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

Conference or Workshop Item

How to cite:

For guidance on citations see FAQs.

© [not recorded]
Version: Proof

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
Aim
To implement and evaluate a nurse-led, multi-agency drop in clinic for young people with ADHD.

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.

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.

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:

Whether you’re starting out, moving up or starting again
WE’RE READY WHEN YOU ARE

www.derby.ac.uk/online