ADHD TREATMENT RESPONSE FORM – FOR YOUNG PEOPLE BY YOUNG PEOPLE; EMPOWERING YOUNG PEOPLE TO BE ACTIVE PARTICIPANTS IN THEIR OWN ADHD MANAGEMENT AND HEALTHCARE

Lydia Rosseter, Chinnaiyah Yemula. NHS Cambridgeshire Community Services Trust

10.1136/bmjpo-2022-RCPCH.17

Objectives Historically, ADHD medication efficacy and symptom improvement has been monitored for young people by parents/carers and teachers completing rating scales, which are evaluated by the paediatrician.

In our service, young people felt it was important that they were involved and contributing to the management of their own ADHD treatment. The aim was to co-produce an ADHD treatment response tool for young people to complete.

Methods A project group was held with four young people aged 13 – 17 years (boys and girls) who have ADHD and two clinicians.

The group worked together to co-produce a ‘Treatment Response Form’, adapted from DSM 5 ADHD symptoms2 along with a scoring system2 ensuring that the form was easy to use and understand, that the questions were asked in first person, and that the language was suitable and positive, whilst also being clinically accurate as an effective assessment tool.

The group of young people involved in the project group were equal partners in designing the form and were engaged and proactive from the beginning. As well as designing the form, the group discussed the value and benefit of being able to actively contribute to, and participate with their own healthcare, as well as health service improvements more widely.

Results The Treatment Response Form is now being used by young people and the community paediatrics service in Bedfordshire and Luton. Young people are able to input their perspective into the monitoring and efficacy of their ADHD treatment and intervention by completing this questionnaire.

The questionnaire is a word document, therefore accessible for free, online electronically or on a printed paper version and is quick to complete.

The Treatment Response Form has a simple scoring system2 which means the individual responses indicating progress to treatment and interventions of their ADHD condition can be self-monitored by the young person. The form not only encompasses questions relating to ADHD symptoms and behaviour, but also compliance with medication, side effects, and sleep difficulties. It also asks the young person to talk about the positives and things they enjoy doing to offer a holistic perspective.

Conclusions When using the Treatment Response Form as an assessment tool in clinic, the paediatrician evaluates the completed form with the young person, thus generating an informed discussion on areas of strength and challenge, together agree treatment, interventions and set goals. It has enabled both the young person and clinician to better understand how the young person is feeling and managing ADHD from their perspective. Positive feedback has been received from the young people.

The Treatment Response Form is empowering young people to be actively involved in their treatment, also supporting positive transitions into adulthood. For clinicians, it reinforces the value of patient centred care, and the voice of the young person being central to their treatment and care plan.

REFERENCES
2. Effective management of attention deficit/hyperactivity disorder ADHD through structured re assessment: the Dundee ADHD Clinical Care Pathway, Coghill and Seth.
Conclusion To conclude, there is more research to be done in this field. This study may serve as a prompt to clinicians, including paediatricians, to ask about eating issues/disorders when prescribing contraception. The study assisted with the production of a proforma for clinicians to use when an eating disorder history is elicited.

REFERENCES
3. Eating disorders in children at crisis point, as waiting lists for routine care reach record levels. [online].

1841 USE OF AN ELECTRONIC ‘LIVE’ TRANSITION PLAN IN PATIENT NOTES
Hannah Cash, Natalie Bell, Priya Narula. Sheffield Children’s Hospital NHS FT
10.1136/bmjpo-2022-RCPCH.19

Objectives
Background CQC recommendations for the trust following a visit, included a trust wide consistent and robust approach to assessment and planning of transitional care and a consistent approach to completion and storage of transition medical records. A ‘live’ transition plan was created in 2018 in the electronic eDMS patient notes. This enabled health professionals to document a summary of transitional discussions addressing key areas and creating a clear timeline, which could then be shared by the transferring team with the receiving adult team. It also ensured that when a young person was under multiple specialities, all involved professionals could rapidly access transitional discussions and plans made.

Objectives To audit the use of the live transition plan against standards based on completion of key information in the live plan and whether the plans were transferred to adult specialities during transition of care.

Methods Retrospective case note review of the eDMS live transition plan updated in the month of July 2021, for young people with chronic long term conditions that required transition of care to adult services.

Results 210 live transition plans were updated between 1st and 31st July 2021. 55% (n=94) of the plans had an identified key worker documented. In 21%(n=45) a user error was noted because teams were creating duplicate plans instead of updating the existing transition plan, which meant a clear timeline of discussion would not be available at transfer. All plans had completed an answer to the mental capacity act question but professionals had documented uncertainty over this. Documentation indicated that 10 young people had a life-limiting condition and two included documentation of an advance care plan. There was limited use of the snapshot function to share the transition plan with adult services at transition. 17 of the young people had safeguarding alerts in their electronic notes but only 3 had a safeguarding concern documented in the transition plan. 23 different specialities completed the transition plan and 18 of these were within medicine care group. 80% (n=168) of the entries were completed by specialist nurses, 10% (n=20) by consultants and the rest by other healthcare professionals. 75% (n=158) of the entries had the intended adult team/hospital destination identified.

Conclusions This first review highlighted variability in the completion of the ‘live’ transition plan in patient notes and the need for further education and training promoting use with all members of the multi-disciplinary team. Training to address this is now included in the mandatory trust transition training. This audit also enabled a review of the question on mental capacity act to make it clear and signpost professionals to trust resources. A ‘top tips’ document was created to share key themes and messages with all health professionals in the trust.

REFERENCE