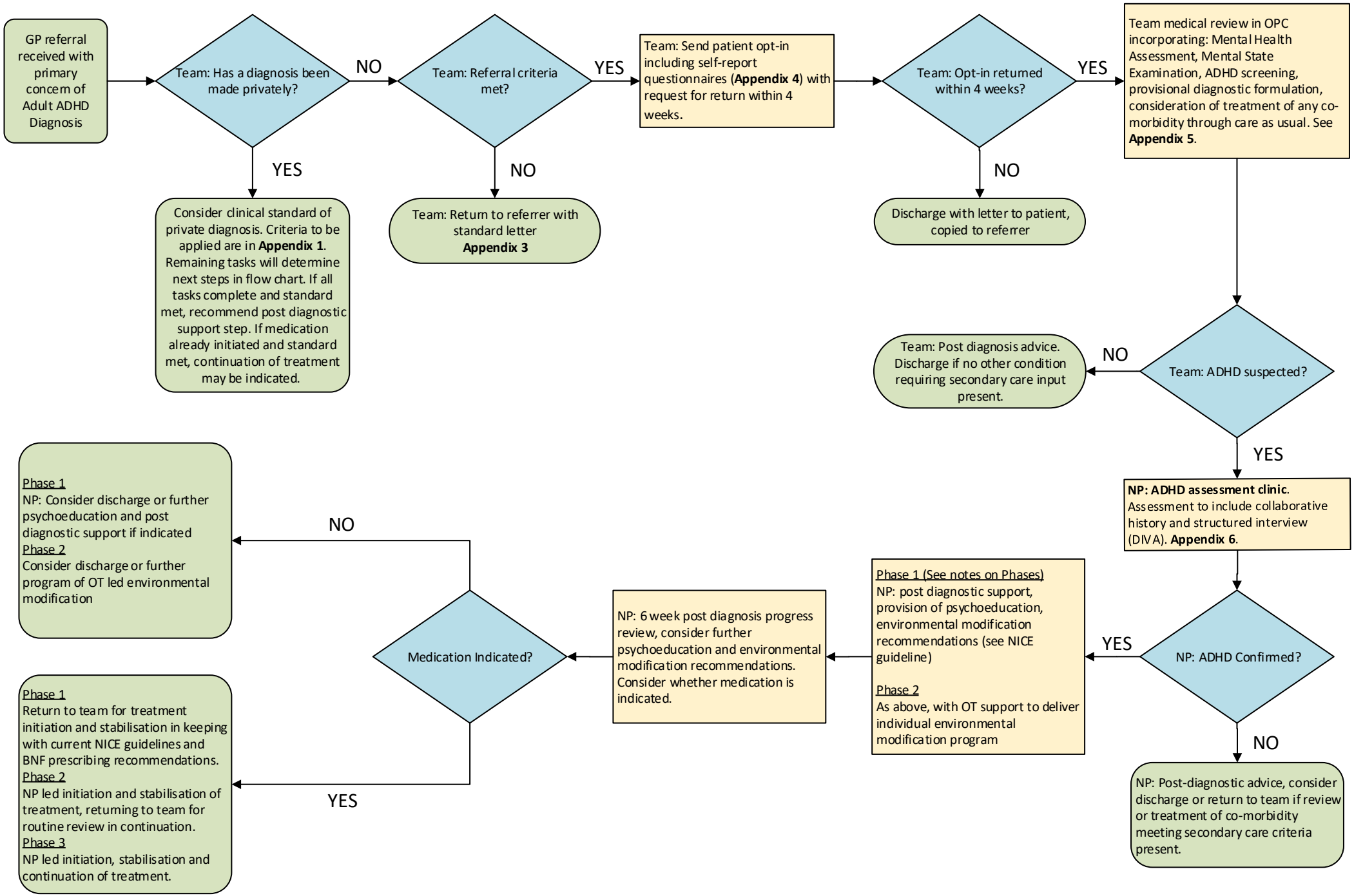
GP referral received with primary concern of Adult ADHD Diagnosis
Team: Has a diagnosis been made privately?
YES
Consider clinical standard of private diagnosis. Criteria to be applied are in **Appendix 1**. Remaining tasks will determine next steps in flow chart. If all tasks complete and standard met, recommend post diagnostic support step. If medication already initiated and standard met, continuation of treatment may be indicated.
NO
Team: Referral criteria met?
NO
Team: Return to referrer with standard letter **Appendix 3**
YES
Team: Send patient opt-in including self-report questionnaires (**Appendix 4**) with request for return within 4 weeks.
Team: Opt-in returned within 4 weeks?
NO
Discharge with letter to patient, copied to referrer
YES
Team medical review in OPC incorporating: Mental Health Assessment, Mental State Examination, ADHD screening, provisional diagnostic formulation, consideration of treatment of any co-morbidity through care as usual. See **Appendix 5**.
Team: ADHD suspected?
NO
Team: Post diagnosis advice. Discharge if no other condition requiring secondary care input present.
YES
NP: ADHD assessment clinic. Assessment to include collaborative history and structured interview (DIVA). **Appendix 6**.
NP: ADHD Confirmed?
NO
NP: Post-diagnostic advice, consider discharge or return to team if review or treatment of co-morbidity meeting secondary care criteria present.
YES
Phase 1 (See notes on Phases)
NP: post diagnostic support, provision of psychoeducation, environmental modification recommendations (see NICE guideline)
Phase 2
As above, with OT support to deliver individual environmental modification program
NP: 6 week post diagnosis progress review, consider further psychoeducation and environmental modification recommendations. Consider whether medication is indicated.
Medication Indicated?
NO
Phase 1
NP: Consider discharge or further psychoeducation and post diagnostic support if indicated
Phase 2
Consider discharge or further program of OT led environmental modification
YES
Phase 1
Return to team for treatment initiation and stabilisation in keeping with current NICE guidelines and BNF prescribing recommendations.
Phase 2
NP led initiation and stabilisation of treatment, returning to team for routine review in continuation.
Phase 3
NP led initiation, stabilisation and continuation of treatment.