ADHD One Stop Shop: a nurse-led, multi-agency drop in clinic for young people with ADHD

Conference or Workshop Item

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ADHD One Stop Shop:

Evaluation of a nurse-led, multi-agency drop in clinic for children and young people with attention deficit hyperactivity disorder

**Aim**
To implement and evaluate a nurse-led, multi-agency drop in clinic for young people with ADHD.

**Method**
Repeated measures observational study over 12 months evaluating the impact on access to services during 'crisis' situations, regular attendance at medication reviews, adherence to NICE guidance and service user feedback.

**Background**
ADHD is a behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention (NICE, 2008). It is one of the most prevalent psychiatric disorders in children (ADISS).

Access to high quality, integrated healthcare services is often inconsistent and due to the nature of the disorder ongoing support and care needs vary dramatically and can have a huge impact on the child and family unit.

It can also mean that routine and attending fixed time medication reviews is often difficult. NICE (2008) further recommends access to behavioural training and social support services in addition to healthcare services.

**Intervention**
Collaboration with a specialist nursing team and a voluntary organisation providing behavioural and social support services to those with ADHD.

Implementation in a non-NHS, city centre location whereby service users could access both health and behavioural support.

**Results**
62 parents/carers participated in the study. All children attending the clinic received at least one medication review in the 12 month period. A significant improvement in service user experience pre, during and post implementation P=0.001. The number of crisis management attendances pre and post implementation significantly increased p=0.005. Service users attended for their medication review on or before their actual due date p=0.011. By previous comparison those who need additional clinic time were able to spend more time with the staff p=0.001.

**Conclusion**
The clinic improved accessibility and flexibility of services, improved adherence to NICE (2008) and improved experience. Further research should examine the cost effectiveness and longitudinal impact of the clinic model.

**Reference:**

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**Average difference pre- and post-implementation:**

When asked to rate ‘overall we had an excellent experience’

1=strongly disagree to 5=strongly agree

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