

SECTION 1

Referral must be completed on ADHD referral form (For from please call 0121 746 4453). Referrals can only be accepted from Schools, GP, School Nurse, LD Nurse, Specialist Assessment Service, Occupational Therapists and other allied professionals.

Parental Referrals will not be accepted.

Referral Inclusion and Exclusion Criteria:

Inclusion	Exclusion
Age 6 or above.	Age 5 or under
Children with Solihull GP.	Children with Birmingham GP
Children with an ADHD diagnosis.	Children with a diagnosed moderate or severe LD
	Children with ASD diagnosis
	Children where ADHD is not their primary concern
	Children with complex health needs
	Children with epilepsy
	If consent from parent has not been gained
	If there is not enough information on the referral form in order to make an informed decision
	If referral has not been completed on our specific ADHD referral form

For children who have Birmingham GP, consent has not been gained or no information provided referrals will be sent back to referrer.

For children who are aged 5 and under, have moderate LD, complex health needs, ASD diagnosis, epilepsy please re-refer to Community Paediatrics for triaging.

SECTION 2

- Core symptoms of ADHD present: Inattention, Hyperactivity, Impulsivity
<https://www.nice.org.uk/guidance/ng87>
https://www.aafp.org/dam/AAFP/documents/patient_care/adhd_toolkit/adhd19-assessment-table1.pdf

SECTION 3

- Vanderbilt Explanation- Link to Vanderbilt's (parents and teacher).
- Vanderbilt scoring system.

SECTION 4

- REJECT referral for ADHD assessment.
- Signpost to other support services such as parenting classes, children's services, SOLAR, Specialist Assessment Service etc.
- Refer to Community Paediatricians or other service if deemed appropriate.
- If not referred to Community Paediatrics then discharge from service.
- Letter to be sent to family and GP explaining reason for rejection and/or discharge.

SECTION 5

- REJECT referral for ADHD assessment.
- Signpost to other support services such as parenting classes, children's services, SOLAR, Specialist Assessment Service etc.
- Discharge from ADHD and Community Paediatrics.
- Letter to be sent to family and GP explaining reason for rejection and Discharge.

SECTION 6

- Report of school observation to be sent to parents, SENCo and GP.

SECTION 7

- Discharge from ADHD CNS care. Refer back to Community Paediatricians if appropriate. Refer/signpost to other support services such as parenting classes, children's services, SOLAR, Specialist Assessment Service etc.
- Report will be sent to parents, GP and SENCo explaining reason for discharge from ADHD.

SECTION 8

- Discharge from ADHD CNS care and Community Paediatricians. Refer/signpost to other support services such as parenting classes, children's services, SOLAR, Specialist Assessment Service etc.
- Report will be sent to parents, GP and SENCo explaining reason for discharge from ADHD.

SECTION 9

- Clinic appointment with ADHD CNS will be offered at nearest location to child's home address.
- In clinic appointment the following will be discussed:
 - reasons for referral.
 - full history (pregnancy, birth, post-natal, health, Neuro developmental milestones, nursery and schooling, social and emotional health).
 - ADHD assessment findings and Vanderbilt's comparing against DSM-V diagnostic criteria.
- Diagnosis will then be given or not given.

SECTION 10

- ADHD CNS will deliver Psychoeducation about ADHD will be given using various resources.
- Non-pharmacological and Pharmacological management and treatment options will be discussed.
- 1st Line management will be offered of Non-Pharmacological strategies as advised by NICE Guidelines, ADHD CNS experience and ADHD foundation.
- Signpost parents to 'Solihull Approach' parenting course: Understanding your Child's Approach.
- Consider Specialist Inclusion Support Service (SISS) to assist child in school.
- 2ND Line management of medical treatment- medication options including types, benefits and limitations, possible side effects, safe administration and storage will be explained explicitly to parents. Medication can be offered as 1st line treatment if symptoms are severe and causing detrimental impact open the child's education and emotional well-being.
- ADHD CNS will offer follow-ups for children on medication; monitoring will be offered as in keeping with NICE guidelines.
- ADHD CNS will offer follow-ups for children not on medication will be offered 6-12 monthly with the option to alert ADHD CNS if concerns arise.

Important: Consider CAMHS referral if unresponsive to treatment, significant co-morbidity refractory to first line interventions

SECTION 11

- Discharge from ADHD CNS.
- Consider referral back to community paediatricians if deemed appropriate.
- Refer/signpost to other support services such as parenting classes, children's services, Sleep services, SOLAR, Specialist Assessment Service etc.
- Clinic letter will be typed and sent to parents, GP and SENCo explaining reasons that child does not fulfil criteria.

SECTION 12

- Discharge from ADHD CNS care and Community Paediatricians.
- Refer/signpost to other support services such as parenting classes, children's services, Sleep services, SOLAR, Specialist Assessment Service etc.

- Clinic letter will be typed and sent to parents, GP and SENCo explaining reasons that child does not fulfil criteria.