

ADHD – Services Over Scotland

Report of the service profiling exercise

March 2007

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Contents

Background and acknowledgements	3
1 Introduction	4
2 What is ADHD?	5
2.1 How common is it?.....	5
2.2 Why is it important?	6
2.3 What causes it?.....	6
2.4 How is it diagnosed and managed?	6
3 ADHD-SOS project background and context	8
4 Information gathering	9
4.1 Service profiling process.....	9
5 Emerging themes	12
6 Next steps	16
7 Detailed findings by NHS board area	17
7.1 NHS Ayrshire & Arran	18
7.2 NHS Borders.....	23
7.3 NHS Dumfries & Galloway	28
7.4 NHS Fife.....	32
7.5 NHS Forth Valley.....	38
7.6 NHS Grampian	42
7.7 NHS Greater Glasgow and Clyde	47
7.8 NHS Highland.....	53
7.9 NHS Lanarkshire.....	57
7.10 NHS Lothian.....	62
7.11 NHS Orkney	68
7.12 NHS Shetland.....	71
7.13 NHS Tayside.....	77
7.14 NHS Western Isles	81
8 Glossary	85
Appendix 1: ADHD-SOS project steering group membership	89
Appendix 2: NHS boards involved and meeting dates	90
Appendix 3: Example service profiling questionnaire	91
Appendix 4: References	96

Background and acknowledgements

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. NHS QIS does this by setting standards, by monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

NHS QIS gratefully acknowledges the work of the attention deficit and hyperkinetic disorders - services over Scotland (ADHD-SOS) project steering group for overseeing the project from its inception to the publication of this report.

NHS QIS also gratefully acknowledges the representatives from NHS boards and their partner organisations, and the parents/carers who participated in the service profiling exercise. NHS QIS recognises that attention deficit and hyperkinetic disorders (ADHD) can have an impact on all aspects of a child's life, at home, and at school. A comprehensive service, with input from local authority partner agencies, as well as parent/carer support resources, is therefore important. NHS QIS recognises the need to consult with these partner organisations during its work on ADHD.

1 Introduction

In June 2001, the Scottish Intercollegiate Guidelines Network (SIGN) published a national clinical guideline (SIGN Guideline 52)¹, which provides a framework for the assessment and management of attention deficit and hyperkinetic disorders in children and young people. SIGN Guideline 52 was the first SIGN guideline relating to a child and adolescent psychiatric disorder.

Membership of the guideline development group was predominantly drawn from health services, however, representatives of other organisations and agencies that have an important role in the care of children and young people with ADHD were also co-opted onto the group. The recommendations within the guideline emphasise the need for a multi-modal assessment and for a combination of social, psychological and pharmacological approaches to manage ADHD effectively. It also includes conditions for the prescription and monitoring of pharmacological interventions.

This report details the findings of a service profiling exercise which was carried out in all territorial NHS boards in Scotland between September 2006 and December 2006, and includes both the national emerging themes, and each NHS board's local report. The aim of the exercise was to find out what services are available across Scotland for children and young people with ADHD and how these services are planned and delivered.

2 What is ADHD?

Attention deficit and hyperkinetic disorders are among the most commonly diagnosed behavioural disorders in children and young people. The core features of ADHD are persistent (at least 6 months duration) and developmentally inappropriate levels of inattention and hyperactivity, often with impulsive behaviour. These symptoms can be present either individually, or in combination.

There are two commonly used classifications for ADHD, namely the Diagnostic and Statistical Manual-IV (DSM-IV)² and International Classification of Diseases-10 (ICD-10)³. DSM-IV identifies three diagnostic sub-types. The ICD-10 classification outlines diagnostic criteria for hyperkinetic disorder (HKD) which is acknowledged as the more severe form of ADHD. HKD correlates most closely to the DSM-IV combined type.

SIGN Guideline 52 uses the abbreviation ADHD/HKD (attention deficit hyperactivity disorder/hyperkinetic disorder) when referring to attention deficit and hyperactivity disorders collectively. As ADHD is recognised more by the ADHD community and the public generally, for the purposes of the ADHD-SOS project, ADHD was chosen as the standard abbreviation and, unless otherwise stated, relates to both diagnoses.

Table 1: DSM-IV and ICD-10 classification

DSM-IV	
Predominantly hyperactive-impulsive sub-type	Persistent and disabling levels of hyperactivity and impulsiveness.
Predominantly inattentive sub-type	Persistent and disabling levels of inattention.
Combined type	Persistent and disabling levels of hyperactivity, impulsiveness and inattention.
ICD-10	
Hyperkinetic disorder	Persistent impaired attention and hyperactivity, evident in more than one setting (eg home, school, social situations), with onset before the age of 6 years.

2.1 How common is it?

Prevalence rates for ADHD vary across epidemiological studies and in different countries. Much of this variation is attributable to differences in diagnostic criteria (DSM-IV or ICD-10) and not necessarily to geographical differences. The point prevalence of the more severe form HKD is widely accepted as approximately 1.5 %⁴ within the UK's school-aged population (4–16) with attention deficit hyperactivity disorder having an estimated prevalence rate of at least 5%⁴ for the same population group. ADHD is more common in boys than in girls.

2.2 Why is it important?⁵

Children with ADHD are at increased risk of a wide range of adverse sequelae including low self-esteem, academic underachievement, poor peer relationships, disrupted family relationships, accidents and anti-social behaviour. They may also be at increased risk of later substance misuse.

ADHD is also associated with an increased rate of other disorders, including depression, anxiety, other behavioural disorders, tic disorders, specific learning difficulties and developmental co-ordination disorder. Sleep problems are common.

ADHD is a chronic disorder. At least two thirds of children continue to have ADHD symptoms through adolescence and, for some of them, symptoms persist into adulthood. Early diagnosis and intervention with the implementation of a long-term management plan is therefore crucial.

2.3 What causes it?

The exact cause of ADHD is unknown, although, several different genetic and environmental contributory factors have been identified. There is a definite hereditary link and specific genes have been identified as having an influence on whether a child will develop ADHD. Environmental factors such as antenatal exposure to alcohol, nicotine and other toxins, obstetric complications and brain injury, among others, have also been identified as contributory risk factors.

2.4 How is it diagnosed and managed?

Children presenting, often initially to their GP or to other primary care, education and social work professionals, with one or more of the core features of ADHD would be referred to appropriate services for specialist assessment. SIGN Guideline 52 recommends that this assessment is undertaken by a child and adolescent psychiatrist or paediatrician with a special interest in the field. The assessment aims to gather relevant information to enable a diagnosis to be reached and an appropriate plan of intervention developed. A comprehensive specialist ADHD assessment is both resource, and time intensive; SIGN Guideline 52 lists the following as important factors for a robust assessment:

- parent/carer interview
- child/young person interview
- questionnaires, completed by the child's parent/carer and their teacher
- psycho-educational assessment
- clinical examination, and
- other ancillary assessments if indicated (physical, psychiatric and psychological).

If, after assessment, a diagnosis of ADHD is reached, an individualised intervention programme would be developed, relative to the needs of the child or young person and their family. Often, children and young people with ADHD have other associated diagnoses and difficulties. The treatment and management approach should reflect these, and develop and evolve over time to meet changing needs and priorities.

A range of treatment options exist including both pharmacological and non-pharmacological interventions. SIGN Guideline 52 recommends that psychostimulants should be considered as the first line of drug treatment for the core symptoms of ADHD. However, the Guideline is also clear that optimally, ADHD management should include educational, social and healthcare interventions as well as pharmacological treatment if necessary.

3 ADHD-SOS project background and context

The NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children⁶, covers a wide spectrum of topics under the general heading of children's health. One of these topics is prescribing for ADHD. The report details an apparent increase in the number of methylphenidate prescriptions dispensed across Scotland between 1996 and 2003 and an apparent variation among the NHS boards in the numbers of methylphenidate prescriptions dispensed. The report also contains a commitment by NHS QIS to fund a national audit based on SIGN Guideline 52.

The NHS QIS mental health strategic work programme 2005–2008, Improving the Quality of Mental Health Services in Scotland⁷ was published in October 2005. One of the work programme objectives is to complete the above audit, which will take the form of a national review of the implementation of SIGN Guideline 52, and report findings.

In March 2006, a multidisciplinary and multi-agency project steering group was established to provide expert advice and to take the lead on delivery of the ADHD-SOS project objectives. The project steering group convened regularly to discuss and formulate an appropriate approach to deliver the implementation review. The membership of the project steering group is given in Appendix 1.

Discussions within the ADHD-SOS project steering group, and with colleagues from ADHD services across Scotland, highlighted that services for children and young people with ADHD vary both across, and within, individual NHS board areas.

Some areas have dedicated ADHD teams; some provide services through generic child and adolescent mental health services (CAMHS); some through paediatric services. The range of services available, and the access routes into those services, have never been mapped on a national basis. To enable the national implementation review of SIGN Guideline 52 to target the most appropriate clinical areas within each NHS board, the project steering group agreed that a detailed service profiling exercise (stage 1) should be undertaken prior to commencement of the national implementation review.

4 Information gathering

In March 2006, NHS QIS wrote to the chief executives of all NHS boards to inform them of the forthcoming review of the implementation of SIGN Guideline 52. This correspondence was followed up in June 2006 by a further letter outlining the planned two stage approach to project delivery. This letter also sought the input of child health commissioners to the work, specifically in relation to stage 1, the service profiling exercise. The service profiling exercise would gather information to form a picture of how services for children and young people with ADHD are planned and commissioned, at NHS board level, in each area.

A service profiling questionnaire (see Appendix 3), with associated guidance notes, was developed by NHS QIS under the direction of the ADHD-SOS project steering group. The questionnaire and guidance notes were piloted in NHS Dumfries & Galloway and NHS Grampian, and were revised and updated in light of feedback received from these two pilot sites.

4.1 Service profiling process

The service profiling process had two key parts: local information gathering and follow-up meetings. The service profiling process is described in more detail below and in the flow chart on page 11.

Local information gathering

Using the service profiling questionnaire produced by NHS QIS, each NHS board gathered information on how services for children and young people with ADHD are planned and commissioned locally, and the range of services available.

Each NHS board submitted the data it had collected, together with supporting documentation as necessary, to NHS QIS prior to the follow-up meeting.

Follow-up meetings

A small team, comprised of members of the ADHD-SOS project steering group visitedⁱ each NHS board area and met with local stakeholders (eg NHS staff, parents/carers, staff from partner agencies) to talk about the responses provided by the NHS board and seek clarification on any issues.

All team members were trained beforehand and have no connection with the NHS board area that they visited. Each team had both a service-based and a parent/carer member, and support from NHS QIS staff.

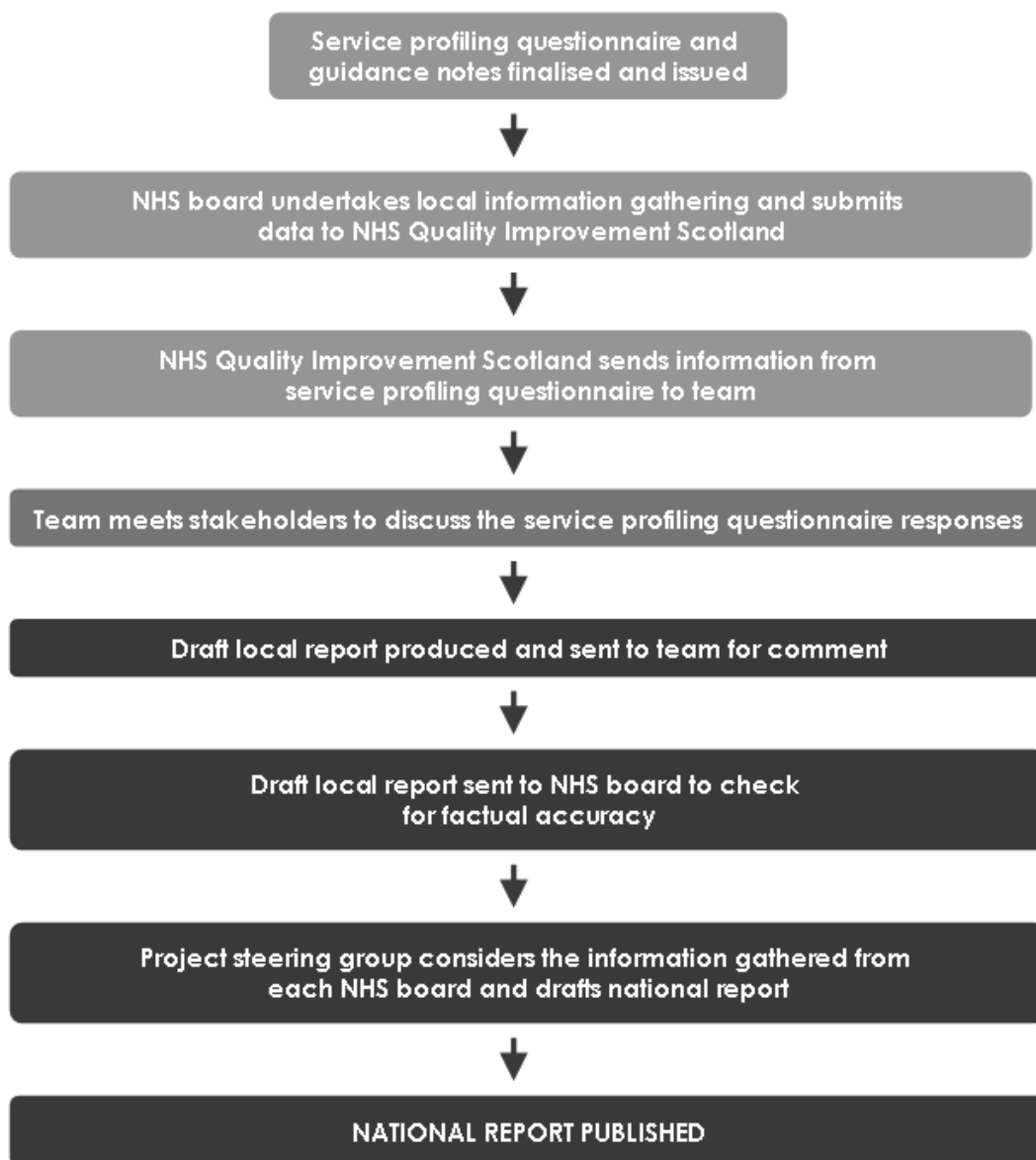
ⁱ For the three island NHS boards video-conferencing was used.

Reporting

After each follow-up meeting, NHS QIS staff drafted a short local report detailing the information gathered both in the service profiling questionnaire and in the follow-up meeting. This draft report was sent to the team for comment, and then to the NHS board to check for factual accuracy.

The project steering group considered the information gathered from each NHS board and identified key emerging themes and recommendations for service development. The project steering group then oversaw the production of a national report of the service profiling exercise.

The information gathering process



5 Emerging themes

The service profiling exercise identified a range of emerging themes. The following key national themes were identified by the ADHD-SOS project steering group.

Implementation of SIGN guidelines

In the majority of the NHS board areas profiled, responsibility for implementation of SIGN guidelines falls within the remit of clinical governance. Some areas have particularly robust systems in place whereby an appropriate lead clinician would be identified and tasked with benchmarking current service provision against the recommendations within each guideline. This would be followed by an appraisal of the financial and resource implications of making any necessary changes to service delivery. In these areas, progress with guideline implementation is generally monitored through existing clinical governance reporting structures. In other areas, however, the systems appeared to be less structured with guidelines being disseminated initially to the appropriate clinical area. The onus would then be on clinicians in that area to implement the recommendations in the guideline as they considered necessary.

Most of the NHS board areas profiled have a member of staff, at NHS board level, with specific responsibility for overseeing implementation of SIGN Guideline 52. In many cases, this person is a member of the executive team who has clinical governance as part of their overarching remit. In two of the NHS boards, the child health commissioner or their deputy was cited as the NHS board level SIGN Guideline 52 lead.

Joint working with partner agencies

All of the NHS board areas profiled had either draft, or agreed integrated children's services plans for the period 2005–2008 which were developed jointly with local authority partners. Few of these plans make reference to services for children and young people with ADHD specifically. However, some NHS boards reported that this particular group would be covered under sections in the plan related to generic CAMHS, additional support needs and/or additional support for learning.

None of the NHS boards profiled had undertaken any joint needs assessment work specifically related to children and young people with ADHD. A small number had carried out joint needs assessments related to wider child and adolescent mental health services.

Identification and diagnosis of ADHD in children and young people

There are approximately 780,400⁸ children and young people (4–16 years) living in Scotland. As previously indicated in this report, conservative epidemiological estimates would suggest prevalence rates of 5% and 1.5% for ADHD and HKD respectively among the school-aged population. This equates to an expected prevalence of approximately 39,000 school-aged children with ADHD, and 11,700 with HKD across Scotland.

The age at which young people make the transition from children's ADHD services ranges from 16–19 years/school-leaving age across the different NHS boards, and between services. The prevalence rates within the local reports were calculated relative to the population figures supplied by each NHS board; these were for a variety of different age ranges. The service profiling exercise identified that, across the 14 NHS board areas profiled, the proportion of children and young people with diagnosed ADHD ranges from 0.2% to 1.0%. In all areas, this is far below the expected prevalence.

Data collection and management systems

None of the NHS board areas profiled has a comprehensive NHS board-wide system for collecting and storing information on the numbers of children and young people with a diagnosis of ADHD. There are established electronic systems, namely patient information management systems (PIMS), in place within mental health services in a few areas. However, the NHS boards that have this system reported that there are various system issues and it is not ideal for capturing and storing information on CAMHS cases.

In practice, patient information is stored in a variety of formats. In all areas, data relating to children and young people with ADHD is captured to varying degrees in either locally developed electronic databases or in paper records. In some areas, individual teams/services have robust electronically held datasets. Population and maintenance of these datasets often depends on the availability of nursing staff to input the information in addition to their clinical role; in some areas administrative and clerical resource is used.

As part of the service profiling exercise, NHS QIS asked NHS boards to provide the numbers of children and young people with a diagnosis of ADHD living in the NHS board area. Due to a lack of overarching databases in all areas, these data are collected in a range of ways. These include manual counting of casenotes, interrogating the General Practice Administration System for Scotland (GPASS) system and extracting data from any existing local data collection systems. While some individual services could provide accurate figures, the majority of NHS board-wide statistics provided were approximations.

Prescribing

Each NHS board was asked if the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children had impacted upon service delivery. The responses from all but one of the NHS boards profiled indicated that the release of this information had not impacted significantly on delivery of services for children and young people with ADHD. Indeed, the under recognition of ADHD, relative to epidemiological estimates apparent in all NHS board areas profiled would suggest that the published rates are low compared to the numbers of Scottish children and young people who potentially have ADHD.

Half of the NHS boards profiled had either a formalised shared care protocol in place or informal mechanisms for delivery of shared care for children and young people with ADHD. Shared care, in the context of ADHD, is where there is an agreement between the paediatrician or child and adolescent

psychiatrist who establishes the child or young person on medication, and their GP. The child continues to have specialist follow-up but the GP takes over responsibility for the continuing prescribing of the medication.

Of those NHS boards that reported that either formal or informal shared care arrangements are in place, several noted that enthusiasm among GPs to sign-up to shared care for children and young people with ADHD is variable.

Consistency of service provision

Across Scotland, services for children and young people with ADHD are delivered in different ways and by a range of clinicians. In most NHS board areas, services for children and young people with ADHD are provided principally by either hospital-based and/or community paediatricians or by CAMHS. The proportion of children and young people seen within each of these disciplines varies between NHS board areas. Whether services are primarily paediatrics or psychiatry based often appears to be due to historic reasons regarding which specialty had initially responded to the increasing recognition of ADHD and referrals of children for assessment. Joint working between paediatrics and psychiatry to deliver services for children and young people with ADHD was only apparent in a few areas.

In most areas, services are provided by generic teams. The composition of these generic teams varies; some NHS boards reported difficulties with sustaining appropriate multidisciplinary input to the teams for a variety of reasons including short-term funding of posts acting as a disincentive to potential employees.

In five of the 14 NHS boards profiled, there are dedicated ADHD services. As with the generic teams, the multidisciplinary composition of each of these services varies with some, but not all, having specialist ADHD nursing input. Some are hosted within paediatric services, some within CAMHS and some as a partnership between the two. Two of the dedicated ADHD services have an NHS board-wide catchment area whereas the others cover smaller localities.

As previously reported, the age range for referral to, and treatment by, any of these services is also inconsistent across both individual NHS boards and across NHSScotland. Some services will continue to see young people up to school leaving age, in others young people would be expected to move on to adult services at 16.

For those NHS board areas with a paediatric learning disability service, children and young people with dual diagnoses of learning disability and ADHD would generally be seen there. For those without, services would be provided via the generic or dedicated ADHD teams.

Service development

The service profiling exercise, while focusing primarily on service planning and organisation at an NHS board level, highlighted many pieces of innovative development work at service delivery level. These are highlighted in the 'It's happening locally' boxes included in some of the local reports.

Several of the NHS boards profiled reported that CAMHS often struggle to achieve the same prominence as other services in terms of strategic planning and funding allocations. In spite of this, in all of the NHS board areas profiled, there are plans, or work already under way, to develop CAMHS generally, and in many areas, services for children and young people with ADHD. Much of this work is being taken forward by operational staff who are attempting to develop services within existing resource and funding allocations. Recruitment and retention of staff, often due to short-term funding issues, and difficulties with securing adequate permanent funding to develop and expand already established services were highlighted by the majority of NHS boards profiled as barriers to development of services.

Transitions

Although SIGN Guideline 52 relates to children and young people, there is an acknowledgement within the guideline that there is evidence for persistence of ADHD into adolescence, and in some cases into adulthood.

Many young people, whose ADHD persists into adulthood, develop coping mechanisms which can effectively compensate for their ADHD symptoms, without the need for pharmacological interventions. For others, whose core ADHD symptoms return rapidly when psychostimulants are discontinued, treatment may be required long term.

None of the NHS board areas profiled have formalised NHS board-wide arrangements in place for transition of young people with ADHD to adult services. In practice, transition is managed on a case-by-case basis, generally through liaison and negotiation between paediatric services and/or CAMHS and adult mental health services. Similarly, there are no dedicated services for adults with ADHD in Scotland, although two NHS board areas do have adult psychiatrists with a special interest and some of the other NHS boards reported emerging interest within adult psychiatry and general practice.

6 Next steps

ADHD-SOS project stage 2

Stage 2 of the ADHD-SOS project is to review the extent to which each NHS board in Scotland has implemented the recommendations in SIGN Guideline 52.

NHS QIS has developed an implementation review tool which will be distributed to each of the services, both dedicated ADHD and generic, identified by the service profiling exercise as providing services for children and young people with ADHD. The returns will be analysed by NHS QIS and a second round of face-to-face meetings organised to allow NHS boards to provide additional information with regard to areas highlighted by the implementation review and to expand on areas of good or developing practice.

A national overview report of the findings of the implementation review, including recommendations and areas to potentially be addressed in the future, will be published in March 2008.

Involving children and young people who use services and their parents/carers

NHS QIS is committed to involving the public as fully as possible in all of the work that it does and to draw people who use services, carers and professionals into informal networks with a view to improving care and services. SIGN Guideline 52 focuses on how ADHD in children and young people is assessed and managed. Interviews with parents/carers, parental/carer reports of the child's symptoms and interviews with the children and young people are essential components of diagnostic assessment. Similarly, equipping parents/carers with the necessary skills to effectively manage their child's behaviour at home and in community settings, and educating children and young people about how to manage their condition are recognised as important intervention strategies.

A parallel piece of work, in conjunction with the NHS QIS Patient Focus and Public Involvement Unit, will be undertaken to engage with children and young people who use services and their parents/carers, and look at their perceptions of how effectively they are involved in the assessment and management process and their satisfaction with the services that they use.

A user and parent/carer involvement group has been established to oversee delivery of the user and parent/carer involvement workstrand of the ADHD-SOS project. The group has multidisciplinary and multi-agency membership including young people with ADHD and parent/carer representatives.

A report of the information gathered during the user and parent/carer involvement work will be published alongside the implementation review national overview in March 2008.

7 Detailed findings by NHS board area

The following section contains information supplied by NHS boards via the service profiling questionnaires and supplementary information gathered during the programme of follow-up meetings with key stakeholders from each NHS board area.

7.1 NHS Ayrshire & Arran

Ayrshire & Arran is situated in south-west Scotland and has a population of around 367,010. Approximately one quarter (86,148) of the population is comprised of children and young people (up to the age of 18 years). The majority of the population live in urban areas, of which Ayr and Kilmarnock are the largest in the region, although a significant proportion live in rural areas. The proportion of children (under 16) in the population is similar to the national average, with levels of illness and deprivation higher than the national average.

Local NHS system and services

NHS Ayrshire & Arran is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Ayrshire & Arran.

At the time of the service profiling exercise, NHS Ayrshire & Arran provided acute and primary care services through a single operating division, Patient Services. There are three community health partnerships (CHPs), covering North, South, and East Ayrshire respectively. NHS Ayrshire & Arran also has a public health and a corporate department. There are three local authorities within the NHS Ayrshire & Arran area: North Ayrshire Council, South Ayrshire Council, and East Ayrshire Council, with headquarters in Irvine, Ayr, and Kilmarnock respectively.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Ayrshire & Arran (www.nhsayrshireandarran.com).

Implementation and review of SIGN guidelines

NHS Ayrshire & Arran reported that SIGN recommendations for distribution of its clinical guidelines are followed. On publication, guidelines are widely distributed to a range of appropriate staff. A relevant lead clinician is then identified and tasked with reviewing the guideline against current clinical practice and producing a report which details any gaps in the service relative to the SIGN recommendations. The report is tabled at the clinical risk and effectiveness committee, and an action plan developed to ensure that any outstanding recommendations are addressed. Local guidelines based on SIGN recommendations are also produced to ensure local implementation.

NHS Ayrshire & Arran reported that implementation of SIGN Guideline 52 has been adversely affected by the absence of a designated lead clinician for CAMHS since 2004. At the time of the service profiling exercise, a lead clinician had recently been appointed and was taking forward some work to look at the guidelines and protocols in use within CAMHS and to pick up on the

implementation of SIGN Guideline 52.

Implementation of SIGN guidelines, including SIGN Guideline 52, is overseen at NHS board level by the head of clinical governance. At service delivery level, the CAMHS lead clinician is responsible for local implementation of SIGN Guideline 52.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Ayrshire & Arran has a child health commissioner. This individual oversees the strategic planning of all child health services and has overall responsibility for commissioning services for children and young people with ADHD, including those with dual diagnoses of ADHD and learning disability and/or autistic spectrum disorder (ASD).

While a generic child health needs assessment was undertaken several years ago, there has been no ADHD-specific needs assessment undertaken either by NHS Ayrshire & Arran or jointly with partner agencies. The approach to delivery of services adopted by NHS Ayrshire & Arran is an integrated one whereby services for children and young people with ADHD are delivered as part of combined children's services.

Jointly-developed integrated children's services plans for the period 2005–2008 are in place for each of the three local authority areas. Each of these plans addresses planning services for children and young people with additional support needs, however, there is no specific mention of ADHD in any of the documents. NHS Ayrshire & Arran reported that the organisation's strategy for child health 2005–2008 provides the NHS input into the integrated children's services plans. This document does specifically refer to ADHD in the context of strengthening links between CAMHS and learning disability services. NHS Ayrshire & Arran reported that it is likely that future versions of the integrated children's services plans would reflect emerging work and development within services for children and young people with ADHD.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Ayrshire & Arran should have approximately 4,307 children and young people under the age of 18 with ADHD and 1,292 with HKD.

At the time of the service profiling exercise, NHS Ayrshire & Arran reported that there were in the region of 340 children recorded on the GPASS system with a Read Code of diagnosis of ADHD. This equates to approximately 0.4% of the under-18 population.

There is no standardised NHS board-wide system in place to collect these data. Each of the three CAMHS teams maintains its own record and there is a separate database in place for children being seen at Rainbow House Child

Development Centre, Irvine. In preparation for the service profiling exercise, a count of those children attending CAMHS and/or attending the ADHD medication review clinics was undertaken. The total for the 3 localities was 221. NHS Ayrshire & Arran reported there has been some collaborative work with education with regard to data capture and recording and it is hoped that a single interagency database will have been developed and be in place by October 2007.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any impact on service delivery in Ayrshire & Arran. NHS Ayrshire & Arran reported that its lower than national average rate of prescribing, as documented in the health indicators report, was in line with the numbers of children and young people with a recorded diagnosis of ADHD living in the NHS board area.

A draft shared care protocol for prescribing has been developed. NHS Ayrshire & Arran reported that while the protocol has not yet been formally agreed and implemented, the majority of GPs adhere to the principles of shared care with regard to prescribing for children and young people with ADHD.

Services

Services for children and young people with ADHD are delivered by both generic CAMHS and paediatric services. There are four CAMHS teams. Three provide geographically based services from community bases located in North, South and East Ayrshire. The adolescent team is based in Ayrshire Central Hospital, Irvine, and provides an NHS Ayrshire & Arran-wide service. The ideal composition of these teams is consultant child and adolescent psychiatry, clinical nurse specialist, clinical psychology and social work. However, as previously reported there have been issues with recruiting and sustaining full-time child and adolescent psychiatry input to the teams. At the time of the service profiling exercise, there was locum psychiatry input to the CAMHS teams. In addition, a service level agreement for child and adolescent psychiatry cover is in place with NHS Greater Glasgow and Clyde, although this service is normally only used for second opinions or when the locum is on leave. At the time of the visit, there was a maternity leave vacancy in psychology, and it was noted that it was difficult to appoint on a locum basis within the profession at the present time. NHS Ayrshire & Arran acknowledges that this is not an ideal situation and work is ongoing to look at contingency measures to address any future difficulties with recruiting permanent staff.

It's happening locally...

The East Ayrshire CAMHS team is due to move to a new base where it will be co-located with social work, housing and the police service.

Following feedback from local parents regarding the frequency of review meetings, paediatrics-led ADHD review clinics were established in East, North

and South Ayrshire. The clinics are led by staff grade paediatricians and two of them have nursing support. A consultant paediatrician oversees each of the areas and the staff grades link closely with them, the relevant CAMHS team and with education. The children normally come to this service already established on psychostimulant medication; the paediatricians will review and amend the dosage as required, in consultation with CAMHS if necessary.

Children and young people with ADHD who live on Arran normally travel to the mainland to attend clinics and NHS Ayrshire & Arran will reimburse travelling expenses. A consultant paediatrician also visits Arran regularly and holds a general clinic that children and young people with ADHD can attend.

Children and young people with dual diagnoses of learning disability and ADHD in Ayrshire & Arran would normally be seen initially by paediatrics and would remain with that service.

A brief description of each of the teams/services is detailed below including geographical catchment areas and age ranges covered.

1 Child and Adolescent Mental Health Services (East, South & North)	
Generic community-based CAMHS providing, as part of their wide remit, services for children and young people with ADHD. East Ayrshire CAMHS is based in Crosshouse Hospital, Kilmarnock; South Ayrshire CAMHS in Strathdoon House, Ayr; and North Ayrshire CAMHS in Ayrshire Central Hospital, Irvine.	
Catchment area	East/South/North Ayrshire
Catchment population (<19)	28,757/24,537/32,854
Age range covered by service	0–16

2 Child and Adolescent Mental Health Services – Adolescent Team	
A generic CAMHS for young people aged 15–18 including those with ADHD. The adolescent team is based at Ayrshire Central Hospital, Irvine.	
Catchment area	NHS board-wide
Catchment population (<19)	86,148
Age range covered by service	15–18

3 ADHD Monitoring/Review Clinics (East, South & North)	
Community/hospital paediatric-led ADHD review clinics based in East, South and North Ayrshire.	
Catchment area	East/South/North Ayrshire
Catchment population (<19)	28,757/24,543/32,854
Age range covered by service	0–16

Transition

There are no formalised NHS board-wide arrangements in place for young people with ADHD moving on from CAMHS or paediatric services. A generic protocol for transition from adolescent CAMHS to adult services has been developed. In practice, individuals are assessed on a case-by-case basis. For

those with more than one diagnosis or more complex needs, there would be liaison with all appropriate agencies and services. Where the young person's diagnosis is solely ADHD, generally, they would remain with mental health services. NHS Ayrshire & Arran reported that some work to look at ADHD-specific transitional issues is planned to commence in January 2007.

At the time of the service profiling exercise, there was no dedicated specialist service for adults with ADHD. Young people who are settled on medication and wish to continue this into adulthood would be referred onto the caseload of general adult psychiatry. NHS Ayrshire & Arran reported that some young people with ADHD are being seen initially by other services due to their associated difficulties, for example by substance misuse/addiction services.

Priorities for planning and development of services

CAMHS in Ayrshire & Arran have had difficulties in recent years maintaining levels of child and adolescent psychiatry input to the locality-based teams. At the time of the service profiling exercise, the NHS board was looking at ways to make recruitment to a range of permanent specialist posts more attractive to potential employees, and a lead clinician for the CAMHS service had recently been appointed.

At a local level, CAMHS are interested in developing integrated care pathways (ICPs) for a range of mental health conditions. ADHD has been identified as one of the priority areas for ICP development, however, at the time of the service profiling exercise, there was no additional resource allocated to CAMHS specifically to take this forward. It is hoped that once an ADHD ICP has been developed, an early intervention service for children, which would include those with ADHD, could be established.

7.2 NHS Borders

The Borders is situated in south-east Scotland and has a population of around 109,730. Approximately one quarter (24,700) of the population is comprised of children and young people (up to the age of 19 years). The majority of the population live in rural areas, and the largest towns in the region are Galashiels and Hawick. The proportion of children aged under 16 in the population is similar to the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

NHS Borders is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in the Borders.

The NHS board has responsibility for the operation of clinical services, and the employment of those delivering these services. NHS Borders delivers hospital and primary care/community health services. Mental health services are both hospital and community based. Borders Community Health and Care Partnership (CHCP) is the sole CHCP. There is one local authority within the NHS Borders area, Scottish Borders Council which has its headquarters in Newtown St Boswells.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Borders (www.nhsborders.org.uk).

Implementation and review of SIGN guidelines

NHS Borders has a clinical information and guidelines group (CIGG) which oversees the implementation of all SIGN guidelines. This group has representation from across NHS Borders. When a new guideline is published, the CIGG will commission an assessment to benchmark local clinical practice against the recommendations in the guideline. The assessment will also investigate resource implications of implementing any recommendations that are not already routine clinical practice. An appropriate clinician is identified to lead the assessment using an assessment pro-forma which is developed for each individual guideline. Initially the pro-forma would be sent to the identified lead clinician, although other relevant clinicians may be involved in the assessment process.

When the local assessment is complete, a guidelines co-ordinator analyses the findings and produces a summary report which identifies any gaps in the service. This report is presented to the CIGG for final approval before being presented to the NHS board's clinical executive and, through this, to each of the four clinical boards. The final summary report is also placed on the organisation's intranet where it can be accessed by all staff. If additional

resource is deemed necessary to fully implement the guideline, the clinical executive would be approached to identify appropriate support through the overarching health plan.

Implementation of SIGN guidelines, including SIGN Guideline 52, is overseen at NHS board level by the lead director for clinical governance and the chair of the clinical executive, the director of nursing and midwifery, and the medical director respectively.

Planning and commissioning of ADHD services

NHS Borders has an acting child health commissioner who is also director of integrated health services and has the executive lead for children's services. This individual, with the support of the NHS Borders child health executive, oversees the strategic planning of all child health services.

There has been no ADHD-specific needs assessment undertaken either by NHS Borders or jointly with partner agencies. A generic child health needs assessment was undertaken by a public health practitioner. This looked specifically at the recommendations within the fourth UK report of the Royal College of Paediatrics and Child Health (RCPCH), Health for All Children (HALL 4). The needs assessment recommendations included development of the children's specialist learning disability team. NHS Borders reported that other needs and priorities identified by the needs assessment have been included in the NHS Borders child health strategy 2005–2008. In addition, the early year's mental health worker has adopted a holistic approach to needs assessment which looks at both physical and mental health issues.

A jointly-developed integrated children's services plan for the period 2005–2008 is in place. The plan addresses strategic planning for children and young people with additional support needs, including those with ADHD. In addition, a draft integrated children and young people's mental health strategy has been developed. This outlines ADHD as a key strategic priority for NHS Borders and its partner organisations. The draft strategy is due to be presented to the integrated planning group for approval. NHS Borders noted that the co-terminosity of the NHS board and the local authority facilitates joint planning, and a number of practitioners sit on relevant strategic joint planning groups, including the children's change group and its associated subgroups.

The dedicated ADHD service was initially funded as a pilot project using Changing Children's Services Fund monies. The pilot identified a need for an ongoing service of this type and also the benefit of delivering it as a partnership between CAMHS and community paediatrics. At the time of the service profiling exercise, the ADHD service was being supported by a combination of recurrent and non-recurrent funding. NHS Borders reported that there are plans to seek permanent funding to ensure the continuation of the ADHD service.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe

form, HKD, it would be expected that NHS Borders should have approximately 1,015 children and young people under the age of 16 with ADHD and 305 with HKD.

At the time of the service profiling exercise, NHS Borders reported that there were approximately 197 children and young people up to 16 years of age with a known diagnosis of ADHD known to the ADHD service (including those known to generic CAMHS). This equates to approximately 1.0% of the under-16 population. NHS Borders reported that there are an additional 20 individuals with a diagnosis of ADHD aged between 16–20 known to services.

There is no standardised NHS board-wide system in place to collect data on all children and young people with ADHD in Borders. The specialist ADHD service has a list of all of those children and young people seen by that service and, in preparation for the service profiling exercise, CAMHS undertook a manual count of casenotes to ascertain how many children and young people with ADHD are on their lists. NHS Borders noted that the data analysis undertaken in preparation for the service profiling exercise has been a good starting point for development of a comprehensive shared database.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any impact on service delivery in Borders. NHS Borders reported that the apparently higher rate of prescribing (relative to some other NHS board areas) could be attributed to the fact that local GPs prescribe psychostimulants on a monthly basis compared to 3-monthly as in some other areas.

NHS Borders has a shared care protocol for methylphenidate and atomoxetine prescribing in place with local GPs. At the time of the service profiling exercise, the protocol was about to be published on the organisation's intranet. NHS Borders reported that some GPs in the Peebles area do not prescribe psychostimulant medications for individuals with ADHD. A system has recently been established whereby prescriptions can be sent directly from the specialist ADHD service or CAMHS to local pharmacies. This makes it easier for individuals with ADHD and their families living in more remote areas, and/or in areas where a local prescribing service is not available to collect their prescription.

Services

Services for children and young people with ADHD are delivered by both the ADHD service and by generic CAMHS which has an historic caseload of individuals who were diagnosed with ADHD prior to establishment of the ADHD service. The majority of new referrals are now routed through the ADHD service which is delivered primarily by community paediatrics and an occupational therapist. Particularly complex cases would, however, still be referred to CAMHS in the first instance. While there is psychiatry input to the ADHD service, the involvement of psychiatry is generally during the assessment process; the majority of ongoing review is carried out by community paediatricians. The occupational therapist is first involved at the assessment stage to assess for possible therapeutic interventions and on an ongoing basis as required. The

occupational therapist has also been investigating sensory interventions for children and young people with ADHD.

At the time of the service profiling exercise, NHS Borders had recently developed a children's learning disability specialist team which includes psychology, learning disability nursing, occupational therapy and speech and language therapy. The ADHD service plans to link with this team to take forward some work regarding children and young people with dual diagnoses of learning disability and ADHD.

It's happening locally...

The community paediatricians endeavour to see all children for review appointments in the school setting. This helps with liaison between health and education and has significantly reduced the number of missed appointments.

A brief description of each of the teams/services is detailed below including geographical catchment areas and age ranges covered.

1 ADHD Service	
This ADHD service is provided as a partnership between CAMHS and community paediatrics. The service has occupational therapy, staff-grade psychiatry and community paediatrics input along with administrative support. The service also maintains close links with education.	
Catchment area	Borders-wide
Catchment population (<16)	20,300
Age range covered by service	0-16

2 Child and Adolescent Mental Health Service	
A generic CAMHS providing services for children and young people who had been on the CAMHS caseload before development of the ADHD service, or new more complex referrals that require the specific expertise available within CAMHS.	
Catchment area	Borders-wide
Catchment population (<16)	20,300
Age range covered by service	0-16

Transition

There are no formalised NHS board-wide arrangements in place for young people with ADHD moving on from CAMHS or paediatric services. The generic CAMHS remit is to follow children up to their 16th birthday, however, in practice they often remain with the service for longer. Community paediatrics will continue to see young people up to their 18th birthday if they are still in full-time education. A Scottish Executive funded ASD project has investigated mechanisms for supporting people over the age of 18, including those with dual diagnoses of ADHD and ASD.

At the time of the service profiling exercise, there was no dedicated specialist service for adults with ADHD, however, NHS Borders reported that there is

emerging interest among the adult psychiatrists and some GPs are happy to continue to provide a service into adulthood for straightforward cases.

Priorities for planning and development of services

As previously reported, at the time of the service profiling exercise, the ADHD service was being supported by a combination of recurrent and non-recurrent funding. The non-recurrent monies were coming from waiting times funding, with the current bid due for renewal in 2008. The nature and extent of funding means that, at the time of the service profiling exercise, the ADHD service was only capable of taking new referrals. The longer-term aim is for the service to take on individuals who are already on the CAMHS caseload. A robust proposal has been produced to progress development of the service to ensure sufficient capacity and funding to take on all existing children and young people with a diagnosis of ADHD in Borders, and to see new referrals for assessment and treatment if necessary.

There are other pieces of development work under way in Borders to improve and develop services for children and young people, including those with ADHD, and their parents/carers. CAMHS is hoping to develop a generic parenting strategy and to invest in provision of support for parents and training in parenting skills. Provision of 'Solihull Approach' multi-agency training for professionals working with children, young people and their families is being rolled out across NHS Borders by a health visitor who is funded one day per week by Sure Start. Sure Start is a Government programme which aims to achieve better outcomes for children, parents and communities.

Changing Children's Services funding is being invested in the development of locality multi-agency teams that will include social work, health, home link workers and education within the public and voluntary sectors.

NHS Borders is developing a single shared assessment for children and young people and, in relation to this, an integrated care record. While, at the time of the service profiling exercise, this was generic development work, NHS Borders is confident that it will have a positive future impact on assessment and management of children and young people with ADHD.

7.3 NHS Dumfries & Galloway

Dumfries & Galloway is situated in south-west Scotland and has a population of around 148,340. Approximately one fifth (29,722) of the population is comprised of children and young people (up to the age of 18 years). The majority of the population live in towns and villages, of which Dumfries is the largest in the region, although a significant proportion live in rural areas. The proportion of children (under 16) in the population is lower than the national average, as are levels of illness and deprivation.

Local NHS system and services

NHS Dumfries & Galloway is responsible for improving the health of the local population and for the delivery of the healthcare required. The NHS board provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in Dumfries & Galloway.

NHS Dumfries & Galloway delivers hospital and primary care/community health services. Mental health services are both hospital and community based. Within the NHS Dumfries & Galloway area, there is one CHP, and one local authority, Dumfries & Galloway Council based in Dumfries.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Dumfries & Galloway (www.nhsdg.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Dumfries & Galloway reported that its healthcare governance committee has a role in local implementation of SIGN guidelines, and that management of guidelines implementation comes within the remit of clinical governance. Clinical governance activity is managed by the medical director on behalf of the chief executive.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Dumfries & Galloway has a child health commissioner. This individual is also the general manager for child health services, and the role includes responsibility for children and young people with ADHD, learning disability, and/or ASD. An assessment of the mental health needs of children and young people was carried out in preparation for drafting the document, Children and Young People's Mental Health and Well Being in Dumfries & Galloway: The Next Steps Towards a Multi-Agency Approach. However, NHS Dumfries & Galloway has not undertaken a needs assessment of children and young people with ADHD specifically. As a pilot site for the integrated assessment framework, which is part of the national eCare project, NHS Dumfries & Galloway and local partner agencies will be undertaking increased information sharing and joint planning in the future.

At the time of the service profiling exercise, the Dumfries & Galloway integrated children's services plan was under development. Within the local integrated planning structure, a designated tactical group is responsible for children's wellbeing including health, social, and emotional aspects. In addition, a parent inclusion network has been recently established, and the designated tactical group liaises with this network both for consultation and to inform planning.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Dumfries & Galloway should have approximately 1,486 children and young people under the age of 18 with ADHD and 446 with HKD.

At the time of the service profiling exercise, NHS Dumfries & Galloway estimated there to be approximately 153 children and young people with a diagnosis of ADHD in the NHS board area. This figure equates to 0.5% of the under-18 population. The figure mainly represents those individuals known to the CAMHS and under consultant care; there may also be individuals whose needs are met in the educational sector or by voluntary organisations. NHS Dumfries & Galloway reported that most of the children and young people reflected in this figure have been diagnosed in the last 5 years, and that the number continues to grow. The May 2006 draft of Children and Young People's Mental Health and Well Being in Dumfries & Galloway: The Next Steps Towards a Multi-Agency Approach reports 'the growing number of referrals, especially around attention deficit hyperactivity disorder (ADHD)'.

Prescribing

The prescribing rate for NHS Dumfries & Galloway reported in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children is near to the average rate for NHSScotland. NHS Dumfries & Galloway reported that local consultant child and adolescent psychiatrists practice the SIGN recommendation to titrate ADHD medication.

Services

Since 1998, NHS Dumfries & Galloway has had a combined child health service. This integrated service is overseen by the clinical director for child health services, who is a consultant paediatrician. NHS Dumfries & Galloway reported that CAMHS and services provided by educational psychology and social services are co-terminus. Operationally, most services are community based, and clinicians frequently go to their patients rather than vice versa; for instance, clinicians might arrange to meet at the child or young person's school.

NHS Dumfries & Galloway has developed a protocol for assessment and management of ADHD. It specifies that assessment of ADHD requires a co-ordinated multidisciplinary and multi-agency approach, and includes a flow chart showing referral and treatment options. In practice, diagnosis of ADHD is made by a multidisciplinary team. A multi-agency communication assessment clinic is available to assess children with a dual diagnosis of ASD and ADHD.

NHS Dumfries & Galloway highlighted the particular benefit of local allied health professionals (AHPs) who are available by referral to help support the management of children and young people with ADHD. Occupational therapists and some speech and language therapists from NHS Dumfries & Galloway input to local schools. The voluntary sector also offers some support to local children and young people with ADHD through befriending programmes and other measures of emotional support. NHS Dumfries & Galloway reported that, at the time of the service profiling exercise, local social work services were unable to dedicate significant resource to mental health services for children and young people; for instance, there is no social worker attached to the CAMHS. There are some general social work services which might be applicable to children and young people with ADHD and their parents, such as support for families with children up to 10 years of age, respite for families with severely disabled children and home support for families with pre-school children.

A brief description of the CAMHS is detailed below including geographical catchment area and age range covered.

1 Child and Adolescent Mental Health Service (CAMHS)	
There is one generic CAMHS in Dumfries & Galloway, which is part of the larger combined child health service. The team has child and adolescent psychiatry, mental health worker and clinical co-ordinator input.	
Catchment area	Dumfries & Galloway-wide
Catchment population (<18)	29,722
Age range covered by service	0–18 years

Transition

NHS Dumfries & Galloway reported that there is a generic protocol in place for transition between the CAMHS and adult mental health services. At the time of the service profiling exercise, there had not been many instances of young people with ADHD making the transition to adult services. NHS Dumfries & Galloway reported that for other diagnostic groups, the experience of transition to adult services has generally been straightforward and successful.

It's happening locally...

A community-based mental health worker provides services which include: support and follow-up to families (often via home visits), liaison with teachers, and general maintenance of the flow of information between children and adolescents, parents, school and health services.

Priorities for planning and development of services

NHS Dumfries & Galloway reported that, in general, work is ongoing to raise awareness of ADHD, its true prevalence, and how to treat it effectively and correctly. Present and future challenges for the services across Dumfries & Galloway include funding, service infrastructure, and human resources. The action plan included within Children and Young People's Mental Health and Well Being in Dumfries & Galloway: The Next Steps Towards a Multi-Agency

Approach outlines that much of the present funding sources are short term and non-recurring.

NHS Dumfries & Galloway reported that, for local mental health services as a whole, the way forward will be through increased development of primary care services and alleviation of pressure on acute services. In future, NHS Dumfries & Galloway would like to offer regular ADHD clinics, but the wide geographical spread of the NHS board area might have a particular impact on this; one way of overcoming this difficulty might be to offer 'virtual' clinics that link with patients electronically and which can be held in various locations across Dumfries & Galloway.

7.4 NHS Fife

Fife is a relatively small region situated in east-central Scotland and has a population of around 356,664. Approximately one fifth (80,561) of the population is comprised of children and young people (up to the age of 18 years). The majority of the population live in urban areas, of which Dunfermline, Glenrothes and Kirkcaldy are the largest in the region. The proportion of children (under 16) in the population is similar to the national average, with levels of illness and deprivation generally near to or below the national average.

Local NHS system and services

NHS Fife is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Fife.

At the time of the service profiling exercise, NHS Fife contained a single acute operational division and three CHPs. There is one local authority within the NHS Fife area, Fife Council which has its headquarters in Glenrothes.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Fife (www.nhsfife.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Fife has a draft NHS board-wide policy for implementation and review of national guidance documents including SIGN guidelines. The policy outlines the process for ensuring that evidence-based guidelines are considered by a representative group of clinicians and managers, and are implemented in a consistent way across the organisation. NHS Fife reported that monitoring of national guidance and recommendations is undertaken on an ongoing basis through the existing clinical governance structures.

Within the acute operational division, there is an established protocol and robust process in place. On publication of a new guideline, it is circulated widely to relevant staff and placed on the organisation's intranet; this is followed up by an organisation-wide email detailing how and where to access the guideline. In addition, the clinical effectiveness department develops an assessment matrix. The matrix is sent to the appropriate lead clinician who is asked to benchmark current service provision against the recommendations in the guideline and to identify any service or financial implications of implementing any areas that are not already routine clinical practice.

The protocol states that the matrix should be reviewed annually, however, the matrix for SIGN Guideline 52 has not been reviewed since it was developed shortly after publication of the guideline in 2001. The clinical effectiveness

department prepares an annual report against progress with implementation and review of all SIGN guidelines. In NHS Fife, the child health commissioner has specific responsibility for implementation of SIGN Guideline 52, although progress against implementation of the recommendations is monitored on an ongoing basis by the additional support for learning multi-agency group.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Fife has a child health commissioner. This individual oversees the strategic planning of all child health services including those for children and young people with ADHD and with dual diagnoses of ADHD and learning disability and/or ASD.

Early years assessments which take into account the mental health needs of children and young people have been carried out for all areas in Fife. While there has been no ADHD specific needs assessment undertaken either by NHS Fife or jointly with partner agencies, NHS Fife reported that a joint mental health needs assessment for children and young people with ASD has been carried out and it is likely that some individuals with ADHD would have been covered by this piece of work. A jointly-developed integrated children's services plan for the period 2005–2008 is in place. The plan addresses strategic planning for children with additional support needs and there is specific reference to ADHD in the context of a mapping exercise undertaken in 2004 which identified the services for children and young people available in Fife. In addition, the plan reports the progress of the ADHD project undertaken by Attention Fife, a support and information network for parents of children with ADHD and other similar conditions. This project was funded by Changing Children's Services Fund monies.

There are six children's services locality groups based in north-east Fife, Levenmouth, Glenrothes, Kirkcaldy, Dunfermline and west Fife. Part of the remit of these groups is to jointly plan and manage the delivery of integrated services within the local area, in line with the objectives in the integrated children's services plan. NHS Fife reported that pieces of joint work between health, social work and education are under way. Of particular note is the pilot Levenmouth Project. This is a jointly-funded initiative whereby children and young people referred into the project have access to a multidisciplinary group of specialists, all of whom maintain very close links with the child or young person's school. The specialisms available include both clinical and educational psychology, paediatrics and psychiatry. The project has been running for 2 years and is due to report its findings and conclusions in the near future.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Fife should have approximately 4,028 children and young people under the age of 18 with ADHD and 1,208 with HKD.

At the time of the service profiling exercise, NHS Fife reported that there were approximately 576 children and young people with a known diagnosis of ADHD

on the caseloads of paediatric services and CAMHS. This equates to approximately 0.7% of the under-18 population (based on total number of continuing care cases from Fife only). Approximately 500 of the total number of known ADHD cases were being seen within paediatrics at the time of the service profiling exercise and approximately 7% of these were out-of-area referrals.

There is no standardised NHS board-wide system in place to collect data on all children and young people with ADHD in Fife. The paediatric ADHD clinic has a database which is maintained by the specialist ADHD nurse. Data is generally more readily available within acute services, although the various stand-alone systems in place are unable to share data. NHS Fife reported that an IT system that could collect data on people receiving both acute and community-based services would be beneficial.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any impact on service delivery in Fife. Assessment and treatment of children and young people with ADHD continue to be delivered as per the recommendations in SIGN Guideline 52 and NHS Fife reported that prescribing within the paediatric ADHD service is audited on an ongoing basis. The findings of this ongoing audit and monitoring are reported annually and relevant clinicians are invited to comment.

NHS Fife has had a shared care protocol for methylphenidate prescribing in place with local GPs since 2003. At the time of the service profiling exercise, the protocol had recently been updated to include the newer extended release stimulant preparations and was out for consultation and agreement with relevant clinicians. NHS Fife reported that while there is an agreed shared care protocol in place, compliance with this can be variable between different GPs.

Services

Services for children and young people with ADHD in Fife are delivered by a number of teams. The majority of cases are seen within the ADHD specialist team, which is part of the acute services paediatric department and has, in addition to consultant paediatricians with special interest, one whole-time equivalent specialist ADHD nurse. Smaller numbers of children and young people are seen by community paediatrics, the child and adolescent clinical psychology service, and within generic CAMHS.

It's happening locally...

There is an existing network of sleep clinics across Fife. The specialist ADHD nurse has undertaken 'Sleep Scotland' training and plans are under way to establish an ADHD-specific sleep clinic. The clinic will be available to children with ADHD and their parents/carers as a supplement to their regular clinic appointments. It is hoped that this will allow dedicated focused consultation time and support related to sleep issues and free up additional time to address other aspects of care in regular clinic sessions.

Children with dual diagnoses of ADHD and learning disability are seen predominantly within learning disability services, although the community paediatricians hold non-hospital based clinics for children with developmental delay including those with ADHD. There are several ASD services and children and young people with ADHD can be seen by any of these. In addition, the Fife Autistic Spectrum Team (FAST) provides a specialist diagnostic service and will see children with ADHD symptoms and suspected autism.

A brief description of each of the teams/services is detailed below including geographical catchment areas and age ranges covered.

1 Child and Adolescent Clinical Psychology Service	
A generic child and adolescent clinical psychology service based in child health. This service sees children and young people with emotional and behavioural problems. A considerable proportion of the caseload has been referred from the paediatric ADHD clinic for additional specialist psychological support and intervention.	
Catchment area	Fife-wide
Catchment population (<18)	80,561
Age range covered by service	0-18

2 Child Development Service	
A generic team within the wider learning disability service for children with learning disability and/or additional support needs including ADHD.	
Catchment area	Fife-wide
Catchment population (<18)	80,561
Age range covered by service	0-18

3 Specialist ADHD Team	
A specialist team based in hospital paediatrics. The team has two consultant paediatricians with a special interest in ADHD and a specialist ADHD nurse. Although based in acute services, the team undertakes close liaison with community paediatrics, child and adolescent psychology and child and adolescent nursing services, all of which are community based.	
Catchment area	Fife-wide
Catchment population (<18)	80,561
Age range covered by service	0-18 (a small number of young people may remain with the service up to their 20 th birthday)

4 Community Paediatrics	
A generic team with consultant and staff grade paediatrician input providing, as part of its wide remit, services to children and young people with ADHD.	
Catchment area	Fife-wide
Catchment population (<19)	80,561
Age range covered by service	0-18 (a small number of young people may remain with the service up to their 20 th birthday)

5 Child and Adolescent Mental Health - Psychiatric Service	
A generic service with consultant psychiatry and mental health nursing input providing, as part of its wide remit, services to children and young people with ADHD.	
Catchment area	Fife-wide
Catchment population (<19)	80,561
Age range covered by service	0-18 (a small number of young people may remain with the service up to their 20 th birthday)

Transition

There are no formalised NHS board-wide arrangements in place for young people with ADHD moving on from CAMHS or paediatric services. In the Levenmouth locality, there is a consultant psychiatrist with a special interest who will take young people with ADHD onto the adult psychiatry caseload. NHS Fife reported that this system is not replicated across the other locality areas where adult psychiatry services do not routinely take on these cases. Adult clinical psychology services will accept referrals and, further to an initial planning meeting held with clinical psychologists, it has been decided to convene a wider multi-agency meeting to discuss transition to adult services.

At the time of the service profiling exercise, there was no dedicated specialist service for adults with ADHD, however, a consultant psychiatrist in Levenmouth with a special interest is planning to establish an adult ADHD assessment and treatment service which will be available to adults living within that locality.

Priorities for planning and development of services

At the time of the service profiling exercise, there were various pieces of work under way and future plans to further develop service provision for children, young people and adults with ADHD. There is a recognition in Fife that the education setting is often the first place where children with additional support needs, in particular ADHD, would be identified. There has been joint work between NHS Fife and the education authority to develop practice guidelines for children with attention difficulties, including management strategies for use in the classroom. In addition, the pilot Levenmouth project, which is a joined-up initiative, has proved successful. A joint strategic group has been established to look at the findings of the pilot and it is hoped that it could be established as a permanent service. The strategic group is also looking at how the pilot model

could be rolled out to the other localities in Fife and the education authority plans to approach NHS Fife to request input and support for this process.

The clinical psychology service has developed a proposal whereby there would be dedicated psychology input to the hospital-based paediatric ADHD clinics, providing a liaison between paediatric services and CAMHS. Short-term funding has been allocated to support this post for 1 year, however, the short-term nature of the post has caused difficulties with recruitment. The additional clinical psychology hours are part of a wider redesign bid which also included dietetic and specialist nursing resources. This was led by the acute operating division ADHD service with a view to providing 'one stop' services. As previously reported, there are also plans to establish an adult ADHD assessment and treatment service, initially, in one locality.

There has been much work related to services for children with ASD in Fife including development of an assessment and intervention framework. It is planned to use this as the basis for development of a similar framework for ADHD.

7.5 NHS Forth Valley

Forth Valley is situated in central Scotland and has a population of around 284,379. Approximately one quarter (68,767) of the population is comprised of children and young people (up to the age of 18 years). While Forth Valley comprises both urban and rural areas, the majority of the population live in urban areas, of which Falkirk and Stirling are the largest. The proportion of children (under 16) in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

NHS Forth Valley is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Forth Valley.

At the time of the service profiling exercise, NHS Forth Valley contained two NHS operating divisions: The Acute Operating Division (acute care services); and the Primary Care Operating Division (primary care services). Within the NHS Forth Valley area, there are three CHPs, and three local authorities: Clackmannanshire Council based in Alloa, Falkirk Council, and Stirling Council.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Forth Valley (www.nhsforthvalley.com).

Implementation and review of SIGN guidelines

NHS Forth Valley reported that there is a system in place for consideration of non-urgent guidance, which includes SIGN guidelines. For guidance which is deemed to be of 'high' priority, an action plan is developed by a clinical lead with support as required. Awareness alerts are disseminated for 'medium' priority guidance.

An audit against SIGN Guideline 52 has been conducted by CAMHS, with support from the clinical effectiveness department. NHS Forth Valley reported that the audit found that most of the recommendations in SIGN Guideline 52 are being followed. Following this audit, action plans were developed and acted on to address any deficiencies identified.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Forth Valley has a child health commissioner. This individual is a consultant in public health medicine and oversees the strategic planning of all child health services. While there has been a generic CAMHS assessment of the mental health needs of children and young people in Forth Valley, there has been no formal ADHD specific needs assessment undertaken either by NHS Forth Valley or jointly with

partner agencies. Jointly-developed integrated children's services plans for the period 2005–2008 are in place for Clackmannanshire, Falkirk and Stirling. While these plans address the development of additional support for learning services, they do not make explicit mention of services for children and young people with ADHD.

The NHS Forth Valley Child Health Forum assesses service developments and maintains a prioritised action plan for children's services. ADHD has not been identified as a specific priority, however, CAMHS are reported to be the top priority for this forum, with resources being targeted at developing a primary mental health care worker model.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Forth Valley should have approximately 3,438 children and young people under the age of 18 with ADHD and 1,032 with HKD.

At the time of the service profiling exercise, NHS Forth Valley reported that there were approximately 300 children and young people with ADHD-related issues attending the Changing Lanes ADHD service in Falkirk and CAMHS. This equates to approximately 0.4% of the under-18 population. It was reported that there were some additional cases being seen within paediatrics, but the exact numbers are not known.

There is no standardised NHS board-wide system in place to collect data on all children and young people with ADHD in Forth Valley. The Changing Lanes ADHD service has an audit database which collects such information and individual CAMHS clinicians can provide information on approximate numbers of children and young people with ADHD on their caseload. Although PIMS has been established within mental health services, NHS Forth Valley reported that the system is not designed to capture information related to specific diagnostic groups. Indeed, at the time of the service profiling exercise, there was no information on any children and young people on PIMS due to data protection issues.

Prescribing

NHS Forth Valley reported that the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any impact on service delivery in Forth Valley.

A shared care arrangement is in place with local GPs for the prescription of psychostimulants. For children and young people attending the dedicated ADHD Changing Lanes service, the H-grade specialist nurse makes recommendations to GPs who then initiate prescriptions.

Services

There is a dedicated ADHD service, Changing Lanes, which is part of a combined CAMHS. This is a nurse-led service and comprises a 0.6 whole-time equivalent (WTE) H-grade specialist nurse, an assistant psychologist and a 0.5 WTE specialist teacher. Medical input to the team is available from CAMHS. The Changing Lanes service currently only covers the Falkirk area of Forth Valley. Services for children and young people in the rest of Forth Valley are provided by CAMHS, with a small number of cases being seen by paediatrics. CAMHS will also be involved in complicated cases or cases involving children and young people with co-morbidities. NHS Forth Valley reported that the majority of paediatrics cases are longstanding and that new cases would primarily be seen by CAMHS or by Changing Lanes. Links between CAMHS and paediatrics are being strengthened with a weekly liaison meeting, joint clinic work and consultancy from a consultant child psychiatrist being provided to community paediatricians.

At the time of the service profiling exercise, children and young people with dual diagnoses of ADHD and learning disability were being seen by paediatrics as there was no child psychiatrist for learning disability in post.

At the time of the service profiling exercise, the assistant psychologist post within Changing Lanes had fixed-term funding, although, permanent funding was being sought. A joint agreement is in place with Falkirk Council to continue to fund the specialist teacher post. The Changing Lanes team has worked to raise awareness of ADHD and has delivered ADHD training across a range of settings.

It's happening locally...

There is a specialist teacher who is part of the dedicated Changing Lanes service for children and young people with ADHD in Falkirk. This teacher has a liaison role between schools and families, providing information and supporting school-based interventions.

A brief description of each of the teams/services is detailed below including the geographical catchment area and age ranges covered.

1 Changing Lanes Service	
A dedicated ADHD team based within the combined CAMHS. The team has ADHD specialist nursing, psychology and specialist teaching input.	
Catchment area	Falkirk
Catchment population (<18)	31,819
Age range covered by service	0-19

2 Child and Adolescent Mental Health Service	
A combined CAMHS which has multidisciplinary membership.	
Catchment area	Forth Valley-wide
Catchment population (<18)	68,767
Age range covered by service	0–19

3 Community Paediatrics	
A generic combined hospital and community paediatrics service.	
Catchment area	Forth Valley-wide
Catchment population (<18)	68,767
Age range covered by service	0–19

Transition

There are no formalised arrangements in place for young people with ADHD moving on from Changing Lanes, CAMHS or paediatric services. This is done on a case-by-case basis by liaison with the relevant adult psychiatrist for the geographical sector.

NHS Forth Valley reported that some adult psychiatrists have expressed an interest in, and are seeing, new adult referrals for assessment of ADHD.

Priorities for planning and development of services

NHS Forth Valley reported that the future plan for ADHD services is to roll out the methodology of the Changing Lanes service in Falkirk across Forth Valley. However, this will have to be accomplished from existing resources as there is no new funding to support such a roll-out. While Falkirk Council continues to fund a specialist teaching post for the Falkirk service, Clackmananshire and Stirling Councils have indicated that they do not have the resources to fund similar new posts for their regions. There may be potential to train existing teaching staff to fulfil this role. These and other staffing implications are a limiting factor to the extension of the service across Forth Valley. NHS Forth Valley reported that services would not have the resources to meet any increase in referrals and diagnosis of ADHD.

7.6 NHS Grampian

Grampian is situated in north-east Scotland and has a population of around 525,930. Approximately one fifth (123,958) of the population is comprised of children and young people (up to the age of 19 years). About 40% of the local population live in Aberdeen, which is the largest urban area in the region, although a significant proportion live in rural areas. The proportion of children (under 16) in the population is lower than the national average, as are levels of illness and deprivation.

Local NHS system and services

NHS Grampian is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Grampian.

At the time of the service profiling exercise, NHS Grampian provided acute services through a single operating division. NHS Grampian also provides clinical services, through service level agreements, to the Shetland and Orkney Islands.

Within the NHS Grampian area, there are three CHPs providing primary care, and three local authorities: Aberdeen City and Aberdeenshire Councils have their headquarters in Aberdeen, and Moray Council is based in Elgin.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Grampian (www.nhsgrampian.org).

Implementation and review of SIGN guidelines

NHS Grampian reported that individual clinical areas have responsibility for implementation of applicable SIGN guidelines and other clinical standards at a local level. Overarching responsibility sits with the medical and nursing directors who are the executive members of the NHS board with responsibility for clinical governance in NHS Grampian.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Grampian has a child health commissioner. The strategic co-ordinator of child health fulfils this role in NHS Grampian. This individual oversees the strategic planning of all child health services. While some local needs assessment for generic CAMHS and learning disability services has been carried out, at the time of the service profiling exercise, there had been no ADHD specific needs assessment undertaken, either by NHS Grampian or in conjunction with partner agencies. Jointly developed integrated children's services plans for the period 2005–2008, are in place for each of the three local authority areas. While these plans do address strategic planning for CAMHS, they do not contain specific reference to ADHD.

There are three multi-agency, local authority aligned CAMHS planning groups in place and funding from the Changing Children's Services Fund has been allocated to CAMHS. One member of the young peoples' department (YPD) has been appointed with a lead role for ADHD planning. Funding released by a change in working pattern of a member of the YPD team, has also been used to fund two sessions by a member of the community child health team specifically to improve ADHD service delivery.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Grampian should have approximately 6,198 children and young people under the age of 19 with ADHD and 1,859 with HKD.

At the time of the service profiling exercise, based on manual audit of individual clinicians' casenotes, NHS Grampian estimated that there were approximately 670 children and young people with a known diagnosis of ADHD across the NHS board area. This equates to approximately 0.5% of the under 19 population.

While individual clinicians could provide information on approximate numbers of children and young people with ADHD on their caseload, NHS Grampian was unable to provide an accurate estimate of the number of children and young people, across the NHS board area, with this diagnosis. Although PIMS has been established within mental health services, NHS Grampian reported that the system is problematic and it can be difficult to routinely collect and to extract data related to specific diagnostic groups. In addition, the geographically disparate nature of the services provided for this diagnostic group can make it difficult to collect reliable figures. Clinicians seeing children and young people with ADHD have conducted their own audits of the ADHD service from which caseload data have been gathered.

Prescribing

NHS Grampian reported that while prescribing practice has changed over recent years the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any bearing on this. Prescribing rates were examined at the time of publication of the report, however, clinicians who participated in the review attributed any increase in prescribing to heightened awareness and increasing diagnosis of ADHD among the child and adolescent population.

NHS Grampian had started to develop a shared care protocol, however, this was not completed. Shared care is delivered on an informal basis and often depends on the willingness of GPs to participate.

Services

NHS Grampian does not have an integrated ADHD service. Services for children and young people with ADHD are delivered by a number of clinical staff through a range of generic services/teams namely CAMHS, child health, the YPD within the adult mental health service and the learning disability service. At the time of the service profiling exercise, the majority of children and young people with a diagnosis of ADHD were being seen within psychiatric services. NHS Grampian reported that links between CAMHS and community paediatrics are developing and there is an apparent enthusiasm within community child health to become more involved in the assessment and management of children and young people with ADHD.

Children with dual diagnoses of ADHD and learning disability and/or ASD are seen by either child health or CAMHS. The 16–18 age group with these dual diagnoses would access specialist learning disability services. Children with a dual diagnosis of ADHD and ASD without learning disability are seen within generic CAMHS.

Services for children and young people with ADHD living on the Shetland and Orkney Islands are also provided by NHS Grampian by way of service level agreements. NHS Grampian reported that while relationships with the islands exist across both child and adult services, it can be a challenge to deliver comprehensive mental health services to island populations in this way and issues with staffing do impact on this periodically.

A brief description of each of the teams/services is detailed below including geographical catchment areas and age ranges covered.

1 Child and Adolescent Mental Health Service	
A generic child and adolescent mental health service based within the department of child and family mental health at the Royal Aberdeen Children's Hospital.	
Catchment area	Aberdeenshire and Aberdeen City local authority areas
Catchment population (<19)	102,742
Age range covered by service	0–13 years (generic service) 0–19 years (learning disability service)
2 Young People's Department	
A generic team within the young people's department at the Royal Cornhill Hospital, Aberdeen.	
Catchment area	Aberdeenshire and Aberdeen City local authority areas
Catchment population (<19)	102,742
Age range covered by service	13–18 years

3 Moray Children and Adolescent Mental Health Service	
A generic child and family mental health service covering Moray and Banff based at the Rowan Centre, Elgin.	
Catchment area	Moray (plus Banff)
Catchment population (<19)	21,261
Age range covered by service	0-16* (*Young people up to the age of 18 will continue to be seen if they are still in full-time secondary education or if they present with an eating disorder. In Banff all young people are seen up to 18 years of age.)

4 Learning Disability Service	
A Grampian-wide community-based service. The mental health team within the generic learning disability service will see young people with learning disabilities including those with a diagnosis of ADHD.	
Catchment area	Grampian-wide
Catchment population (<19)	123,958
Age range covered by service	16-19

5 Child Health Service	
Generic child health service based at the Royal Aberdeen Children's Hospital.	
Catchment area	Grampian-wide
Catchment population (<19)	123,958
Age range covered by service	0-18

Transition

There are no formalised arrangements in place for young people with ADHD moving on from CAMHS or paediatric services. NHS Grampian reported that young people with ADHD are transferred to appropriate treatment within the adult psychiatric services. In addition, it was reported that there are plans within the Moray local authority area to develop a transition protocol specifically for young people with ADHD.

Priorities for planning and development of services

NHS Grampian reported that CAMHS services often struggle to achieve the same prominence in terms of strategic planning and securing funding as other services. Over recent years, there has been little additional NHS funding dedicated to CAMHS in Grampian and maintenance of the high level of service delivery relies heavily on the dedication and input of individual clinicians.

A bid has been put together in an attempt to secure Additional Support for Learning (ASL) monies. If this bid is successful the funding would be used to employ a clinician to develop an ICP for pre and post-diagnostic intervention

for children and young people with ADHD and to strengthen joint working with partner agencies. While there is a confidence among clinicians that the development and implementation work could be realised with short-term funding, continuation and further development of these dedicated services would benefit from longer-term or preferably a permanent allocation of recurring funding.

7.7 NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde is a relatively compact region with a densely populated urban core, and is situated in west-central Scotland with a population of around 1,191 551. Approximately one sixth (145,482) of the greater Glasgow population is comprised of children and young people (up to the age of 18 years). The proportion of children (under 16) in the population is lower than the national average, whereas levels of illness and deprivation are relatively high.

Local NHS system and services

NHS Greater Glasgow and Clyde is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Greater Glasgow and Clyde.

At the time of the service profiling exercise, NHS Greater Glasgow and Clyde contained one acute services operating division with three geographical sectors covering east, west, and south. The acute services division includes Yorkhill, which provides care services for women and children and contains Scotland's largest children's hospital. There are six CHCPs and five CHPs.

There are seven local authorities within the NHS Greater Glasgow and Clyde boundary. Glasgow City Council has its headquarters in Glasgow. East and West Dunbartonshire Councils are based in Kirkintollock and Dumbarton respectively. East Renfrewshire and Renfrewshire Councils are based in Giffnock and Paisley respectively. Inverclyde Council is based in Greenock and South Lanarkshire Council is based in Hamilton. Following the dissolution of NHS Argyll & Clyde on 31 March 2006, the administrative boundaries of NHS Highland and NHS Greater Glasgow altered to allow them to take over responsibility for managing the delivery of health services in relevant parts of the Argyll and Clyde area. NHS Greater Glasgow and Clyde's extension covers the areas south and immediately north of the River Clyde.

The NHS board is accountable for both continuously improving the quality of health services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Greater Glasgow and Clyde (www.nhsggc.org.uk).

Implementation and Review of SIGN guidelines

NHS Greater Glasgow and Clyde reported that newly received SIGN guidelines are reviewed by a clinical director to determine their relevance to the local service. The clinical director of CAMHS and the director of East Glasgow CHP share responsibility for the implementation of SIGN Guideline 52. At the time of the service profiling exercise, NHS Greater Glasgow and Clyde was in the process of establishing new clinical governance arrangements to reflect the NHS board area's recent reconfiguration.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Greater Glasgow and Clyde has a child health commissioner. This individual is part of the NHS Greater Glasgow and Clyde public health team and oversees the strategic planning of all child health services. Various board-level strategic groups have responsibility for local commissioning. To accommodate the new geographical area and structure of NHS Greater Glasgow and Clyde, commissioning arrangements are being updated.

NHS Greater Glasgow and Clyde reported that, although no specific needs assessment for children and young people with ADHD has been undertaken, an audit of ADHD service provision was conducted in 2003. At the time of the service profiling exercise, only the Inverclyde and Renfrewshire integrated children's services plans made specific mention of services for children and young people with ADHD. The Inverclyde plan included the establishment of an ADHD nursing post using Changing Children's Services Fund monies. Services for children and young people with ADHD was previously identified as a priority for NHS Greater Glasgow, but, with the incorporation of Clyde into the NHS board area, it was not clear that identified priorities would remain the same.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD in its broadest sense and 1.5% for the more severe form, HKD, it would be expected that, in the Greater Glasgow area alone, there should be approximately 7,274 children and young people under the age of 18 with ADHD and 2,182 with HKD. At the time of the service profiling exercise, NHS Greater Glasgow and Clyde was unable to provide population figures, which incorporated the Clyde area, to give the total number of children and young people (up to their 18th birthday) across the whole of the NHS board area.

NHS Greater Glasgow and Clyde reported that there were approximately 434 children and young people with a known diagnosis of ADHD across the Greater Glasgow area at the time of the service profiling exercise. This equates to approximately 0.3% of the under-18 population. This figure was obtained from clinicians in the Glasgow CAMHS teams providing information on approximate numbers of children and young people with ADHD currently on their caseload. NHS Greater Glasgow and Clyde was also unable to provide an accurate estimate of the number of children and young people, across the NHS board area with a diagnosis of ADHD. At the time of the service profiling exercise, there was no standardised NHS board-wide system in place to collect such data. NHS Greater Glasgow and Clyde indicated, however, an intention to adopt the CAMHS outcomes and research consortium (CORC) programme, which would collect this type of information.

As the incorporation of the Clyde area to NHS Greater Glasgow and Clyde is a relatively recent one, it was unclear how many additional children and young people with this diagnosis would fall within the new boundary of the NHS board. However, it was reported that there are approximately 80 children and young

people in Inverclyde and 14 in Renfrewshire with a known diagnosis of ADHD. The ADHD team providing a service to children and young people in the Lomond area uses the Support Needs System (SNS) to record such information and there are currently 35 children with an ADHD related diagnosis recorded by the system.

Prescribing

NHS Greater Glasgow and Clyde reported that the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any significant impact on service delivery. NHS Greater Glasgow and Clyde noted that local prescribing rates vary according to a number of factors, and that prescribing rates are only one measure of treatment.

Services

Services for children and young people in Greater Glasgow and Clyde are delivered in a variety of ways across the NHS board area. In the Greater Glasgow area, ADHD healthcare services are provided through generic CAMHS teams, each of which covers either children or adolescents in the north, south, east and west of the city respectively. All teams include child and adolescent psychiatrists, nurse therapists, clinical psychologists, liaison teachers and social workers. Some teams have occupational therapists as team members and there is access to speech and language therapy, usually on a referral basis. All teams have access to a family therapist. ADHD services in Renfrewshire are also provided by an outpatient CAMHS team.

There is a dedicated ADHD service in Lomond, provided by community paediatrics in close collaboration with CAMHS. Initial referrals are made to community child health who then assess and, where required, prescribe first line medication. Complex cases and those which do not respond to first line medication would be transferred to the CAMHS team.

In Inverclyde, there is a dedicated ADHD service provided by community paediatrics, led by a community paediatrician with a special interest in ADHD, with input from CAMHS. Referrals are made to community paediatrics and a child and adolescent psychiatrist attends assessment clinics. After diagnosis, the majority of cases remain within paediatrics with more complex cases being transferred to the CAMHS team. Short-term funding is currently being used to provide clinical and clerical support for ADHD services and an ADHD liaison nurse. An ADHD liaison teacher has also recently been appointed for one day a week.

It's happening locally...

An ADHD liaison nurse in Inverclyde has established links with schools with the aim of maintaining attendance of children and young people with a diagnosis of ADHD in school.

A brief description of each of the teams/services is incorporated below including geographical catchment areas and population and age ranges covered.

1 East Glasgow Child and Adolescent Mental Health Teams (two teams – one child and one adolescent)

Generic multidisciplinary child and adolescent mental health teams providing services to the East sector of Glasgow.

Catchment area	East Glasgow
Catchment population (<18)	28,384
Age range covered by service	5–12 (child) 12–18 (adolescent)

2 North Glasgow Child and Adolescent Mental Health Teams (two teams – one child and one adolescent)

Generic multidisciplinary child and adolescent mental health teams providing services to the North sector of Glasgow.

Catchment area	North Glasgow
Catchment population (<18)	21,640
Age range covered by service	5–12 (child) 12–18 (adolescent)

3 South Glasgow Child and Adolescent Mental Health Teams (two teams – one child and one adolescent)

Generic multidisciplinary child and adolescent mental health teams providing services to the South sector of Glasgow.

Catchment area	South Glasgow
Catchment population (<18)	47,711
Age range covered by service	5–12 (child) 12–18 (adolescent)

4 West Glasgow Child and Adolescent Mental Health Teams (two teams – one child and one adolescent)

Generic multidisciplinary child and adolescent mental health teams providing services to the West sector of Glasgow.

Catchment area	West Glasgow
Catchment population (<18)	22,675
Age range covered by service	5–12 (child) 12–18 (adolescent)

5 Renfrewshire Child and Adolescent Mental Health Team	
A generic multidisciplinary child and adolescent mental health team providing services to Renfrewshire and part of East Renfrewshire.	
Catchment area	Renfrewshire and part of East Renfrewshire
Catchment population (<18)	40,000
Age range covered by service	0–18 (if still in full time secondary education, otherwise 16)

6 Inverclyde ADHD Team	
A dedicated ADHD team based in community child health providing a service to the Inverclyde region.	
Catchment area	Inverclyde area
Catchment population (<18)	18,000
Age range covered by service	6–18

7 Lomond ADHD Team	
A dedicated ADHD team based in community child health providing a service to the Lomond sector of East Dunbartonshire.	
Catchment area	Lomond area
Catchment population (<18)	Approximately 12,000
Age range covered by service	0–18

8 Learning Disabilities Service	
A generic team based within the North Glasgow CAMHS.	
Catchment area	Glasgow-wide
Catchment population (<18)	145,482
Age range covered by service	5–18

9 Looked After and Accommodated Children Service	
A generic team based within the East Glasgow CAMHS.	
Catchment area	Glasgow-wide
Catchment population (<18)	145,482
Age range covered by service	0–18

Transition

There are no formalised arrangements in place for young people with ADHD moving on to specialist services. NHS Greater Glasgow and Clyde reported that referrals from CAMHS to adult mental health services are made if necessary, after discussion with consultant psychiatrists in adult teams. In Renfrewshire, a transition protocol is being developed at the request of adult psychiatric services.

Priorities for planning and development of services

Based on a board-wide ADHD service provision audit undertaken by NHS Greater Glasgow in 2003, the idea of piloting a shared-care protocol had been considered. However, owing to factors including a recent configuration of local social work services, this pilot was never undertaken. NHS Greater Glasgow and Clyde is now considering the configuration of its CAMHS care pathways, with an intention to revise these to include earlier joined-up working and closer GP involvement.

NHS Greater Glasgow and Clyde noted that there is buy-in from the education and social work sectors in strengthening the multi-agency aspects of care provided to children and young people with ADHD. However, at the time of the service profiling exercise, business and structural arrangements were not yet developed across Greater Glasgow and Renfrewshire, and were not yet formalised in Inverclyde. Establishing these arrangements was identified as a future challenge and of key importance for improving the quality of care for children and young people with ADHD.

It was acknowledged that planning and development of services can be a complex, large-scale process, not least because there are so many stakeholders across the NHS Greater Glasgow and Clyde area and because the NHS board configuration changed in 2006. In NHS Greater Glasgow and Clyde, as in many NHS board areas, short-term funding can cause particular planning and commissioning challenges. NHS Greater Glasgow and Clyde noted that there has been a 'learning curve' for those operating in the recently restructured NHS board, and that issues such as clinicians' concerns and traditional boundaries between health disciplines (eg locally between child health and CAMHS) could have an impact on priorities for planning and development.

7.8 NHS Highland

NHS Highland covers a large geographical area situated in the north and west of Scotland and has a population of around 213,500 (302,530 with Argyll & Bute included). Approximately one fifth (44,900) of the population is comprised of children and young people (up to the age of 18 years) The city of Inverness is the largest urban area in the region, although most of the population live in rural areas which may be remote, including islands. The proportion of children (under 16) in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

NHS Highland is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Highland.

At the time of the service profiling exercise, NHS Highland provided acute and primary care services through a single operating division, Highland Direct Health Services. This comprised one specialist services unit providing acute care, based mainly at Raigmore Hospital, Inverness, and four CHPs. NHS Highland also provides clinical services, through service level agreements, to the Western Isles.

There are two local authorities within the NHS Highland boundary, Highland Council based in Inverness and Argyll & Bute Council based in Lochgilphead. Following the dissolution of NHS Argyll & Clyde on 31 March 2006, the administrative boundaries of NHS Greater Glasgow and NHS Highland altered to allow them to take over the responsibility for managing the delivery of health services in relevant parts of the Argyll and Clyde area. NHS Highland's extension means that it now serves the area of Argyll and Bute Council.

The NHS board is accountable for both continuously improving the quality of health services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Highland (www.nhshighland.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Highland reported that, when issued, SIGN guidelines are distributed to a wide range of staff including a core group of senior staff which receives all guidelines. At a more operational level, specific guidelines are distributed to the appropriate clinical areas. Information on recently issued national guidelines and guidance is included in NHS Highland's quarterly newsletter which is issued to all staff. Study days are also held to allow staff to familiarise themselves with the content of guidelines. While there is no designated individual at NHS board level with responsibility for implementation of SIGN Guideline 52 specifically, the director of community care is the NHS board level executive lead for all children's services.

At the time of the service profiling exercise the process for implementation and review of SIGN guidelines was being reviewed and NHS Highland envisages that the new system will be put in place during 2007.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Highland has a child health commissioner. This individual is part of the NHS Highland public health team and oversees the strategic planning of all child health services. The child health commissioner also attends meetings of the NHS Highland CAMHS development group and the children's services network.

NHS Highland reported that some needs assessment, specific to ADHD, had been carried out on the local population as part of the development of the ADHD pathway. There has been no similar ADHD needs assessment undertaken jointly with the local authority, although there is a jointly developed integrated children's services plan in place for the period 2005–2008: For Highland's Children II. This plan addresses a range of health and social care themes related to children generally and there is some specific reference to ADHD.

In addition, there is an established group which meets regularly to discuss further development and plan board-wide implementation of the ADHD care pathway. This group has good multi-agency and multidisciplinary membership, including parental representation.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Highland should have approximately 2,245 children and young people under the age of 18 with ADHD and 674 with HKD.

At the time of the service profiling exercise NHS Highland reported that there were approximately 245 children and young people with a known diagnosis of ADHD across the NHS board area. This equates to approximately 0.5% of the under-18 population. As the addition of the Argyll & Bute local authority area to NHS Highland's remit is a relatively recent one, it was unclear how many additional children and young people with this diagnosis would now fall within the NHS Highland boundary.

While individual clinicians maintain their own information databases of children and young people with ADHD on their caseload, the systems for recording this information and the coding structures are not standardised across NHS Highland. The lack of a common database means that it is impossible to extract comprehensive figures or an NHS Highland-wide list of children and young people with ADHD.

Prescribing

NHS Highland reported that the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any significant impact on service delivery. Some local training events related to prescribing have been delivered to staff and the draft ADHD care pathway includes plans to establish a short-life working group to look at prescribing issues and monitoring systems for children on medication.

Services

NHS Highland does not have a specialist integrated ADHD service. Services for children and young people with ADHD are delivered by a number of clinical staff through a range of generic services/teams, namely community paediatrics and CAMHS. The majority of children and young people with ADHD in Highland were being seen within community paediatrics at the time of the service profiling exercise; some of those on the CAMHS caseload also have input from paediatric services and vice versa. NHS Highland also has several primary care mental health workers. These individuals work within locality-based tier 1 and 2 services. Part of their remit is to provide information and training, and raise awareness of child and adolescent mental health conditions to the public, people who use, and those who provide, services.

Children with dual diagnoses of ADHD and learning disability and/or ASD are seen by either CAMHS, community paediatrics or the paediatric learning disability service which, while based within adult mental health services, does have good working links with children's services.

Services for children and young people with ADHD living in the Western Isles are also provided by NHS Highland by way of a service level agreement. A consultant child and adolescent psychiatrist from NHS Highland holds an outreach clinic in Stornoway once a month.

While there are no formalised mechanisms with local authority partners for commissioning and provision of ADHD services NHS Highland reported that, in practice, links with the local authority are robust and there is good ad hoc joint working. Examples of this include provision of training by the clinical nurse specialist for local authority colleagues and the liaison between the learning support co-ordinator and clinicians.

It's happening locally...

The education-based learning support co-ordinator provides a local ADHD liaison, awareness raising and information service to schools including those in remote and rural areas.

A brief description of each of the teams/services is detailed below including geographical catchment areas and age ranges covered (figures exclude the Argyll & Bute Council area).

1 Community Paediatrics	
A generic team providing a service to the whole of Highland from six geographical bases in Inverness, Fort William, Skye, Dingwall, Golspie, and Wick. Community paediatrics works closely with colleagues in education, social work and the allied health professions.	
Catchment area	Highland-wide
Catchment population (<18)	44,900
Age range covered by service	0–18 years (if in full-time education)

2 Child and Adolescent Mental Health Services	
A generic CAMHS based at Raigmore Hospital, Inverness, providing a Highland-wide service and services to the Western Isles. This CAMHS team has multidisciplinary membership including psychiatry, clinical psychology, community psychiatric nursing, staff-grade doctors and primary care mental health workers.	
Catchment area	Highland-wide
Catchment population (<18)	44,900
Age range covered by service	0–18 years (if in full-time education)

Transition

There are no formalised arrangements in place for young people with ADHD moving on from CAMHS or paediatric services and no identified ADHD specialist services for adults. At the time of the service profiling exercise, processes for transition were being looked at generally in NHS Highland.

Priorities for planning and development of services

NHS Highland reported that, outwith CAMHS and paediatrics, ADHD services often struggle to achieve the same prominence in terms of strategic planning and securing funding as other services. There are plans to increase CAMHS provision generally in line with the recommendations in the Scottish Executive framework, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*.

A robust and comprehensive needs-led ADHD care pathway has been developed and was introduced, in part, in some areas in 2004. Since then the pathway has continued to be revised and the development group has expanded in membership. At the time of the service profiling exercise, while medical assessment and management of children and young people with ADHD was being routinely carried out, as per SIGN recommendations, the pathway had not been finally signed-off and was not being used comprehensively across the NHS board area. NHS Highland agreed that some aspects of the pathway are aspirational, and reported that both resources and funding have been barriers to full development and implementation of the pathway. In addition, increased identification and diagnosis of ADHD would put strain on services that are already fully subscribed.

7.9 NHS Lanarkshire

Lanarkshire is situated in central Scotland and has a population of around 557,088. Approximately one fifth (122,654) of the population is comprised of children and young people (up to the age of 18 years). The majority of the population live in urban areas, of which Cumbernauld, Hamilton and Motherwell are the largest in the region. The proportion of children (under 16) in the population is slightly higher than the national average, and levels of illness and deprivation are relatively high.

Local NHS system and services

NHS Lanarkshire is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Lanarkshire.

At the time of the service profiling exercise, NHS Lanarkshire contained two NHS operating divisions: Lanarkshire Acute Hospitals Division (acute care services); and Lanarkshire Primary Care Division (primary care services). Within the NHS Lanarkshire area, there are two CHPs, and two local authorities: North Lanarkshire Council and South Lanarkshire Council with headquarters in Motherwell and Hamilton respectively.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Lanarkshire (www.nhslanarkshire.co.uk).

Implementation and review of SIGN guidelines

NHS Lanarkshire's board-level governance committee has overarching responsibility for implementation of SIGN guidelines. When new guidelines are published, a relevant lead clinician is identified and tasked with establishing a guideline implementation group. Within CAMHS, there are several of these groups with a range of remits. One of the groups is leading on implementation of SIGN Guideline 52. Progress with implementation of the guideline is fed back by the lead clinician, initially through the mental health clinical governance structures, then to the NHS board governance committee. NHS Lanarkshire reported that the mental health clinical governance structures and processes are still developing in light of the revised NHS board structure which came into place in April 2006.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Lanarkshire has a child health commissioner. This individual oversees the strategic planning of all child health services including those for children and young people with ADHD and those with dual diagnoses of ADHD and learning disability and/or ASD.

The director of public health's annual report (2003) contained an assessment of the needs of children and young people with ADHD living in the area. In addition, it included three proposed actions to ensure that the SIGN Guideline 52 recommendations for assessment and treatment of children and young people with ADHD are incorporated into routine clinical practice. No further needs assessment had been carried out for this particular group at the time of the service profiling exercise, and similarly, there has been no needs assessment undertaken jointly with partner agencies.

A children's services strategy group, which includes the child health commissioner and the children's services general manager in its membership, has been established. From this group, a series of working groups has been established to look at a range of topics related to the needs of children and young people. One of the working groups is specifically for children and young people with mental health difficulties including ADHD.

Jointly developed integrated children's services plans for the period 2005–2008 are in place in both of the local authority areas. The plans address strategic service planning for children and young people with disabilities and with mental health issues. While ADHD is not referred to specifically in either plan, both integrated children's services planning groups have a subgroup specifically for children and young people with additional support needs which would include ADHD.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Lanarkshire should have approximately 6,133 children and young people under the age of 18 with ADHD and 1,840 with HKD.

At the time of the service profiling exercise, NHS Lanarkshire was unable to provide the number of children and young people with a known diagnosis of ADHD across the NHS board area. Information from the director of public health's annual report (2003) suggests that in 2003, there were approximately 200 school-aged children with this diagnosis. This would equate to approximately 0.2% of the under-18 population.

There is no standardised NHS board-wide system to collect data on all children and young people with ADHD in Lanarkshire. Paediatrics use the national special needs system, although it was noted that some of the data stored on this system are not particularly robust or complete. CAMHS uses a separate stand-alone database. At the time of the service profiling exercise, the two systems were unable to share data.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) – A Focus on Children has not had any impact on service delivery in Lanarkshire. NHS Lanarkshire

reported that the data were discussed at the time of publication of the report and the level of prescribing, although low, was considered appropriate.

Services

Services for children and young people with ADHD in Lanarkshire are delivered both by community paediatric services and by CAMHS. Long-standing difficulties with sustaining the workforce in the CAMHS teams, and the clinical model of child and adolescent mental health problems adopted by previous psychiatrists have resulted in a significant number of children and young people with ADHD receiving both a diagnosis of ADHD and ongoing services from community paediatrics. At the time of the service profiling exercise, the CAMHS teams were at establishment level in terms of clinical input. NHS Lanarkshire reported there is a strong commitment to strengthen the links between community paediatrics and CAMHS, and joint working is improving.

NHS Lanarkshire does not have a paediatric learning disability service

CAMHS do not routinely take on children with moderate to severe learning disabilities. The majority of children with a dual diagnosis of ADHD and moderate to severe learning disabilities would be seen by community paediatricians. The specialist learning disability service will take young people after their 16th birthday.

It's happening locally...

CAMHS has established a mental health nursing training programme for general paediatric nursing staff to help improve their management of children and young people with mental health problems admitted to general paediatric wards.

A brief description of each of the teams/services is detailed below including geographical catchment areas and age ranges covered.

1 Monklands/Cumbernauld Child and Adolescent Mental Health Team	
A generic CAMHS team based in Coatbridge. The multidisciplinary community-based team provides a comprehensive assessment service and appropriate therapeutic interventions for children and young people experiencing emotional, behavioural and mental health problems, including ADHD, and their families.	
Catchment area	Monklands and Cumbernauld
Catchment population (<16)	42,211
Age range covered by service	0-16

2 Hamilton/East Kilbride Child and Adolescent Mental Health Team

A generic CAMHS team based in Hamilton. The multidisciplinary community-based team provides a comprehensive assessment service and appropriate therapeutic interventions for children and young people experiencing emotional, behavioural and mental health problems, including ADHD, and their families.

Catchment area	Hamilton and East Kilbride
Catchment population (<16)	36,193
Age range covered by service	0-16

3 Clydesdale Child and Adolescent Mental Health Team

A generic CAMHS team based in Hamilton. The multidisciplinary community-based team provides a comprehensive assessment service and appropriate therapeutic interventions for children and young people experiencing emotional, behavioural and mental health problems, including ADHD, and their families.

Catchment area	Clydesdale
Catchment population (<16)	23,748
Age range covered by service	0-16

4 Motherwell Child and Adolescent Mental Health Team

A generic CAMHS team based in Motherwell. The multidisciplinary community-based team provides a comprehensive assessment service and appropriate therapeutic interventions for children and young people experiencing emotional, behavioural and mental health problems, including ADHD, and their families.

Catchment area	Motherwell
Catchment population (<16)	34,858
Age range covered by service	0-16

5 General Paediatrics

A generic acute paediatric service based at Wishaw General Hospital. As part of its wide remit the service sees children and young people with ADHD.

Catchment area	NHS board-wide
Catchment population (<16)	108,127
Age range covered by service	0-16

6 Community Paediatrics

A generic community paediatric service delivered from a wide range of community bases throughout the NHS board area. As part of its wide remit the service sees children and young people with ADHD including those with dual diagnoses of ADHD and moderate to severe learning disability.

Catchment area	NHS board-wide
Catchment population (<16)	108,127
Age range covered by service	Specified as 'up to school leaving'

Transition

There are no formalised NHS board-wide arrangements in place for young people with ADHD moving on from CAMHS or paediatric services. In practice, arrangements are made on a case-by-case basis by negotiation between the CAMHS consultants and consultants in adult psychiatry. While the cut-off age for referral to CAMHS is 16, young people who are already on the CAMHS caseload often remain with the service until they are 17 or 18 years old. Young people with ADHD remain with community paediatrics until school leaving age; this can be up to 19 years for young people attending special schools.

At the time of the service profiling exercise, there was no dedicated specialist service for adults with ADHD and NHS Lanarkshire reported that there are no adult psychiatrists with a special interest in this area.

Priorities for planning and development of services

NHS Lanarkshire has developed an ADHD ICP which incorporates the recommendations contained in SIGN Guideline 52. At the time of the service profiling exercise, the ICP had not been formally implemented across the NHS board area.

One of the priorities for service development in Lanarkshire is to establish a paediatric learning disability service and to strengthen links between specialist learning disability services, CAMHS, community paediatrics and education. Funding from modernising mental health monies has been secured to take this work forward.

NHS Lanarkshire reported that joint working with partner agencies varies across the NHS board area with the relationship between health and the local authority being more robust in the south. The NHS board is committed to strengthening joint working arrangements both within health services and with partners, across all areas of the NHS board to ensure more integrated and enhanced service delivery for children and young people with ADHD.

7.10 NHS Lothian

Lothian is situated in the south-east of Scotland and has a population of around 792,593. Approximately one fifth (168,000) of the population is comprised of children and young people (up to the age of 18 years). Many of the population live in densely populated urban areas, of which Edinburgh and Livingston are the largest in the region. The proportion of children (under 16) in the population is lower than the national average, as are levels of illness and deprivation.

Local NHS system and services

NHS Lothian is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Lothian.

At the time of the service profiling exercise, NHS Lothian provided acute services through one operating division, the University Hospitals Division. There are four CHPs and one community health and social care partnership (CHSCP) providing primary care. There are four local authorities within the NHS Lothian area: City of Edinburgh and Midlothian Councils are based in Edinburgh and Dalkeith respectively, West Lothian Council has its headquarters in Livingston, and East Lothian Council is based in Haddington.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Lothian (www.lothianhealth.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Lothian reported that the clinical guidelines steering group, chaired by the medical director, has overarching responsibility for the implementation of applicable SIGN guidelines, by identifying and devolving responsibility to appropriate local leads. The group has only been in existence for approximately 12 months and is currently in the process of retrospectively examining all SIGN guidelines.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Lothian has a child health commissioner. This individual oversees the strategic planning of all child health services including those for children and young people with ADHD and with dual diagnoses of ADHD and learning disability and/or ASD.

There has been no ADHD specific needs assessment undertaken either by NHS Lothian or jointly with partner agencies. At the time of the service profiling exercise, NHS Lothian reported that there are no plans to conduct such an assessment.

Jointly-developed integrated children's service plans for the period 2005–2008 have been produced for the City of Edinburgh, East Lothian, Midlothian and West Lothian. The East Lothian and Midlothian integrated children's service plans do not contain any specific mention of services for children and young people with ADHD. The City of Edinburgh integrated children's service plan is an interim one due to restructuring issues. A revised plan for 2006–2009 is currently being drafted and it was reported that ADHD will be one of the issues considered for inclusion in this plan. This plan is expected to be issued in spring 2007. The West Lothian integrated children's service plan 2005–2008 included the commitment of Changing Children's Services Fund monies to improve the management of ADHD by increasing professionals' knowledge and establishing an inter-professional support network to work with children and young people with ADHD. This money has been used to fund an ADHD outreach teacher (full-time), ADHD nurse (part-time) and development officer (4 hours per week).

Integrated children's service planning groups are in place within all four local authority areas. NHS Lothian reported that the four local authorities all had different models of organisation. Strategic groups for mental health and wellbeing are also in place, however, representation of community child health on these groups varies from authority to authority with no representation at present on the City of Edinburgh group.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Lothian should have approximately 8,400 children and young people under the age of 18 with ADHD and 2,520 with HKD.

At the time of the service profiling exercise, NHS Lothian reported that there were approximately 880 children and young people in continuing care with a known diagnosis of ADHD across the NHS board area. This equates to approximately 0.5% of the under-18 population.

While individual clinicians provided, for the purposes of the service profiling exercise, information on approximate numbers of children and young people with ADHD on their caseload, NHS Lothian was unable to provide an accurate estimate of the number of children and young people, across the NHS board area, with this diagnosis. Dedicated ADHD teams working within parts of NHS Lothian have data systems that capture information on diagnosis of ADHD. However, there are no comprehensive data systems in place within NHS Lothian's generic services for children and young people with ADHD capable of collecting such information.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Health Indicators Report (2004) – A Focus on Children has not had

any impact on service delivery in Lothian and it was noted that NHS Lothian's prescribing rate is near the average rate for NHSScotland. There is a Lothian-wide shared care protocol in place with local GPs for the prescription of psychostimulants.

Services

Services for children and young people with ADHD in Lothian are delivered in a variety of ways across the NHS board area. Combined CAMHS outpatient sector teams, bringing together child and adolescent services, are in the process of being established for Edinburgh (north and south), and are already established for East Lothian and Midlothian. This has always been the model of service delivery in West Lothian CAMHS.

The north and south Edinburgh CAMHS outpatient teams provide generic mental health services for children and young people in the city. There are also two dedicated ADHD teams (north-west Edinburgh and south-west Edinburgh) teams providing a service to a sub-section of the populations in the north and south of the city. The dedicated ADHD teams are multi-agency and multidisciplinary and include input from child and adolescent psychiatry, educational psychology, teaching, community specialist nursing and occupational therapy. While the north-west team is permanently funded, the south-west team is short-term funded from Changing Children's Services Fund monies. Children and young people with ADHD who live in north-east Edinburgh, south-east Edinburgh and south central Edinburgh, are seen by the generic CAMHS outpatient teams.

Children and young people with ADHD who live in East Lothian or Midlothian are seen by the respective generic CAMHS outpatient team. There is also input from community mental health workers to the services in East Lothian and Midlothian. The Midlothian CAMHS team has a dedicated specialist community nurse for ADHD who provides a follow-up service for complex cases and works with hard-to-reach families. This nurse also establishes links with schools and education staff.

West Lothian has a dedicated ADHD team based within a generic CAMHS team providing an assessment and psychosocial interventions service for children and young people with ADHD. The ADHD team includes: input from an associate specialist paediatrician who works within the CAMHS team, specifically in ADHD clinics and supports the community paediatrics team; an ADHD outreach teacher; and an ADHD nurse. The outreach teacher and nurse posts are both short-term funded from Changing Children's Services Fund monies. Child and adolescent psychiatric input is provided from the CAMHS team. Community paediatricians contribute to the assessment process and have a significant role in follow-up of children and young people with ADHD. The close working links between the West Lothian CAMHS team and community paediatrics team in providing services for children and young people with ADHD are not replicated elsewhere in NHS Lothian.

CAMH services in Lothian also include day programmes and a regional inpatient unit. Children and young people with ADHD and co-existing complex

mental health problems are sometimes referred to one of the day programmes for more intensive assessment and therapeutic intervention.

It's happening locally...

The dedicated ADHD teams in north-west Edinburgh, south-west Edinburgh and in West Lothian conduct their follow-up clinics for children and young people with ADHD in the community, in settings such as schools or GP practices.

There is also a Lothian-wide CAMHS outpatient service for children and young people with learning disability, including those with learning disability (with or without autism) and ADHD.

A brief description of each of the teams/services is detailed below including geographical catchment areas and population.

1 North Edinburgh Child and Adolescent Mental Health Outpatient Team	
A generic multidisciplinary child and adolescent mental health team providing services to the north sector of the City of Edinburgh.	
Catchment area	North Edinburgh
Catchment population (<18)	42,000
Age range covered by service	0–18 years

2 South Edinburgh Child and Adolescent Mental Health Outpatient Team	
A generic multidisciplinary child and adolescent mental health team providing services to the south sector of the City of Edinburgh.	
Catchment area	South Edinburgh
Catchment population (<18)	42,000
Age range covered by service	0–18 years

3 North-west Edinburgh Dedicated ADHD Team	
A dedicated multi-agency and multidisciplinary team based within the CAMHS. This team has input from child and adolescent psychiatry, educational psychology, teaching, community nurse specialist and occupational therapy.	
Catchment area	North-west Edinburgh
Catchment population (<18)	27,846
Age range covered by service	0–18 years

4 South-west Edinburgh Dedicated ADHD Team	
A dedicated multi-agency and multidisciplinary team based within the CAMHS. This team has input from child and adolescent psychiatry, educational psychology, teaching, nursing and occupational therapy. This team is currently short-term funded (from Changing Children's Services Fund).	
Catchment area	South-west Edinburgh
Catchment population (<18)	14,702
Age range covered by service	0–18 years

5 East Lothian Child and Adolescent Mental Health Outpatient Team	
A generic multidisciplinary child and adolescent mental health team.	
Catchment area	East Lothian
Catchment population (<18)	20,706
Age range covered by service	0–18 years

6 Midlothian Child and Adolescent Mental Health Outpatient Team	
A generic multidisciplinary child and adolescent mental health team. There is also dedicated ADHD community nursing input, following up complex cases and linking with schools.	
Catchment area	Midlothian
Catchment population (<18)	18,382
Age range covered by service	0–18 years

7 West Lothian Child and Adolescent Mental Health Service and Community Paediatrics Team	
A generic CAMHS and a community paediatrics team providing services to children and young people with ADHD through a dedicated multidisciplinary ADHD team. The ADHD team has input from an associate specialist community paediatrician, ADHD outreach teacher and ADHD nurse. The CAMHS team has child and adolescent psychiatry, occupational therapy, family therapy, play therapy and clinical psychology input. Further paediatric input is provided by the community paediatrics team.	
Catchment area	West Lothian
Catchment population (<18)	34,400
Age range covered by service	0–18 years CAMHS (community paediatrics offer a service to young people until they leave school)

8 Learning Disabilities Service	
A generic team based within CAMHS.	
Catchment area	Lothian-wide
Catchment population (<18)	157,500
Age range covered by service	0–16 years

Transition

There are no formalised arrangements in place for young people with ADHD moving on from CAMHS or paediatric services and no identified specialist service for adults. At the time of the service profiling exercise, the service reported that informal discussions had occurred with colleagues in adult psychiatry, but there were issues remaining with regard to transitions to adult services.

NHS Lothian reported that in Edinburgh, East Lothian and Midlothian, individuals are transferred to the appropriate adult mental health service via a managed assessment process. In West Lothian, individual cases are re-evaluated by CAMHS and future management is discussed with the young person and their family, with transfer to adult psychiatry services as appropriate. Links with the

adult psychiatry service in West Lothian are reported to be enhanced through being located in the same department as the CAMHS team.

Priorities for planning and development of services

At the time of the service profiling exercise, there were plans to further develop service provision for children and young people with ADHD. CAMHS have drafted a proposal to extend the existing dedicated ADHD services in north-west and south-west Edinburgh city-wide in order to rectify the current inequity of service provision for children and young people with ADHD in Edinburgh. Under this proposal, the two teams would, therefore, be extended to operate in partnership with north and south CAMHS teams respectively. Staffing of these teams would incorporate community nurse specialists, E-grade nurses, consultant psychiatrists, staff grade psychiatrists/paediatricians, specialist teachers, senior paediatric occupational therapists, educational psychologists, research assistants and administrative and clerical staff. However, the south-west ADHD service is currently only funded until March 2008. NHS Lothian reported that the children and young people's strategy partnership group will be considering the issue of funding for the team beyond this date. The south-west team has developed effective partnership arrangements with local GPs, leading to the establishment of GP-led review clinics. Further development of GP-led review clinics is also proposed as part of a city-wide service. The proposed city-wide roll-out has been costed and it was reported that it would require significant expenditure. Resources have not yet been allocated to these plans.

7.11 NHS Orkney

Orkney is an island group situated north of mainland Scotland. It is made up of about 100 islands, of which 17 are inhabited, and has a population of around 19,590. Approximately one fifth (4000) of the population is comprised of children and young people (up to the age of 18 years). The majority of the population live on the main island where Kirkwall, the administrative centre of Orkney, is located. The proportion of children (under 16) in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

NHS Orkney has the same functions as mainland NHS boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. The NHS board provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in Orkney.

Within the NHS Orkney area, at the time of the service profiling exercise, there was one CHP, Orkney Community Health Partnership, and one local authority, Orkney Islands Council based in Kirkwall.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Orkney (www.ohb.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Orkney has produced a protocol for implementation of national/professional clinical documents. The protocol is based on SIGN Guideline 50: A guideline developers' handbook, and it outlines how clinical documents such as SIGN guidelines should be implemented relative to the often unique way that services are delivered locally. At the time of the service profiling exercise, the board medical director, who had been recently appointed, had taken the lead for the implementation of SIGN Guideline 52.

Planning and commissioning of ADHD services

At the time of the service profiling exercise, NHS Orkney did not have a designated child health commissioner. NHS Shetland's director of public health provides support to NHS Orkney and the medical director is the strategic lead for planning of services for children and young people. NHS Orkney reported that its paediatric working group is addressing the issue of identifying a child health commissioner for NHS Orkney.

In recent months, paediatric services in NHS Orkney have been delivered by a series of locum clinicians, and local GPs liaise directly with Aberdeen-based consultants regarding patients on their caseloads who receive specialist care.

Strategic responsibility for children and young people with ADHD normally lies with a lead clinician. At the time of the service profiling exercise, the medical director was assuming this responsibility as there was no lead clinician in post. Services for children and young people with dual diagnoses of ADHD and learning disability and/or ASD are not specifically provided, but are included within the above arrangements.

At the time of the service profiling exercise, NHS Orkney did not have a joint agreement with its local authority partner to commission and provide services for children and young people with ADHD, and no joint needs assessment has been carried out for this diagnostic group. The integrated children's services plan 2005–2008 outlines a joint agreement to provide services to children, but does not specifically mention ADHD.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Orkney should have approximately 200 children and young people under the age of 18 with ADHD and 60 with HKD.

At the time of the service profiling exercise, NHS Orkney had determined the number of children and young people with an ADHD diagnosis by studying the special needs children's folders in Aberdeen and identifying any who were being prescribed methylphenidate. NHS Orkney reported that, of 60 children with learning disabilities that are known to community paediatric services, 14 have been identified as having an ADHD diagnosis (based on a status of being prescribed methylphenidate). This figure equates to 0.4% of the under-18 population.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any impact on service delivery in Orkney. NHS Orkney reported that, because its specialist services are commissioned from NHS Grampian, prescribing activity tends to reflect the rates there. NHS Orkney confirmed that all prescribing for children and young people with ADHD is consultant led.

Services

Services for children and young people with ADHD living on both the Shetland and Orkney Islands are provided by NHS Grampian by way of service level agreements. A consultant psychiatrist and a consultant paediatrician travel from Aberdeen to Orkney for 1-day clinics every 3 months, and clinical psychology services are also provided out of Aberdeen. Children and young people who need to attend specialist services more frequently are flown to Aberdeen. NHS Orkney funds a community mental health team that is managed by the local authority, however, this team employs community

psychiatric nurses (CPNs) who provide care for adults only. Local AHPs meet regularly to discuss patient needs, and there is a lead AHP for each child diagnosed with ADHD. Local voluntary sector service providers include the organisation Crossroads, which provides support for parents and some respite services, and the Blythe Trust, which offers home support respite.

Transition

NHS Orkney reported that the transition of young people with ADHD into adult services is arranged on an individual basis. At the time of the service profiling exercise, a post that had been assisting with transition had recently been terminated because of lack of funding, leaving no designated health services input into transition of young people with ADHD into adult services. The social work service employs a keyworker for adolescents and has a child support unit that can assist with transition.

Priorities for planning and development of services

NHS Orkney reported that it had just begun to review all its services in stages, in order to take stock of existing provision and prioritise for the long term.

7.12 NHS Shetland

Shetland is an island group situated north of mainland Scotland and has a population of around 22,000. Approximately one fifth (5151) of the population is comprised of children and young people (up to the age of 18 years). Many of the population live in the town of Lerwick, although a significant proportion live in rural areas. The proportion of children (under 16) in the population is above the national average, whereas levels of illness and deprivation are below the national average.

Local NHS system and services

NHS Shetland has the same functions as mainland NHS boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. The NHS board provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in Shetland.

NHS Shetland also receives clinical services, through service level agreements, from NHS Grampian. There is one local authority within NHS Shetland, Shetland Islands Council based in Lerwick, and one CHP.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Shetland (www.shb.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Shetland reported that, on publication, SIGN guidelines are brought to the clinical governance co-ordinating group. From there, a lead would be identified to review the guideline and its relevance to the clinical services provided by NHS Shetland. Implementation is then either delegated to specific clinical groups or facilitated directly by the identified lead.

NHS Shetland's child health commissioner is the NHS board level-lead for SIGN Guideline 52. After publication of SIGN Guideline 52 in 2001, the content and implications were discussed and implementation planned in conjunction with the visiting child and adolescent psychiatrist. NHS Shetland reported that assessment, diagnosis and treatment of children and young people with ADHD are carried out in line with the recommendations of SIGN Guideline 52.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Shetland has a child health commissioner. This individual oversees the strategic planning and commissioning of all child health services, including those for children and young people who have dual diagnoses of ADHD and learning disability and/or ASD.

At the time of the service profiling exercise, there had not been any needs assessment, specific to children and young people with ADHD, carried out by NHS Shetland or in conjunction with partner agencies. NHS Shetland reported that an overarching CAMHS needs assessment, which includes the needs of children and young people with ADHD is in the early stages. This needs assessment will inform the development of a local CAMHS strategy in line with the recommendations of the Scottish Executive framework, The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care.

It's happening locally...

At the time of the service profiling exercise, Shetland Islands Council had recently appointed a children's services improvement officer. While the full remit of this post was still developing, it is envisaged that improvement and development of integrated children's services will form part of this role.

A jointly-developed integrated children's services plan for the period 2005–2008, is also in place and, while this plan does not specifically mention ADHD, it is covered under the wider topic of additional support needs. There is also a multi-agency and multidisciplinary children's services planning group. This group is chaired by the head of social work and has representation from both the local authority and NHS Shetland.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Shetland should have approximately 258 children and young people under the age of 18 with ADHD and 77 with HKD.

At the time of the service profiling exercise, NHS Shetland reported that there were approximately 39 children and young people with a known diagnosis of ADHD across the NHS board area. This equates to approximately 0.8% of the under-18 population.

There is no single database from which data related to the total number of children and young people with ADHD in Shetland can be easily extracted. In preparation for the service profiling exercise NHS Shetland extracted figures manually from casenotes and from the GPASS database used within general practices.

Prescribing

NHS Shetland reported that the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any significant impact on service delivery. Shortly after publication of SIGN Guideline 52, an audit of

psychostimulant prescribing was undertaken in conjunction with pharmacy. There are plans to repeat this audit to compare prescribing rates with the currently available national prescribing data.

At the time of the service profiling exercise, NHS Shetland did not have a formalised and documented shared care protocol. In practice, however, a shared care system of working is in place, and correspondence is routinely exchanged between the visiting clinicians and the relevant GP when a child or young person is started on ADHD medication.

Services

NHS Shetland does not have a specialist integrated ADHD service. Services for children and young people with ADHD are delivered by a number of generic clinical and social work teams and staff with ADHD, as part of their wider remit. The route by which a child or young person first becomes known to these services will often determine where they receive the majority of their care, for example children with complex needs would normally be referred to and remain with the child development initiative (CDI). While care will often remain with one service, NHS Shetland reported that networking and information sharing between clinicians happens routinely, and in practice, these services work well. Children and young people with dual diagnoses of ADHD and learning disability and/or ASD are seen by the same groups of generic staff.

The majority of children and young people with ADHD are seen by the generic CAMHS. The CAMHS has visiting child and adolescent psychiatry input to Lerwick-based clinics on a 6-weekly basis; for patients who are unable to attend these clinics, domiciliary visits would be arranged as necessary. A visiting consultant paediatrician also holds complex/special needs clinics as part of the CDI and a GP with a special interest in child health inputs to these.

A brief description of each of the teams/services is detailed below including geographical catchment areas, and age ranges covered.

1 Child and Adolescent Mental Health Service	
A generic CAMHS team comprising a consultant clinical psychologist, community psychiatric nurse and visiting consultant child and adolescent psychiatry input (0.15 whole time equivalent) by service level agreement from NHS Grampian.	
Catchment area	Shetland-wide
Catchment population (<18)	5,151
Age range covered by service	0-18 years

2 Child Health Team	
A generic GP-led child health team providing, as part of its wide remit, services to children and young people with ADHD.	
Catchment area	Shetland-wide
Catchment population (<18)	5,151
Age range covered by service	0–18 years

3 Child Development Initiative	
A complex/special needs service led by a visiting consultant paediatrician from NHS Grampian which provides, as part of its wide remit, services to children and young people with ADHD.	
Catchment area	Shetland-wide
Catchment population (<18)	5,151
Age range covered by service	0–18 years

4 Health Visiting	
A generic health visiting service providing, as part of its wide remit, services to children and young people with ADHD.	
Catchment area	Shetland-wide
Catchment population (<18)	5,151
Age range covered by service	0–18 years

5 Educational Psychology	
A generic education-based service providing, as part of its wide remit, services to children and young people with ADHD in the school setting.	
Catchment area	Shetland-wide
Catchment population (<18)	5,151
Age range covered by service	4–18 years (if still in full-time education)

6 Children & Families Team - Social Work	
A children and families team based within social work services. This team provides generic needs assessment and facilitates access to appropriate services for children and young people with additional support needs including ADHD.	
Catchment area	Shetland-wide
Catchment population (<18)	5,151
Age range covered by service	0–18 years

Transition

There are no formalised arrangements in place specific to young people with ADHD moving from children's to adult services. NHS Shetland reported that progress has been made locally against the objective related to transitional arrangements for young people moving to adult provision within the integrated children's and young people's services plan.

In practice, if a young person is already receiving specialist services, they would be referred on to the relevant adult service, for example the adult mental health team, visiting and resident specialist learning disability services and/or supported employment schemes. Young people in Shetland in transition have individual co-ordinated support plans that would take account of their needs, including ADHD if applicable. The appropriate range of services is determined relative to individual needs and often packages of care are designed for specific individuals; for specialist services not available in Shetland arrangements would be made with mainland NHS boards.

There are several active projects in Shetland, for example Community Opportunities for Participation in Enterprise (COPE) and the moving-on project which help to support young people to make the transition to adulthood and into employment. In addition, one of the objectives in the integrated children's services plan 2005–2008 is to review the needs of children and young people with a range of additional support needs, and their parents/carers, during transition from children's to adult services, with a view to developing individualised co-ordinated support plans and providing information and support for families/carers.

Priorities for planning and development of services

Due to the small numbers of children and young people with ADHD and other mental health diagnoses living in Shetland, it is often unfeasible to employ individual specialist staff to undertake stand-alone care roles. Rather, NHS Shetland makes best use of general clinical and support staff, who have been developed to provide a wide range of more specialised services. NHS Shetland reported that there is developing interest and increasing collaboration among several groups of staff, including GPs and health visitors, to increase their skills in a range of specialist areas, including mental health. In addition, NHS Shetland has piloted GP teaching sessions on various topics and, while still in the developmental stages, there is the potential to deliver future training on ADHD using this system.

The CAMHS plan for Shetland outlines a proposal to expand the skills mix within the existing CAMHS team to include a primary care mental health worker. This post would contribute to the further integration and development of specialist CAMHS for the children and young people of Shetland, including those with ADHD and their parents/carers and families. At the time of the service profiling exercise, there were no agreed timescales for recruitment to, and commencement of, this post, and funding had not yet been secured. NHS Shetland is trying to secure ASL monies to fund this post, although other avenues for funding are also being explored. A paper-based integrated assessment framework model has also been developed, and work is ongoing to roll out the model and associated training across NHS Shetland. NHS Shetland reported that it is envisaged that the locally developed paper-based system will fit in with national plans to introduce electronic shared information systems. This is being progressed locally via Shetland's data sharing partnership.

While services for children and young people generally are robust and well supported, NHS Shetland acknowledges that transitions, particularly to adult or off-island services can be challenging. This is recognised as a priority area for development, particularly in relation to young people with additional support needs including ADHD. There is some planned work to look at transition arrangements, however, at the time of the service profiling exercise, this was in the early development stages.

7.13 NHS Tayside

Tayside is situated in the east of Scotland and has a population of around 389,707. Approximately one fifth (79,104) of the population is comprised of children and young people (up to the age of 18 years) Many of the population live in urban areas, of which Dundee and Perth are the largest in the region, although a significant proportion live in rural areas. The proportion of children (under 16) in the population is lower than the national average, whereas levels of illness and deprivation are close to the national average.

Local NHS system and services

NHS Tayside is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Tayside.

At the time of the service profiling exercise, NHS Tayside contained two NHS operating divisions: Tayside Acute Services Division (acute care services); and Tayside Primary Care Division (primary care services). Within the NHS Tayside area, there are three CHPs, and three local authorities: Dundee City Council, Perth & Kinross Council based in Perth, and Angus Council based in Forfar.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Tayside (www.nhstayside.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Tayside reported that individual clinical areas have responsibility for implementation of applicable SIGN guidelines and other clinical standards at a local level. Overarching monitoring responsibility sits with the clinical governance committee which is chaired by the nursing director.

In NHS Tayside the deputy child health commissioner has specific responsibility for CAMHS, including implementation of SIGN Guideline 52.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Tayside has a child health commissioner. This individual oversees the strategic planning of all child health services. While some public health supported local assessment of the mental health needs of children and young people in Tayside was carried out in 2002, there has been no ADHD specific needs assessment undertaken either by NHS Tayside or jointly with partner agencies. At the time of the service profiling exercise, some aspects of generic CAMHS were being jointly assessed by NHS Tayside and the local authorities, and jointly developed integrated children's services plans for the period 2005–2008 were in place for each of the

three local authority areas. While these plans do address strategic planning for CAMHS, they do not contain specific reference to ADHD, although NHS Tayside reported that ADHD would be covered by the CAMHS sections of the documents.

NHS Tayside reported that research over the last few years has increased awareness among clinicians of the chronic nature of ADHD and it is likely that some ADHD specific needs assessment would be undertaken in Tayside in the future.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Tayside should have approximately 3,955 children and young people under the age of 18 with ADHD and 1,187 with HKD.

At the time of the service profiling exercise, NHS Tayside reported that there were approximately 400 children and young people in continuing care with a known diagnosis of ADHD across the NHS board area. This equates to approximately 0.5% of the under-18 population.

The developmental psychiatry team has a database which holds details of all children and young people with ADHD in continuing care, those with a diagnosis of ADHD who are awaiting titration onto medication and those awaiting initial assessment. While the system for recording this information is well established, it relies on the availability of administrative staff to input and maintain the data.

Prescribing

The release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children has not had any impact on service delivery in Tayside. The apparent high rate of prescribing was discussed and examined in 2004 and the systems in place were found to be robust and SIGN 52 compliant, therefore, no amendments were deemed necessary.

NHS Tayside has a shared care protocol in place with local GPs. For the first 3 months after starting on medication, prescriptions are provided by clinicians from the developmental psychiatry team, thereafter, the child or young person's GP takes over. NHS Tayside reported that this system functions well.

Services

There is a specialist developmental psychiatry team which is part of generic CAMHS and is based within the Centre for Child Health, Dundee. The team provides services for children and young people with developmental mental health conditions and a small team within this provides specialist ADHD services.

There is also a social work team based in the Centre for Child Health; links between CAMHS and this team are good and the liaison social worker attends ADHD team meetings whenever possible. A team of primary care mental health workers, also based within CAMHS, is working to raise awareness of ADHD and has delivered ADHD training across a range of settings.

At the time of the service profiling exercise, several of the posts within the ADHD team were being funded by short-term non-recurring monies. An additional request for recurring funding for one whole-time equivalent nurse and one whole-time equivalent secretary will be included in the 2007–2008 funding bid. NHS Tayside reported that issues with non-recurring funding have contributed to difficulties with recruitment and retention of specialist ADHD staff, resulting in long waiting times for ADHD assessment and titration onto medication.

A brief description of the developmental psychiatry team is detailed below including the geographical catchment area and age range covered.

1 Developmental Psychiatry Team	
The developmental psychiatry team has consultant child and adolescent psychiatry, staff grade paediatric, staff grade, senior house officer and rotating specialist registrar psychiatry, ADHD specialist nursing, and psychology input. Although not members of the team, there is also close liaison with local social workers and primary care mental health workers.	
Catchment area	Tayside-wide
Catchment population (<18)	79,104
Age range covered by service	0–school leaving age

Transition

There are no formalised arrangements in place for young people with ADHD moving on from the developmental psychiatry team. While there is a generic interface document in place, NHS Tayside reported that there remain issues with transitions from paediatric to adult services generally.

There are no specialist services in place for adults with ADHD. In practice, individuals are managed on a case-by-case basis. Normal practice would be to refer young people to adult mental health services. For those young people who elect to continue on medication, formal agreement that the adult mental health service will continue to prescribe and routinely review is sought before the young person would be released to their care. In Perth, young people would be referred on to the care of their GP. One adult in Tayside has had an ADHD assessment which was undertaken jointly by the developmental psychiatry and adult mental health teams.

Adult learning disability services routinely take on young people with a dual diagnosis of learning disability and ADHD, including those with mild learning disability.

Priorities for planning and development of services

NHS Tayside reported that the future plan for ADHD services is to ensure equity of access for all children and young people to assessment and treatment across the region. Fundamental to this will be resolution of the existing short-term funding issues which have been adversely affecting recruitment of specialist staff. NHS Tayside hopes that these issues will be resolved by April 2007. The developmental psychiatry team currently sees young people up to the age that they leave school, however, the long term strategy for the team is to provide a specialist ADHD service for all young people up to the age of 18.

There is a local CAMHS implementation plan in place which was developed over the last 2 years. NHS Tayside intends to revisit this plan in light of the recommendations in the Scottish Executive framework, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*.

NHS Tayside reported that education has a plan in place to address social, emotional and behavioural difficulties in children and young people in education settings and while some of this would be relevant to children and young people with ADHD there were no ADHD specific plans or strategies in place at the time of the service profiling exercise. Specialist ADHD health staff are trying to develop better links with educational psychologists and to engage with them and other education staff to raise awareness of ADHD. In addition, while transport issues across the region can adversely affect attendance of parents from remote and rural areas at parent training courses, NHS Tayside is endeavouring to put mechanisms in place to ensure that, at least, the most vulnerable families attend these as a matter of course.

It's happening locally...

Dinosaur school is a puppet-based problem solving programme which helps children and young people, including those with ADHD, to develop their social skills. To qualify for a place parents have to sign-up and attend the parenting group which runs in parallel with dinosaur school.

7.14 NHS Western Isles

The Western Isles is a name covering the Outer Hebrides, an island group situated north-west of mainland Scotland which has a population of around 26,370. Approximately one fifth (5,462) of the population is comprised of children and young people (up to the age of 18 years). The population of live on 10 islands, the largest and most populous of which is the Isle of Lewis where the town of Stornoway is located. The proportion of children (under-18) in the population is lower than the national average, whereas levels of illness and deprivation are higher than average.

Local NHS system and services

NHS Western Isles has the same functions as mainland NHS boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. The NHS board provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in the Western Isles.

At the time of the service profiling exercise, there was one CHP, Western Isles Community Health Partnership. NHS Western Isles also receives clinical services, through service level agreements, from NHS Highland. There is one local authority within the Western Isles, Comhairle nan Eilean Siar, based in Stornoway.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Western Isles (www.wihb.scot.nhs.uk).

Implementation and review of SIGN guidelines

NHS Western Isles reported that, on publication, SIGN guidelines are distributed to all clinical staff and that lead clinicians have responsibility for the implementation of the guidelines.

There is no NHS board-level lead with explicit responsibility for SIGN Guideline 52 implementation. The medical director for community health services has NHS board-level responsibility for ensuring that guidelines are implemented.

Planning and commissioning of ADHD services

As is the case in all territorial NHS boards in Scotland, NHS Western Isles has a child health commissioner. This individual does not have specific responsibility for strategic planning and commissioning services for children and young people with ADHD or those who have dual diagnoses of ADHD and learning disability and/or ASD. NHS Western Isles reported that taking forward the planning and commissioning of ADHD services is likely to include key individuals within the public health division and community health division co-ordinated by the child health commissioner.

At the time of the service profiling exercise, there had not been any needs assessment, specific to children and young people with ADHD, carried out by NHS Western Isles or in conjunction with partner agencies. NHS Western Isles reported that an overarching children and young people's mental health strategy in line with the recommendations of the Scottish Executive framework, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*, is currently in draft. This document makes mention of the needs of children and young people with HKD.

There is a draft integrated children's services plan for the period 2005–2008, and, while this plan does not specifically mention ADHD, it is covered under the wider topic of children with special needs.

Services for children and young people with ADHD

Prevalence

Based on ADHD epidemiology, and taking the lowest percentage prevalence rate among school-aged children of 5% for ADHD and 1.5% for the more severe form, HKD, it would be expected that NHS Western Isles should have approximately 273 children and young people under the age of 18 with ADHD and 82 with HKD.

At the time of the service profiling exercise, NHS Western Isles reported that there were 12 children and young people with a known diagnosis of ADHD across the NHS board area. This figure equates to 0.2% of the under-18 population.

There are no databases in place to collect data on children and young people with ADHD in the Western Isles. In preparation for the service profiling exercise, NHS Western Isles contacted its local GP practices individually and requested information on any children and young people with a diagnosis of ADHD known to the practice.

Prescribing

NHS Western Isles was unable to quantify the impact on its prescribing practice of the release of the local prescribing rates for psychostimulants in the NHS Quality Improvement Scotland Health Indicators Report (2004) - A Focus on Children. At the time of the service profiling exercise, NHS Western Isles had a service level agreement with NHS Highland for the child and adolescent psychiatry service. The visiting consultant child and adolescent psychiatrist from NHS Highland is usually the clinician responsible for initiating prescription for psychostimulants. As a result, most of the patient records for children and young people from the Western Isles who have been prescribed psychostimulants for ADHD are held in Inverness, and some are held in Glasgow. NHS Western Isles, therefore, faces particular challenges when attempting to identify levels of prescription.

Services

NHS Western Isles does not have any specialist ADHD services. Services for children and young people with ADHD in the Western Isles are included in services for children with special needs which are provided by a generic operational team. This would comprise the CAMHS with input from a wide range of other specialties as necessary.

Child and adolescent psychiatry input to CAMHS in the Western Isles is provided by NHS Highland by way of a service level agreement. A consultant child and adolescent psychiatrist from NHS Highland holds an outreach clinic in Stornoway once a month. Formal diagnosis of ADHD is made by the visiting consultant child and adolescent psychiatrist. Assessment by an educational psychologist can be provided upon request from the consultant child and adolescent psychiatrist. It was reported that the speech and language therapy service can play a significant role in supporting children and young people with ADHD.

At the time of the service profiling exercise, NHS Western Isles was seeking to appoint a full-time consultant paediatrician, although this process was still in the early stages. In the meantime, a series of locum doctors have been covering the consultant paediatrician vacancy.

Staff from NHS Western Isles noted that, although this generic approach offers input from many specialties, the service provided can occasionally be fragmented and there can at times be gaps in clinical provision due to issues of recruitment and retention of staff.

It's happening locally...

NHS Western Isles was the first health authority in the UK to partner with NCH, the children's charity, to commission services for children and young people and their families. These services include an assessment and therapy unit and child and family support. NCH also offers respite services which are funded jointly by social work and health, and operates residential homes along with the local authority.

A brief description of the CAMHS is detailed below including the geographical catchment area and age range covered.

1 Child and Adolescent Mental Health Service

A generic CAMHS comprising community mental health, consultant clinical and educational psychology and community psychiatric nursing input. In addition, there is input from a visiting consultant child and adolescent psychiatrist once a month by service level agreement from NHS Highland. CAMHS can also access specialties such as speech and language therapy, occupational therapy, physiotherapy, teaching, public health nursing, learning disability nursing, consultant paediatrics and social work.

Catchment area	Western Isles-wide
Catchment population (<18)	5,462
Age range covered by service	0-18 years

Transition

NHS Western Isles indicated that transition for young people with ADHD who move into adult services is managed on an individual basis. A variety of arrangements were cited that could be applicable to young people with ADHD as they move into adult services. These include: links with a specialist CAMHS nurse, reviews for looked-after children and the children's panel, liaison with NCH, a co-ordinated support plan which is in place within the local social work department, and direct referral to adult psychiatric services. An additional support needs group meets once a month, and, at the time of the service profiling exercise, NHS Western Isles was training a member of staff to offer greater support to families affected by an ADHD diagnosis. On the island of Uist, future needs reviews are held and staff attend a 'life planning meeting' with the young person.

Priorities for planning and development of services

Staff from NHS Western Isles emphasised that their aim is always to allocate care packages tailored to each individual child or young person's needs in a timely way. However, it was acknowledged that this allocation is not yet optimally systematised.

NHS Western Isles reported that its draft children and young people's mental health strategy is being developed by a group which included representation from management, clinical and education psychology, paediatrics, child and adolescent psychiatry, learning disability, speech and language therapy, nursing, social work children's services, teaching, parents, and NCH. One of the key priorities in the strategy is significant enhancement of the CAMHS staffing provision and inclusion of a family therapist and play therapist within the CAMHS. This would enable the team to fulfil a consultative role and offer advice and support to a broad range of professionals and workers involved with children, young people and their families.

8 Glossary

attention deficit and hyperkinetic disorders	Attention deficit and hyperkinetic disorders are among the most commonly diagnosed behavioural disorders in children and young people. The core features of ADHD are persistent (at least 6 months duration) and developmentally inappropriate levels of inattention, hyperactivity and/or impulsive behaviour. These symptoms can be present either individually or in combination.
allied health professional (AHP)	Allied health professionals have their own caseloads of patients and are key members of a skilled multidisciplinary team, each bringing their own expertise to caring for the patient. They are licensed healthcare professionals and include physiotherapists, podiatrists, speech and language therapists, occupational therapists, orthoptists, and art, music and drama therapists.
autistic spectrum disorder (ASD)	Autism can happen in people with different degrees of learning disability as well as in people of average intelligence, for example those who have Asperger's syndrome. Because of this wide range, we talk about a spectrum of autistic disorder.
Changing Children's Services Fund	A source of funding, provided by the Scottish Executive, to support local authorities, NHS boards and voluntary organisations to deliver better outcomes for the most vulnerable and deprived children through more effective and integrated service delivery.
child and adolescent mental health services (CAMHS)	A range of services available within local communities which provide help and treatment to children and young people who are experiencing emotional or behavioural difficulties, and/or mental health problems.
child health commissioner	Each territorial NHS board should have a child health commissioner. This individual takes lead responsibility for planning and commissioning child health services in their area. The commissioners are drawn from a range of professional backgrounds including medicine, nursing and health service management.
community health and care partnership (CHCP)	Some CHPs are also responsible for many local social care services in the community, provided by social work staff. These partnerships are therefore called community health and care partnerships (CHCPs) and are run jointly with local authority partners. See community health partnership.
community health partnership (CHP)	New organisations that have been set up across Scotland to provide a wide range of community-based health services delivered in homes, health centres, clinics and schools. They work closely with local councils. Website: www.show.scot.nhs.uk/sehd/chp/index.htm

co-terminous	In the context of NHS boards and local authorities, co-terminous means that the NHS board and the local authority have the same geographical boundary.
developmental co-ordination disorder	Developmental co-ordination disorder affects the ability to co-ordinate movements involving the voluntary muscles. Children with developmental co-ordination disorder often have difficulty performing tasks that involve both large and small muscles, including forming letters when they write, throwing or catching balls, and fastening buttons.
Diagnostic and Statistical Manual-IV (DSM-IV)	The Diagnostic and Statistical Manual-IV is published by the American Psychiatric Association and is a handbook used by clinicians to help them diagnose a range of mental disorders. The DSM has gone through five revisions (II, III, III-R, IV, IV-TR) since it was first published. The next version will be the DSM V, due for publication in approximately 2011.
General Practice Administration System for Scotland (GPASS)	GPASS is a computer software system used by almost all Scotland's general practices. GPASS is a major component of the overall NHS IT strategy in Scotland.
guidelines	Systematically developed statements which help in deciding how to treat particular conditions.
hyperkinetic disorder (HKD)	Persistent impaired attention and hyperactivity, evident in more than one setting (eg home, school, social situations), with onset before the age of 6 years.
hyperactivity	Disorganised, excessive levels of activity.
impulsive behaviour	Suddenly doing things without thinking, little sense of danger.
inattention	Difficulty in concentrating.
integrated care pathway (ICP)	An explicit agreement made by a local group, both multidisciplinary and multi-agency, of staff and workers to provide a comprehensive service to a clinical or care group on the basis of current views of good practice and any available evidence or guideline. It is important that the group agrees on communication, record-keeping and audit. There should be a mechanism to identify when a patient has not received any care input specified by the pathway so that the omission can be remedied.
International Classification of Diseases-10 (ICD-10)	The International Classification of Diseases and Related Health Problems (ICD) is published by the World Health Organisation and provides codes to classify a range of conditions including mental disorders. The ICD is revised periodically and is currently in its tenth edition, ICD-10.
methylphenidate	A prescription psychostimulant drug commonly used to treat ADHD in children and young people. Brand names of drugs that contain methylphenidate include Ritalin® and Concerta® which is a timed-release preparation.

multi-modal	Multi-modal treatment or therapy is a combination of both medication and behavioural therapies.
National Institute for Health and Clinical Excellence (NICE)	The independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. NICE produces guidance on health technologies and on clinical practice for the NHS in England and Wales.
NCH	One of the UK's leading children's charities, helping children to achieve their full potential. The charity supports some of the UK's most vulnerable and excluded children and young people.
NHS	National Health Service
NHS board	There are 21 NHS boards of two types: 14 territorial boards responsible for healthcare in their areas and seven special health boards which offer supporting services nationally. See NHS board (territorial) and special health board.
NHS board (territorial)	There are 14 territorial boards, the mainland being covered by 11 and the island groups (Orkney, Shetland and the Western Isles) by three. They are responsible and accountable for strategic planning, service delivery, performance management and governance within their local areas. Each NHS board uses the organisational building blocks of NHS direct care, such as community health partnerships or operating divisions, in a way which suits its geography and population. NHS boards work together in regional planning arrangements for those services which require that wider perspective. Website: www.show.scot.nhs.uk/organisations/orgindex.htm
NHS Quality Improvement Scotland (NHS QIS)	Established as a special health board by the Scottish Executive in 2003, in order to act as the lead organisation in improving the quality of healthcare delivered by NHSScotland.
NHSScotland	The National Health Service in Scotland.
patient information management system (PIMS)	A computer system for creating, publishing, managing and auditing locally produced patient information.
prevalence	The overall proportion of the population with a particular condition.
psychostimulants	A group of drugs with differing structures and common actions such as increased motor activity and lessening of sleep necessity. They can be used to treat a range of disorders including ADHD.

Scottish Intercollegiate Guidelines Network (SIGN)	To help improve the quality of healthcare, SIGN develops national clinical guidelines aimed at reducing variations in clinical practice and in outcomes for patients. Founded in 1993 by the Academy of Royal Colleges and Faculties in Scotland, SIGN became part of the national clinical effectiveness body, NHS QIS, on 1 January 2005. The evidence base for many of the clinical standards developed by NHS QIS has been drawn from SIGN guidelines. For further information relating to SIGN guidelines or the methodology by which SIGN guidelines are developed, contact: SIGN Secretariat, 28 Thistle Street, Edinburgh, EH2 1EN. Website: www.sign.ac.uk
sequelae	Other conditions which are present as a result of an underlying condition or disorder.
SIGN guideline	Scottish Intercollegiate Guidelines Network guideline. See guidelines and Scottish Intercollegiate Guidelines Network.
special health board	The name given to health boards with a national remit. These boards are focused on specific areas, for example NHS Education for Scotland or NHS Quality Improvement Scotland. Special health boards match regional NHS boards in terms of administrative grading. Website: www.show.scot.nhs.uk/organisations/specialhbs.htm
tic disorders	A tic is a problem in which a part of the body moves repeatedly, quickly, suddenly and uncontrollably. Tics can occur in any body part, such as the face, shoulders, hands or legs. Sounds that are made involuntarily (such as throat clearing) are called vocal tics.

Appendix 1: ADHD-SOS project steering group membership

Dr Fiona Forbes (Chair)	Consultant Child & Adolescent Psychiatrist, NHS Lothian
Ms Peta Barber	Area Principal Psychologist, Highland Council
Mr Gordon Brown	Child & Adolescent Mental Health Practitioner, NHS Forth Valley (March–October 2006)
Dr David Coghill	Senior Lecturer and Honorary Consultant Child & Adolescent Psychiatrist, University of Dundee
Ms Mary Gallagher	Operations Manager Children & Families, East Renfrewshire CHCP
Dr Peter Hoare	Senior Lecturer and Honorary Consultant Child & Adolescent Psychiatrist, University of Edinburgh
Dr Derek Logan	General Practitioner, NHS Greater Glasgow and Clyde
Dr George Murray	Consultant Clinical Psychologist, NHS Borders
Dr Rachel Oglethorpe	Consultant Child & Adolescent Psychiatrist, NHS Greater Glasgow and Clyde
Dr Chris Steer	Consultant Paediatrician, NHS Fife
Ms Fiona Thomson	ADD It Up, Ayrshire & Arran
Mrs Ruth Thomson	Ecosse ADDers, Forth Valley
Ms Lorna Walker	Lead Inspector Special Schools and Secure Accommodation, Her Majesty's Inspectorate of Education

Support from NHS QIS was provided by:

Mrs Jane Byrne	Senior Project Officer
Mr Sean Doherty	Team Manager
Ms Nanisa Feilden	Senior Project Officer
Mr Alan Ketchen	Project Officer
Dr John Loudon	Mental Health Advisor
Ms Gabrielle Smith	Project Administrator

Appendix 2: NHS boards involved and meeting dates

NHS Ayrshire & Arran	23 October 2006
NHS Borders	18 October 2006
NHS Dumfries & Galloway	9 November 2006
NHS Fife	13 October 2006
NHS Forth Valley	13 November 2006
NHS Grampian	26 September 2006
NHS Greater Glasgow and Clyde	18 December 2006
NHS Highland	3 October 2006
NHS Lanarkshire	21 November 2006
NHS Lothian	22 November 2006
NHS Orkney	6 October 2006
NHS Shetland	20 October 2006
NHS Tayside	10 October 2006
NHS Western Isles	6 October 2006

Appendix 3: Example service profiling questionnaire

Services for Children and Young People with ADHD Service Mapping Form – NHS board Level

This form has been designed to capture background demographic data and information related to how services for children and young people with ADHD are structured within your NHS board area. A more detailed data capture form will be distributed to each of the identified ADHD services/teams after analysis of this information.

(please either photocopy this form or use an electronic version)

NHS board Area

1. DEMOGRAPHIC INFORMATION

- | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.1 | Please provide the total population served by the NHS board. | |
| 1.2 | Please provide the total number of children & young people (up to the 18 th birthday) in your NHS board area. | |
| 1.3 | Please provide the total number of children and young people (up to the 18 th birthday) with a diagnosis of ADHD in the NHS board area. | |

2. BACKGROUND/ORGANISATIONAL INFORMATION

- | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2.1a | What is the usual process for implementing SIGN guidelines in your NHS board area? | |
| 2.1b | Is there someone at NHS board level who has explicit responsibility for implementation of SIGN guideline 52? | |
| 2.1c | If yes, who is this person? | |
| 2.2a | Who is the NHS board Consultant in Public Health Medicine (CPHM) with responsibility for local incidence measurement and service commissioning (if applicable) for children & young people with ADHD? | |

2.2b	Does this person's responsibility include children & young people with dual diagnosis (Learning disability/ADHD or autistic spectrum disorder/ADHD)?	
2.2c	If not, who is responsible for these diagnostic groups?	
2.3	Has any local service needs assessment been carried out by your NHS board for children & young people with ADHD?	
2.4	Is there explicit mention of services for children & young people with ADHD (or equivalent term) in your integrated children's services plan(s) 2005 – 2008?	
2.5a	Are there any other local plans, for the development of services for children & young people with ADHD?	
2.5b	If yes, please submit copies.	
2.6a	Are there agreed timescales for implementation of any ADHD related aspects of these plans?	
2.6b	If yes, what are these timescales?	
2.6c	Have a budget and staff been allocated to implement these plans?	
2.6d	If yes, what is the nature of the funding (recurring, short-term project etc) and who has been identified?	
2.7	Did the release of the local prescribing rates for psycho-stimulants in the NHS QIS Health Indicators Report (Dec 2004) - <i>A Focus on Children</i> (link included in covering email) have any impact on service delivery in your area?	
2.8a	What arrangements are in place for young people with ADHD as they move into adult services?	

2.8b	What specialist services are in place for young people with ADHD who have made the transition to adult services?	
3. INTERFACES		
3.1	Please list the local authorities covered by the NHS board area.	
3.2	Is there joint agreement through the integrated children's services plan (or local equivalent) with local authority partners (education & social work) to commission & provide services for children & young people with ADHD?	
3.3	Has any needs assessment been carried out jointly by the NHS board and local authority partners for children & young people with ADHD?	

5. SIGN-OFF SHEET

It is essential that this service profile form is signed-off by the appropriate consultant in public health medicine or child health commissioner (if applicable). It is the responsibility of this individual to ensure that, to his/her knowledge, the contents of the submission are both accurate and as complete as possible. The Chief Executive should countersign the completed declaration, as the assessment information will form the basis of the service profiling exercise and subsequent report. If the chief executive is unavailable, another member of the management team should have delegated responsibility to provide the second signature required for the declaration.

5.1 Declaration

'I declare that the information contained within this service profile form (including any supplementary material) gives, to the best of my knowledge, a true and accurate representation. I understand that this submission to NHS Quality Improvement Scotland forms the written evidence provided by the under noted NHS board for the purposes of profiling local services for children and young people with ADHD.'

5.2 Details of Person Completing the Form

NHS board area:	
Date completed:	
Completed by (name):	
Designation:	
Email contact details:	

5.3 Sign Off

<i>Consultant in public health medicine/child health commissioner (or equivalent)</i>	<i>Name:</i>	
	<i>Designation:</i>	
	<i>Signature:</i>	
<i>NHS board Chief Executive (or equivalent)</i>	<i>Name:</i>	
	<i>Designation:</i>	
	<i>Signature:</i>	

Thank you for providing this information. Please return your completed form to:

Jane Byrne, Project Officer
 NHS Quality Improvement Scotland
 4th Floor, Elliott House, 8-10 Hillside Crescent, Edinburgh, EH7 5EA

Tel: 0131 623 4343 Fax: 0131 623 4299
e-mail: jane.byrne@nhshealthquality.org

Please contact the above number if you require assistance with completion of the service profile form or if you wish to discuss any aspect of the ADHD-SOS project.

Appendix 4: References

- 1 Scottish Intercollegiate Guidelines Network. Attention deficit and hyperkinetic disorders in children and young people. Edinburgh: SIGN; 2001. SIGN publication No. 52.
- 2 American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-IV). 4th ed. Washington (DC): American Psychiatric Association; 1994.
- 3 World Health Organization. International statistical classification of diseases and related health problems, tenth revision. Geneva: WHO;1992.
- 4 Meltzer H, Gatward H, Goodman R, Ford T. Mental health of children and adolescents in Great Britain. London: Office for National Statistics; 2000.
- 5 Forbes F. Attention deficit hyperactivity disorder (ADHD). J R Coll Physicians Edinb. 2006; 36: 315–318.
- 6 NHS Quality Improvement Scotland. Health indicators report: a focus on children. Edinburgh: NHS QIS; 2004.
- 7 NHS Quality Improvement Scotland. Improving the quality of mental health services in Scotland: A strategic work programme 2005–2008. Edinburgh: NHS QIS; 2005.
- 8 Registrar General for Scotland. Mid-2005 population estimates for Scotland. Edinburgh: General register office for Scotland; 2006

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- by email
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