NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Draft quality standard for attention deficit hyperactivity disorder

1 Introduction

Attention deficit hyperactivity disorder (ADHD) is a behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention. Although these symptoms tend to cluster together, some people are predominantly hyperactive and impulsive, whereas others are primarily inattentive.

Two main diagnostic criteria are currently in use – the International Classification of Mental and Behavioural Disorders 10th revision (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV). Instead of referring to ADHD, ICD-10 uses the term hyperkinetic disorder (HKD) which is defined using more stringent diagnostic criteria than DSM-IV ADHD. DSM-IV uses a broader definition which includes a number of different ADHD subtypes. Hyperkinetic disorder broadly corresponds to DSM-IV ADHD combined subtype. Although ICD-10 excludes any comorbidity, coexisting conditions are accepted as a common aspect of the diagnosis and treatment of ADHD.

Based on the narrower criteria of ICD-10, HKD is estimated to occur in 1–2% of children and young people in the UK. Using the broader criteria of DSM-IV, ADHD is thought to affect about 3–9% of school-age children and young people in the UK. The 2007 Adult Psychiatric Morbidity Survey (APMS)[1]estimates that 8% of adults within England have ADHD.

Symptoms of ADHD can overlap with symptoms of other related disorders. Common coexisting conditions in children with ADHD include disorders of

[1] Adult psychiatric morbidity in England, Results of a household survey. The NHS Information Centre for health and social care, 2007.

mood, conduct, learning, motor control and communication, and anxiety disorders; in adults they include personality disorders, bipolar disorder, obsessive-compulsive disorder and substance misuse.

This quality standard covers the diagnosis and management of ADHD in children aged 3 years and older, young people and adults.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following frameworks:

- The NHS Outcomes Framework 2012–13
- The Adult Social Care Outcomes Framework 2013–14
- Improving outcomes and supporting transparency: Part 1: a public health outcomes framework 2013–2016

The table below shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving:

NHS outcomes framework 2013–14	
Domain 2: Enhancing quality of life for people with long-term conditions	**Improvement areas** *Ensuring people feel supported to manage their condition* 2.1 Proportion of people feeling supported to manage their condition *Improving functional ability in people with long-term conditions* 2.2 Employment of people with long-term conditions *Enhancing quality of life for carers* 2.4 Health-related quality of life for carers *Enhancing quality of life for people with mental illness* 2.5 Employment of people with mental illness
Domain 4: Ensuring that people have a positive experience of care	**Improvement areas** *Improving the experience of healthcare for people with mental illness* 4.7 Patient experience of community mental health services
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	**Overarching indicators** 5a Patient safety incidents reported Improvement areas *Reducing the incidence of avoidable harm* 5.4 Incidence of medication errors causing serious harm
The adult social care outcomes framework 2013–14	
Domain 1: Enhancing quality of life for people with care and support needs	**Overarching measure** 1A Social care-related quality of life **Outcome measures** P*eople manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs* 1B Proportion of people who use services who have control over their daily life 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.* 1F Proportion of adults in contact with secondary mental health services in paid employment 1H Proportion of adults in contact with secondary mental health services living independently, with or without support
Domain 3: Ensuring that people have a positive	**Overarching measure** *People who use social care and their carers are satisfied*

experience of care and support.	*with their experience of care and support services.* 3A Overall satisfaction of people who use services with their care and support **Outcome measures** *People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.* 3D The proportion of people who use services and carers who find it easy to find information about support
Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.	**Overarching measure** 4A The proportion of people who use services who feel safe **Outcome measure** *Everyone enjoys physical safety and feels secure.* *People are free from physical and emotional abuse, harassment, neglect and self-harm.* *People are protected as far as possible from avoidable harm, disease and injuries.* *People are supported to plan ahead and have the freedom to manage risks the way that they wish.* 4B The proportion of people who use services who say that those services have made them feel safe and secure
Public health outcomes framework 2013–16	
Domain 1: Improving the wider determinants of health.	**Objective** Improvements against wider factors that affect health and wellbeing and health inequalities 1.3 Pupil absence 1.4 First-time entrants to the youth justice system 1.5 16–18 year olds not in education, employment or training 1.6 People with mental illness or disability not in settled accommodation 1.7 People in prison who have a mental illness or significant mental illness 1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
Domain 2: Health improvement.	**Objective** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities 2.8 Emotional wellbeing of looked-after children

2 Draft quality standard for attention deficit hyperactivity disorder

The draft quality standard for attention deficit hyperacticity disorder (ADHD) states that services should be commissioned from and coordinated across all relevant agencies encompassing the ADHD care pathway. A person-centered and integrated approach to provision of services is fundamental to delivering high-quality care to people with ADHD.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should cross refer across the library of NICE quality standards when designing high-quality services.

Patients, service users and carers may use the quality standard to find out about the quality of care they should expect to receive; support asking questions about the care they receive; and to make a choice between providers of social care services.

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care professionals involved in assessing, caring for and treating children, young people and adults with ADHD should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

No.	Draft quality statements
1	Adults who present with symptoms of ADHD, who do not have a childhood diagnosis of ADHD, are referred for assessment to an ADHD specialist.
2	Children and young people with suspected ADHD have the diagnosis confirmed by an ADHD specialist.
3	Parents or carers of children and young people with suspected or confirmed ADHD are offered a referral to a parent-training and education programme.

4	Children and young people with moderate ADHD are referred to a psychological group treatment programme.
5	People with ADHD who are starting drug treatment have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist.
6	People with ADHD who are taking drug treatment have a review at least annually.

Other quality standards that should also be considered when commissioning or providing a high-quality ADHD service are listed in section 7.

General questions for consultation

Question 1	Can you suggest any appropriate healthcare outcomes for each quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures inappropriate and, if so, can you identify suitable alternatives?
Please refer to quality standards in development for additional general points for consideration.	

Draft quality statement 1: Identification and referral in adults

Draft quality statement	Adults who present with symptoms of ADHD, who do not have a childhood diagnosis of ADHD, are referred to an ADHD specialist for assessment.
Rationale	Adults with undiagnosed ADHD are often treated for co-existing mental heath problems within general psychiatric services while their ADHD remains undiagnosed. Diagnosis of ADHD requires a full clinical and psychosocial assessment of multiple aspects of a person's life, and should be undertaken by a healthcare professional with specialist knowledge and experience of ADHD.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that adults who present with symptoms of ADHD who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment. **Process:** Proportion of adults who present with symptoms of ADHD without a childhood diagnosis of ADHD who are referred to an ADHD specialist for assessment. Numerator – the number of people in the denominator who are referred to an ADHD specialist for assessment. Denominator – the number of adults aged 18 years and over who present with symptoms of ADHD without a childhood diagnosis of ADHD. **Outcome:** Rates of new diagnosis of ADHD in adults.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for adults who present with symptoms of ADHD without a childhood diagnosis of ADHD to be referred to an ADHD specialist for assessment. **Health and social care professionals** ensure adults who present with symptoms of ADHD without a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment. **Commissioners** ensure they commission specialist services for the assessment of adults who present with suspected ADHD. **Adults** who present with symptoms of ADHD who have not had a diagnosis of ADHD in childhood are referred by an ADHD specialist for assessment.
Source clinical guideline references	NICE clinical guideline 72 recommendation 1.2.2.1
Data source	**Structure:** Local data collection.

	Process: Local data collection.
Definitions	An ADHD specialist is a mental health specialist trained in the diagnosis and treatment of ADHD. NICE clinical guideline 72 recommendation 1.2.2.1 states that, adults presenting with symptoms of ADHD in primary care or adult general 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 or educational or occupational impairment. Adults are defined as people aged 18 years and over.

Draft quality statement 2: Confirmation of diagnosis

Draft quality statement	Children and young people with suspected ADHD have the diagnosis confirmed by an ADHD specialist.
Rationale	The families of children and young people suspected of having ADHD can be referred to a parent-training and education programme by their child's school or primary healthcare practitioner. However in order to ensure an accurate diagnosis of ADHD it is important that diagnosis is confirmed within secondary care by a healthcare professional with specialist training and expertise in ADHD.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that children and young people with suspected ADHD have their diagnosis confirmed by an ADHD specialist. **Process:** Proportion of children and young people with suspected ADHD whose diagnosis is confirmed by an ADHD specialist. Numerator – the number of children and young people in the denominator whose diagnosis is confirmed by an ADHD specialist. Denominator – the number of children aged 3 years and older, and young people with suspected ADHD.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for children and young people with suspected ADHD to have their diagnosis confirmed by an ADHD specialist. **Health and social care professionals** ensure children and young people with suspected ADHD have their diagnosis confirmed by an ADHD specialist. **Commissioners** ensure they commission specialist services for the diagnosis of ADHD. **Children and young people** who are thought to have ADHD have their diagnosis confirmed an ADHD specialist.
Source clinical guideline references	NICE clinical guideline 72 recommendation 1.3.1.1 and 1.3.1.3 (KPI).
Data source	**Structure:** Local data collection. **Process:** Local data collection. NICE clinical guideline 72 audit support tool, services for adults (criteria for diagnosis), criterion 5 and 6, and NICE clinical guideline 72 audit support tool, services for children and young people, criterion 1 and 2.
Definitions	An ADHD specialist is a mental health specialist trained in the diagnosis and treatment of ADHD. For the assessment and diagnosis of ADHD in children this will be a child psychiatrist,

	paediatrician or specialist ADHD CAMHS. NICE clinical guideline 72 recommendation 1.3.1.1 states that a diagnosis of ADHD must be made on the basis of: • a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life, and • a full developmental and psychiatric history, and • observer reports and assessment of the person's mental state. NICE clinical guideline 72 recommendation 1.3.1.3 states that for a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should: • meet the diagnostic criteria in DSM-IV or ICD-10 (hyperkinetic disorder), and • be associated with at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings, and • be pervasive, occurring in two or more important settings including social, familial, educational and/or occupational settings. As part of the diagnostic process, include an assessment of the person's needs, coexisting conditions, social, familial and educational or occupational circumstances and physical health. For children and young people, there should also be an assessment of their parents' or carers' mental health. Note: The ICD-10 exclusion on the basis of a pervasive developmental disorder being present, or the time of onset being uncertain, is not recommended.

Draft quality statement 3: Psychological treatments for parents and carers of children with ADHD

Draft quality statement	Parents or carers of children and young people with suspected or confirmed ADHD are offered a referral to a parent-training and education programme.
Rationale	Parent-training and education programmes aim to provide parents or carers with coping strategies and techniques for managing the behaviour of their children with ADHD. These programmes can help improve the relationship between parents or carers and their children and improve the child's behaviour.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure that parents or carers of children and young people with suspected or confirmed ADHD are offered a referral to a parent-training and education programme**.** b) Evidence of local arrangements for provision of fully accessible parent-training and education programmes. **Process:** a) Proportion of parents or carers of children and young people with suspected or confirmed ADHD who are referred to a parent-training and education programme. Numerator – the number of people in the denominator referred to a parent-training and education programme. Denominator – the number of parents or carers of children and young people with suspected or confirmed ADHD. **Outcome:** Parent or carer satisfaction with the provision of parent-training and education programmes.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for the referral of parents or carers of children and young people with suspected or confirmed ADHD to a parent-training and education programme. **Health and social care professionals** ensure they offer parents or carers of children and young people with suspected or confirmed ADHD a referral to a parent-training and education programme. **Commissioners** ensure they commission parent-training and education programmes for parents or carers of children and young people with suspected or confirmed ADHD **Parents and carers of children and young people with suspected or confirmed ADHD** are offered a referral to a parent-training and education programme to help them manage their child's behaviour.
Source clinical	NICE clinical guideline 72 recommendation 1.2.1.5, 1.5.1.4,

guideline references	1.5.1.3 (KPI), 1.5.2.4 (KPI) and 1.5.3.1 (KPI).
Data source	**Structure:** Local data collection. **Process:** a) and b) Local data collection. NICE clinical guideline 72 audit support tool, services for children and young people, criterion 3 and 4.
Definitions	Parents or carers of children with suspected ADHD may be referred to parent- training and education programmes by a primary care health professional before a formal diagnosis of ADHD is given. Group-based parent-training and education programmes are recommended for parents and carers of children with ADHD as the first-line treatment unless there are special circumstances as detailed in NICE clinical guideline CG 72 recommendation 1.5.1.4. Children are defined as aged 11 years and under. Young people are defined as aged 12 to 18 years.
Equality and diversity considerations	Parent –training and education programmes should be made available to all families with children with ADHD. Thought should be given to ensuring families can access services by providing them at times and locations that are convenient, ideally with crèche facilities for siblings. If there are particular difficulties for families in attending group sessions due (for example, because of disability, needs related to diversity such as language differences, parental ill-health, problems with transport, or where other factors suggest poor prospects for therapeutic engagement) it may be appropriate to consider offering individual sessions to a family. All information and advice should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

Draft quality statement 4: Psychological treatments for children and young people with ADHD

Draft quality statement	Children and young people with moderate ADHD are referred to a psychological group treatment programme.
Rationale	ADHD affects many aspects of the lives of children and young people. Psychological treatment programmes aim to improve the daily functioning of children and young people with ADHD as well as improve their relationships with family members, carers and peers.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure that children and young people with moderate ADHD are referred to a psychological group treatment programme. b) Evidence of local arrangement for the provision of fully accessible psychological group treatment programmes. **Process:** Proportion of children and young people with moderate ADHD who are referred to a psychological group treatment programme**.** Numerator – the number of people in the denominator who are referred to a psychological group treatment programme**.** Denominator – the number of children and young people with moderate ADHD.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for children and young people with moderate ADHD to be referred to a psychological group treatment programme. **Health and social care professionals** ensure children and young people with moderate ADHD are referred to a psychological group treatment programme. **Commissioners** ensure they commission psychological group treatment programmes for children and young people with moderate ADHD. **Children and young people with moderate ADHD** are referred to a psychological group treatment programme.
Source clinical guideline references	NICE clinical guideline 72 recommendation 1.5.2.4 (KPI), 1.5.2.5 and 1.5.2.6.
Data source	**Structure:** Local data collection. **Process:** Local data collection. NICE clinical guideline 72 audit support tool, services for children and young people, criterion 4.

Definitions	A psychological group treatment programme should consist of cognitive behavioural therapy (CBT) or social skills training. NICE clinical guideline 72 recommendation 1.5.2.6 states that for older adolescents with ADHD and moderate impairment, individual psychological interventions (such as CBT or social skills training) may be considered as they may be more effective and acceptable than group parent-training and education programmes or group CBT and/or social skills training. Children are defined as aged 11 years and under. Young people are defined as aged 12 to 18 years. Moderate ADHD in children and young people is taken to be present when the symptoms of hyperactivity/impulsivity and/or inattention, or all three, occur together, and are associated with at least moderate impairment, which should be present in multiple settings and in multiple domains, where the level appropriate to the child's chronological and mental age has not been reached.
Equality and diversity considerations	The presence of common co existing conditions such as conduct disorders, mood disorders or learning disability should be considered when planning psychological group treatment programmes for children and young people.

Draft quality statement 5: Starting drug treatment

Draft quality statement	People with ADHD who are starting drug treatment have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist.
Rationale	People starting drug treatment for ADHD should be closely monitored for side effects, particularly during the initial treatment period. Drug doses are adjusted over the first 4 to 6 weeks of treatment to ensure any unwanted effects are minimised while optimising beneficial effects.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist**.** **Process:** Proportion of people with ADHD who are starting drug treatment who have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist. Numerator – the number of people in the denominator who have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist. Denominator – the number of people with ADHD who are starting drug treatment. **Outcome:** Rates of drug-related side effects in people starting drug treatment for ADHD.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with ADHD who are starting drug treatment to have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist. **Health and social care professionals** ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist. **Commissioners** ensure they commission services for people with ADHD who are starting drug treatment to have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist. **People** with ADHD who are starting drug treatment have their initial drug dose adjusted over a period of 4 to 6 weeks by an ADHD specialist.
Source clinical guideline references	NICE clinical guideline 72 recommendations 1.5.5.5, 1.7.1.7, 1.8.1.1, 1.8.2.1, 1.8.2.2, 1.8.2.3, 1.8.2.4, 1.8.3.1, 1.8.3.2, 1.8.3.3, 1.8.3.4, 1.8.3.5
Data source	**Structure:** Local data collection. **Process:** Local data collection. NICE clinical guideline 72 audit

	support tool services for adults, criterion 11, 16, 30 and 39.
Definitions	An ADHD specialist is a mental health specialist trained in the diagnosis and treatment of ADHD. This may include a specialist psychiatrist or in the case of children a paediatrician. The prescription of drugs for the treatment of ADHD may be also be initiated by a nurse prescriber specialising in ADHD or other clinical prescriber with training in the diagnosis and management of ADHD.

Draft quality statement 6: Annual review of drug treatment

Draft quality statement	People with ADHD who are taking drug treatment have a review at least annually.
Rationale	There are a number of potential side effects associated with drug treatment for ADHD; therefore people taking drugs for ADHD need to be monitored regularly. Side effects from drug treatment can lead to people with ADHD stopping taking drug treatment without the prescriber's knowledge; there is also a risk that drugs used to treat ADHD may be misused.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that people with ADHD who are taking drug treatment have a review at least annually. **Process:** Proportion of people with ADHD who have taking drug treatment who receive review at least annually. Numerator – the number of people in the denominator receiving a review at least annually. Denominator – the number of people with ADHD are taking drug treatment.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with ADHD who are taking drug treatment to be reviewed at least annually. **Health and social care professionals** ensure that people with ADHD who are taking drug treatment are reviewed at least annually. **Commissioners** ensure they commission services for people with ADHD who are taking drug treatment to be reviewed at least annually. **People with ADHD** who are taking drug treatment are reviewed at least annually**.**
Source clinical guideline references	NICE clinical guideline 72 recommendations1.8.1.4, 1.8.6.1 and 1.8.7.1.
Data source	**Structure:** Local data collection. **Process:** Local data collection. NICE clinical guideline 72 audit support tool services for adults, criterion 13.
Definitions	NICE CG 72 recommendation 1.8.1.4 states, Following titration and dose stabilisation, prescribing and monitoring should be carried out under locally agreed shared care arrangements within

	primary care. An annual review of drug treatment should include a comprehensive assessment of clinical need, benefits and side effects, taking into account the views of the person and those of a parent, carer, teacher, spouse, partner and close friends as appropriate, and how these accounts may differ. The effect of missed doses, planned dose reductions and brief periods of no treatment should be taken into account and the preferred pattern of use should also be reviewed. Coexisting conditions should be reviewed, and the person treated or referred if necessary. The need for psychological, social and occupational support for the person and their parents or carers (as appropriate) should be assessed.
Equality and diversity considerations	All information and advice about treatment should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with ADHD should have access to an interpreter or advocate if needed.

3 Status of this quality standard

This is the draft quality standard released for consultation from 21 February to 21 March 2013. This document is not NICE's final quality standard on ADHD. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 21 March 2013. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards and Advisory Committee considerations. The final quality standard will then be available on the NICE website in July 2013.

4 Using the quality standard

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care professionals, patients, service users and carers alongside the documents listed in section 8. However, while these regulatory standards describe basic principles and standards of care for ADHD, the quality statements in this quality standard should be seen as markers of high quality care.

The quality measures accompanying the quality statements aim to improve structures, processes and outcomes of care in areas identified as requiring quality improvement. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice when taking account of safety, choice and professional judgement and so desired levels of achievement should be defined locally.

We have illustrated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. If national quality indicators do not exist, the quality measures should form the basis of audit criteria developed and used locally to improve the quality of care.

For further information, including guidance on using quality measures, please see What makes up a NICE quality standard.

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

Good communication between health and social care professionals and people with ADHD is essential. Treatment, care and support and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with ADHD should have access to an interpreter or advocate if needed.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in section 8, along with relevant policy context. References for the definitions and data sources for the quality measures are also included. Further explanation of the methodology used can be found in the Quality Standards Programme process guide.

7 Related NICE quality standards

7.1 Published

Service user experience in adult mental health. NICE quality standard (2011).

Patient experience in adult NHS services. NICE quality standard (2012).

7.2 Future quality standards

This quality standard will be developed in the context of the full list of quality standards referred to NICE, including the following topics scheduled for future development:

Managing the transition from children's to adult services.

Autism (children, young people and adults)

Conduct disorders (children and young people)

Personality disorders (borderline and antisocial)

8. Development sources

Evidence sources

The document below contains recommendations from NICE guidance that was used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

National Institute for Health and Clinical Excellence (2009) Attention deficit hyperactivity disorder: diagnosis and management of ADHD in children, young people and adults. NICE clinical guideline 72.

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

Department of Health (2010) Keeping children and young people in mind: the Government's full response to the independent review of CAMHS.

Department of Health (2008) Children and young people in mind: the final report of the National CAMHS Review.

Department of Health (2004) National service framework for children, young people and maternity services: core standards.

Definitions, and data sources for the quality measures

References included in in the definitions and data sources sections:

NICE clinical guideline 72 audit support tool