

Audit of ADHD Medication Prescribing Practices in Lancashire and South Cumbria NHS Foundation Trust Children’s Learning Disability Service



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Introduction & Background

- Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder affecting children and young people and is frequently associated with autism spectrum disorder (ASD), learning disability and anxiety.
- The Lancashire and South Cumbria Foundation Trust (LSCFT) Learning Disability Service provides specialist care for children with complex neurodevelopmental needs.
- In the audit ADHD frequently co-occurs with complex Autism Spectrum Disorder (ASD, 83.3%) and Learning Disabilities (LD, 80.6%), making assessment, prescribing, and physical health monitoring clinically complex.
- Guidance:** NICE NG87 and local Lancashire and South Cumbria Medicines Management Group (LMMG) Shared Care guidelines outline evidence-based standards for multimodal treatment, baseline checks, titration, and routine monitoring

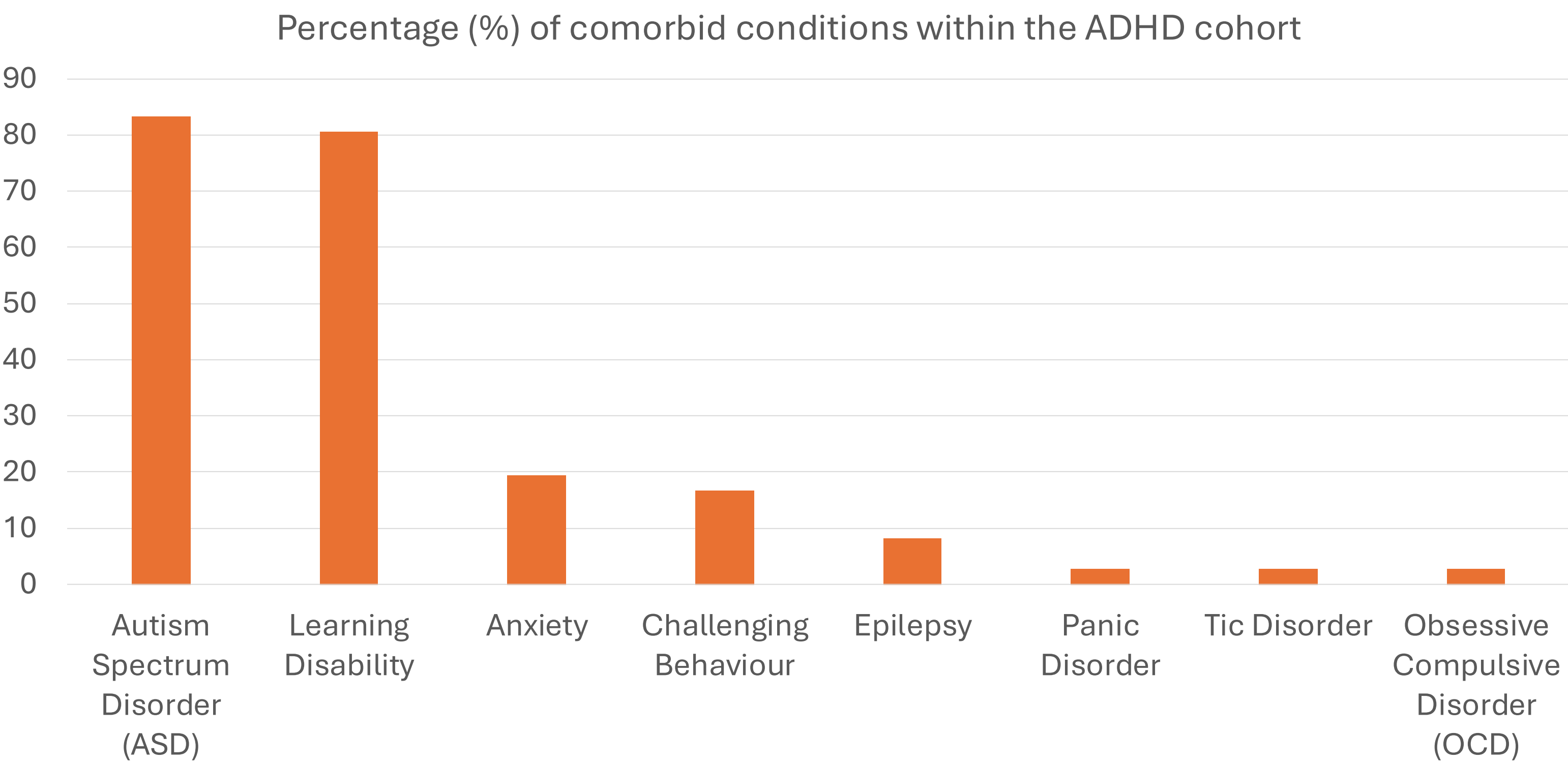


Figure 1. Percentage of co-morbid conditions of children with ADHD within the LSCFT LD complex needs service

Aim

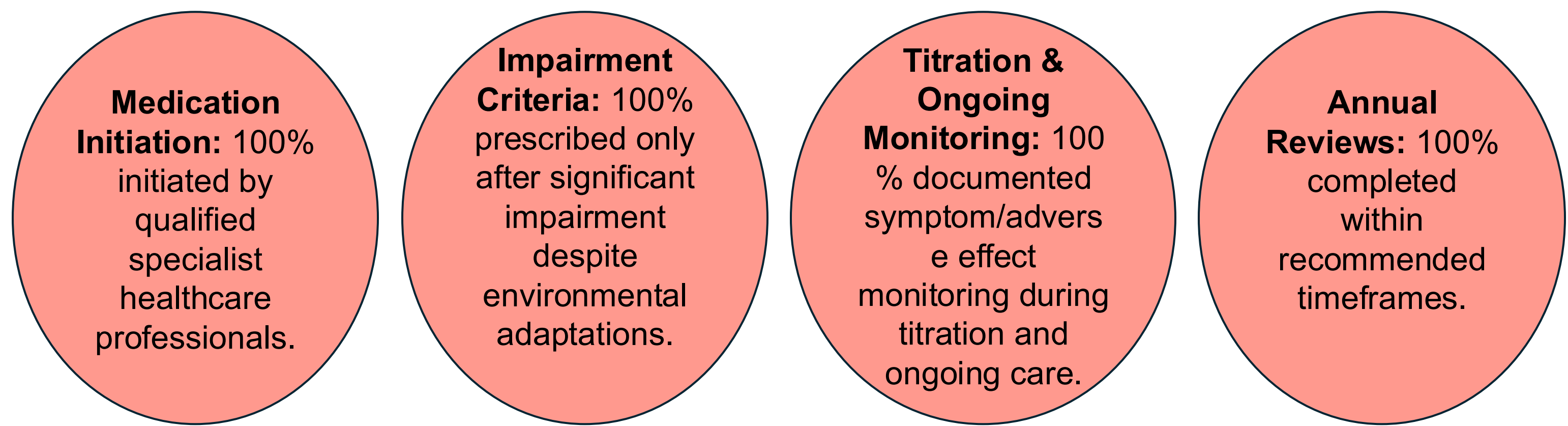
To evaluate compliance against 11 NICE NG87/LMMG audit standards across the service and compare outcomes with the previous 2023 audit cycle to drive quality improvement.

Results

Overall Performance & 2023 Comparison

- Overall Compliance:** Achieved **91.9%** (Green RAG rating), improving from **85%** in the 2023 audit.

100% compliance achieved:



Key Performance Highlights & Improvements

- Parent Training, nonpharmacological management (Standard 1):** Improved significantly from 68% (2023) to **88%** (2026).
- Medication Choice (Standard 5):** **96%** compliance with BNFc and local guidance (methylphenidate most common).
- Shared Care (Standard 11):** **83%** compliance for eligible transfers to primary care.

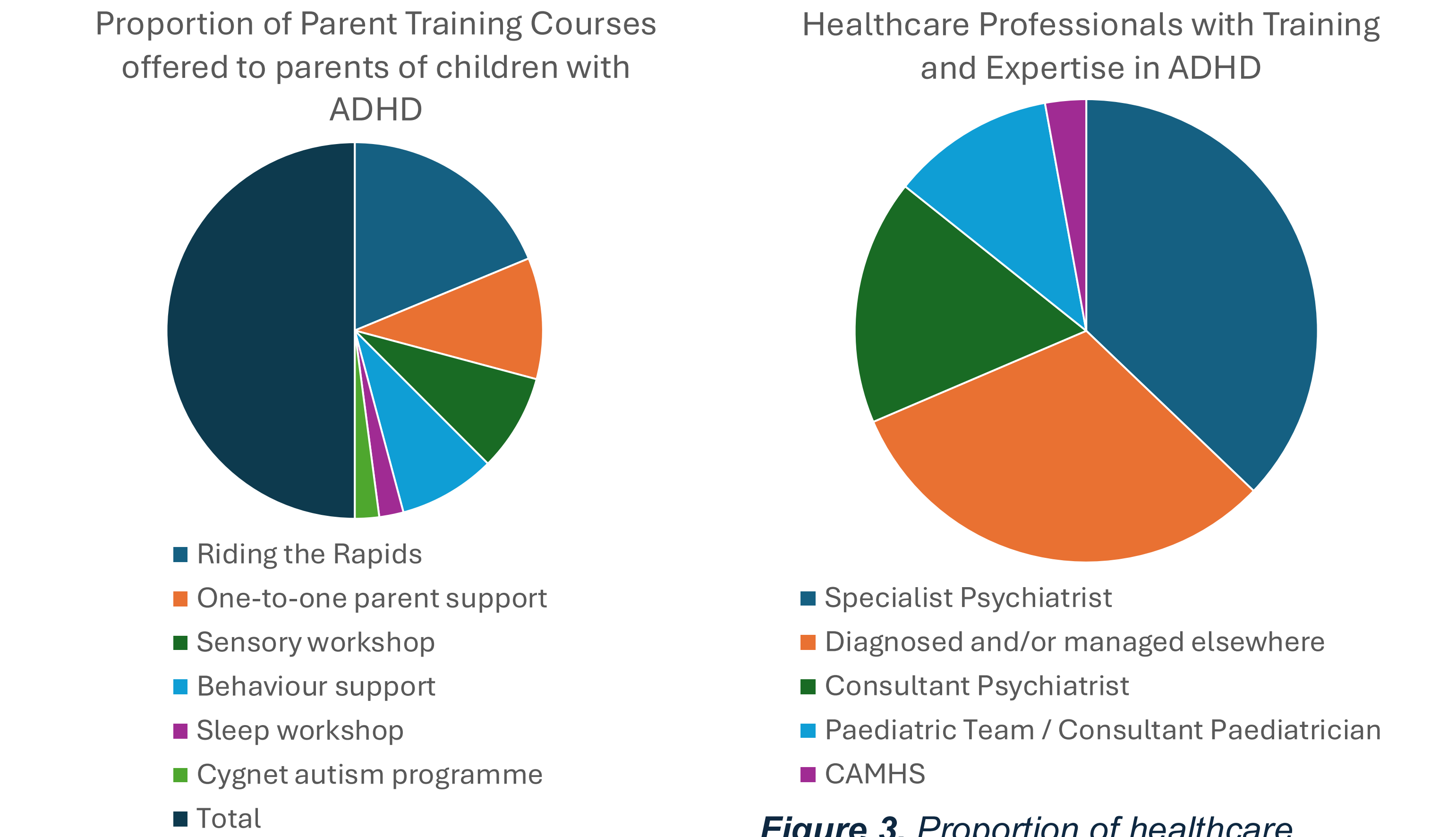


Figure 2. Proportion of parent training courses offered to parents of children with ADHD

Figure 3. Proportion of healthcare professionals who diagnosed children with ADHD within the LSCFT LD complex needs service

Key Data Summary Table

Audit Standard Area	Key Requirement / Measure	2026 Compliance	RAG Status
Parent Training	Offered ADHD-focused training (e.g., Riding the Rapids)	88.0%	Amber
Baseline Assessment	Confirmation, mental health, social, physical & CV checks	86.1%	Amber
Growth Monitoring	Height (6-mo), Weight (3–6 mo), & Growth Chart plotting	76.9%	Red
Cardiovascular Checks	HR & BP monitored before/after titration & 6-monthly	81.7%	Amber
Annual Review	Annual review by an ADHD specialist	100.0%	Green

Methods

Study Design

Retrospective clinical audit of electronic patient records conducted between 27th April 2026 and 17th June 2026.

Cohort

42 total patient records reviewed; 34 patients had a confirmed diagnosis of ADHD (mean age 13.2 years; 77.8% male).

Evaluation

Compliance measured across 11 key standards (parent training, initiation, baseline checks, medication choice, titration, growth/cardiovascular monitoring, annual review, shared care).

Analysis

Evaluated via a Red-Amber-Green (RAG) system: Green ($\geq 90\%$), Amber (80–89%), Red ($< 80\%$).

Discussion

Strengths & Good Practice

- Strong clinical governance for prescribing, titration management, and annual reviews.
- Substantial increase in offering parent training programs compared to 2023.
- High adherence to BNFc-approved first-line pharmacological options.

Primary Areas for Improvement

Growth Chart Plotting

- While physical measurements were frequently taken (84.6%) barriers include patient distress during face-to-face visits. Plotting onto growth charts was lower (61.5%), often due to difficulties accessing the electronic system.

Cardiovascular Baseline Documentation

- Baseline cardiovascular history recording prior to treatment initiation achieved 69.2%.

Conclusion

- The service demonstrated high overall adherence (91.9%) to NICE NG87 guidelines, reflecting notable quality improvements since 2023.

Key Recommendation

- Implementation of standardized electronic ADHD monitoring templates, automated physical check reminders, and clinician training to improve growth chart plotting and cardiovascular documentation.
- A re-audit cycle is recommended following template integration to evaluate sustained improvements.

Mandatory Statements and Disclosures

Declaration of Interest

- The authors declare no conflicts of interest.

Statement of Funding

- Audit completed as part of routine audit within Lancashire and South Cumbria NHS Foundation Trust (LSCFT); no external funding was received.

Ethics / Audit Approval

- Registered and conducted as a formal clinical audit under Trust Information Governance and Quality Improvement guidelines; individual ethical approval was not required as all data were anonymised retrospective secondary patient records