**Designated Clinical Officer – Q & A document**

1. **At the moment the average referral process takes 2 years from submission to diagnosis. Are there any plans to reduce this timeframe?** –

There is work ongoing as part of the wider Community Paediatric Service to look at all pathways they deliver: Autism, ADHD, and other neurodevelopment concerns.  Our aim for the work is that it would reduce the time they spend across different parts of the pathway to free up their clinical capacity to undertake more assessments and reduce the waiting times within the service.

1. **Several parents of ours are paying for diagnosis from ADHD 360 (**[**https://www.adhd-360.com/**](https://www.adhd-360.com/)**), and then receiving medication through this service. As this company was on Panorama recently, I want to know if it is legitimate?**

Yes, ADHD 360 are a legitimate provider for diagnosis and treatment [prescribed medication] for ADHD. To be a qualified provider they must hold an NHS contract with an ICB and then can complete work in other areas. ADHD 360 have an existing NHS contract with another ICB, therefore Lincolnshire can commission ADHD Services from them. Also, a Rapid Quality Review was completed following the Panorama documentary and the ICB worked with ADHD 360 to ensure quality standards were met.

1. **What further adjustments can we make to compensate for the medication shortage? –** None of the providers that we currently work with are escalating any concerns in relation to shortage of medication supply. If individual patients contact the ICB re: not being able to get their prescribed medication, we direct them to their allocated ADHD provider and have not received communication that these have not been resolved.
2. **The paediatric forms say universal services must have been involved before referral. MHST are declining students who may have ADHD or autism and saying it must be a paediatric referral. What are schools supposed to do, when paediatrics are replying to referrals saying we are a MHST school and out this in place?**

As part of the CYP Mental Health Transformation Programme we have done a lot of work to look at the needs of CYP with confirmed/suspected Autism, Learning Disabilities, and other neurodevelopmental difficulties within mental health services.  We will be working with staff to look at what training, development, or any other support they may need to enable CYP mental health service to better support the neurodiverse community.  We would encourage schools to phone and speak to the Here4You Access Team for advice regarding support for a young person before making a referral, focusing on how their confirmed/suspected neurodiversity is impacting on their emotional/mental wellbeing and what support you think they need.  Otherwise please indicate on the Paediatric referral forms what support from universal services has been requested/declined.

1. **How can home circumstances be better explored when making a diagnosis?** I.e. to rule out diet, trauma. –

Clinicians assessing children and young people for autism explore any ACES (Physical, sexual, and emotional abuse, Emotional and physical neglect, living with a family member with mental health or substance use disorders, Witnessing domestic violence, Sudden separation from a loved one, Poverty, Racism and discrimination, Violence in the community.

We think about the support that has been offered to the CYP with the ACES in mind and we think about how we can understand some of the difficulties in the context of their experiences. We are mindful that a person’s behaviour can be not always be understood as *either/or* (autism OR related to experiences/other factors) and that it can also be often a combination of factors (*both* autism AND other factors). To help us to determine this, we rely on careful exploration of the YP’s presenting needs, through gathering information from a range of people supporting them, observation of the YP and from hearing the voice of the YP themselves.

1. **Why do paediatricians always tell parents their child needs an EHCP due to having ADHD but they don't start the process?** (Especially when we are not seeing a high need in school!)

Since the introduction of the SEND Clinicians Training Programme in 2019 (jointly run by LIAISE and the ICB) we would like to clarify that paediatricians are no longer routinely telling parents that their child needs an EHCP due to having ADHD. We say to them that they would benefit from Special Needs Assessment and request school to complete a SEND assessment and to consider providing increased support through graduated approach. There may be times where paediatricians still talk about EHCP/Special school, but it is rare and in most cases the advice is offered by locum Doctor(s) who have not yet had relevant training. When this happened in those instances, it is usually escalated to the Comm Paeds clinical lead by the DCO via the SEND team and it is discussed as a point of learning with the relevant Paediatrician. It could also be that at times families can interpret things differently when in a difficult situation like we see during our clinic consultations, where there is not enough evidence for ADHD in school reports and that is explained to parents, they would insist that school had told them that their child has ADHD and needs to be medicated. The SEND team will corroborate that this is now the case and thank you for escalating in instances where this has occurred and continue to do so if it happens again in the future.

**Questions and statements around mental health (7-10 below) were posed by SENCos and the following response was provided by Amy Butler Head of Children and Young People Services, Lincolnshire Partnership NHS Foundation Trust.**

“We are amid a large-scale transformation programme, and we are anticipating over the next year that our service offer will start to change. I am therefore a little reluctant to come and talk about services knowing there will be change. It would be much better to come along at a later date and talk about the transformation plan and what changes will be happening, but I won’t know that until November 2024. We have completed a large consultation and education settings were all given opportunity in a variety of ways to contribute. Reassuringly the points you have below have all been raised within the consultation.”

1. **At the moment, Healthy Minds is nearing capacity, MHST only operates in certain areas of Lincolnshire and CAMHS have an incredibly high threshold. Are there is any plans to add in a middle service to what is currently on offer? Or expand MHST?**
2. **As there is no additional funding available to schools, it would be useful if health professionals did not imply this to parents.**
3. **Who is best placed to diagnose and support MH difficulties in very young children?**

**Schools can only do so much, and are at the limit, how are things going to improve going forward?**

1. **Why do our local GP’s not support mental health, they always tell parents to speak to school for us to deal with. We are not the experts and mental health is a health issue that needs to be dealt with by a health professional!**

**Finally, the following questions were posed by SENCos regarding support and training post-ADHD diagnosis.**

[**ADHD Lincs**](https://adhdlincs.org/)is a local registered charity which provides support and information to families and individuals who are living with Attention Deficit Hyperactivity Disorder (ADHD) and associated learning differences. They gave a presentation at the October 2023 Graduated Approach Briefing, which gave an overview of the support and training they can offer to both parents and professionals. [October 2023 – Professional resources (lincolnshire.gov.uk)](https://professionals.lincolnshire.gov.uk/downloads/download/238/october-2023)

They are also presenting a session in the July 2024 Graduated Approach Briefings.

1. **Following diagnosis, where can we signpost parents to for ongoing support?**
2. **What are the key symptoms? (is it different for boys and girls?) What is the best way to support children when they are not medicated?**
3. **What resources support children best when involved in whole class or school activities?**

The following websites may also be helpful:

* [ADHD UK | ADHD UK](https://adhduk.co.uk/)
* [Support Groups | The UK ADHD Partnership](https://www.ukadhd.com/support-groups.htm)
* [ADDISS](http://www.addiss.co.uk/)
* <http://www.livingwithadhd.co.uk/>
* [Attention deficit hyperactivity disorder (ADHD) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/)