

Quay Healthcare Adult ADHD Services: A report on service implementation

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Executive summary

Approximately 3% of adults worldwide have a diagnosis of attention deficit hyperactivity disorder (ADHD), and it is likely that many more affected individuals remain undiagnosed.^{1,2} In the UK, low capacity in the specialist services required for diagnosis and treatment initiation is creating a barrier to effective ADHD management.³ This is particularly so for affected adults, for whom improvements in provision of care have lagged behind paediatric services.³ It has been proposed that development of ADHD specialism within primary care, along with the transfer of routine and straightforward treatment monitoring to primary care services, may help to address this issue.^{3,4}

On this basis, Quay Healthcare (a primary care federation based in Warrington) developed a model offering a remote-based secondary/tertiary care service based in a primary care setting. This was evaluated in a pilot study and then rolled out to a full service within Warrington as well as Right to Choose tariff-based contracts across Cheshire and Merseyside, and Hereford and Worcester. The care pathway includes a thorough screening process using validated tools and assessment by a suitably trained specialist to establish a diagnostic decision. Treatment is initiated and stabilised within the service, followed by discharge to a shared care agreement with the general practitioner (GP). Routine follow up and annual reviews ensure continuity of care and re-referral into the service can be rapidly implemented in response to individual patient need.

Benefits of the Quay Healthcare Adult ADHD Service have included:

- Provision of an end-to-end service, from referral to diagnosis, medication initiation, titration and shared care
- A more 'joined-up' approach compared with more traditional models of adult ADHD management, ensuring close ongoing relationships with GPs as well as other specialist services (e.g. for mental health and learning disability)
- Use of specialist digital tools to facilitate an efficient, remote-based service
- Reduced wait times from referral to diagnosis, helping to minimise the impact of ever-increasing referral loads
- An individualised approach, generating high levels of patient satisfaction.

Some of the challenges faced are ongoing, such as ADHD medication shortages and increasing demand on the services.⁵ Others are being addressed through strategies such as optimising use of digital services and addressing contractual restrictions.

Based on current evidence, the Quay Healthcare Adult ADHD Service may serve as a best practice model for management of adult ADHD.

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Abbreviations

ADHD	Attention deficit hyperactivity disorder
ASRS	ADHD Self-Report Scale
CAMHS	Child and Adolescent Mental Health Services
DSM-5-TR™	Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition, Text Revision
GP	General practitioner
GPwSI	General practitioner with special interest
HCP	Healthcare professional
ICB	Integrated Care Board
ICD-11	International Classification of Diseases, 11 th Revision
IQ	Intelligence quotient
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMP	Non-medical prescriber
RTC	Right to Choose

Background

ADHD in adults

Attention deficit hyperactivity disorder (ADHD) is characterised by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR™) as inattention/disorganisation (inability to stay on task, seeming not to listen and losing materials necessary for tasks) and/or hyperactivity/impulsivity (overactivity, fidgeting, inability to stay seated, intruding into other people's activities and inability to wait) at levels that are excessive for age or developmental level.⁶ Similarly, ADHD is defined by the International Classification of Diseases, 11th Revision (ICD-11) as a persistent pattern (at least 6 months) of inattention and/or hyperactivity/impulsivity that has a direct negative impact on academic, occupational or social functioning.⁷

ADHD is classified as a neurodevelopmental disorder,^{6,8} with symptoms typically presenting by early to mid-childhood.⁷ It is common for children with ADHD to continue to meet full diagnostic criteria as adults; persistence has been suggested to be approximately 65%, though estimates vary widely (15–90%) depending on the definitions used.^{3,9} The presentation of ADHD may become more subtle with age, particularly as adults may mask symptoms more effectively, or key features may overlap with other comorbidities such as mood disorders.⁴ In many cases, diagnosis of ADHD is delayed until adulthood,¹⁰ and there is increasing evidence to suggest that adult ADHD is not necessarily a continuation of the childhood disorder.¹¹ Longitudinal studies have indicated the existence of a distinct form of adult-onset ADHD;^{11–13} later-onset cases may be particularly associated with female sex and higher IQ.¹⁴

Based on data from five systematic review and meta-analysis studies, it is estimated that approximately 3% of adults worldwide have a diagnosis of ADHD.¹ One of these studies, published in 2021, suggested that the prevalence of persistent adult ADHD (with a childhood onset) was 2.58%, while that of symptomatic adult ADHD (regardless of a childhood onset) was 6.76%, translating to 139.8 million and 366.3 million affected adults, respectively.¹⁵ Rates of new diagnosis are increasing disproportionately in adults; UK data indicated that between 2000 and 2018, the rate of new ADHD diagnoses increased almost 20-fold in men and 15-fold in women (compared with 2-fold and 4-fold in boys and girls, respectively).¹⁶

Traditional models of adult ADHD diagnosis and management

Following acknowledgement by the National Institute for Health and Care Excellence (NICE) in 2008 that ADHD frequently persists into adulthood and that diagnosis and treatment should be available to adult patients in the UK, these services began to be offered in the specialist tertiary setting.^{3,17} Since that time, adult ADHD diagnosis and treatment have increasingly moved into generic secondary adult mental health provision, and occasionally into primary care services.³

The 2018 NICE guidance made recommendations relating to responsibilities of healthcare professionals (HCPs) in ADHD diagnosis and management:¹⁸

- Diagnosis should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified HCP with training and expertise in the diagnosis of ADHD.
- Medication should only be initiated and titrated by an HCP with training and expertise in diagnosing and managing ADHD.
- After dose stabilisation, prescribing and monitoring should be carried out under Shared Care Protocol arrangements with primary care.

- The exact balance between primary and secondary care will vary depending on the circumstances of the person with ADHD and the available primary and secondary care services.
- An HCP with training and expertise in managing ADHD should review ADHD medication at least once a year and discuss with the person with ADHD (and their families and carers as appropriate) whether medication should be continued.

The need for change in adult ADHD provision in the UK

Data from mental health surveys conducted by the World Health Organization across 20 countries of varying income and culture have suggested that adult ADHD is prevalent, seriously impairing and highly comorbid, yet vastly under-recognised and undertreated.¹⁹ As described above, the rate of new ADHD diagnoses in UK adults is increasing dramatically;¹⁶ nonetheless, evidence suggests that a considerable proportion remain undiagnosed. A 2014 population-based survey in the UK reported that only 3.7% of adults who screened positive for ADHD according to the six-item Adult ADHD Self-Report Scale (ASRS) believed that they had the disorder and only 2.3% had been diagnosed with ADHD by a professional; less than 1% were currently taking medications specifically indicated for ADHD.² Underdiagnosis and undertreatment of adult ADHD are reported to disproportionately affect women.²⁰

ADHD provision for adults has lagged behind paediatric care, with a lack of recognition and availability of specialist services.³ Patients with ADHD are among those least likely to transition successfully from paediatric to adult mental health services,^{8,21–23} which is likely to impact negatively on clinical outcomes in older patients. Current guidance from NICE recommends pharmacological intervention for adult ADHD when symptoms cause a significant impairment in at least one domain of everyday life despite environmental modifications.¹⁸ However, data from 2018 suggest that only approximately 0.05% of adults in the UK are in receipt of medication for ADHD, which represents a substantial discrepancy versus the rate of prevalent cases.^{3,24} In the 2014 population-based survey in the UK described above, only 0.5% of adults who screened positive for ADHD according to the ASRS were taking medications specifically indicated for ADHD.² This apparent undertreatment of ADHD in adults likely reflects difficulties accessing assessment, diagnosis and treatment; UK data from a 2018 audit revealed waiting times for adult ADHD assessment of up to 3.9 years.²⁵ UK adult ADHD service provision has been described as ‘patchy’, and subject to considerable regional variation.^{3,26,27} There has been a well-publicised trend for individuals (particularly adults) to turn to private clinics for assessment of potential ADHD, with some HCPs voicing concerns over the robustness of diagnoses originating from this setting.²⁸

Low capacity in specialist services and limited awareness or training in both primary and secondary care limit the access of patients to diagnosis and treatment.³ Expert opinion has indicated, however, that non-complex cases of ADHD are highly suited to management within primary care.^{3,4} There are challenges with implementing this in practice. A qualitative study of HCPs and young people (aged 16–25 years) with lived experience of ADHD highlighted challenges associated with accessing primary care provision for ADHD in England.²⁹ The responses revealed a system under stress, and highlighted that the systems and processes involved in accessing care represent barriers for people with ADHD, owing to the need for organisational skills and attention, for example. The study indicated a number of strategies for improving primary care provision,

such as clarifying responsibility for care, providing better information and training, and allowing reasonable adjustments for patients.²⁹

Quay Healthcare Adult ADHD Service

Challenging traditional models of adult ADHD management

In response to local need and the pressure on existing services to meet the increased demand for an effective adult ADHD pathway in the North West of England, Quay Healthcare (a primary care federation based in Warrington)³⁰ developed a model offering a remote-based secondary/tertiary care service based in a primary care setting. Adult ADHD care in this region was previously provided by North West Boroughs Partnership NHS Trust tertiary adult ADHD service.

Quay Healthcare initially developed the Warrington Adult ADHD Service, which was commissioned by Cheshire and Merseyside Integrated Care Board (ICB) and first implemented in 2021. This was subsequently extended into Right to Choose (RTC) contracts across Cheshire and Merseyside, and Hereford and Worcester, both implemented in 2024.

Through provision of this service, Quay Healthcare aims to offer a more efficient pathway for adults with ADHD. The primary objective is to assess, diagnose and treat ADHD and to facilitate a robust ongoing shared care arrangement with general practitioners (GPs). Liaison with psychiatry and learning disability services is performed as needed. Additional aspects of the service involve screening for autism spectrum conditions, provision of a degree of psychosocial support, and working with local drug and alcohol services.

Takeda's Service Development Team supported the ADHD service with educational support and service re-design. The overarching goal of Takeda's Service Development Team is to help ADHD services in the UK - to work towards the provision of effective and sustainable care by reducing health inequalities and standardising care for people with ADHD across the UK.

The service delivery team

The team responsible for delivery of the Quay Healthcare Adult ADHD Service is summarised in **Table 1**.

Table 1. Quay Healthcare Adult ADHD Service delivery team

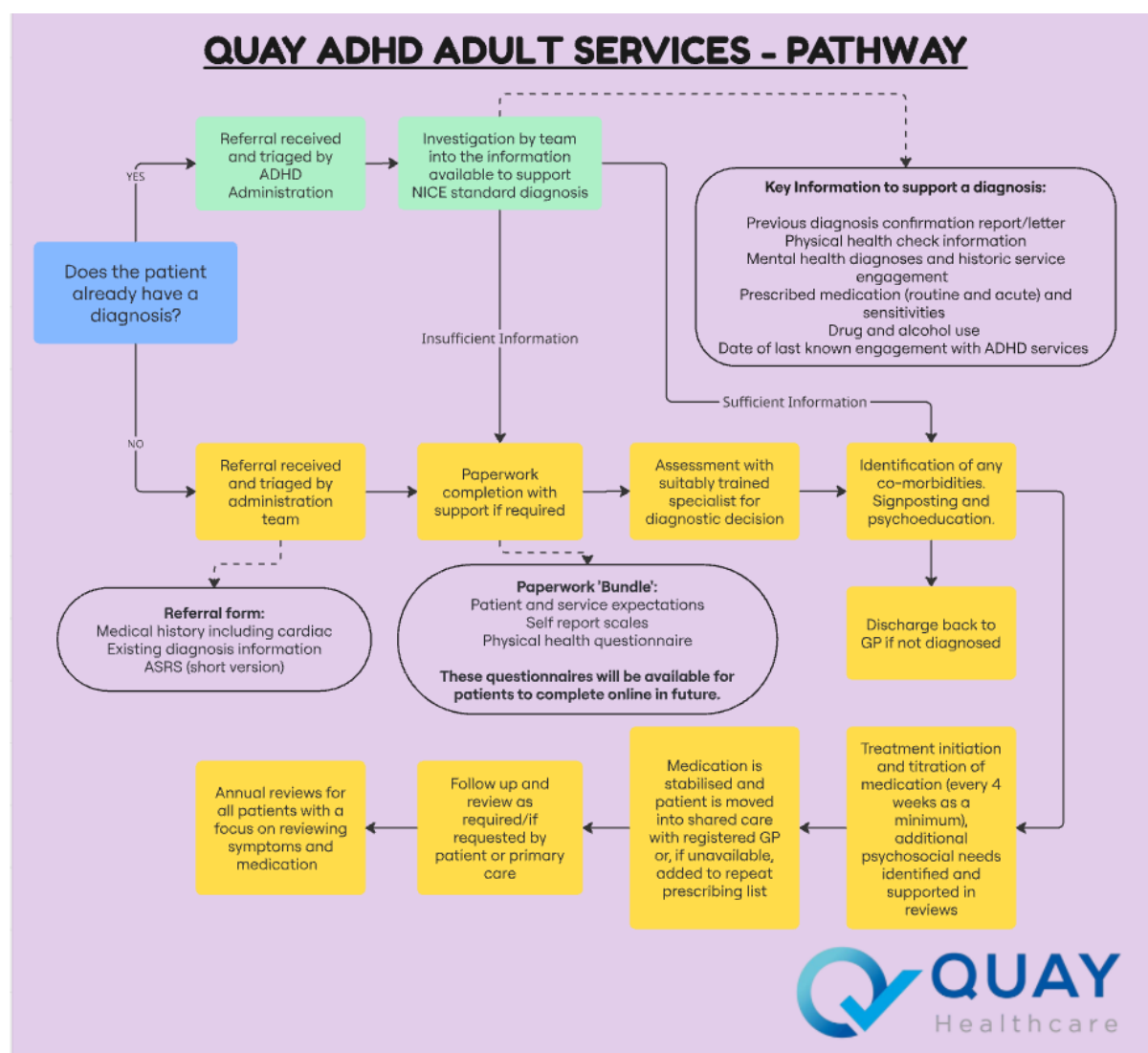
Initial assessment	<ul style="list-style-type: none"> Nursing Associate, Mental Health (ADHD)
Diagnosis and treatment	<ul style="list-style-type: none"> Consultant nurse/clinical lead Specialist practitioner/NMP Locum specialist practitioner/NMP GPwSI – diagnostician GPwSI – medication initiation and titration Clinical pharmacist – medication titration
Service management	<ul style="list-style-type: none"> Band 6 Service Manager Team administrators (×2)

ADHD, attention deficient hyperactivity disorder; GPwSI, general practitioner with special interest; NMP, non-medical prescriber.

Overview of the service protocol

The care pathway followed by the Quay Healthcare Adult ADHD Service is summarised in **Figure 1**.

Figure 1. Overview of the Quay Healthcare Adult ADHD Service



ADHD, attention deficient hyperactivity disorder; ADHD Self-Report Scale; GP, general practitioner; NICE, National Institute for Health and Care Excellence.

Patients with or without an existing ADHD diagnosis are referred into the service, typically by a GP, but referrals may also be received from adult mental health or learning disability services, as well as from drug and alcohol support teams. Minimal information is requested from the referring practitioner/service; the ASRS is used to screen patients for eligibility for the service. The triage system, including processing of all paperwork, is facilitated by an ADHD administration support team.

Patients with a positive screen are then required to have an ADHD diagnosis confirmed by suitably trained diagnostic specialists within the service team (clinical lead and specialist nurses). Once a referral has been received and accepted, a comprehensive paperwork 'bundle' is dispensed to collate a full clinical picture. This includes a range of validated rating scales, including the Barkley Adult ADHD Rating Scale and the Weiss Functional Impairment Rating Scale; patients not meeting threshold scores on these tools are screened out at this stage. A GP is asked to review any comorbid conditions identified via the assessments included in the bundle to ensure that patients are embarking on the most appropriate care pathway. Any patients not considered eligible for the Adult ADHD Service are discharged back to the GP.

Following comprehensive assessment, patients enrolled into the service proceed to treatment initiation and titration, with regular reviews as needed (every 4 weeks as a minimum). Psychoeducation and psychosocial support are offered at review appointments. After a 3-month period of stability on treatment, the patient can be transferred to a shared care arrangement with their registered GP (or, if not available, the patient is added to the repeat prescribing list within the service).

Follow up and review are then offered as required/requested by patient or primary care clinician. Annual reviews are offered for all patients registered with the service, with a focus on evaluating the symptoms and medication, ensuring that the patient remains at their optimal level of functioning. Scheduling and implementation of follow-up reviews is being supported by increased digitisation of the pathway.

A remote service facilitated by digital tools

The model developed by Quay Healthcare is a remotely administered service. This is facilitated by a number of digital tools, specifically tailored to support data collation and communication within the healthcare sector. These include:

- SystemOne GP Connect (an accredited, centrally hosted, clinical computer system for recording of data)³¹
- Surgery Connect (a cloud-based phone system for use by clinical and administrative staff)³²
- AccuRx (a primary care tool for communication with patients, increasing accessibility and facilitating the sharing of personalised resources).³³

All assessments are completed via video (using Surgery Connect) to allow the clinicians to include behavioural observations as part of their assessment and diagnostic decision-making process.

The service also incorporates remote pharmacy dispensing.

A service based in primary care

The Quay Healthcare Adult ADHD Service is a secondary/tertiary care service into which patients are referred for the specialist care required for ADHD diagnosis and treatment initiation. However, the service is based in a primary care setting, and uses primary care systems to access patient history, to assess patients and record consultations, and to manage medication. A particular strength of this approach is that it affords the clinician the ability to access records to evaluate a

patient's mental health history (e.g. previous contact with Child and Adolescent Mental Health Services [CAMHS] or mental health trusts, including support from other providers) and to quickly review current medication (e.g. cardiac).

Patients are ultimately moved to shared care provision. This can only be implemented following initiation, stabilisation and review of treatment, and once formal agreement has been received from the primary care prescriber. This is dependent on the medication available conforming to the localised ADHD formulary.

After being moved into shared care, patients are reviewed annually by the Quay Healthcare Adult ADHD Service for a full ADHD review including a health check and discussion of symptoms. Additional support is offered to primary care provision where possible; for example, a local enhancement scheme for GP practices in Cheshire and Merseyside provides 6-monthly health checks.

Patients with complex needs may benefit from continued support with the specialists. This is not standard for all patients; however, access back into the service is straightforward for both patients and GPs.

Evaluation and outcomes following implementation of the service

Overall perspectives

The service was evaluated in an initial pilot phase and has since been rolled out to the Warrington service and the RTC contracts in Cheshire and Merseyside, and Hereford and Worcester. In both cases, the provision is an end-to-end service, from referral to diagnosis, medication initiation, titration and shared care.

The primary care setting ensures direct links with GPs through systems and organisations, offering a more 'joined-up' approach compared with more traditional models of adult ADHD provision. Effective clinical governance and auditing are also facilitated through primary care coding.

The care pathway offers increased patient focus compared with previous provision, and both services have reported high levels of patient satisfaction. Rapid re-referral back into the service is available to ensure continuity of care. In addition, local knowledge can be used to signpost patients back to wider statutory and third sector services as appropriate. Support with the transition pathway from CAMHS also helps to facilitate much-needed improvements for paediatric patients moving into adult mental health services.

Current status – Warrington service

When the Adult ADHD Service was first implemented in Warrington in 2021, Quay Healthcare inherited waiting lists from the previous provider in excess of 500 patients. The current diagnostic assessment capacity of the service is approximately 40–50 patients per month (March 2025). The waiting time from referral to diagnosis currently stands at 14 months, which should be considered in context of the increase in demand; monthly referrals in 2021 were 40 per month, compared with 160 per month currently. Shared care agreements are in place with all 26 GP practices in Warrington, and the service is running 95% remotely (5% face to face).

Current status – RTC service

The RTC service (covering Cheshire and Mersey, and Hereford and Worcester) is a tariff-based rather than a block-based contract, but uses identical pathways to the Warrington service. There were 33 referrals per month at initiation of the RTC service in 2024; this has already increased to 200 per month. The current diagnostic assessment capacity is approximately 150–200 patients per month, and the wait time is only 2 months (March 2025). Shared care agreements are in places with all GP practices via the ICBs. The RTC service is running 100% remotely and, despite early challenges, electronic prescribing is now possible through the provision of prescribing codes, supported by the ICB.

Challenges with service implementation

The service has faced a number of challenges, several of which are ongoing.

- As indicated above, there can be difficulties incorporating digital systems into a remote service, though the adoption of electronic prescribing has been successful. The reliance on digital technology requires systems to be in place to manage network and system outages.
- A major challenge has been the increasing volume of referrals, and the mounting caseload for annual reviews.
- An additional unforeseen barrier to effective management of patients with ADHD has been the well-publicised global shortage of ADHD medications, suggested to be caused by a combination of manufacturing issues and an increase in global demand.⁵ This issue is still ongoing for some products and has a substantial impact on service delivery.
- Despite the close links with other services, challenges remain in ensuring health monitoring (e.g. cardiac screening) is carried out by other services as indicated by the care pathway.

Next steps and concluding remarks

The Quay Healthcare Adult ADHD Service—a remote-based secondary/tertiary care service based in a primary care setting—has been successfully implemented in regions of North West England. Based on current evidence, this may serve as a best practice model for management of adult ADHD.

There will be ongoing continual enhancements to improve service efficiencies and maximise patient outcomes.

Key contacts

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