

Streamlining The ADHD Drop In Clinic

Dr Rosemary Gordon, CT3, NHS Lothian; Dr Oluwadara Oyewole, FY2, NHS Lothian,
Dr Deborah Cooper Consultant Psychiatrist, NHS Lothian

Introduction

The ADHD drop in clinic was commenced in February 2019 in order to reduce the time taken to reach maintenance dose of medication for ADHD. This was audited in 2019 and showed the introduction of the clinic reduced the time from commencing medication to reaching maintenance dose. This was reduced from 18.6 weeks to 10 weeks.

The purpose of ongoing streamlining of the ADHD clinic was to ensure that time taken discharge on maintenance dose remained at this improved time.

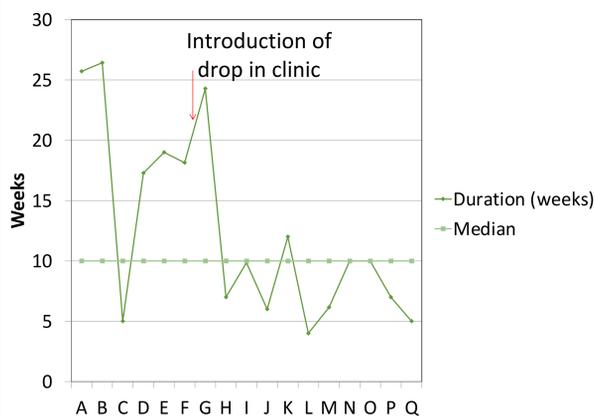
Secondary we wished to establish processes that were effective in ensuring patients were not lost to follow up and a standard operating procedure was developed for this.

Method & Sample

A review of all patients (N=24) referred to the drop in clinic between August 2019- January 2020. Information was collated through electronic notes (TRAK) and included date of referral, attendance at drop in clinic and date of discharge. Data analysis was completed using Microsoft Excel.

Results - Time for Titration

Weeks to Reach Maintenance Dose – pre streamlining



Of the 12 patients who had completed their titration, and were on a steady maintenance dose, the median time for titrating was 9.5 weeks (reduced from 10 weeks in 2019) and ranged from 1 week to 26 weeks.

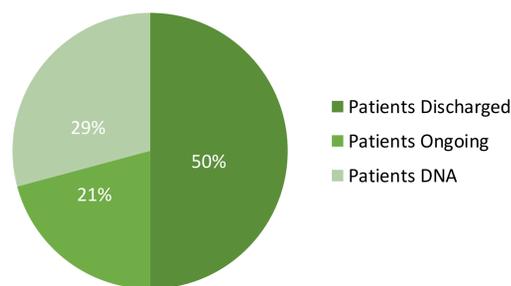
Weeks to Reach Maintenance Dose – post streamlining



Results – Patients Completing Titration

Following referral, 19 (79%) of the 24 patients attended the drop in clinic. Of these 19 patients; 2 (11%) stopped attending, 12 (63%) were discharged back to GP and 5 (26%) were continuing to titrate medication in the clinic.

Outcome of Patients Referred to ADHD Drop-In Clinic



Discussion

Following the initiation of the clinic the time from commencement to completion of titration continued to improve. However there remained some issues regarding the organization of the clinic. This included a significant number of patients not attending the clinic and being lost to follow up and no standardised way of keeping the list of patients referred up to date.

Barriers to attendance included patients being unable to attend due to other commitments, requirement of ECG prior to attendance, difficulties remembering to come to the clinic or the clinic was not appropriate due to clinical need.

Ongoing attendance was encouraged through reminder phone calls and letters.

In order to negate these issues an ADHD drop in clinic Standard Operating Procedure (SOP) and a separate 'neurocognitive clinic' caseload was developed on TRAK. The SOP included a protocol for cross checking the caseload once monthly, and template letters including a 'drop in clinic reminder letter' and 'non attendance discharge letter to GP' with instructions with how to re-refer straight to the clinic if the patient wished treatment in the future. The new caseload was added in order to maintain an accurate list of all the current patients who had been referred to the drop in clinic.

The drop in clinic has now ran for two years and ongoing audit will continue; in order to streamline, sustain and expand this service. Both paper and PDF copies of the SOP are available for admin staff and clinicians in order to maintain uniformity in the running of the clinic.

This model of ADHD drop in clinic is due to be trialled in other sectors of the city following this work.

Standard Operating Procedure

If meets criteria for ADHD

- Arrange ECG
- Admin to add to neurocognitive clinic caseload

Once ECG done

- Invite to ADHD drop in clinic

First drop in clinic

- Ensure no contraindications to medication
- Check pulse, blood pressure and weight
- Discuss treatment
- Give information leaflet on treatment
- Give prescription for first dose

Subsequent drop in clinics

- Check efficacy
- Enquire about side effects
- Check pulse, BP and Weight
- Titrate medication if required and give prescription
- If no titration required give a months prescription and discharge to GP

Transfer of prescribing to GP - as per shared care protocol

- Dictate a letter to GP with details diagnosis, titration and follow up

Following Drop in clinic

- Complete clinic sheet with follow up
- Titrations 'drop in clinic'
- Patient's finished titration should be booked in with sector consultant for 1 year review in clinic

Non attendance

- Neurocognitive caseload cross checked by junior doctors once monthly
- Non attendance will be contacted by phone and letter prior to discharge back to GP
- Following discharge they then need a new referral from the GP prior to being invited back to the drop in clinic

Conclusions

Time from initiation to maintenance dose of treatment for ADHD continues to improve since the introduction of the drop in clinic.

Effective processes to ensure that patients were not lost to follow up were developed. In order for the standard operating procedure to be effective this requires to be part of staff induction when commencing posts.

There should be continuous PDSA cycles to assess the impact of changes, to assess ongoing effectiveness of the drop in clinic and to make any required changes.

Overall the ADHD drop in clinic has been a success and there is consideration to rolling this out to other CMHT sectors.