

Trust HQ
Rikenel
Montpellier
Gloucester
GL1 1LY

Direct Tel: 01452 894266
E-mail: 2gnft.Information-Freedom@nhs.net
Website: www.2gether.nhs.uk

9 May 2018

Freedom of Information Request – Ref: FOI 038-1819

Thank you for your recent Freedom of Information request about Adult ADHD Services. Please find the Trust's response attached.

Should you have any queries in relation to our response in this letter, please do not hesitate to contact me. If you are unhappy with the response you have received in relation to your request and wish to ask us to review our response, you should write to:-

Anna Hilditch
Assistant Trust Secretary,
2gether NHS Foundation Trust
Rikenel
Montpellier
GLOUCESTER GL1 1LY
Tel: 01452 894165
E-mail: anna.hilditch@nhs.net

If you are not content with the outcome of any review, you may apply directly to the Information Commissioner's Office (ICO) for further advice/guidance. Generally, the ICO will not consider your case unless you have exhausted your enquiries with the Trust which should include considering the use of the Trust's formal complaints procedure. The ICO can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Yours sincerely,

Lisa Evans

LISA EVANS
Information Governance Officer
2gether NHS Foundation Trust

Copyright & Reuse of Public Sector Information

The information and material that is routinely published is subject to 2gether NHS Foundation Trust's copyright unless otherwise indicated. Unless expressly indicated on the material to the contrary, it may be reproduced free of charge in any format or medium, provided it is reproduced accurately and not used in a misleading manner. Where any of the copyright items are being re-published or copied to others, you must identify the source of the material and acknowledge the copyright status. Permission to reproduce material does not extend to any material accessed through the Trust website that is the copyright of third parties. You must obtain authorisation to reproduce such material from the copyright holders concerned. For further information, please contact the Information Governance Officer, 2gether NHS Foundation Trust (01452 894266).

Dear Sir/Madam

Please provide the following information about services provided by your Trust* for adults (people aged 18 and above) with Attention Deficit Hyperactivity Disorder (ADHD).

*If you provide FOI for more than one MHT, please answer questions separately for every MHT you represent. This is a national survey so we want to know about all MHTs in England and we have only contacted FOI email addresses once, to avoid duplication of workload.

2018 Survey for the 'Children and adolescents with Attention Deficit Hyperactivity Disorder in transition between children's services and adult services' (CATCh-uS) study.

The CATCh-uS study is funded by the National Institute for Health Research and has ethical approval. Details can be found on our [website \(http://medicine.exeter.ac.uk/catchus/\)](http://medicine.exeter.ac.uk/catchus/). Answers will help to update a list of existing services, available [here \(http://medicine.exeter.ac.uk/catchus/mapping/adhdservices/\)](http://medicine.exeter.ac.uk/catchus/mapping/adhdservices/).

Thank you in advance for your support.

Part 1: Overview
Which Health Trust (MHT) do you represent? a. Name: 2gether NHS Foundation Trust b. Postcode: GL1 1XR
Who is responsible for provision of adult ADHD mental health services in your trust? (e.g. lead for mental health services or head of department) c. Name: Jan FURNIAUX d. Email Address: Janet.Furniaux@nhs.net e. Job Role: Gloucestershire Localities Service Director
Which NHS England region is your Trust part of? f. South West England
Which region of England is your trust in? South West
Does your Trust provide services for people with ADHD aged 18 years and above? Other (please specify) <u>Service in development anticipated start date Quarter 1 of 2018</u>
In practice, does your Trust accept patients aged 18 and above for treatment for their ADHD? g. Other (please specify): Once service fully operational it will provide initial assessment, medication initiation for up to three months and annual review

Part 2: Service details - Service 1
Service 1 a. Name: 2gether NHS Foundation Trust b. Town: Gloucestershire c. Website: 2gether NHS Foundation Trust website d. Service Main/Administrative Postcode: Ambrose House GL4 3GG e. Postcode/s of all locations where patients can access treatment:

All Gloucestershire postcodes

Service type (*please indicate which and details if a specialist service*):

- a. Specialist Mental Health Service
 - a. ADHD

Ages served:

- b. Upper age boundary? None specified
- c. Lower age boundary? 18

Adult ADHD Services (*please indicate*):

Once operational will provide:

- a. Diagnosis
- b. Medication management
(*initial prescription, titration and/or monitoring & oversight*) ***for up to 3 months post diagnosis***
- c. Shared care – ***to be developed***
(*agreement with local physicians to prescribe, with monitoring by this service*)
(*please provide details*)

Commissioning:

- a. Which Clinical Commissioning Groups (CCGs) commission this service?
(*names in full*)
Gloucestershire Clinical Commissioning Group
- b. Are patients from other CCGs or regions also able to access this service?
No

Part 2: Service details - Service 2

Service 2

- a. Name:
- b. Town:
- c. Website: 2gether
- d. Service Main/Administrative Postcode:
- e. Postcode/s of **all** locations where patients can access treatment:

Service type (*please indicate which and details if a specialist service*):

- d. Generic Adult Mental Health Service
- e. Specialist Mental Health Service
 - a. ADHD
 - b. ADHD & ASD
 - c. ASD
 - d. Neurodevelopmental
 - e. Learning Disability
 - f. Other (*please provide details*):
- f. Other (*please provide details*):

Ages served:

<p>g. Upper age boundary? h. Lower age boundary?</p>
<p>Adult ADHD Services (<i>please indicate</i>):</p> <p>d. Transitional Care (<i>arrangements for transition of care from child to adult services</i>)</p> <p>e. Diagnosis</p> <p>f. Medication management (<i>initial prescription, titration and/or monitoring & oversight</i>)</p> <p>g. Ongoing prescribing of ADHD medication (<i>provided directly by this service</i>)</p> <p>h. Shared care (<i>agreement with local physicians to prescribe, with monitoring by this service</i>)</p> <p>i. Psychological treatment</p> <p>j. Other, such as support groups... (<i>please provide details</i>)</p>
<p>Commissioning:</p> <p>c. Which Clinical Commissioning Groups (CCGs) commission this service? (<i>names in full</i>)</p> <p>d. Are patients from other CCGs or regions also able to access this service? Y/N? (<i>If yes, please provide details</i>)</p>

<p>Part 2: Service details - Service 3</p>
<p>Service 3</p> <p>f. Name:</p> <p>g. Town:</p> <p>h. Website:</p> <p>i. Service Main/Administrative Postcode:</p> <p>j. Postcode/s of all locations where patients can access treatment:</p>
<p>Service type (<i>please indicate which and details if a specialist service</i>):</p> <p>i. Generic Adult Mental Health Service</p> <p>j. Specialist Mental Health Service</p> <p> a. ADHD</p> <p> b. ADHD & ASD</p> <p> c. ASD</p> <p> d. Neurodevelopmental</p> <p> e. Learning Disability</p> <p> f. Other (<i>please provide details</i>):</p> <p>k. Other (<i>please provide details</i>):</p> <p>Ages served:</p> <p> l. Upper age boundary?</p> <p> m. Lower age boundary?</p>
<p>Adult ADHD Services (<i>please indicate</i>):</p>

CATCh-uS Mapping Study: Details of your ADHD service

- k. Transitional Care
(arrangements for transition of care from child to adult services)
- l. Diagnosis
- m. Medication management
(initial prescription, titration and/or monitoring & oversight)
- n. Ongoing prescribing of ADHD medication
(provided directly by this service)
- o. Shared care
(agreement with local physicians to prescribe, with monitoring by this service)
- p. Psychological treatment
- q. Other, such as support groups...
(please provide details)

Commissioning:

- e. Which Clinical Commissioning Groups (CCGs) commission this service?
(names in full)

- f. Are patients from other CCGs or regions also able to access this service?
Y/N? (If yes, please provide details)

Part 2: Service details - Service 4 onwards...

Please duplicate the forms above to provide details for as many mental health services as your trust/board provides for people with ADHD aged 18 years and above...