Oakdale

For GPs, patients, parents and carers

Guidance for Referrals to Oakdale's ADHD Medication Service Following an External ADHD Diagnosis

This guidance is for GPs, patients, parents and carers wishing to make a referral to Oakdale's ADHD Medication Service where the ADHD diagnosis was made by another NHS or independent healthcare provider.

ABOUT THIS GUIDANCE

Who is this guidance for?

Oakdale accepts referrals from individuals who have received an ADHD diagnosis elsewhere. Before we can accept a referral for consideration of ADHD medication, our clinical team will need to review the original diagnostic assessment report.

This is to ensure that there is sufficient documented evidence that the diagnosis was reached following a comprehensive ADHD assessment undertaken by an appropriately qualified healthcare professional, consistent with recognised diagnostic criteria and NICE guidance.

This review is not intended to repeat the diagnostic assessment

Its purpose is to establish whether there is sufficient clinical information for Oakdale to safely proceed to the next stage of the medication pathway.

What should the ADHD diagnostic report contain?

Although assessment approaches differ between providers, we would normally expect the report to demonstrate the following core components, set out on the pages that follow.

1. Appropriately qualified clinician
2. A clear description of the assessment undertaken
3. Clinical assessment of ADHD symptoms
4. Evidence of ADHD symptoms during childhood
5. Information from more than one source
6. Symptoms occurring across different settings
7. Evidence of functional impairment
8. Developmental, mental health and clinical history
9. Consideration of alternative and co-occurring conditions
10. A clear diagnostic conclusion

WHAT THE REPORT SHOULD CONTAIN

The clinician and the assessment

1 Appropriately qualified clinician

The assessment should have been undertaken by an appropriately qualified healthcare professional with specific training and expertise in ADHD assessment and diagnosis, in accordance with NICE guidance. This may include, for example, a psychiatrist, paediatrician, clinical psychologist or another appropriately qualified healthcare professional with relevant ADHD diagnostic expertise.

ADHD assessment does not necessarily require a multidisciplinary team. A diagnosis may be made by a single appropriately qualified and experienced clinician. However, where there are significant additional complexities — for example intellectual disability, acquired brain injury, significant mental health difficulties or other developmental concerns — we would expect the report to demonstrate appropriate consideration of these complexities and, where indicated, multidisciplinary input or oversight.

The report should identify:

- the clinician(s) undertaking the assessment;
- their professional role

2 A clear description of the assessment undertaken

The report should provide sufficient information for Oakdale to understand how the diagnosis was reached. This should include:

- the components of the assessment;
- the sources of information considered;
- the diagnostic framework used, for example DSM-5/DSM-5-TR or ICD-11;
- the clinical or diagnostic interview undertaken;
- any standardised questionnaires or assessment tools used; and
- any limitations of the assessment, for example where historical or collateral information was unavailable.

A diagnosis should not be based solely on a rating scale, questionnaire or computerised attention test.

WHAT THE REPORT SHOULD CONTAIN

Symptoms and childhood evidence

3 Clinical assessment of ADHD symptoms

Adults

There should be evidence of a direct clinical assessment with the individual, either in-person or remotely. We would expect this to include a structured or semi-structured exploration of ADHD symptoms against recognised diagnostic criteria. This may involve an established diagnostic interview such as DIVA or ACE+, although use of a particular instrument is not essential where the report clearly demonstrates systematic exploration of current and childhood ADHD symptoms.

Children and young people

There should be evidence of a comprehensive clinical assessment which includes information obtained directly from and/or about the child or young person, appropriate to their developmental level. This would normally include a detailed parent or carer clinical interview exploring the history and current presentation of ADHD symptoms. The assessment should also include appropriate direct clinical contact with the child or young person and consideration of their presentation and behaviour. The precise method will vary according to their age and clinical needs.

4 Evidence of ADHD symptoms during childhood

ADHD is a neurodevelopmental difference and therefore does not first emerge in adulthood. The report should provide clear evidence that several ADHD symptoms were present during the developmental period and before the age of 12, consistent with current diagnostic criteria. For children, this will usually be established through developmental history and parent/carer information. For adults, evidence may come from: clinical developmental history; parent or family informant; childhood questionnaires; school reports; educational records; or other reliable historical information.

We recognise that adults will not always have access to school reports or a parent who can participate in assessment. Their absence does not automatically make an assessment unacceptable. However, the report should clearly describe how childhood onset was established and any limitations associated with the available evidence.

WHAT THE REPORT SHOULD CONTAIN

More than one source, more than one setting

5 Information from more than one source

ADHD symptoms should not be considered in isolation. The assessment should demonstrate appropriate consideration of collateral or observer information, wherever this is reasonably available.

For children and young people

We would normally expect evidence from another setting in addition to the home environment, particularly education. This might include: teacher or SENCO information; Conners, SNAP, Vanderbilt or other recognised questionnaires; nursery, school or college reports; information from other professionals involved with the child; or other relevant observational information.

For adults

Collateral information may include information from: a partner or spouse; parent; sibling; other family member; someone who knows the person well; school or university records; or previous professional assessments.

Where collateral information could not reasonably be obtained, the report should acknowledge this and explain how the clinician reached their conclusions despite this limitation.

6 Symptoms occurring across different settings

The report should demonstrate that ADHD symptoms are pervasive rather than confined to one situation. There should therefore be consideration of the person's presentation across at least two important areas or settings. Depending upon age, these might include:

Children and young people: home, school, friendships, activities and community settings.

Adults: home, education, employment, relationships, family life and wider social functioning.

WHAT THE REPORT SHOULD CONTAIN

Impact and history

7 Evidence of functional impairment

Having ADHD traits alone is not sufficient for a diagnosis. The report should explain how the identified ADHD symptoms have a meaningful impact on the person's functioning. This might include difficulties relating to: learning or education; employment; organisation and everyday responsibilities; relationships; emotional or behavioural regulation; social functioning; independence; risk awareness; or other important aspects of everyday life.

Standardised measures of functional impairment, such as the Weiss Functional Impairment Rating Scale, may support this assessment but are not necessarily required.

8 Developmental, mental health and clinical history

The assessment should contain sufficient history to understand the person's presentation in context. We would expect consideration, where relevant, of: developmental history; educational history; psychiatric and mental health history; current mental state; risk; physical health; sleep; substance or alcohol use where applicable; family history; previous assessments or diagnoses; and significant early or adverse life experiences.

For adults in particular, there should be evidence of appropriate mental health assessment or screening. This may include clinical assessment and/or recognised measures such as the PHQ-9 or GAD-7 where clinically indicated.

WHAT THE REPORT SHOULD CONTAIN

Other conditions and the conclusion

9 Consideration of alternative and co-occurring conditions

There is significant overlap between ADHD symptoms and other developmental, psychological and medical presentations. The diagnostic report should therefore demonstrate that the clinician has considered whether another condition might better explain the person's presentation, as well as whether other conditions coexist alongside ADHD.

Depending upon the individual, this may include consideration of: autism; intellectual or learning disability; dyslexia, dyspraxia or other learning differences; anxiety; depression; trauma and PTSD; sleep disorders; bipolar disorder; personality difficulties; substance misuse; acquired brain injury; memory difficulties; hearing or sensory difficulties; thyroid or other relevant medical conditions; and genetic or developmental conditions.

The presence of another diagnosis does not automatically prevent Oakdale from accepting the referral. Where coexisting conditions are present, however, the report should demonstrate appropriate clinical formulation and explain why these conditions do not more adequately account for the ADHD symptoms.

10 A clear diagnostic conclusion

The report should clearly state: whether diagnostic criteria for ADHD were met; the diagnostic framework used; the clinical evidence supporting that conclusion; and where relevant, the ADHD presentation identified.

The diagnostic conclusion should be consistent with the information presented throughout the report.

ADDITIONAL INFORMATION

Medication history and previous assessments

Previous or current ADHD medication

If ADHD medication has previously been initiated following the external assessment, please provide any available information about:

- medication prescribed;
- dose and titration history;
- clinical response;
- adverse effects;
- reasons for discontinuation or changes; and
- relevant physical health monitoring.

Where possible, the rationale for initiating treatment and the clinician or service responsible should also be included.

Previous ADHD assessments

Please let us know if the patient has previously undergone an ADHD assessment — either with Oakdale or another provider — where they were not considered to meet diagnostic criteria.

A subsequent ADHD diagnosis will not automatically prevent acceptance onto Oakdale's medication pathway. However, we may need to understand what additional information became available or what changed in the clinical formulation to support the later diagnostic conclusion.

THE REVIEW

What happens when Oakdale receives the report?

Our clinical team will review the diagnostic report against the principles outlined above.

Where sufficient evidence is available

The external diagnosis can usually be accepted without repeating the full ADHD diagnostic assessment, and the patient can progress through Oakdale's ADHD Medication Service pathway, subject to our usual clinical eligibility and prescribing requirements.

Where information is missing or unclear

This does not necessarily mean that Oakdale considers the diagnosis incorrect. We may ask the patient, GP or diagnosing provider for additional information or clarification.

Where there are significant gaps in the diagnostic assessment

Or insufficient evidence to establish that recognised diagnostic standards have been met, Oakdale may be unable to accept the external diagnosis for the purposes of commencing medication. We will explain what information is missing and, where appropriate, advise on possible next steps.

Before making a referral

To help us review referrals efficiently, please provide:

- the **full ADHD diagnostic assessment report**, rather than a diagnostic letter or summary alone;
- details of the diagnosing clinician and service;
- any relevant previous ADHD assessment reports;
- details of previous or current ADHD medication, where applicable; and
- any other relevant clinical information requested as part of Oakdale's referral pathway.

Providing the complete diagnostic report at the point of referral can help avoid unnecessary delays.

FOR PATIENTS AND FAMILIES

A note for patients and families

We understand that people may have waited a considerable amount of time for an ADHD diagnosis and may find it frustrating or worrying to be told that their assessment report needs to be reviewed again before accessing medication.

Oakdale is not routinely asking you to prove your diagnosis again.

ADHD medication requires specialist clinical assessment and safe prescribing. Where Oakdale did not undertake the original diagnostic assessment, our clinicians need enough information to understand how the diagnosis was reached and to be satisfied that there is an appropriate clinical basis from which to consider treatment.

Our aim is to make this process as straightforward as possible and, wherever appropriate, to recognise high-quality diagnostic assessments undertaken by other NHS and independent providers.

Important information

This document provides general guidance regarding the information Oakdale would ordinarily expect to see within an external ADHD diagnostic assessment. Individual circumstances vary, and meeting every element listed above does not automatically mean that medication will be clinically appropriate.

Acceptance of an external diagnosis and suitability for ADHD medication remain subject to individual clinical review and Oakdale's prescribing and eligibility requirements.

More questions?

If you have any questions about this guidance or making a referral, please get in touch — we are happy to help.

Contact Us ↗