

**Rationale**

The current process of ADHD assessment pathway includes:

- Referral screening and discussion in MDT.
- Initial Assessment by a clinician.
- Gathering of supporting evidence (i.e. collateral information, school reports, employer's review etc)
- Discussion in the MDT/Zoning meeting.
- Communicating client regarding decision of MDT/Zoning on eligibility for diagnostic interview by psychiatrist, or to be discharged.

The whole process involves multiple steps requiring adequate knowledge of ADHD symptomatology, comorbidities, focused history taking, clear documentation, formulation of the case and decision making on eligibility for further diagnostic assessment. Without having adequate knowledge and understanding of the psychopathology, there are risks of misdiagnosis, increased workload and clients not benefiting from the referral and continuing to struggle with their diagnosis for not receiving the appropriate treatment.

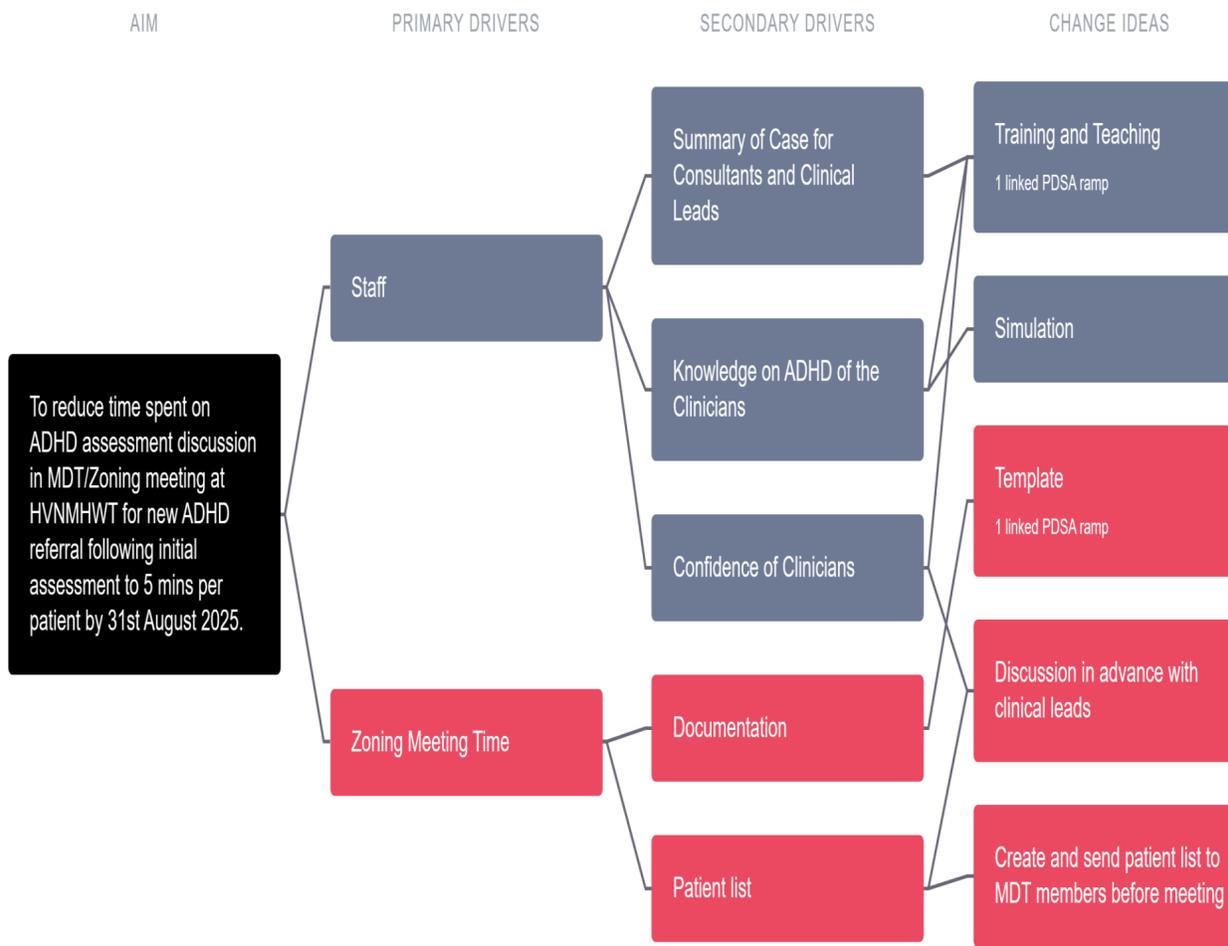
**Aim**

To reduce the time spent on ADHD assessment discussion in MDT/Zoning meeting at HVNMMHWT for new ADHD referrals following initial assessment to 5 mins per patient by 31st August 2025.

**Measures**

Primary outcome: Time spent discussing patient in zoning meeting  
 Process measures: Clinicians confidence in screening, initial assessment, and formulating in MDTs.  
 Balance measure: Total time spent in MDT.

**Driver Diagram**



**PDSA**

	Plan	DO	Study	Act
<b>Cycle 1</b>	Teaching on ADHD Screening	Arrange teaching on symptomatology of ADHD, initial assessment, screening of differentials.	Check confidence level of clinicians in ADHD screening and assessment at different levels.  Measure time spent in discussing initial assessments in the MDT meeting.  Identify specific challenges of clinicians in ADHD assessment.	Design a structured history taking and case formulation template to aid assessment.
<b>Cycle 2</b>	Design Template for ADHD Assessment	Design template for assessment and case formulation.	Measure time spent on MDT discussion.  Measure confidence of clinicians in assessment.	Review effect on overall MDT discussion.

**Outcome**

- 52.9% Reduction in the time spent discussing initial ADHD assessments in MDTs.
- Clinicians reported increased confidence of 11.6% in screening, 75.7% in initial assessment, and 20.1% in MDT formulation.
- 6.57% reduction in total MDT time
- A template for initial ADHD assessments has been designed and circulated to the team.
- Increased awareness among the team members about the importance of having a thorough understanding of the conditions they assess.

**Next Steps**

To continue offering support and teaching sessions for clinicians when needed.  
 Collect formal feedback from clinicians, service users and carers.  
 Handover to the next trainee in the rotation.

**SPC Chart**

