NICE National Institute for Health and Care Excellence

NICE quality standard

Attention deficit hyperactivity disorder

Quality standard

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Contents

This standard is based on CG72, CG158 and TA98.

This standard should be read in conjunction with QS14, QS15, QS51, QS59, QS101, QS102 and QS95.

Introduction

This quality standard covers the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in children aged 3 years and older, young people and adults. For more information see the ADHD overview.

Why this quality standard is needed

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'[1] (DSM-IV). Instead of referring to ADHD, ICD-10 uses the term hyperkinetic disorder, which is defined using more stringent diagnostic criteria than DSM-IV uses to define ADHD. DSM-IV uses a broader definition which includes a number of different ADHD subtypes. Hyperkinetic disorder broadly corresponds to the 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, hyperkinetic disorder 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 Health and Social Care Information Centre's Adult Psychiatric Morbidity in England – 2007 survey estimated that 8% of adults in England have ADHD.

Symptoms of ADHD can overlap with symptoms of other related disorders. Common coexisting conditions in children with ADHD include anxiety disorders and disorders of mood, conduct, learning, motor control and social communication; in adults they include personality disorders, bipolar disorder, obsessive–compulsive disorder and substance misuse.

How this quality standard supports delivery of outcome frameworks

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. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- The Adult Social Care Outcomes Framework 2013–14
- NHS Outcomes Framework 2013/14
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Part 1 and Part 1A.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2013–14

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	*Overarching measure* 1A Social care-related quality of life* *Outcome measures* **People 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 **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.** 1H Proportion of adults in contact with secondary mental health services living independently, with or without support**

3 Ensuring that people have a positive experience of care and support	*Overarching measure* **People who use social care and their carers are satisfied 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
Aligning across the health and care system * Indicator complementary ** Indicator shared	

Table 2 NHS Outcomes Framework 2013/14

Domain	Overarching indicators and improvement areas
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**
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
Alignment across the health and social care system ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Table 3 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators

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
2 Health improvement	*Objective* People are helped to live health lifestyles, make healthy choices and reduce health inequalities 2.8 Emotional wellbeing of looked-after children
Alignment across the health and social care system ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Coordinated services

The quality standard for ADHD specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole ADHD care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care 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 refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality ADHD service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners 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.

[1] NICE clinical guideline 72, the source guidance for this quality standard, used the 'Diagnostic and Statistical Manual of Mental Disorders 4th edition' as its reference for ADHD diagnostic criteria. An updated version of the 'Diagnostic and Statistical Manual of Mental Disorders 5th edition' was published in May 2013.

List of quality statements

Statement 1. Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.

Statement 2. Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD), who do not have a childhood diagnosis of ADHD, are referred to an ADHD specialist for assessment.

Statement 3. Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Statement 4. Parents or carers of children with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.

Statement 5. Children and young people with moderate attention deficit hyperactivity disorder (ADHD) are offered a referral to a psychological group treatment programme.

Statement 6. People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Statement 7. People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

Quality statement 1: Confirmation of diagnosis

Quality statement

Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.

Rationale

Symptoms suggestive of ADHD are often identified in children and young people by their GP or teachers. In order to ensure an accurate diagnosis of ADHD it is important that a full assessment is carried out within secondary care by a healthcare professional with specialist training and expertise in ADHD.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with symptoms of ADHD are referred to an ADHD specialist for assessment.

Data source: Local data collection.

Process

Proportion of children and young people with symptoms of ADHD who are referred to an ADHD specialist for assessment.

Numerator – the number of children and young people in the denominator referred to an ADHD specialist for assessment.

Denominator – the number of children and young people aged 3 to 18 years with symptoms of ADHD.

Data source: Local data collection. NICE clinical guideline 72 audit support tool, services for adults (criteria for diagnosis), criteria 5 and 6, and NICE clinical guideline 72 audit support tool, services for children and young people, criteria 1 and 2.

Data are collected through the child and adolescent mental health services (CAMHS) secondary uses dataset on referral request received date (global number 17300670), source of referral for mental health (global number 17300760), appointment date (global number 17300800), care professional group type (global number 17300990), CAMH care team type (global number 17301210), provisional diagnosis date (global number 17303190), provisional diagnosis (global number 17303180), diagnosis date (global number 1730210), primary diagnosis (global number 17303670), diagnosis date (global number 17303210).

Outcome

Rates of new diagnosis of ADHD in children and young people.

*Data source:*Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers ensure that systems are in place for children and young people with symptoms of ADHD to be referred to an ADHD specialist for assessment.

Health and social care practitioners ensure that systems are in place for children and young people with symptoms of ADHD to be referred to an ADHD specialist for assessment.

Commissioners ensure that they commission specialist ADHD services for the assessment of children and young people with symptoms of ADHD.

What the quality statement means for patients, service users and carers

Children and young people with symptoms of ADHD are referred to an ADHD specialist for an assessment.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72), recommendations 1.2.1.6, 1.3.1.1 and 1.3.1.3 (key priority for implementation).

Definitions of terms used in this quality statement

ADHD specialist A psychiatrist, paediatrician or mental health specialist with training and expertise in the diagnosis and treatment of ADHD. For the assessment and diagnosis of ADHD in children and young people this will be a child psychiatrist, paediatrician or specialist ADHD nurse.

Diagnosis of ADHD

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.

Symptoms of ADHD

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 for ADHD in DSM-IV [the 'Diagnostic and Statistical Manual of Mental Disorders 4th edition'] or for hyperkinetic disorder in ICD-10 [the 'International Classification of Mental and Behavioural Disorders 10th revision'] 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 2 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.

Equality and diversity considerations

Services should take into account the needs of children and young people with symptoms of ADHD who may present to health and education services within the youth justice system.

Quality statement 2: Identification and referral in adults

Quality statement

Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD) who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

Rationale

A 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 training, knowledge and experience of ADHD diagnosis and treatment.

A number of adults being treated for coexisting mental health problems within general psychiatric services or who present directly to their GP have been found to have undiagnosed ADHD.

Quality measures

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.

Data source: Local data collection.

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.

Data source: Local data collection.

Data are collected through the Mental health minimum dataset (MHMDS) on, referral request received date (REFRECDATE), source of initial referral (REFERRAL), adult mental health team type (CLINTEAMGRP), primary diagnosis (PRIMDIAG) and secondary diagnosis (SECONDDIAG).

Outcome

Rates of new diagnosis of ADHD in adults.

*Data source:*Local data collection. Data will also be collected against the NHS outcomes framework 2013–14 indicator 2.1: proportion of people feeling supported to manage their condition.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers ensure that 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 practitioners ensure that adults who present with symptoms of ADHD without a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

Commissioners ensure that they commission specialist services for the assessment of adults who present with suspected ADHD.

What the quality statement means for patients, service users and carers

Adults with symptoms of ADHD who have not had a diagnosis of ADHD in childhood are referred to an ADHD specialist for an assessment.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72) recommendation 1.2.2.1.

Definitions of terms used in this quality statement

ADHD specialist A psychiatrist or mental health specialist with training and expertise in the diagnosis and treatment of ADHD. An ADHD specialist usually works as part of a multidisciplinary ADHD team.

Symptoms 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, if 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 People aged 18 years and over.

Equality and diversity considerations

Consideration should be given to the provision of services for adults within the prison population who present with symptoms of ADHD.

Quality statement 3: Continuity of child to adult services

Quality statement

Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Rationale

There are increasing numbers of adults with ADHD in the general adult population and in addition there are a large number of adolescents moving from children's to adult's services. Adults with continuing symptoms of ADHD often experience much reduced levels of support as adults and it is important that their symptoms are recognised so that appropriate onward referral can be made.

Quality measures

Structure

Evidence of local arrangements to ensure that adults who present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Data source: Local data collection.

Process

Proportion of adults with ADHD who present with symptoms of continuing ADHD who are referred to general adult psychiatric services.

Numerator – the number of people in the denominator who are referred to general adult psychiatric services.

Denominator – the number of adults aged 18 years and over with ADHD who present with symptoms of continuing ADHD.

Data source: Local data collection.

Data are collected through the Mental health minimum dataset (MHMDS) on, referral request received date (REFRECDATE), source of initial referral (REFERRAL), adult mental health team type (CLINTEAMGRP), primary diagnosis (PRIMDIAG) and secondary diagnosis (SECONDDIAG).

Outcome

Adults feel supported to manage their ADHD.

*Data source:*Local data collection. Data will also be collected against NHS outcomes framework 2013–14 indicator 2.1: proportion of people feeling supported to manage their condition, indicator 4.7: patient experience of community mental health services.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers ensure that systems are in place for adults who present with symptoms of continuing ADHD to be referred to general adult psychiatric services.

Health and social care practitioners ensure that adults who present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Commissioners ensure they commission general adult psychiatric services for adults who present with symptoms of continuing ADHD.

What the quality statement means for patients, service users and carers

Adults who had ADHD when they were younger and who still have symptoms of ADHD are referred to general adult psychiatric services.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72) recommendation 1.2.2.2.

Definitions of terms used in this quality statement

Symptoms of ADHD should be associated with at least moderate or severe psychological, social, educational or occupational impairment.

Adults People aged 18 years or over.

Equality and diversity considerations

Consideration should be given to the provision of services for adults within the prison population identified as having symptoms of continuing ADHD.

Quality statement 4: Parent training programmes

Quality statement

Parents or carers of children with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training 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.

Quality measures

Structure

a) Evidence of local arrangements to ensure that parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria are offered a referral to a parent training programme.

Data source: Local data collection.

b) Evidence of local arrangements for provision of parent training programmes.

Data source: Local data collection.

Process

a) Proportion of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who are referred to a parent training programme.

Numerator – the number of people in the denominator referred to a parent training programme

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria.

Data source: Local data collection. NICE clinical guideline 72 audit support tool, services for children and young people, criterion 3.

Data are collected through the child and adolescent mental health services (CAMHS) secondary uses dataset on Strengths and difficulties questionnaire version (global number 17307030), assessment tool completion point (global number 17301350), heath of the nation outcome scale for children and adolescents (HONOS-CA) version (global number 17307050), assessment tool completion point (global number 17307140).

b) Proportion of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who attend a parent training programme.

Numerator – the number of people in the denominator attending a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who are referred to a parent training programme.

Data source: Local data collection. NICE clinical guideline 72 audit support tool, services for children and young people, criterion 3.

Data are collected through the child and adolescent mental health services (CAMHS) secondary uses dataset on Strengths and difficulties questionnaire version (global number 17307030), assessment tool completion point (global number 17301350), heath of the nation outcome scale for children and adolescents (HONOS-CA) version (global number 17307050), assessment tool completion point (global number 17307140).

c) Proportion of parents and carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who complete a parent training programme.

Numerator – the number of people in the denominator completing a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who attend a parent training programme.

Data source: Local data collection. NICE clinical guideline 72 audit support tool, services for children and young people, criterion 3.

Data are collected through the child and adolescent mental health services (CAMHS) secondary uses dataset on Strengths and difficulties questionnaire version (global number 17307030), assessment tool completion point (global number 17301350), heath of the nation outcome scale for children and adolescents (HONOS-CA) version (global number 17307050), assessment tool completion point (global number 17307140).

Outcome

a) Parent or carer satisfaction with the provision of parent training programmes.

*Data source:*Local data collection. Data will be collected against Public Health outcomes framework for England, 2013–16 indicators 1.3: pupil absence, indicator 1.4: first time entrants to the youth justice system, indicator 1.5: 16–18 year olds not in education, employment or training, indicator 2.8: emotional wellbeing of looked-after children.

b) Parents or carers feel supported to manage their child's condition.

*Data source:*Local data collection. Data will be collected against Public Health outcomes framework for England, 2013–16 indicators 1.3: pupil absence, indicator 1.4: first time entrants to the youth justice system, indicator 1.5: 16–18 year olds not in education, employment or training, indicator 2.8: emotional wellbeing of looked-after children.

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers ensure that systems are in place for the referral of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria to a parent training programme.

Healthcare practitioners ensure that they offer parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria a referral to a parent training programme.

Commissioners ensure that they commission parent training programmes for parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria.

What the quality statement means for patients, service users and carers

Parents and carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria are offered a referral to a parent training programme to help them manage their child's behaviour.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72) recommendations 1.2.1.2, 1.2.1.5, 1.5.1.5, 1.5.1.3 (key priority for implementation), 1.5.2.4 (key priority for implementation), 1.5.2.7 and 1.5.3.1 (key priority for implementation).
- Antisocial behaviour and conduct disorders in children and young people (NICE clinical guideline 158) recommendation 1.5.2 and 1.5.4

Definitions of terms used in this quality statement

Parent training programme Parents or carers of children with symptoms of ADHD may be referred to parent training programmes by a primary care health professional or school's special needs coordinator (SENCO) before a formal diagnosis of ADHD is made by an ADHD specialist.

Symptoms of ADHD

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 for ADHD in DSM-IV [the 'Diagnostic and Statistical Manual of Mental Disorders 4th edition'] or for hyperkinetic disorder in ICD-10 [the 'International Classification of Mental and Behavioural Disorders 10th revision'] 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.

NICE eligibility criteria The NICE eligibility criteria for referral to a parent training programme are found within NICE clinical guideline 72. They are:

- Pre-school children with ADHD if the parents or carers have not already attended such a programme or the programme has had a limited effect.
- First-line treatment for parents and carers of children and young people of school age with ADHD and moderate impairment.
- For children and young people (including older age groups) with ADHD and a learning disability.
- In school-age children and young people with severe ADHD, drug treatment should be offered as the first-line treatment. Parents should also be offered a group-based parent-training/ education programme.

NICE clinical guideline CG158recommendation 1.5.2 states that group parent training programmes should involve both parents if this is possible and in the best interests of the child or young person, and should:

- typically have between 10 and 12 parents in a group
- be based on a social learning model, using modelling, rehearsal and feedback to improve parenting skills
- typically consist of 10 to 16 meetings of 90 to 120 minutes' duration
- adhere to the developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme. The manual should have been positively evaluated in a randomised controlled trial.

Group-based parent training 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 72 recommendations 1.5.1.5 and 1.5.2.7.

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 programmes should be made available to all families who have children with ADHD. Thought should be given to ensuring that families have access to services by providing them at

times and locations that are convenient. Parent training programmes should also be accessible to foster carers and guardians of looked-after children.

If there are particular difficulties for families in attending group sessions (for example, because of disability, needs related to diversity such as language differences, parental ill-health, problems with transport, or other factors that 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.

Quality statement 5: Psychological treatments for children and young people

Quality statement

Children and young people with moderate attention deficit hyperactivity disorder (ADHD) are offered a referral 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 their daily functioning and their relationships with family members, carers and peers.

Quality measures

Structure

a) Evidence of local arrangements to ensure that children and young people with moderate ADHD are offered a referral to a psychological group treatment programme.

Data source: Local data collection.

b) Evidence of local arrangements for the provision of psychological group treatment programmes.

Data source: Local data collection.

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.

Data source: Local data collection. NICE clinical guideline 72 audit support tool, services for children and young people, criterion 4.

Outcome

Children and young people feel able to manage their condition.

*Data source:*Local data collection. Data will be collected against Public Health outcomes framework for England, 2013–16 indicator 1.3: pupil absence, indicator 1.4: first time entrants to the youth justice system, indicator 1.5: 16–18 year olds not in education, employment or training, indicator 2.8: emotional wellbeing of looked-after children.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers ensure that systems are in place for children and young people with moderate ADHD to be offered a referral to a psychological group treatment programme.

Healthcare practitioners children and young people with moderate ADHD are offered a referral to a psychological group treatment programme.

Commissioners ensure that they commission psychological group treatment programmes for children and young people with moderate ADHD.

What the quality statement means for patients, service users and carers

Children and young people with moderate ADHD are offered a referral to a psychological group treatment programme.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72) recommendations 1.5.2.4 (key priority for implementation), 1.5.2.5 and 1.5.2.6

Definitions of terms used in this quality statement

Psychological group treatment programmes should consist of cognitive behavioural therapy (CBT) or social skills training.

Such courses should cover:

- solving problems
- developing their ability to control themselves
- listening when other people are talking to them
- coping with and expressing their feelings
- improving relationships with their friends and other children.

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 or social skills training.

Children are defined as people aged 11 years and under.

Young people are defined as people aged 12 to 18 years.

Moderate ADHD in children and young people is present when one of more of the symptoms of hyperactivity, impulsivity or inattention, are present, and 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 coexisting conditions such as conduct disorders, mood disorders or learning disability should be considered when planning psychological group treatment programmes for children and young people.

Quality statement 6: Starting drug treatment

Quality statement

People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Rationale

People starting drug treatment for ADHD should be closely monitored for side effects, particularly during the initial treatment period. Initial drug doses should be adjusted to ensure that any unwanted effects are minimised while optimising beneficial effects.

Quality measures

Structure

Evidence of local arrangements to ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Data source: Local data collection.

Process

Proportion of people with ADHD who are starting drug treatment who have their initial drug dose adjusted and response assessed by an ADHD specialist.

Numerator – the number of people in the denominator who have their initial drug dose adjusted and response assessed by an ADHD specialist.

Denominator – the number of people with ADHD who are starting drug treatment.

Data source: Local data collection. Data are collected through the child and adolescent mental health services (CAMHS) secondary uses dataset on prescribed medication (global number 17302890).

Outcome

Rates of drug-related side effects in people starting drug treatment for ADHD.

Data source:Local data collection. Data will also be collected against NHS outcomes framework 2013–14 indicator 2.1: proportion of people feeling supported to manage their condition.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers ensure that systems are in place for people with ADHD who are starting drug treatment to have their initial drug dose adjusted and response assessed by an ADHD specialist.

Healthcare practitioners ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Commissioners ensure that they commission services for people with ADHD who are starting drug treatment to have their initial drug dose adjusted and response assessed by an ADHD specialist.

What the quality statement means for patients, service users and carers

People with ADHD who are starting medication have their initial medication dose adjusted by an ADHD specialist, who should also check how well the medication is working.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72) recommendation 1.8.1.3.
- Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents (NICE technology appraisal guidance 98).

Definitions of terms used in this quality statement

ADHD specialist A mental health specialist trained in the diagnosis and treatment of ADHD. This may include a specialist psychiatrist or, for children, a paediatrician. Drugs for the treatment of ADHD may also be prescribed by a nurse prescriber specialising in ADHD or other clinical prescribers with training in the diagnosis and management of ADHD.

NICE clinical guideline 72 recommendation 1.8.1.3 states that during the titration phase doses should be gradually increased until there is no further clinical improvement in ADHD (that is, symptom reduction, behaviour change, improvements in education and/or relationships) and side effects are tolerable.

Drug doses should be adjusted during the titration phase in accordance with the manufacturer's recommendations contained within the summaries of product characteristics and with reference to the 'British national formulary'.

Quality statement 7: Annual review of drug treatment

Quality statement

People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

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 drugs to treat ADHD can reduce adherence to treatment. In addition, without regular monitoring there is a greater risk that drugs prescribed to treat ADHD will be misused.

Quality measures

Structure

Evidence of local arrangements to ensure that people with ADHD who are taking drug treatment have a specialist review at least annually.

Data source: Local data collection.

Process

Proportion of people with ADHD who are taking drug treatment who receive a specialist review at least annually.

Numerator – the number of people in the denominator receiving a specialist review with the last review date no more than 1 year after the previous review.

Denominator – the number of people with ADHD who are taking drug treatment.

Data source: Local data collection. NICE clinical guideline 72 audit support tool, services for adults, criterion 13. Data are collected through the child and adolescent mental health services (CAMHS) secondary uses dataset on prescribed medication (global number 17302890).

Outcome

People with ADHD feel supported to manage their condition.

Data source:Local data collection. Data will also be collected against NHS outcomes framework 2013–14 indicator 2.1: proportion of people feeling supported to manage their condition, indicator 4.7: patient experience of community mental health services. The adult social care outcomes framework 2013–14 indicator 1B: proportion of people who use services who have control over their daily life.

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers ensure that systems are in place for people with ADHD who are taking drug treatment to have a specialist review at least annually.

Healthcare practitioners ensure that people with ADHD who are taking drug treatment have a specialist review least annually.

Commissioners ensure that they commission services for people with ADHD who are taking drug treatment to have a specialist review at least annually.

What the quality statement means for patients, service users and carers

People who are taking medication to treat ADHD have their medication reviewed by a specialist at least once a year.

Source guidance

- Attention deficit hyperactivity disorder (NICE clinical guideline 72) recommendations 1.8.1.4, 1.8.6.1, and 1.8.7.1
- Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents (NICE technology appraisal guidance 98).

Definitions of terms used in this quality statement

Specialist review should be undertaken either by an ADHD specialist or, if agreed by the person with ADHD and their specialist, in primary care under a locally agreed shared care arrangement after titration and dose stabilisation.

Annual specialist review of drug treatment should include a comprehensive assessment of the following:

- Clinical need, benefits and side effects.
- The views of the person and those of a parent, carer, teacher, spouse, partner and close friends as appropriate.
- 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.

Using the quality standard

Quality measures

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

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and 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, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

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 practitioners, patients, service users and carers alongside the documents listed in Development sources.

Information for commissioners

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health and social care practitioners 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.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- National Institute for Health and Clinical Excellence (2013) Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management. NICE clinical guideline 158.
- 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.
- National Institute for Health and Clinical Excellence (2006) Attention deficit hyperactivity disorder (ADHD) - methylphenidate, atomoxetine and dexamfetamine (review). NICE technology appraisal guidance 98.

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

- Department of Health (2013) The Adult Social Care Outcomes Framework 2013–2014.

- Department of Health (2012) Improving outcomes and supporting transparency: Part 1:
- Department of Health (2012) NHS Outcomes Framework 2012–13.
- Health and Social Care Information Centre. Child and adolescent mental health services dataset.
- Health and Social Care Information Centre. Mental health minimum data set (MHMDS).
- National Institute for Health and Clinical Excellence. NICE clinical guideline 72 audit support tools.

Related NICE quality standards

Published

- Patient experience in adult NHS services. NICE quality standard 15 (2012).
- Service user experience in adult mental health. NICE quality standard 14 (2011).

In development

- Autism (children, young people and adults). NICE quality standard. Publication expected March 2014.
- Conduct disorders (children and young people). NICE quality standard. Publication expected May 2014.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

Managing the transition from children's to adult services.

Personality disorders (borderline and antisocial).

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. For further information about the standing members of this committee see the NICE website. The following specialist members joined the committee to develop this quality standard:

Professor Chris Hollis
Child and Adolescent Psychiatrist, University of Nottingham

Ms Noreen Ryan
Consultant Nurse, Royal Bolton Hospital

Dr Daphne Keen
Consultant Neuro-developmental Paediatrician, St George's Healthcare NHS Trust, London

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About this quality standard

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. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

Changes after publication

April 2015: Minor maintenance.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- AADD-UK
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- UK Adult ADHD Network