INNOVATION AGENCY
Academic Health Science Network for the North West Coast

ADHD FOUNDATION
The Neurodiversity Charity

Lancashire and South Cumbria
Health and Care Partnership

Cheshire and Merseyside
Health and Care Partnership

NHS
NHS England
NHS Improvement

INNOVATION INSIGHTS

A SERVICE MODEL FOR INTEGRATED ADULT ADHD

NORTHERN POWERHOUSE
HM Government

European Union
European Regional Development Fund

FOREWORD:
EXECUTIVE SUMMARY

Adult ADHD services present a significant challenge to commissioners and service providers alike. Working with stakeholders across the North West Coast the Innovation Agency has facilitated a redesign that integrates services between primary and secondary care. The future state service model demonstrates how technology and new roles can increase access to the service and service user needs without traditional additional workforce burden. This model will be shared nationally within mental health improvement settings.

UNDERSTANDING THE PROBLEM

5.9% OF THE POPULATION LIVE WITH ADHD

Despite evidence-based national guidance in the UK, ADHD remains under-identified, under-diagnosed and under-treated. The ADHD Foundation estimates that over five per cent of the UK population have ADHD.

Most of those adults living with ADHD are thought to be undiagnosed and even in the regions with the highest rates of recognition only around one in five of those with ADHD are currently being diagnosed[1].

ADHD is a neurodevelopmental condition that results in a spectrum of behavioural symptoms including inattention and hyperactivity-impulsivity. It is a heritable disorder with a lifespan perspective: starting in childhood, persisting in adulthood until old age, with significant psychosocial impairment and a high comorbidity rate.

It is associated with high levels of personal distress, and a substantial economic burden for society if left unidentified and untreated[2].

ADHD is well studied in children, but much less is known about the disorder in adulthood and this is reflected in the currently under-commissioned service model for adult ADHD across the North West Coast (NWC).

[1] Healthcare Improvement Scotland, 2012. [2] Koojj et al, 2018.

ONE THIRD OF THOSE LIVING WITH ADHD OFTEN DEVELOP SIGNIFICANT PROBLEMS

It is estimated that one third of adults may progress satisfactorily into their adult years, another third continue to experience some level of problems, while a final third continues to experience and often develops significant problems related to ADHD[3]. Research also shows that disruption of care during transition adversely affects clinical outcome[4]. People living with ADHD could have a reduction in life expectancy by as much as 13 years and risk of suicide is five times higher than those without ADHD.

There are proven links with a wide variety of other health conditions including eating disorders, dyslexia, asthma and inflammatory conditions, as well as over 40 per cent of people living with ADHD being co-morbid with other mental health conditions such as anxiety and depression. There is also a particularly close link with people living with autism.

These co-morbidities are unseen costs to the NHS and often result in urgent care services. We are also probably generating unseen costs elsewhere in society because, for example, leaving people undiagnosed can lead to high rates of unemployment. This is because we are not recognising and treating ADHD for these patients which would likely be preventative.

[3] Faraone et al., 2006. [4] Singh., 2009.

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CURRENT STATE OF NORTH WEST COAST ADULT ADHD SERVICES

THERE IS NO CONSISTENT APPROACH TO PROVISION WHICH RESULTS IN VARIATIONS IN CARE

Demand significantly outstrips capacity in adult ADHD services. While in the past most people with ADHD were diagnosed as children, growing numbers are diagnosed as adults. Children's services are run fully within CAMHS services. Adult ADHD services typically offer a diagnosis in secondary care with prescribing where necessary and an annual review.

The delivery of adult ADHD services in the region is fragmented and delivered by many providers which have experienced a high turnover in recent years. There is no single approach to provision which results in variations in care across the patch. The transition from children's services is inconsistent, which also has a negative impact.

The shortfall in capacity means access is severely restricted to secondary care. This results in:

- **Long waiting times**
- **Providers stopping service provision**
- **The bar for referral becoming very high, leaving many in primary care without access to support.**

When speaking to a variety of people with experience of ADHD we heard that:

- There is a lack of educational self-help resources for those who feel they may have ADHD and want to learn more
- There is no easy way for an individual to manage their condition with a single place for information and a way to access support if something changes

Professionals in ADHD secondary care services told us that:

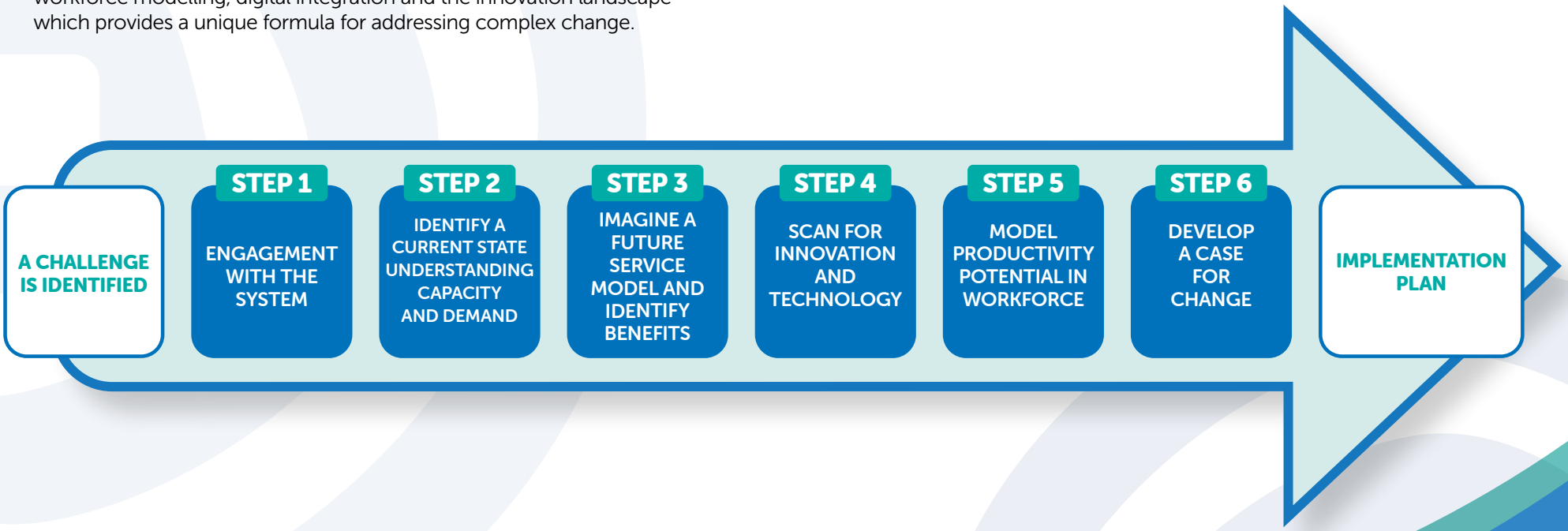
- There is a lack of information about the referred patients being passed on from primary care, so assessments are started from the beginning
- There is an inability to discharge from secondary care, leading to bottlenecks and huge wait times

A 'CHANGE MODEL' APPROACH

The Innovation Agency change model works to co-design a proposed future state that will improve outcomes by introducing innovation to optimise the deployment of resources and embrace integrated care concepts.

The Innovation Agency can deploy skills in design thinking, coaching, workforce modelling, digital integration and the innovation landscape which provides a unique formula for addressing complex change.

Through a series of design and development workshops with a group of key stakeholders, we have identified the current state and associated challenges. Collectively we have developed and socialised a future service model that addresses the barriers and identifies benefits through the use of technology and new roles or workflows, to be considered for implementation.



FUTURE STATE OF ADULT ADHD SERVICES

The future state was identified as a primary care-based service enhancement. This will result in improved access, patient flow and workforce efficiencies and we expect an overall reduction in cost per patient as increasing numbers of patients with lower dependencies who are currently excluded gain access to services. This is intended as an approach that can be tailored to fit with existing local initiatives, changes can be taken collectively or in isolation and adapted where necessary.

THE MAJOR CHANGES TO THE PATHWAY ARE:

CHANGE 1 CONSISTENT ONLINE EDUCATION REPOSITORY

Provides validated educational self-care resources and digitally enhances the service by enabling electronic self-assessments.

CHANGE 2 NEW MENTAL HEALTH PRACTITIONER ROLE

Creates supportive care in primary care, both digitally and personally with a new role development of a mental health practitioner, without adding to GPs' workload.

CHANGE 3 SELF-MANAGEMENT PLATFORM

Includes a patient self-management platform to hold the educational resources, provide remote monitoring via patient trackers and integrates with a variety of prescribed treatment applications.

CHANGE 4 DATA TRANSFER FROM PRIMARY CARE TO SECONDARY CARE

Interfaces with secondary care to enable data-sharing.

CHANGE 5 ANNUAL REVIEWS IN PRIMARY CARE

Enables annual reviews to take place in primary care, protecting capacity for new referrals in secondary care.

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Listen to talk-through

ENTRY POINTS

CHANGE 1

CONSISTENT ONLINE EDUCATION REPOSITORY

ENTRY POINT B

Patient calls GP reception

Query about ADHD

Other query

Other mental health query

ENTRY POINT A

Patient accesses online repository

Directed online (Point A)

Patient feels ADHD not applicable

Patient feels it applies to them and would like to find out more

Patient completes online self assessment questionnaire

Patient doesn't meet the ADHD threshold

Patient meets threshold for possible ADHD on assessment

GP appointment

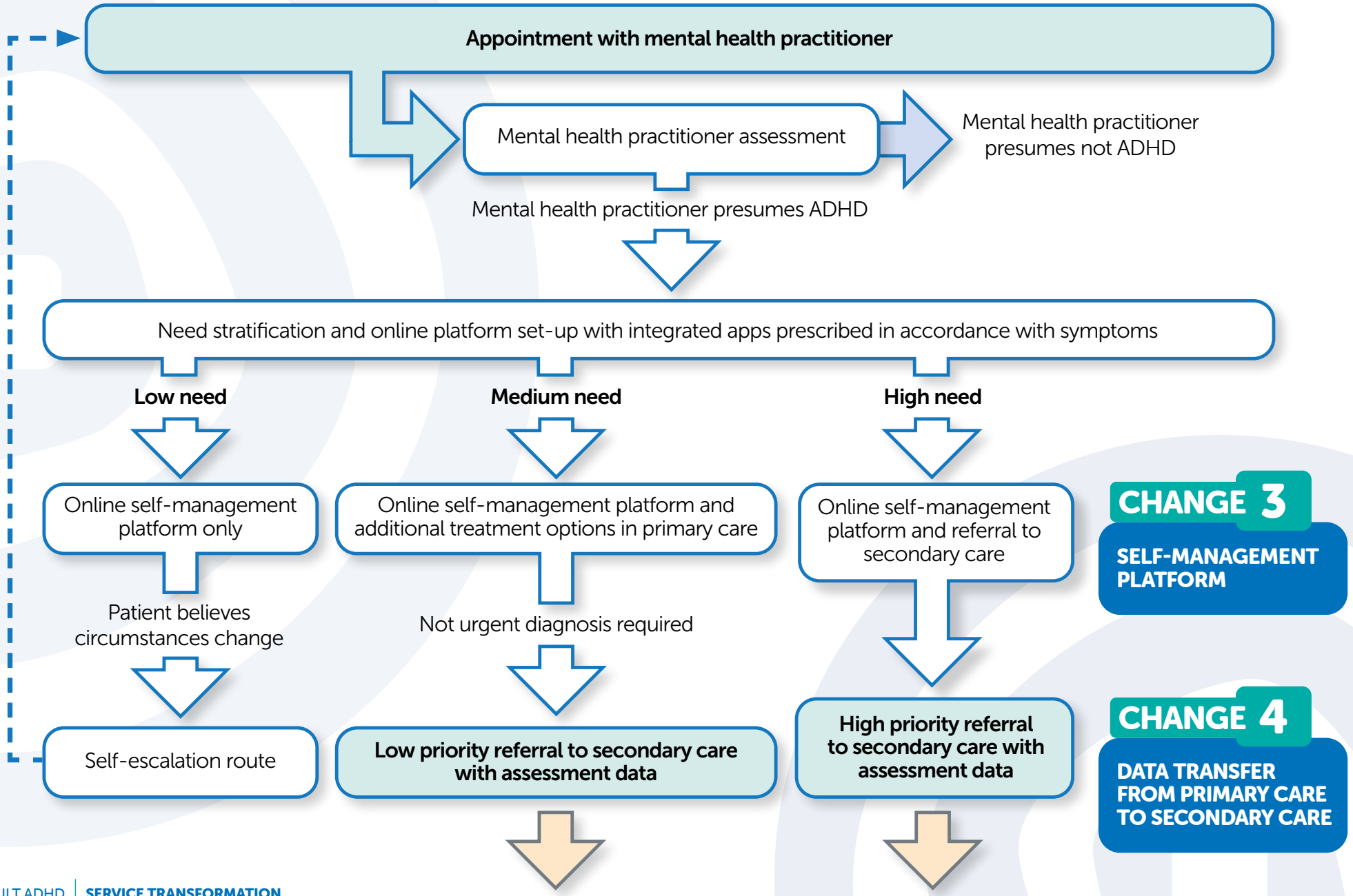
Believes ADHD or other mental health condition

CHANGE 2

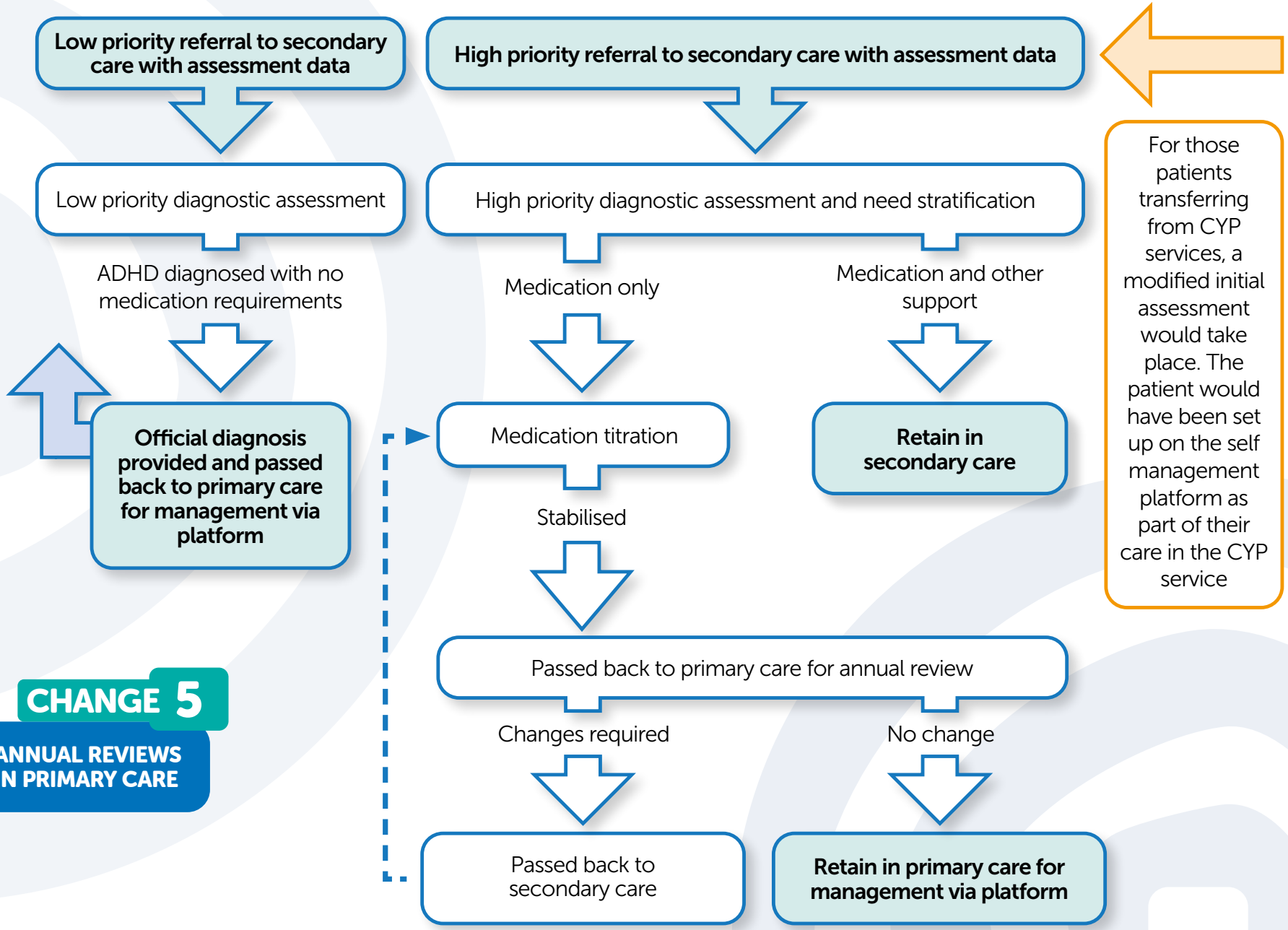
NEW MENTAL HEALTH PRACTITIONER ROLE

Appointment with mental health practitioner

PRIMARY CARE



SECONDARY CARE



CHANGE 5

ANNUAL REVIEWS IN PRIMARY CARE

DIGITAL INNOVATIONS

The future state design calls for a number of digital innovations. We advise you to engage with your ICS digital team and look to integrate with your local digital infrastructure for shared care records and any associated relevant patient platforms already in use for your region. We suggest an end to end digital data flow is mapped including integration of remote consultations, digital forms and patient held records.

We have included some examples of the types of tools that might be suitable, though many other options are available. The Innovation Agency facilitates the North West Coast pipeline of innovation and can provide information on a broader suite of options.

EDUCATION CONTENT/ SELF-ASSESSMENT OPTIONS:

- Damibu feeds
- Klinik

SELF-MANAGEMENT PLATFORM:

We suggest using your local personal health record as this should already integrate with primary and secondary care.

APPLICATION OPTIONS FOR INTEGRATION:

We recommend using the ORCHA App Library to search for relevant innovations that support patients with ADHD and its associated symptoms. These apps could be integrated with the self-management platform and prescribed as appropriate.

- ORHCA app

The following innovations address some of the more common circumstances experienced by ADHD patients.

Sleep disorders

- Sleepio

Anxiety

- Wysa

Decision making/planning

- Brain in Hand

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PRACTICAL APPLICATION OF NEW ROLE

The Mental Health Practitioner post is available through the additional re-embursable roles scheme in primary care. In the North West it could also be fulfilled by the new Trainee Associate Psychological Practitioner (TAPP) roles that have been developed locally.

The TAPP roles are specifically for psychology graduates who previously did not have a clear entry route into the NHS without undertaking a professional doctorate. Psychology graduates are an extremely capable but underused workforce that can undertake clinical duties such as ADHD assessments with oversight from a clinical psychologist.

So far one complete cohort of TAPP roles have qualified to become Associate Psychological Practitioners (APPs). The second cohort for these posts started in March 2022. The next intake for these roles will be December 2022 where we hope to recruit to these ADHD embedded primary care posts to fulfil the requirements of this pathway. Some GP practices may already have similar Primary Care Mental Health roles in place that could be used as an alternative.

The APP is not a prescribing role but can be trained to be able to complete the assessments required for an annual review and refer to a prescriber if medication changes are necessary.

BENEFITS REALISATION

The future state pathway aims to digitise several elements. Service users told us they found it difficult to find consistent and credible educational materials so we believe the standardisation of these materials across all relevant websites would help to keep people informed while they wait for an appointment, or even support some people with low needs so they don't need to access services at all. A self-assessment tool built into this web content will redirect those patients who don't have ADHD to another entry point and avoid any unnecessary appointments, as well as capturing patient data from the assessments that can be integrated into the primary care system to speed up any face-to-face assessments and avoid duplication.

The use of the new Mental Health Practitioner role in the primary care team will ensure there is no additional burden on GP time, in many cases reducing this pressure by making specialist mental health support available for patients with possible ADHD. This role will be able to undertake the initial assessment, stratify the patients based on need, set them up on a self-management platform and recommend any medications to be prescribed in primary care.

The use of a patient self-management platform that can also be integrated with primary care systems will allow many patients to manage and track their condition and appointments in one place. This support can be tailored to patient needs because a variety of integrated applications could be prescribed depending on the individual's condition. For many people, this will provide the support they need throughout their lifetime without needing a referral to secondary care. However, there would be a self-escalation route built into the platform to enable patient-initiated follow up.

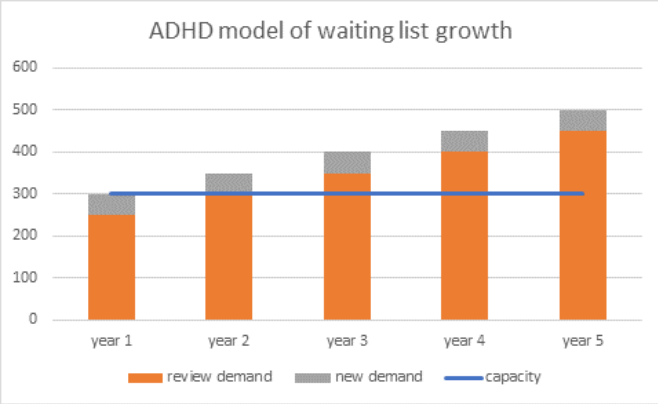
Enabling the patient data to flow seamlessly from primary to secondary care will also avoid much duplication. We heard from secondary care teams that they usually start their assessments from scratch with no previous assessment information being transferred with the referral.

The integrated digital systems will allow the secondary care team to receive a referral that is already triaged and supported with initial assessment information.

The service is typically managed with a referral and waiting list for secondary care. However, if the annual reviews remain secondary care responsibility, the review capacity of the service will grow each year, reducing capacity for new referrals. The result will be a growth in waiting list that can only be managed in one of the following ways:

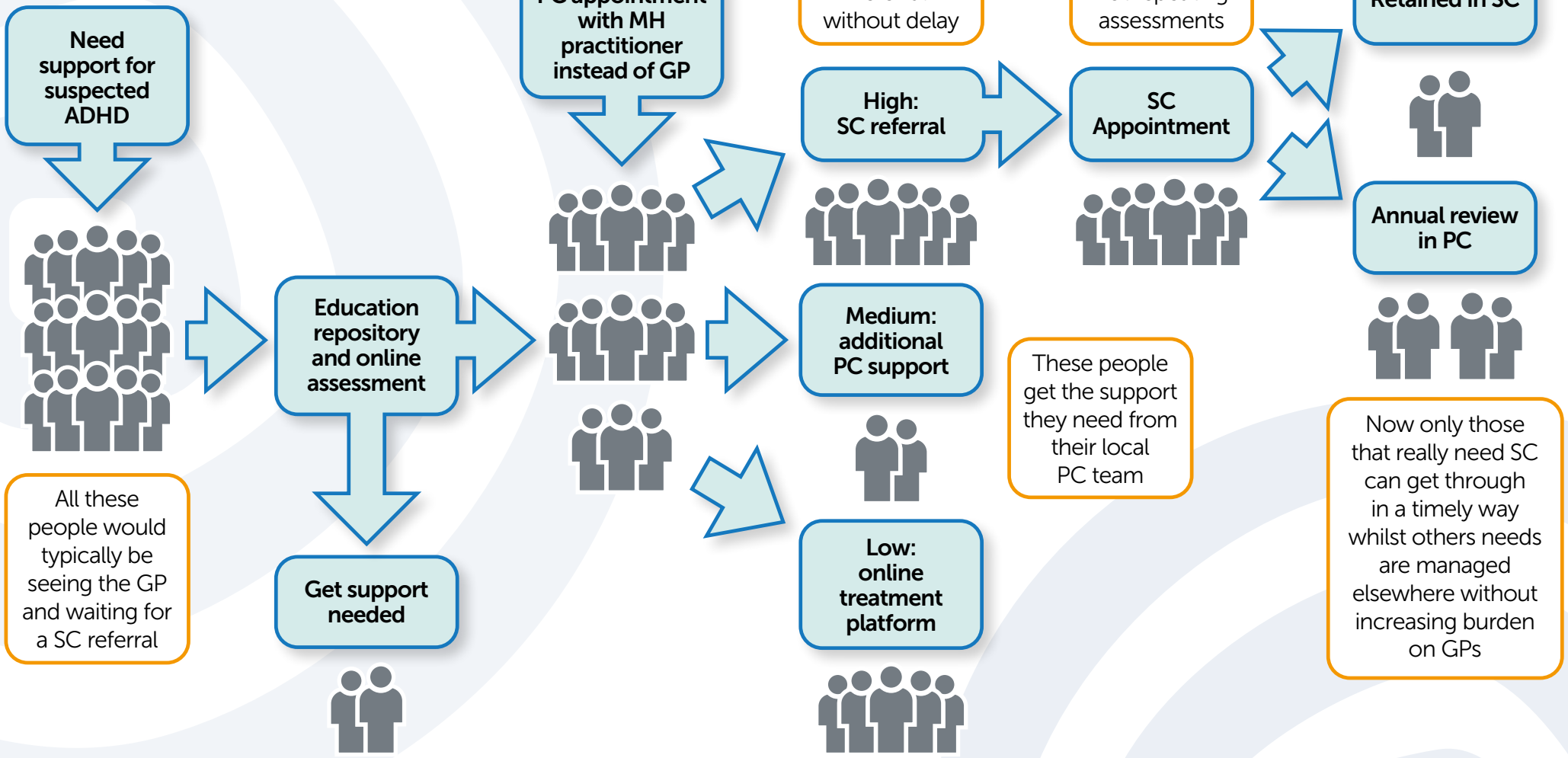
1. Increasing the amount of commissioned capacity every year
2. Capping the amount of capacity being used for review patients
3. Increasing discharge rates

The ability to step stable patients back into the primary care team for their annual review will ensure there is always capacity and flow through the secondary care system.



The graph opposite shows what happens to ADHD patients in the secondary care waiting list system over several years if all patients require an annual review (figures are illustrative).

VISUALISATION OF PATIENT FLOW



DIGITAL INFRASTRUCTURE BENEFITS

- Fully interoperable systems enabling patient data to flow along end-to-end pathway

PRIMARY CARE BENEFITS

- The use of a new Mental Health Practitioner role providing specialist skills to the team
- Reduction in GP time due to the inclusion of the new role
- Improved triage and allocation of the right resource
- Refinement of secondary care referrals
- Reduced requirement for ongoing patient review by GP due to long ADHD waiting lists.
- Reduction of unnecessary prescribing in people where untreated ADHD is causing distress

SECONDARY CARE BENEFITS

- Prioritisation of incoming referrals
- Integrated patient record enabling primary care assessments to be transferred and not duplicated
- Annual reviews released protecting capacity for new referrals and maintaining low waiting lists

PATIENT BENEFITS

- Access to appropriate support in a more timely manner
- A menu of supportive self-management options and consistent information
- A potential reduction in need for medication prescribing

WORKFORCE BENEFITS

- Capacity released back to care
- Upskilled in the use of digital systems
- The introduction of a new role

WHOLE SYSTEM AND POPULATION BENEFITS

- Supporting people back into employment – local IPS service could be linked into the patient platform
- Regional levelling up via a consistency of approach
- Improved patient flow across the system

NEXT STEPS

This document is intended as a high-level redesign for an Adult ADHD service model. The implementation of the model can be tailored to suit local and regional infrastructure including technologies already in place.

In order to more accurately demonstrate the benefits that this model proposes we are looking for an ICS to support a working group to develop the model for local implementation, outlining the costs of a pilot.

The pilot would look to establish costs, outcomes and benefits for all five elements individually and as a collective to be considered for national spread.

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CONTACT US

Innovation Agency
Vanguard House
Sci-Tech Daresbury
Halton WA4 4AB

Info@innovationagencynwc.nhs.uk

www.innovationagencynwc.nhs.uk

0151 254 3400

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