

# A change management project to improve patient engagement, through performing **Attention Deficit Hyperactivity Disorder** medication reviews in a specialist behavioural school.



**Introduction:** The National Institute for Health and Care Excellence (2018) guidelines inform all children medicated for ADHD should be reviewed by a nurse or community paediatrician every six months. However, as a result of COVID 19, these appointments are exceeding this time-frame.

As a trainee advanced clinical practitioner (ACP) (nurse background). I am facilitating the ongoing change project to develop a service offer of ADHD medication reviews in the school setting, as opposed to clinical settings.



**Aims:** To improve the offer of timely appointments. Further promoting a person-centred service, allowing for the child to have a voice (The Children Act 1989: 2004).

**Objectives:** Building the offer of a nurse-led service in schools, will allow for community paediatricians to perform more complex assessments, instead of ADHD reviews (Latter *et al.* 2011). With the view to reduce waiting times for autism assessments (now at three years).

**Study design:** Once monthly ADHD medication review appointments are offered in a specialist behavioural school lead by a trainee ACP (nurse background).

**Results so far:** The service offer has existed for six months. No previous data exists for, 'was not brought rates' for specific schools, as this is a new service offer. The service did not hold specific school caseloads for children with ADHD who are medicated.

Attendance was low for December 2021, due to two pupils having COVID-19 and two pupils 'were not brought'. However, for January, February and March 2022 the uptake has been steady. Moreover, it is progressing from the initial offer of six appointments per day in October 2021, to eight appointments per day being offered from March 2022.

**Conclusion:** Children not missing as much learning time (for example, not travelling to appointments). Children observed to be more settled in the

school environment, than the clinical setting. Improved communication and collaboration, between health services, education provision, children, families and professionals.

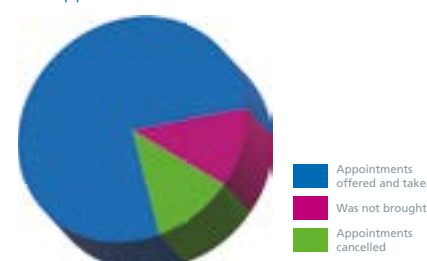
**Overall contribution to knowledge:** This service change has led to further planning of a service evaluation (Brown and Bruce, 2004). With a further view, to propose the change project to more schools. In so doing, it is intended that each school is then assigned individuals caseloads by the health service.

## Graphs:

Appointments per month



Total appointments offered



## References:

- Brown, G. and Bruce, K. (2004) 'A nurse-led ADHD service for children and adolescents', *Nursing Times*, 100(40), pp. 36-38.
- Latter, S., Blenkinsopp, A., Smith, A., Chapman, S., Tinelli, M., Gerard, K., Little, K., Celino, N., Granby, T., Nicholls, P., Dorer, G. and Department of Health. (2011) Evaluation of nurse and pharmacist independent prescribing. Southampton and Keele: Faculty of Health Sciences, University of Southampton; School of Pharmacy, Keele University on behalf of Department of Health.
- National Institute for Health and Care Excellence (NICE) (2018) Attention deficit hyperactivity disorder diagnosis and management NICE guideline NG87. Available at: <https://www.nice.org.uk/guidance/ng87> (Accessed: 10 March 2022).
- The Children Act (1989) Children Act 1989. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents> (Accessed: 27 March 2022).
- The Children Act (2004) Children Act 2004. Available at: <https://www.legislation.gov.uk/ukpga/2004/31/contents> (Accessed: 27 March 2022).