

ADHD – Reducing the time to diagnosis for children and young people in London

A webinar sharing experiences of using QBTest

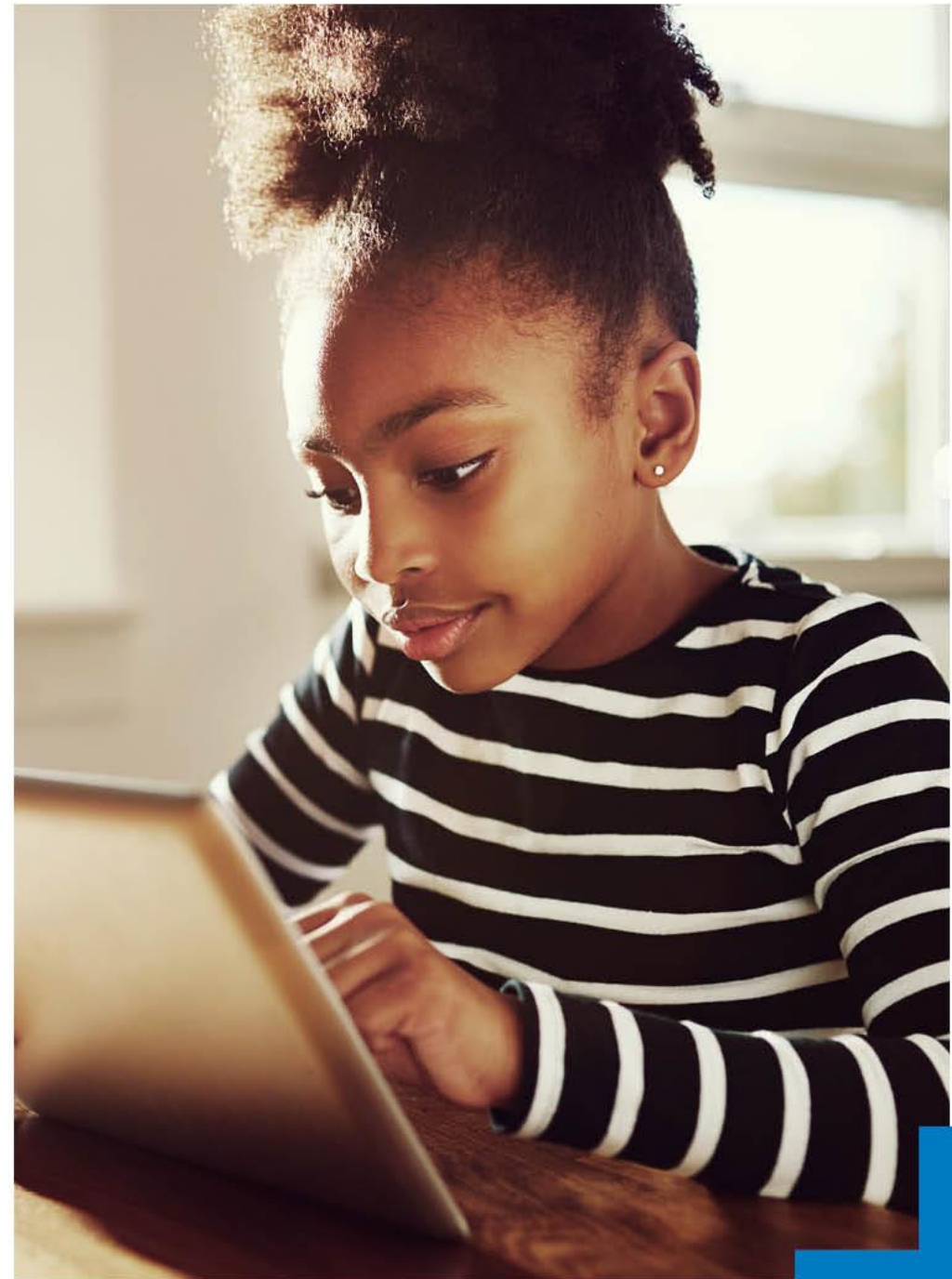
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Transforming ADHD Diagnosis

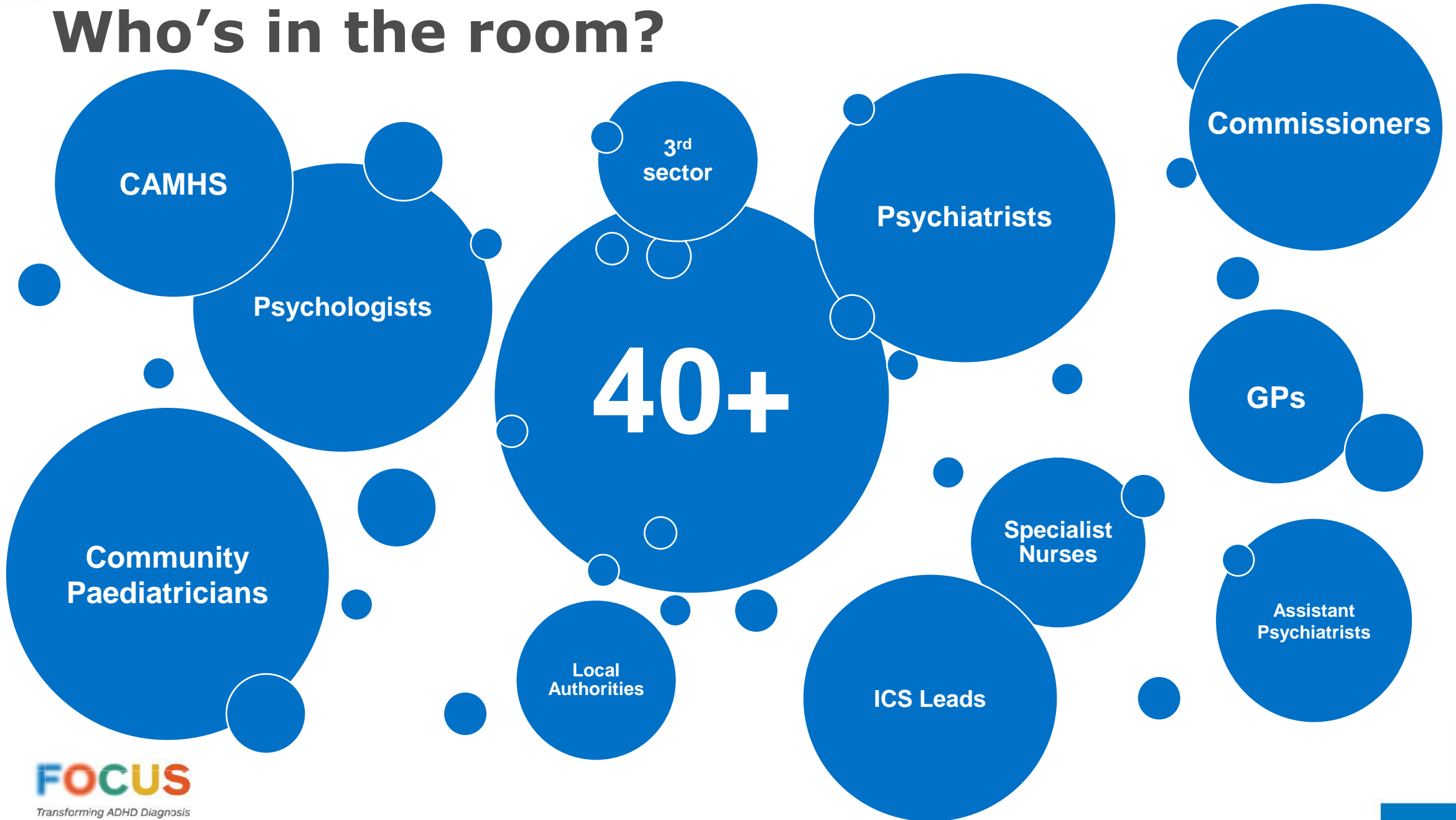
ADHD – Reducing the time to diagnosis for children and young people in London

A webinar sharing experiences of using QbTest

Hosted by the three London Academic Health Science Networks



Who's in the room?



Why are we here?

Today is about improving the ADHD assessment offer to children and young people in London, specifically, considering use of an objective test as part of the assessment.



What we will cover today?

- 12:00 - Introduction & Welcome
- 12:10 - Understanding the application of objective testing in ADHD – use case and clinical validity with Dr Julie Clarke

National Clinical Lead for Focus ADHD, Consultant Community Paediatrician, United Lincolnshire Hospitals NHS Trust

- 12:20 - Experience of implementing QBTest into practice with Dr Nicola Reynolds

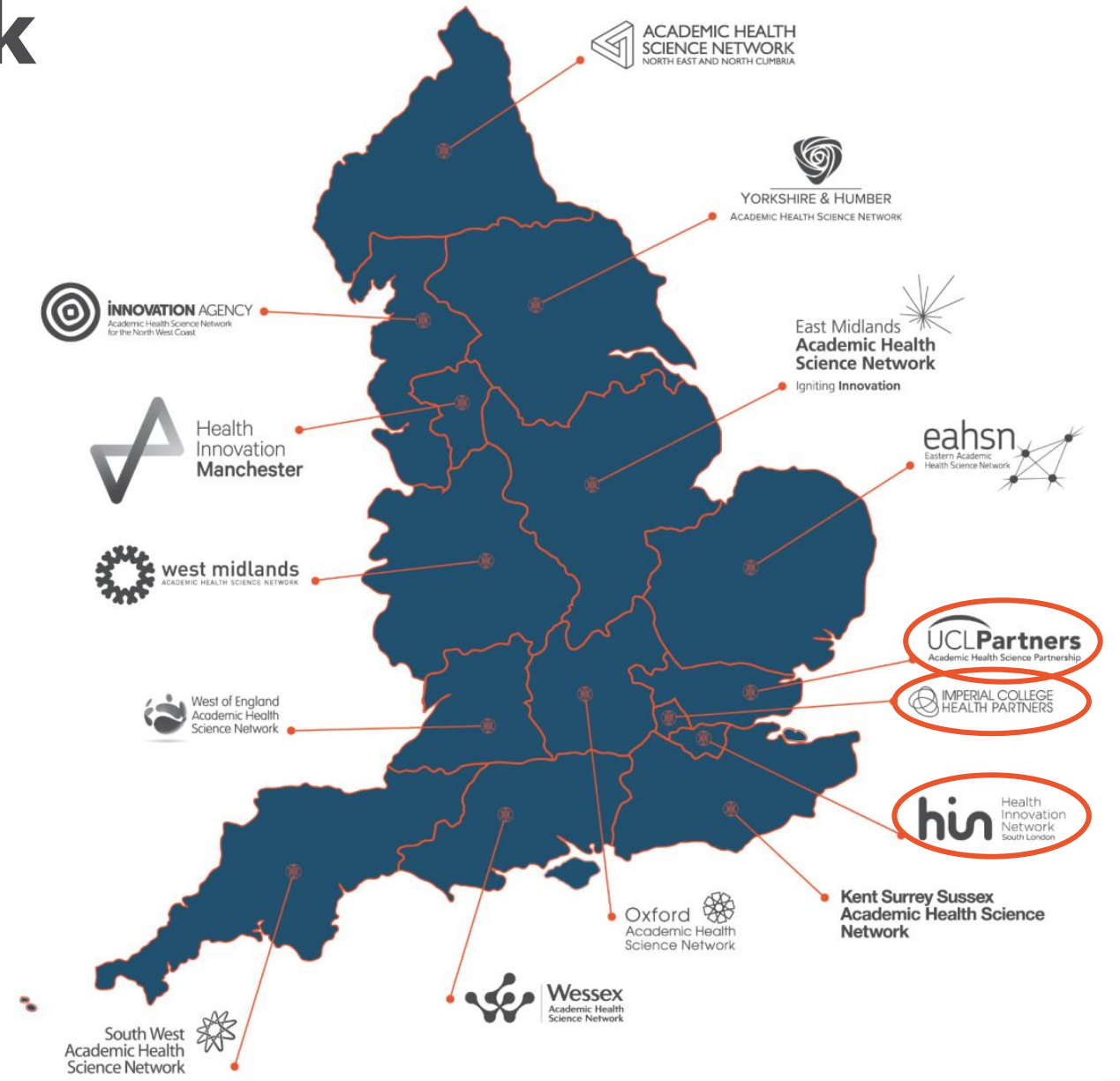
Principal Clinical Psychologist / Clinical Lead for Integrated Neurodevelopmental Team, Oxleas NHS Foundation Trust

- 12:30 - Reflections from young people and parents on their experience of QBTest
- 12:45 - Q&A session



The AHSN Network

- 15 Academic Health Science Networks across the country
- Established in 2013 to spread innovation at pace and scale – improving health and generating economic growth.
- Commissioned by NHS England, NHS Improvement and the Office for Life Sciences to spread proven innovations within each AHSN's locality
- The FOCUS ADHD Programme originated with East Midlands AHSN in 2017



Why are we talking about ADHD Assessment?



ADHD is a treatable disorder that affects around **5% (1 in 20)** of **school-aged children** worldwide.



Undiagnosed and/or untreated ADHD can have **significant impact on personal development, academic outcomes and family interaction.**



Children in the UK **wait 18 months** (on average) to obtain an accurate diagnosis due to the largely subjective nature of the diagnosis process.



Additional mental health problems related to poor management of ADHD include depression, anxiety, sleep and eating disorders and self-harm.

Our aim is to enable NHS mental health trusts and community paediatric services across England to improve the ADHD assessment offer to children and young people – rooted in use of an objective assessment

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Why QBTest?

The only objective testing system that simultaneously measures all three core components - **attention**, **impulsivity**; and motor **activity**.

The performance of each patient is compared to an age and gender matched normative control group.

What it is NOT

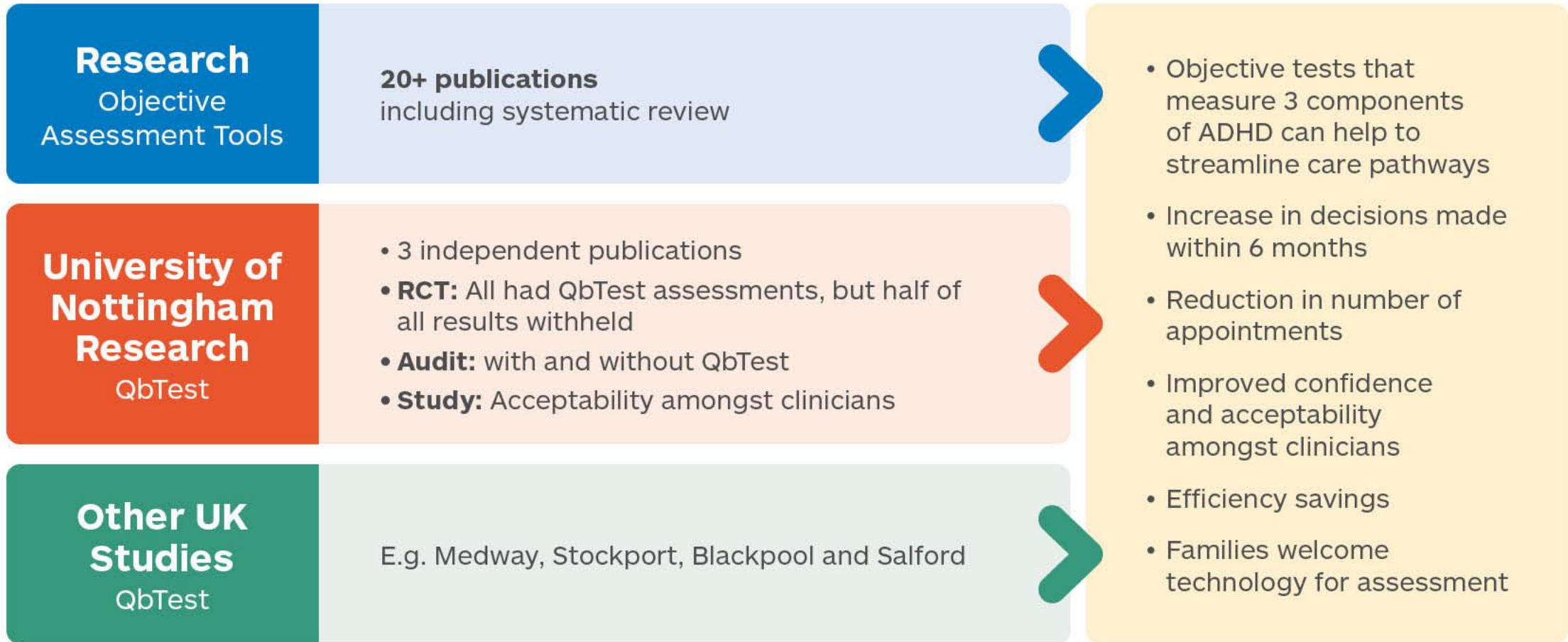
- A stand alone diagnostic
- An instrument to replace clinical judgement

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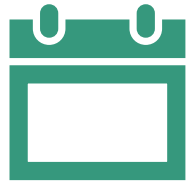
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What's the evidence?



Real world demonstrator



5 months reduced from assessment to diagnosis time (median)



94% of clinicians reported greater understanding of patients' symptoms



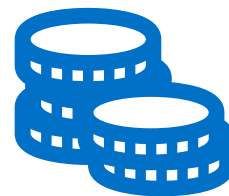
1 appointment fewer to make a diagnostic decision



85% of patients found the QbTest results helpful



20-33% clinical time released



£84,460 return on investment. That's **£3.37** saving on every **£1** spent

Understanding the application of objective testing in ADHD – use case and clinical validity

Dr Julie Clarke

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ADHD ASSESSMENT PRE QB TEST

- ▶ Rapid rise in demand, exceeding capacity.
- ▶ Community Paediatric services responsible for all ADHD assessments.
- ▶ No “team” or skill mix. Very expensive medical model.
- ▶ No robust or coordinated admin process/support.
- ▶ Insufficient, missing or contradictory information available at first appointment. Additional appointments required for diagnostic decision.
- ▶ Job planning constraints ruled out the opportunity for school observations.
- ▶ Loss of access to school nursing services/school observations.
- ▶ Diagnosis overly dependent on clinical history and school information, very subjective.
- ▶ Parental access to www allowed for “self diagnosis”
- ▶ Significant clinician/parental frustration.



Limitations to ADHD Assessment

- High possibility of drawing the wrong conclusion, whether that was over diagnosis or missed diagnosis.
 - Ruling out ADHD took longer and was harder than making a diagnosis.
 - Large number of second opinions/challenges.
 - Increased complaints
 - Long waiting lists
 - Clinician stress
 - Incorrect treatment plans
 - Late sign posting to appropriate services
- 



A case for change

- ▶ **Limited workforce**
- ▶ **Significant unmet need**
- ▶ **National policies** (Future in Mind, 5 Year Forward View, NICE, NHS Long Term Plan) – aim to improve access to Mental Health services
- ▶ **ADHD assessments** – varied pathways, mainly subjective, multiple steps, many sources of information, lengthy, often inefficient
- ▶ **High costs**
- ▶ **Evidence** (research and real world) to suggest the addition of an objective assessment tool (e.g. QbTest) can improve the assessment process



Benefits of adding a QB test to ADHD Assessments

- ▶ Improves both the speed and quality of assessment and diagnostic certainty.
- ▶ Take advantage/embrace new technology to improve services as have other medical specialties.
- ▶ Cost benefits and additional clinical capacity released. Achieved within same financial year.
- ▶ Improved patient experience.
- ▶ Visual representation of symptoms.
- ▶ Improved clinician confidence.
- ▶ Prompt discharge and signposting for those who do not have ADHD.
- ▶ Objective and mitigates for birth date and gender bias.

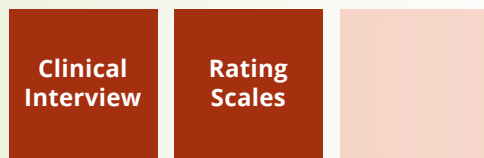


When QB test is especially valuable

- In detecting ADHD in girls who are often missed.
- In boys young for their year group, who are often over referred/diagnosed.
- In young people at secondary school, contradictory teachers opinions.
- In children with specific learning difficulties.
- In anxious children or those with co morbid ASD.
- Where there are two parents who have different opinions.
- Children in the care system.
- Attachment difficulties.
- In summary almost everybody !!!

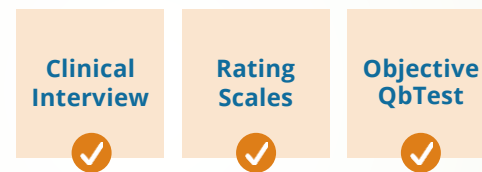
QbTest clinical validity study

Old procedure (n=47)



- Clinical Interview
- SDQ + Conners rating scales questionnaires

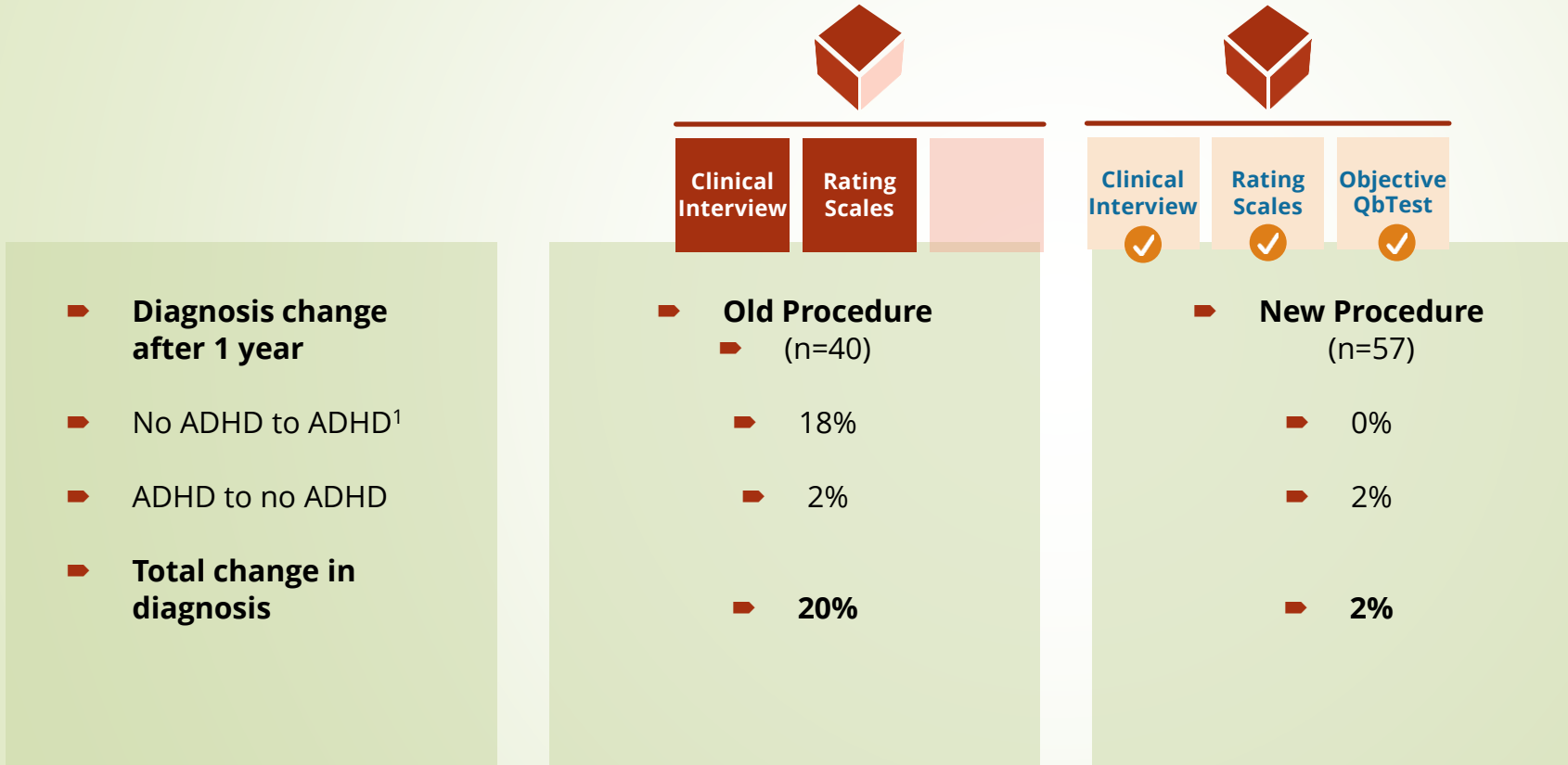
QbTest procedure (n=62)



- Clinical Interview
- SDQ + Conners rating scales questionnaires
- QbTest

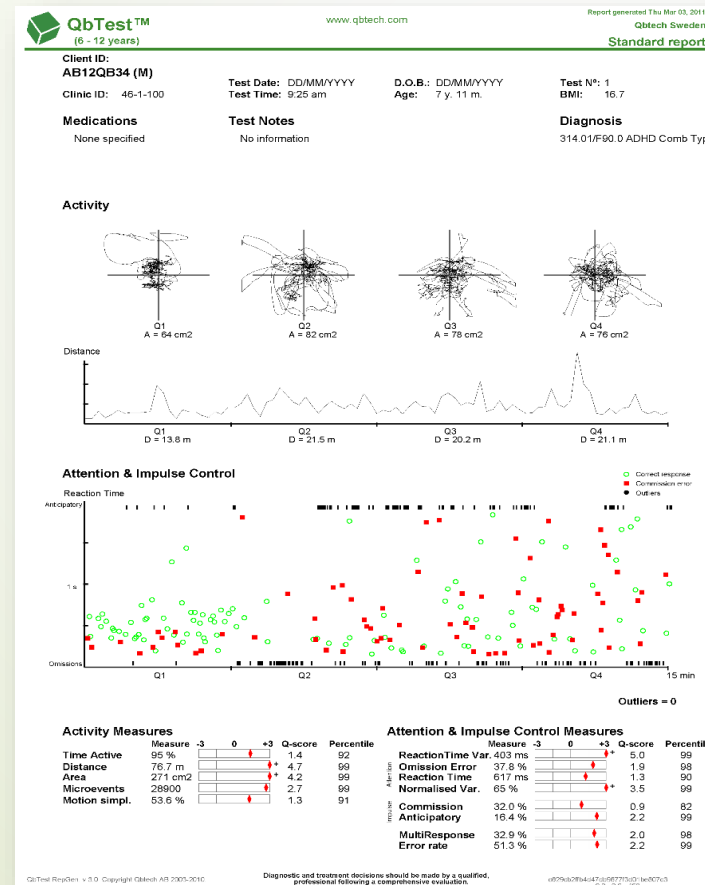
Practice outcomes were followed up over 1 year

Significantly reduced risk of unidentified ADHD

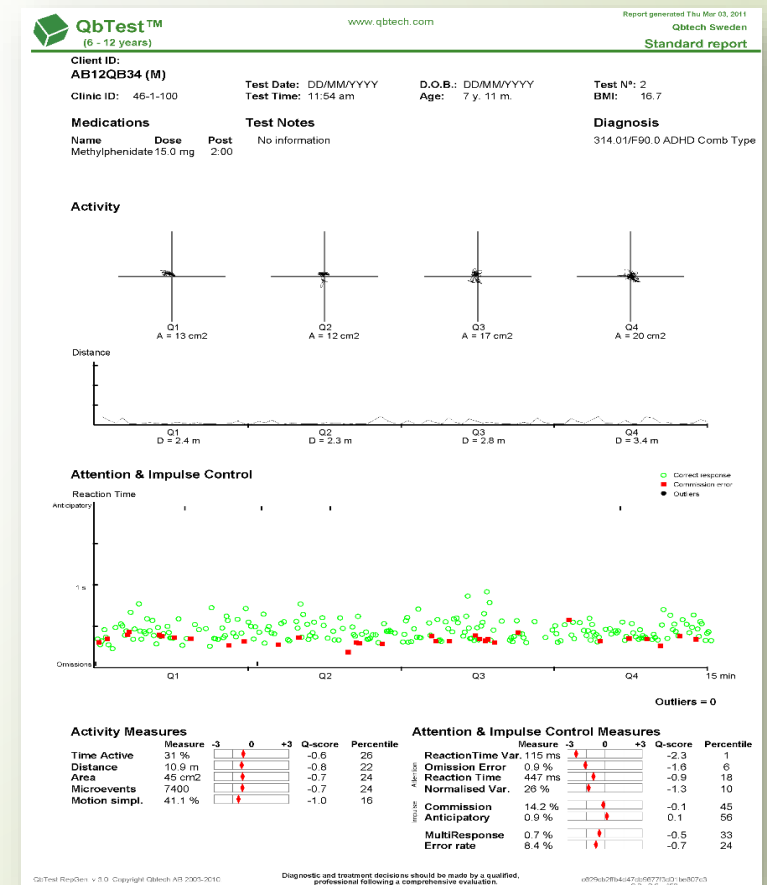


Clear visual representation

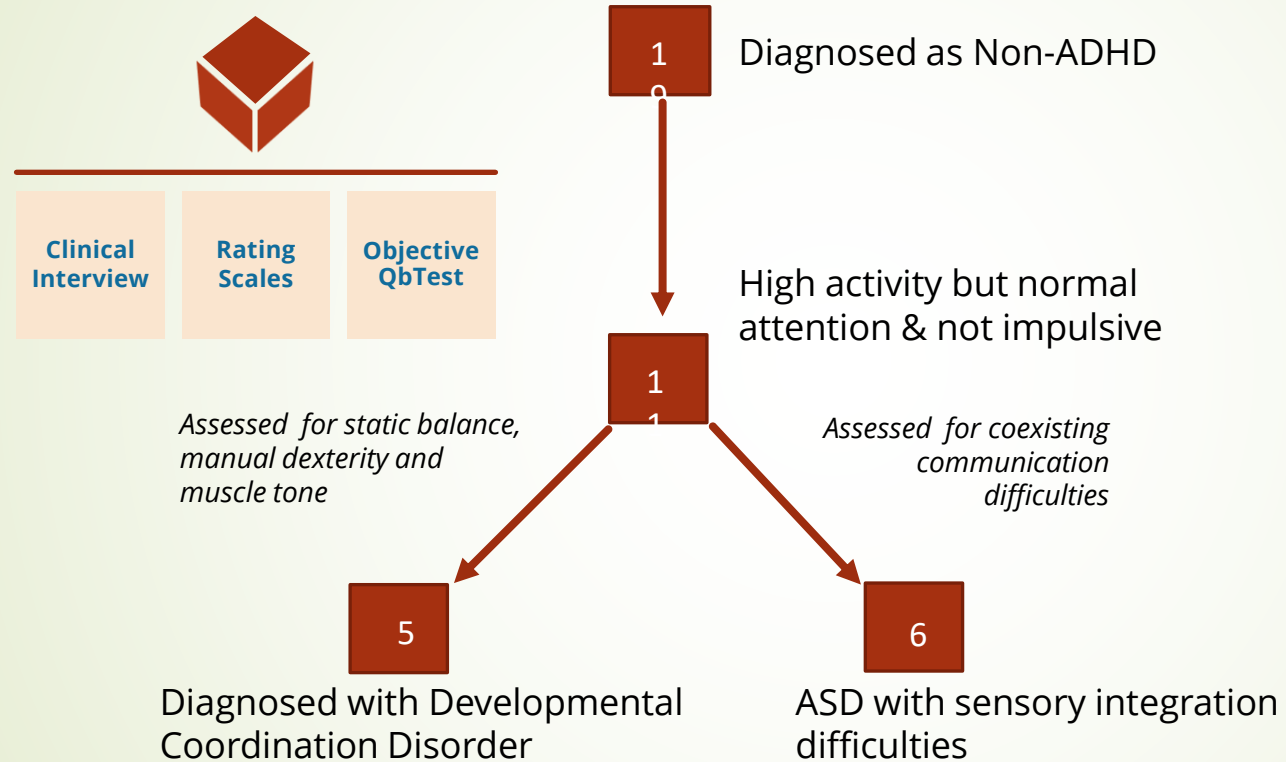
Pre treatment



On medication



Good support for differential diagnosis





Benefits of placing QB test early in an ADHD assessment pathway?

- ▶ First appointment after patient is accepted for ADHD assessment is for a QB test, usually only weeks after referral.
- ▶ Immediate engagement, bolstering confidence in parents.
- ▶ Opportunity for robust information gathering.
- ▶ Comprehensive information always available at first appointment with doctor.
- ▶ Early accurate diagnostic decision making.
- ▶ Signposting or treatment options provided earlier.
- ▶ Improved parental confidence in diagnosis.
- ▶ Demonstrated to the trust that skill mix in a Team produces benefits. Now have ADHD nurses.



Summary of Benefits

- ▶ QbTest is easy to administrate & add into current care pathway without a service redesign
- ▶ QbTest's supports clinical decision making enabling clinicians to make a more thorough and yet faster diagnosis
- ▶ QbTest helps the clinician to manage their resources, making efficiency gains for both the clinic and the patients.
- ▶ QbTest will improve patient through-put increasing access for vulnerable children
- ▶ QbTest improves patient care, improves psychoeducation enabling ownership and engagement enhancing patients experience.
- ▶ QbTest saves the NHS money: on average £85,000 per clinical site.

Experience of implementing QbTest into practice

Dr Nicola Reynolds

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Oxleas

NHS

Improving lives

**QB Test pilot : Greenwich
ADHD Team**

**Dr Nicola Reynolds
Principal Clinical Psychologist / Clinical
Lead for IND**

Improving lives

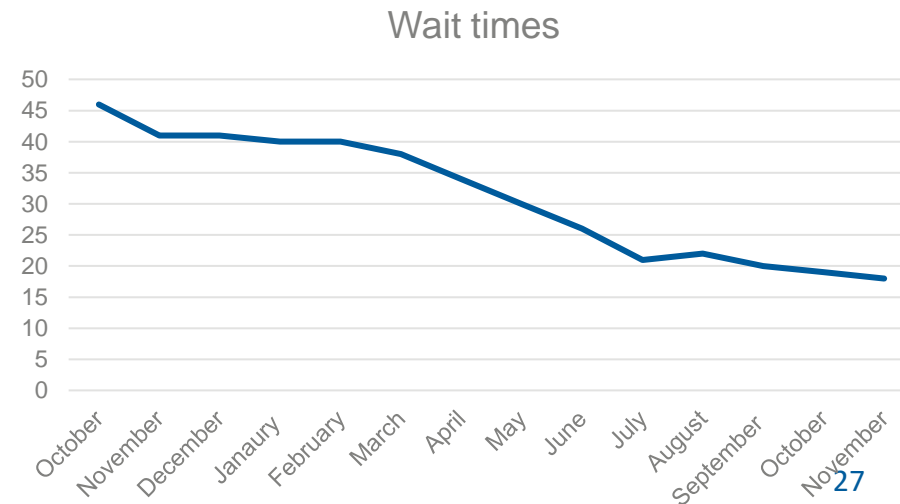
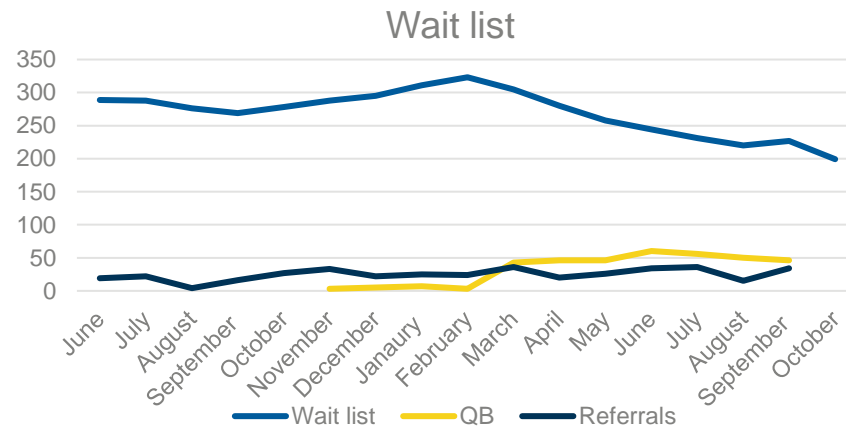
**Our Children, Their Future,
Our Vision**



Background to service and pilot

- The **IND-ADHD** team sees children from age 5-18, with a Greenwich GP, who are presenting with difficulties in relation to hyperactivity / impulsivity and inattention. The team provides assessment, diagnosis and ongoing management of ADHD.
- Significant increase in referrals leading to waits of 2 years by October 2020.
- Recruitment difficulties.
- Funding.
- Part of a broader pathway redesign.

Impact of QB Test



Benefits & Challenges

Benefits	Challenges
Efficiency – Possible to develop a stepped care approach.	Business case.
More confidence among staff, families and schools.	Demand & capacity further along the carepathway.
Particularly helpful for complex cases (e.g differences of opinion, lack of information and / or co-morbidity).	
Supporting conversations around diagnosis and medication.	

Top tips....

- Engagement with senior managers and business support.
- Preparation – Liaise with IT, medical devices committee, information governance team, process mapping.
- Start small – We used a QI framework and PDSA cycles.

Reflections from young people and parents

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Olly
aged 16

<https://www.youtube.com/watch?v=U5nQrqU2-Sc>



Q&A