

Adult Neurodevelopmental Pathways

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Neurodevelopmental Specialist Service (NeSS)

- Commissioned from April 2021
- Previously known as Nottingham City Autism Service (NCAS; since April 2009)
- Service for adults 17.5+ years, without intellectual disability, residing in Nottingham and Nottinghamshire
- Commissioned to offer:
 - Comprehensive diagnostic assessment for autism and/or ADHD
 - ADHD medication initiation and titration, and shared care
 - Short-term non-pharmacological interventions



Referrals to NeSS

- Receive an average of 402 referrals per month, predominantly for diagnostic assessment
- Anecdotally, an increasing trend for requests for both autism and ADHD assessment in the same referral
- Waiting list for diagnostic assessment 4+ years (we are not an outlier nationally)
- Just over 8,000 on current autism and ADHD waiting lists



Challenges over the past 4 years

- Demand higher than anticipated at the time of commissioning
- COVID-19 pandemic – clinic closures (although also a time of innovation in telemedicine), increased support to our clients, recruitment challenges
- ADHD medication shortages
- Right to Choose- where differences in provider specifications and quality and clinical standards can impact on treatment, including shared care



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What has gone well

- Transformation from NCAS to NeSS (during a pandemic)
- Recruitment and retention of our specialist staff
- Additional staff training
 - ADOS-2 for autism
 - Non-Medical prescribing course
 - ACP training
- The development of our website: [Neurodevelopmental Specialist Service \(NeSS\) | Nottinghamshire Healthcare NHS Foundation Trust](#)
- Involvement in research and national ND networks
- Increase in our 'Living Well' courses co-produced with Nottingham Recovery College and the funding of a Peer Trainer to support the courses along with NeSS staff
- All GPs have signed up to Shared Care



Recent developments

- Admin led formalised diagnostic clinics and wait list management to increase capacity and reduce clinician burden
- Specialisation of the ADHD treatment pathways (e.g. transition, SMD)
- ADHD pathway process mining with NHS England to improve our data
- Involvement in the Waiting Well digitised psychoeducation for ADHD research project
- Qb test QI pilot
- NeSS prioritised for digital innovations in the Trust & work with HIEM



Shared Care & Young People's Transition Team

2024 >

Pathway transformed in 2024 to provide more robust, consistent ADHD treatment reviews

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Clinicians working pathway

- Lead NMP / trainee ACP
- B7 Specialist Nurse
- B5 Staff Nurse
- B4 Nursing Associate

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Clinic locations:
Highbury Hospital
Kings Mill Hospital
Retford Hospital
Newark Hospital
Worksop
Cripps Health Centre

1,500

Patients throughout Nottinghamshire currently being treated under an ADHD Shared Care Agreement

100 +

Patients seen face to face in clinic each month for a full Meds, Physical Health, Mental Health & Obs review

40 +

Young people per month transition from Paeds / CAMHS each month. Pathway supports NG43 compliance

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Joint Clinics & MDTs with Paediatric Teams across Nottinghamshire each month

300 +

Emails processed by the team each month providing advice and guidance to GPs and Patients

30%

Patients seen in clinic are provided follow up review with NMP to re-stabilise treatment

Health and Social Inequalities Inclusion Pathway (ADHD Treatment)

Primarily for SMD clients, but has broader internal referral criteria to accommodate...

- Clients otherwise expected to meet SMD criteria within the next 6 months.
- Those with severe untreated OCD, which requires coordination by the prescriber to access medication via GP first for OCD, then optimise ADHD medication, then onward referral to Step 4. OCD otherwise tends to be exacerbated by ADHD medications creating a barrier to accessing treatment.
- Those open to or needing to be opened to MARAC for domestic violence (as the victim or perpetrator).
- Homeless clients – presents barriers to accessing appointments and higher risks of theft of ADHD medication due to a lack of safe storage facilities.
- Upon release from prison.



Pathway's aim: To remove barriers preventing equal access to ADHD symptom management, by coordinating multiple referrals to address the identified areas of disadvantage. Coordination is short-term, designed to set up the person's holistic care, optimise ADHD symptom management, manage identified risks, then assign a new lead professional or CCO. Client is then transferred to a shared care agreement with their GP and discharged from the pathway.



Key challenges to prioritise

- Expanding the skills and knowledge of the wider workforce
 - We need to improve workforce capacity through our training programmes
- Formalising case consultation model
- Referral prioritisation
- Incorporating new digital innovations into current ways of working



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Qbtest QI project in Adult ADHD



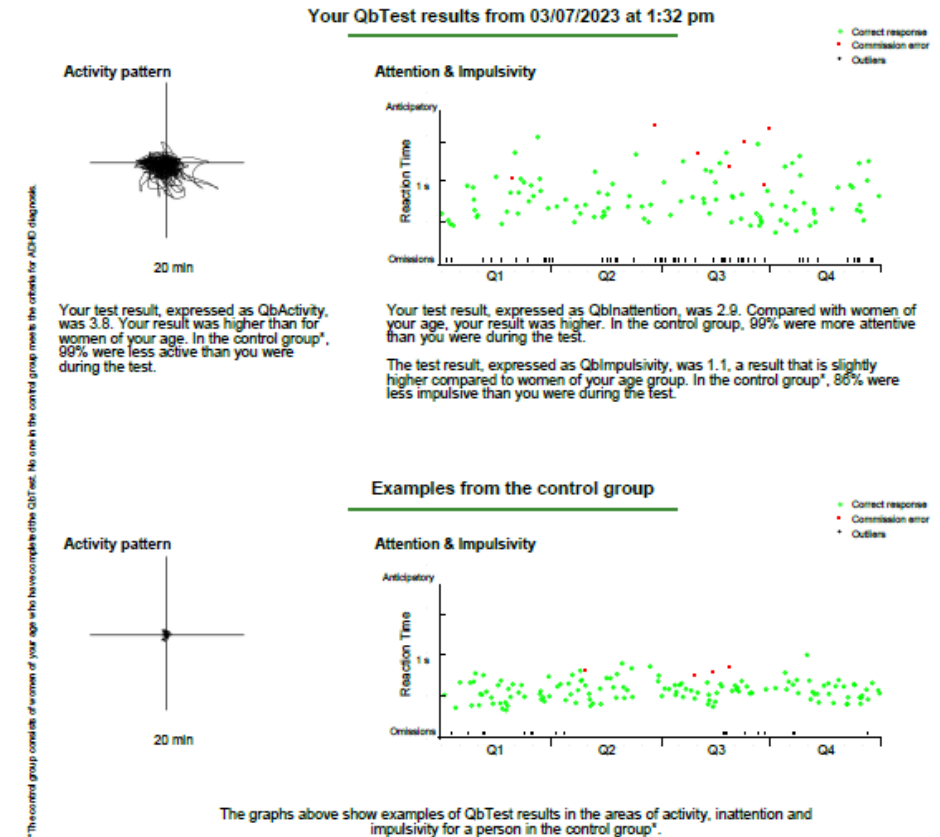
- **Problem - Demand** for Adult ADHD services is high and there is a **long waiting list**
- Qbtest is established for assessment of ADHD in children's services so **could QBtest be part of the digital solution to help** in Adult ADHD services?



QbTest

- A computer-based test for ADHD (age 6- 60 years)
- Computer output including scores
 - for attention, activity and impulsivity
- More research base from CYP (AQUA, Hollis et al 2018)
- Less evidence in Adult ADHD

The QbTest results below provide an objective view of your ability to regulate activity, attention and impulsivity. Your test scores are compared with those of women of your age (a control group*). Women who are very active during the test and have difficulties with their concentration and impulsivity may have ADHD. The test result is there to help your doctor/psychologist when he/she takes a history of the problems that brought you to the clinic.



Qbtest QI project in NeSS (Adult ADHD)

- Qualitative data on **patient & clinician experience** using QBtest in adult ADHD was collected
- Quantitative data on **time taken to make an ADHD diagnosis** post Qbtest implementation from a
 - subsample (n= 50) of cases was examined pre and post Qbtest implementation)



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Results Qbtest pilot Adult ADHD

- 304 tests requested during the pilot timeframe (July 2023- July 2025)
 - 237 for assessment - 78%
 - 67 for medication - 22%
- 251 tests done (82.6% attendance rate)
- 214 patient questionnaire responses (85.3% response rate)
- 11 clinician responses received (61% response rate)



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Qbtest Quantitative results in Adult ADHD

- During the Qbtest period:
 - the number of ADHD assessment appointments required **reduced by a third** when Qbtest was used at the beginning of the assessment pathway.
 - the time to make a diagnostic decision was **halved** when Qbtest was used at the beginning of the assessment pathway.
 - the number of ADHD diagnoses made **reduced by a third**.



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Conclusions including quality of care

- Surveys suggest **positive** views from patients and **mixed** views from clinicians regarding using Qbtest for Adult ADHD assessment.
- This QI project suggests that Qbtest **improves adult ADHD pathway efficiency** in the subsample analysed.
- Qbtest may also be considered as a **quality check** (when there is lack of collateral, developmental history and school reports) in adult ADHD Ax.
- Future directions include assessing which digital innovations best meet the needs of the service and give the best value (for money).



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The Future: Neurodevelopmental Pathway Improvements

National ADHD Taskforce reports and “Time to Deliver: the Autism Act 2009 and the new autism strategy”: **Early preventative, needs-led support** with improvements needed across health, social care, education and the criminal justice system

New local Autism Strategy to be developed, coproduced with people with lived experience and informed by the Autism JSNA

Pre-assessment

Minds of All Kinds and NeSS Website:
online resources

Consider other early support offers such as
Peer Support and the use of AI

Embed support within neighbourhood
models, as they emerge

Improved support whilst awaiting
assessments- addressing need at the
earliest point

Assessment

Consider digital solutions to support the
assessment process

Consider approach to assessments in
primary care and neighbourhood models

Consider framework approaches with other
providers

Post-assessment

Support via website and pre-assessment
providers and access to Recovery College

Post assessment offer to be further
developed with Local Authorities and other
system partners

Shared care between all providers and GPs
All health and social care services to provide
reasonably adjusted care



Any questions?

