertainty and local variation, and should be audited when services have been developed.
- The estimate that 30% of the population aged 16–17 years with ADHD may require a referral to an adult ADHD service is lower than the percentage of referrals expected from CAMHS and paediatric services because it refers to the population aged 16–17 years with ADHD, rather than young people aged 16–17 years who are receiving care from CAMHS and paediatric services.

### ***Conclusions***

Based on the epidemiological data and other information outlined above, it is concluded that population benchmark rate for referrals to a service for the diagnosis and management of ADHD in adults is **25 per 100,000 population per year**. This is based on the following assumptions:

- the average number of referrals in the population aged 16–17 years (based on an equal proportion of people being referred in each year) is 0.007%, or **7.5 per 100,000 population** per year
- around 1.5% of the population aged 18 years and older with ADHD may be referred per year to an adult ADHD service. This is equates to around **17 per 100,000 population** per year.

Therefore the population benchmark for referrals to a service for the diagnosis and management of ADHD in adults and young people in transition, based on the combined estimates above, is 25 per 100,000 population per year.

Use the service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition [commissioning and benchmarking tool](#) to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.

## **References**

1. Ford T, Goodman R, Meltzer H (2003) [The British Child and Adolescent Mental Health Survey 1999: the prevalence of DSM-IV disorders](#). *Journal of the American Academy of Child and Adolescent Psychiatry* 42: 1203–11.
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## The commissioning and benchmarking tool

### [Download the service for the diagnosis and management of attention deficit hyperactivity disorder \(ADHD\) in adults commissioning and benchmarking tool](#)

Use the service for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in adults commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service, as described below.

#### ***Identify indicative local service requirements***

The indicative benchmark based on the national average for a referral to an adult ADHD service is estimated to be **25 per 100,000 population per year**.

The commissioning and benchmarking tool helps you to assess local service requirements using the indicative benchmark as a starting point. With knowledge of your local population and its demographic, you can amend the benchmark to better reflect your local circumstances. For example, if your population is significantly younger or older than the average population you may need to provide services for relatively fewer or more people.

#### ***Review current commissioned activity***

You may already commission a service for the diagnosis and management of ADHD in adults for your population. The tool provides tables that you can populate to help you calculate your current commissioned activity and costs.

#### ***Identify future change in capacity required***

Using the indicative benchmark provided, or your own local benchmark, you can use the commissioning and benchmarking tool to compare the activity that you might need to commission against your current commissioned activity. This will help you to identify the future change in capacity required. Depending on your assessment, your future provision may need to be increased or decreased.

#### ***Model future commissioning intentions and associated costs***

You can use the commissioning and benchmarking tool to calculate the capacity and resources needed to move towards the benchmark level, and to model the required changes over a period of 4 years.

Use the tool to calculate the level and cost of activity you intend to commission and to consider the settings in which the the service for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in adults may be provided, comparing the costs of commissioning the service across the various settings. The tool is pre-populated with data on the potential recurrent and non-recurrent cost elements that may need to be

considered in future service planning, which can be reviewed and amended to better reflect your local circumstances.

Commissioning decisions should consider both the clinical and economic viability of the service, and [take into account the views of local people](#). Commissioning plans should also take into account the costs of monitoring the quality of the services commissioned.

## Ensuring corporate and quality assurance

Commissioners should ensure that the services they commission represent value for money and offer the best possible outcomes for patients. Commissioners need to [set clear specifications](#) for monitoring and assuring quality in the service contract.

Commissioners should ensure that they consider both the clinical and economic viability of the service, and any related services, and take into account [patients' views](#), the views of parents or carers and those of other stakeholders when making commissioning decisions.

A service for the diagnosis and management of adults with attention deficit hyperactivity disorder (ADHD) and young people in transition needs to:

- **be effective and efficient**
- **be responsive to the needs of patients** and parents or carers
- **provide treatment and care based on best practice**, as defined in [NICE clinical guideline CG72 on ADHD](#)
- **deliver the required capacity**
- **be integrated** with other elements of care for people with ADHD
- **define agreed criteria for referral**, local [protocols](#) and the care pathway for people with ADHD
- **be person-centred and provide equitable access**, ensuring that people with ADHD are treated with dignity and respect, are fully informed about their care and are able to make decisions about their care in partnership with healthcare professionals
- **audit outcomes for people with ADHD** to ensure appropriate access and transition from child and adolescent mental health and paediatric services to adult mental health services, and the diagnosis and treatment of ADHD
- **demonstrate how it meets requirements under equalities legislation**
- **demonstrate value for money.**

### *Local quality assurance*

Any mechanisms for quality assurance at a local level are likely to refer to the following.

- **Service and performance targets**, including estimated activity levels and case mix, waiting and referral-to-treatment times (ensuring that people with ADHD and parents or carers do not experience unnecessary delays), and complaints procedures. [Transition: getting it right for young people](#) states that children's

and adult health services should agree the best way of measuring the effectiveness of transition arrangements, and whether agreed policies and protocols are being implemented. One example of an indicator used to do this is the measurement over time of the 'did not attend' (DNA) rate for young people at their second adult service appointment.

- **Clinical governance arrangements**, including incident reporting.
- **Clinical quality criteria**: appropriateness of referral, consenting procedures, clinical protocols.
- **Audit arrangements**: frequency of reporting, reporting route and format, and dissemination mechanisms; arrangements should include auditing the proportion of eligible people with ADHD who are provided with care, and monitoring of patient outcomes. For further information see [audit support \(adults\) for NICE clinical guideline CG72 on ADHD](#)
- **Health, safety and security**: infection control, waste management, confidentiality procedures, legislative requirements.
- **Equipment**: testing and calibration.
- **Accreditation requirements**: for some or all elements of the service, the premises and/or staff.
- **Patient satisfaction**: people with ADHD and parent or carer perspective and perception of service provision, complaints.
- **Outcomes for people with ADHD**: increase the number of adults with ADHD who received a confirmed diagnosis and treatment, improved quality of life, reducing inequalities in the referral rates for different ethnic groups.
- **Staff competencies**: individual and team baseline requirements, monitoring and performance. The National Collaborating Centre for Mental Health document on [Diagnosis and management of ADHD in children, young people and adults](#) identifies competencies that might be useful in an ADHD service for adults.
- **Information requirements**, including both people-specific information (NHS number, referring GP, provision of high-quality information to people with ADHD/carers) and service-specific information (referral-to-treatment times, workload trends, number of complaints).
- **The process for reviewing the service with stakeholders**, including decisions on changes necessary to improve or to decommission the service.
- **Achieving targets associated with equalities legislation**.

## ***Further information***

**General information** on quality and corporate assurance can be obtained from the following sources:

- The [National Patient Safety Agency](#) (NPSA) oversees the implementation of a system to report and learn from adverse events and near misses occurring in the NHS. The publication 'Seven steps to patient safety' provides an overview of patient safety and gives updates on the tools that the NPSA is developing to support patient safety across the health service.
- [NHS Alliance online resources](#). NHS Alliance is the representational organisation of primary care and primary care trusts, and provides them with an opportunity to network and exchange best practice. The alliance supports its members with an open-access helpline, in-house and joint publications and briefings, internal newsletters and a website.
- The [DH commissioning framework](#) provides guidance on the commissioning process in the context of the NHS reform agenda.
- [Delivering the 18 week patient pathway](#) provides a range of resources to support the key NHS objective to deliver an 18 week patient pathway from GP referral to the start of treatment by the end of 2008.
- NHS Institute for Innovation and Improvement support for commissioners, includes [Commissioning for Health Improvement](#) products to accelerate the achievement of world class commissioning; [The Productive Leader](#) programme to enable leadership teams to reduce waste and variation in personal work processes, and [Better care, better value indicators](#) to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care, and to generate ideas on how to achieve these savings.
- [10 Steps to your SES: a guide to developing a single equality scheme](#). This guidance has been developed to assist NHS organisations that have a duty, as public authorities, to comply with the race, disability and gender public sector duties, and in anticipation of new duties in relation to age, religion and belief, and sexual orientation.

**Specific information** on quality and corporate assurance for a service for the diagnosis and management of attention deficit hyperactivity disorder in adults and young people in transition can be obtained from the following sources:

- [Better metrics](#) a pragmatic project that provides clinically relevant measures of performance to support the development

of measurable local targets and indicators for local quality improvement projects. See metrics for mental health (notably 9.04 transition to adult services, 9.06 access to appropriate services, 9.09 reducing inequalities, social exclusion and stigma, 9.16 responding to the needs of carers).

- The [Quality and outcomes framework \(QOF\)](#) is a voluntary quality incentive scheme that rewards general practices for implementing systematic improvements in the quality of patient care.
- [Skills for health](#) works with employers and other stakeholders to ensure that those working in the sector are equipped with the right skills to support the development and delivery of healthcare services. See details of the [mental health competence framework](#).

## **Topic-specific Advisory Group: service for the diagnosis and management of ADHD in adults**

A topic-specific advisory group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

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