

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Nottinghamshire Neurodevelopmental Specialist Service (NeSS)
Commissioner Lead	Nottingham & Nottinghamshire CCG
Provider Lead	Nottinghamshire Healthcare NHS Foundation Trust
Period	1 April 2025 – 31 March 2026
Date of Review	Annually

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p>Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition which has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities and is considered a disability for the purposes of the Equality Act 2010. Symptoms can be categorized into 2 types of behavioural problems: inattentiveness, and hyperactivity and impulsiveness.</p> <p>Symptoms are pervasive and result in significant functional impairment. ADHD symptoms impact on the development of social skills, executive skills (planning, organising, sequencing, time management) and independent living skills (such as maintaining a home, paying bills, meal planning).</p> <p>Psychiatric co-morbidity is very common in adult ADHD. Anxiety and depressive disorders, sleep disorders, and personality disorders are common and can lead to diagnostic ‘over-shadowing’ and under recognition of ADHD in adults. Learning Disabilities and other neurodevelopmental disorders, such as Autism Spectrum Disorders and Tourette syndrome also frequently co-occur. ADHD is also a risk factor for substance misuse, accidents (particularly motor vehicle) and offending behaviour (Xenitidis, Maltezos & Pitts, 2011).</p> <p>ADHD is thought to affect about 2% of adults in the UK¹. Based on this prevalence rate, using local Mid-Year Estimates (MYE) for 2018², it is anticipated 18,380 people across Nottingham and Nottinghamshire may have ADHD. It is also estimated 3-5% of children will be diagnosed with ADHD, therefore there is an estimated 357 – 595 17 year olds in Nottingham and Nottinghamshire that will require transition from children’s services to an adult ADHD service.</p> <p>Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition, the core features of which are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. The way autism is expressed in individual people differs at different stages of life, in response to interventions, and with the presence of coexisting conditions. People with autism also commonly</p>

¹ [NICE Quality Standards and Indicators Briefing Paper: ADHD, Priority Quality Improvement Areas for Development 17th December 2012](#)

² <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

experience difficulty with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances. In addition, autistic people are more likely to have coexisting mental and physical disorders, and other developmental disorders (NICE guidance 142)

Childhood prevalence studies suggest that autism occurs in approximately 1% of the population and that for every three known cases, there are two undiagnosed individuals who might need a diagnosis at some point in their lives³ (Baron-Cohen et al., 2009). Prevalence in adulthood has been found to be similar at 1.1%⁴ (Brugha et al., 2012).

Applying this percentage to the Mid-Year Estimates 2018, it is estimated there are 10,109 (1.1%) adults with autism aged between 18 and 90 years in Nottingham and Nottinghamshire. In 2019/20 the Nottingham City Autism Service saw 345 people for an ASD assessment (263 City and 82 County).

[The Autism Act \(2009\)](#) requires CCGs to provide access to timely assessment and treatment services for people with ASD, whilst [The NHS Long Term Plan \(2019\)](#) outlines the need to reduce waiting times for specialist services and develop support packages to support people with ASD or other neurodevelopmental disorders including ADHD, and to improve transitions from children and young people services to adult services.

Data taken from E-Healthscope in August 2021 estimates (to the nearest 5) there are 14,150 patients with a confirmed Autism diagnosis and 9,250 patients with a confirmed ADHD diagnosis in Nottingham and Nottinghamshire ICS.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- Service users receive a high-quality service for the diagnosis and management of Autism and/or ADHD and report a positive experience of care.
- Young people with ADHD requiring on-going monitoring and management of ADHD as an adult receive a seamless and timely transition to the service.
- The quality of life for service users with Autism and/or ADHD is improved through diagnosis, treatment, support and education.

³ [Prevalence of Autism Spectrum Conditions: UK School Based Population Study \(2009\)](#)

⁴ Nottingham City ASD Health Needs Assessment (2019)

- Primary Care receives timely specialist advice, guidance and support from the service including training for the planned Shared Care Protocol in 2021/22, which improves clinical expertise and experience to safely and effectively support individuals with ADHD.
- Provide in reach specialist advice, guidance and support to other services, increasing their confidence, knowledge and ability to support individuals with Autism and/or ADHD.

3. Scope

3.1 Aims and objectives of service

The aim of the service is to provide timely specialist assessment, diagnosis and treatment for adults aged 18 years and over in Nottingham and Nottinghamshire with Autism and/or ADHD, utilising a multidisciplinary specialist approach in line with NICE guidance.

The objectives of the service are to:

- Deliver a specialist support and treatment service to individuals with Autism and/or ADHD that is person-centred, in line with NICE guidelines, and provides a holistic focus on improving the health and wellbeing of the service users, enhancing their quality of life.
- Develop a sustainable and motivated specialist workforce with the right skills, in the right place, at the right time, every time.
- Ensure service users and family/carers are involved and informed of the service, their care plan and timescales.
- Work with partners to ensure a seamless transition is achieved from referral, diagnosis, signposting and on-going support.
- Work with commissioners and partners to ensure high quality, clinically and cost effective, evidenced based and value for money services are delivered within agreed care pathways.

3.2 Service description/care pathway

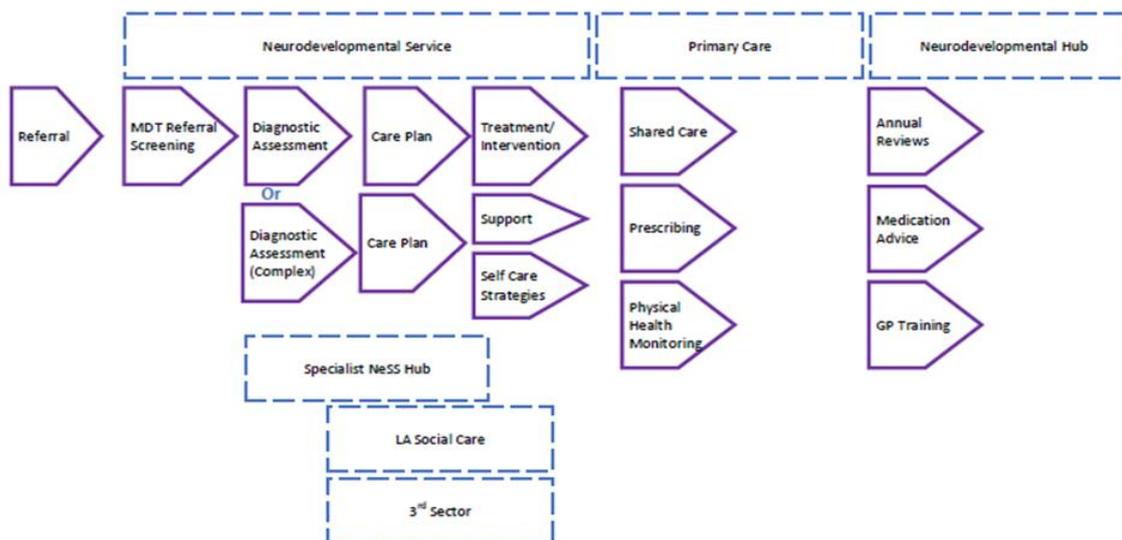
The service shall:

- Provide a timely and high quality specialist assessment, diagnosis and treatment service for adults with Autism and/or ADHD registered with a Nottingham and Nottinghamshire GP.
- Accept referrals from GPs, Mental Health professionals, Children's services (for those young people transitioning into adult services), and Prison healthcare professionals (for those individuals released into the community). Criminal justice practitioners and Adult Social Care
- Work towards seeing the patient for their first appointment within 8 weeks of receipt of referral and provide diagnosis and treatment within 18 weeks of receipt of referral.
- Provide a multidisciplinary Autism and/or ADHD assessment for those adults who don't have a confirmed diagnosis from childhood.

- Provide a detailed personalised care plan that takes a holistic approach and meets the service user's needs, ensuring service users are fully informed and involved in decisions about their care.
- Support service user's (and family/carers) to understand their diagnosis, how it may affect them, and provide access to useful tools and resources.
- Where pharmacological treatment is required, provide titration and stabilisation, prescribing and monitoring of ADHD medication in line with NICE and Notts APC guidance. All service users will be offered an annual review by the service to include assessment of clinical need, benefits and side effects of medication and assessment of co-existing conditions.
- Continue to provide on-going pharmacological treatment for those transferring from Children's, Prison or out of area services where clinically appropriate and in line with NICE guidance.
- Where non-pharmacological treatment is not indicated, offer the following as a minimum for those individuals who cannot access mainstream services.
 - A structured supportive psychological intervention focused on ADHD currently delivered by Nottingham Recovery College with NeSS Involvement.
 - Regular follow up either in person or by virtual communication methods if clinically required.
 - Elements or a full course of Cognitive Behavioural Therapy if the individual is unable to access IAPT services with reasonable adjustments. The service will support IAPT services with an adapted approach if needed.
- Provide therapeutic interventions including specialist CBT and Speech and Language Therapy.
- Offer enhanced post-diagnostic support with peer support input and psychoeducation in a peer trainer environment, including referral to the Recovery College for level 1 and 2 courses for Autism and ADHD.
- Provide information and sign posting around advocacy, services, self-help materials and support groups that help with areas affected by Autism and/or ADHD including social, relational, educational or occupational related interventions.
- Provide specialist in reach support, advice and guidance, training and education to professionals within Primary Care and Community Services including GPs, Adult Mental Health Teams, Intellectual and Developmental Disabilities (IDD) teams, Children and Adolescent Mental Health Services, Community Paediatrics and Prison Healthcare.
- Work with the referring GP to implement the ADHD shared care pathway for those patients stabilised on medication, where appropriate (see fig 1) and provide on-going support/training to GPs.

Fig 1. ADHD Shared Care Pathway

ADHD- Shared care (Prescribing & Health Checks)



3.2.1 Patient Safety

The service will ensure that there is a formal system in place that protects patients through identifying and learning from all patient safety incidents and other reportable incidents, and improvements are made in practice based upon local and national experience and information derived from the analysis of such incidents.

The service shall:

- Ensure patient's right to privacy and confidentiality are respected in all consultations.
- Ensure effective communication between service users, carers, multi-disciplinary team and other agencies involved in a person's care
- Use qualified techniques learnt from education, training and/or experience to undertake.
- Be committed to understanding, monitoring and learning from risks to service users, staff and others.
- Adhere to the risk management strategies and individual risk management plans.
- Work to minimise individual service user risks within the framework of care co-ordination as appropriate. This framework meets the standards within the Care Programme Approach (CPA).
- Attend all mandatory training required by the Directorate, including clinical risk management.
- Undertake supervision and performance reviews to allow ongoing monitoring of practice.
- Enable service users and their carers to be involved in decisions and choices about their therapy.
- Follow evidence-based guidance to inform practice and ensure that the services maintain continuous professional development to ensure best practice.
- Identify and manage risks related to service delivery.
- Feedback/evaluations from service users/carers will be used to inform future service developments.

3.2.2 Governance

The service shall:

- Work in partnership with Commissioners to ensure clinical governance arrangements are in place that facilitate continuous service improvement through the utilisation and analysis of key information e.g. critical incidents, complaints, best practice, and clinical audit.
- Ensure a systematic and planned approach to the management of records, ensuring that from the moment a record is in place in line with Data Protection requirements.
- Ensure effective information sharing policies are in place.
- Ensure appropriate consent is obtained from Service Users in relation to the use of their confidential information.
- Ensure all staff receives regular training in the appropriate management of clinical information.
- Ensure each member of staff has an up to date Personal Development Plan, reviewed at least 6 monthly intervals, that specifies the training needs of the individual and the organisation.

3.2.3 Discharge process

The service shall ensure a clear discharge planning process is in place so that safe, effective and timely discharges and continuing healthcare arrangements are in place. The case manager/registered GP will be provided with a written report of interventions, outcomes and recommendations on discharge.

The service user will be discharged from the service when:

- Aims and objectives are achieved for the episode of care.
- Intervention is no longer appropriate.
- An agreed period of treatment has come to an end.
- The service user is transferred to another agency or out of area.
- Service user/Carer self-discharge.
- There is insufficient collaboration.

On discharge a summary/report will be produced and shared appropriately. This shall include:

- Summary of the individual's reasons for referral and intervention.
- Information on the clinical rationale from assessment analysis.
- Recommendations and advice.
- Reasons for discharge.
- Information on re-referral.

Staff should work with service users and carers to reduce their dependence on the service. Discharges should highlight the options for re-referral. The service user retains the right to self-discharge throughout the term of the action plan. Staff shall retain the right to discharge once an action plan agreement has been completed.

3.3 Population covered

Adults aged 18 years and over, registered with a GP within Nottingham and Nottinghamshire CCG.

3.4 Any acceptance and exclusion criteria and thresholds

The service shall accept referrals for:

- Adults aged 18 years and over and who are registered with a GP in Nottingham and Nottinghamshire;
- **And** who require an assessment for diagnosis;
- **Or** who require continuation of medication/treatment including those transitioning from children's services, prison healthcare, or have relocated to Nottingham and Nottinghamshire with an out of area diagnosis (i.e. students).

Exclusions from the service include:

- Children and young people aged 17 years and under.
- Adults with a Serious Mental Illness (SMI) and Autism/ADHD who require secondary care intervention.
- Adults with a Learning Disability and Autism/ADHD.

3.5 Interdependence with other services/providers

- Nottingham and Nottinghamshire GPs
- Community Paediatrics / CAMHS
- Prison Healthcare
- Adult Mental Health Services
- Intellectual and Developmental Disabilities Services
- Public Health and Local Authorities
- Justice and criminal systems
- Adult Social Care

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The NICE Guideline [NG87: Attention Deficit Hyperactivity Disorder Diagnosis and Management – March 2018](#) covers ADHD for children, young people and adults, and aims to improve recognition and diagnosis, as well as the quality of care and support for people with ADHD.

The following NICE guidelines cover Autism in children, young people and adults:

- [CG142 ASD in adults: diagnosis and treatment](#)
- [CG128 ASD in under 19s: recognition, referral and diagnosis](#)
- [CG170 ASD: Management and support of children and young people](#)

The guidelines state that the coordination of care for people with autism should be provided through local community based specialist teams which should include professionals from health, mental health, learning disability, education and social care services.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

ADHD prescribing to be in line with the locally agreed Shared Care Protocol [Nottinghamshire Shared Medicines Management Team \(nottsapc.nhs.uk\)](http://nottsapc.nhs.uk)

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 3E)

6. Location of Provider Premises

6.1 The Provider's Premises are located at:

Highbury Hospital
Highbury Road
Nottingham
NG6 9DR