

## Case study: Northumberland, Tyne and Wear NHS Foundation Trust

**Overview:** Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood mental health disorders. When in September 2008 NICE issued its ADHD guidance, Northumberland, Tyne & Wear NHS Foundation Trust was among the first to respond. One of the largest mental health and disability NHS trusts in the country, with an expanding child and adolescent mental health service, the Trust provides a range of assessment, treatment and support for young people with ADHD and other mental health problems and learning disabilities. The project proved successful, achieving beyond its original objectives. Furthermore, as a result, an ADHD Care Pathway Lead has been employed by the Trust.

<p><b>1. Organisation name – Northumberland, Tyne and Wear NHS Foundation Trust</b></p>
<p><b>2. Title - An audit of compliance with guidance on the prescribing of medication for ADHD</b></p>
<p><b>3. Context</b></p> <p>Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed disorders in childhood mental health practice. In September 2008 NICE issued Guideline 72 (Attention Deficit Hyperactivity Disorder) which incorporated the recommendations on prescribing from Technology Appraisal 98 (March 2006).</p> <p>Northumberland, Tyne &amp; Wear NHS Foundation Trust is one of the largest mental health and disability NHS trusts in the country with an expanding child and adolescent mental health service. The Trust provides a range of assessment, treatment and on-going support services to children and young people with a diagnosis of ADHD and a diversity of other mental health problems and learning disabilities. Community care is delivered to 5 primary care trusts (PCT's) and medium and low security forensic services, commissioned by the National Commissioning Group (NGC), are provided for those children and young people who are in contact with the criminal justice system and /or who display serious offending behaviour. Children with ADHD can therefore present and be treated in a variety of different clinical settings.</p>
<p><b>4. Background</b></p> <p>The trust audited compliance with NICE TA98 in 2008, and in general found high levels of compliance with most of the audit standards. However there were clear differences in results between teams, and action plans were therefore developed and implemented by individual teams. In 2009, the North of Tyne Shared Care Group updated their shared care guidance on the prescribing of methylphenidate for the treatment of ADHD. A second audit in 2009/10 was undertaken on standards from both pieces of NICE guidance and the shared care guidance.</p>
<p><b>5. Aim – To improve the care provided to children – and young people diagnosed with ADHD by improving adherence to prescribing guidelines and national and locally agreed models of care.</b></p>
<p><b>6. Objectives</b></p> <ol style="list-style-type: none"> <li>1. To obtain data to facilitate action planning to improve the care of service users with a diagnosis of ADHD.</li> <li>2. To obtain data to provide assurance to the Trust that core standards of care were being met.</li> <li>3. To enable the Children and Young Peoples Services Directorate to evaluate and learn from the approach taken with the audit to inform the development of future projects.</li> </ol>

## 7. Approach

Children and young people's services in different localities of the trust had diverse and disparate service models and individual philosophies of care, but in order to comply with the NICE guidance, clinicians had to agree locally on the criteria to be used to measure compliance. The audit tool was developed by the Newcastle Multi-disciplinary ADHD group. Their meetings were attended by CAMHS Consultant psychiatrists, lead nurses, psychologists, social workers and admin staff and this helped immensely in making sure that the NICE standards were broken down into criteria which were appropriate to individual services. The final draft was sent to all the participating teams to secure 'buy-in' and collaboration from the very beginning of the project. Data collections for both the baseline audit and the re-audit were carried out by single appropriately qualified individuals (a clinical governance co-ordinator at baseline and a pre-registration pharmacist at re-audit) in order to ensure that all notes were audited reliably and independently.

## 8. Challenges

- Inevitably, with an organisation the size of NTW different teams use slightly contrasting approaches in terms of the assessment tools and outcome measures employed. Therefore, clinicians were reassured that, from an auditor's perspective, provided they were using validated tools to address these issues, it would not reflect negatively on their teams, but simply highlight to the directorate that there were different approaches to this element of the assessment / evaluation.
- The project group recognised the importance of involving all of the multi-disciplinary teams in all aspects of the benchmarking exercise and the re-audit, from the initial development of the audit tool to organising the health records and office space for the audits to be carried out. An important learning point was that in the future they will involve medical secretaries as they were extremely helpful in ensuring the successful completion of the audit in the majority of clinical teams.
- Sample identification presented particular problems, as standard diagnostic codes were not routinely submitted by the various clinical teams. The process of identifying the sample for the baseline audit was therefore very laborious, but prior to the re-audit the project team was able to work with the clinical teams to improve matters.

## 9. Outcomes

The 2009/10 audit results showed that most teams had implemented the recommendations from the 2008 audit and compliance had improved. The audit also identified further areas for improvement, including problems with locum consultants failing to adhere to the shared care guidance, and a low level of documentation specifically addressing service users compliance with their medication.

The project overall had successes which went beyond the original aims and objectives. The work carried out by the Newcastle Multi-disciplinary ADHD group, in agreeing local standards, developing the audit tool and reviewing the results of the audit, has improved communication between clinical teams and service sectors.

As a result of the project, an ADHD Care Pathway lead has been employed by the Trust and part of her role will be to address the issues raised by the audit and lead on action planning to improve the areas which require attention. As well as identifying some of the underlying reasons behind non-compliance (for example, some clinics were carried out in rooms which did not have the necessary equipment to measure height, weight, BP etc.) she will investigate the shared care problems and liaise with PCT's, GP's and CAMHS clinicians to address and resolve these issues. She is also developing an aide memoir / checklist to assist clinicians to ensure that they are fully aware of what is required in terms of monitoring patients with ADHD to achieve NICE technology appraisal compliance. This will be of particular benefit to junior doctors who are on rotation and just commencing their placements with CAMHS teams.

## 10. Summary

- **Clinical audit projects can bring together multidisciplinary teams from different areas of a trust and different service sectors.**
- **Collaboration on a clinical audit project can improve communication and lead to collaboration on other aspects of service improvement.**

## Quotes

“A number of very important lessons have been learnt during this exercise and will be considered when planning future projects both within the children and young peoples and specialist services and the wider organisation. The decision to ensure that these audits were completed by a single auditor, who was independent of the services, was unanimously agreed to be a positive one as it ensured that all of the standards were being measured reliably, consistently and objectively throughout the entire exercise. This could not have been guaranteed if a self assessment process had been employed.” David Pratt, Clinical Governance Co-ordinator.

“The positive engagement of all clinicians across several multi-disciplinary teams, who care for a diverse patient population, has facilitated the successful completion of this important piece of work. Involving staff at all stages of the project and ensuring that progress is communicated effectively, is also essential in ensuring that all the relevant stakeholders will welcome the changes required to improve the services we provide for patients diagnosed with ADHD.” Clare Williams, Service Development Officer, chair of the Directorate Quality and Performance meeting.

“The briefing meetings with participating teams were vital not only in securing their engagement with the audit process, but also in ensuring that the right data were collected in the most appropriate way, to maximise the success of the project.” Tim Donaldson, Trust Chief Pharmacist/Associate Director of Medicines Management

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