

**This file contains the *Qualitative Study – Topic Guide for GPs* from the NIHR CATCH-uS ADHD Transition Research Project (2015 – 2019).**

**For more information or to ask permission to use this tool please contact [catchus@exeter.ac.uk](mailto:catchus@exeter.ac.uk)**

## Topic guide 6: GPs – version 2

- Check information re whether GP/GP registrar, extended role or special interest; years as a GP
- Provide definition of transition and of services at the start

### 1. Experience of managing young people with ADHD in the process of transition

- a) Do you have (or have you had) young people on your caseload with ADHD going through transition from child services?
- b) How involved have you been with the transition process? (PROMPTS/PROBES: *e.g. kept informed, asked to attend meetings, discussed with YP and/or family, been involved in referral process to AMHS or adult ADHD service*)

***The next few questions are about the various destinations of young people with ADHD leaving child services and the role of primary care***

### 2. Young people transferring to adult mental health services (AMHS)/specialist adult ADHD services

- a) If and when your patients with ADHD make the the transfer to adult services, have you had an ongoing role in the management of their ADHD?
- b) If yes, what has your role been? (PROMPTS: *e.g. prescribing, carrying out medication reviews, other mental health support*)
- c) How have adult services supported you in this role? (PROMPTS: *e.g. by annual reviews, providing expert advice*)

### 3. Patients not transferred to AMHS/specialist adult services

- a) Have you had patients who have not transferred into adult specialist services after leaving child services?
- b) If so, what are the most common reasons for this happening? (PROMPTS *e.g. no longer needing services, barriers to referral, referrals rejected, no service to refer to, waiting lists*)
- c) If patients have still had ADHD symptoms, how have you managed them in primary care? (PROMPTS *E.g. prescribing without specialist support, referral for other help e.g. drug services, psychological or other therapies, supportive management only*)
- d) Does it make a difference if they have comorbidities with other mental health diagnoses? If so, how?

### 4. Patients re-engaging with ADHD services: this question refers to patients who did not transfer to adult services after leaving child services; but who have later (after a gap of at least a year) sought support from primary care or referral to adult services for their ADHD

- a) Have you had experience of patients wishing to re-engage in this way?

- b) Can you tell me a bit about the most common reasons that they present to you? (PROMPTS: *e.g. what problems/issues did they present with, what support were they looking for, triggers for re engaging?*)
- c) How do you usually manage them? (PROMPTS: *e.g. referral to AMHS, ADHD clinic or other specialist service*)
- d) Does it make a difference if they have comorbidities with other mental health diagnoses? If so, how?
- e) If you do not refer them on to specialist service, why is that? (PROMPTS: *e.g. not appropriate, no service*)

#### **5. Optimal support for young people in transition and beyond;**

- a) Are you aware of a transition protocol in your area?
- b) Are you aware of any guidelines on managing young people with ADHD in transition? (PROMPTS: *e.g. NICE transition guidance; NICE ADHD guidance*)
- c) Overall, how well would you say that the transition process in your area works for young people with ADHD? (PROMPTS: *how well do these meet their needs? How well prepared?, groups well or poorly served; what about for those with ADHD and comorbidities?*)
- d) Do you have any specific suggestions for improvement?
- e) What is your view on the services provided for over-18s with ADHD in your area? (PROMPTS: *how well do these meet their needs? groups well or poorly served; what about for those with ADHD and comorbidities?*)
- f) Do you have any specific suggestions for improvement?

#### **6. Your role;**

- a) What do you consider the role of the GP **should be** in managing young people with ADHD in transition and beyond?
- b) Is this different from what you find you have to do in your practice?
- c) Have you faced any barriers to carrying out your role? (PROMPT: *e.g. time, lack of specialist knowledge, lack of support, lack of services, difficulty engaging with young people, other*)
- d) What role do you think specialist adult services should play? (PROMPTS; *e.g. regular reviews, prescribing, assessment etc.*)
- e) Do you feel comfortable prescribing medication for over-18s with ADHD **with** specialist support/oversight? (PROMPTS: *Can you explain why?*)
- f) Do you feel comfortable prescribing medication for over-18s with ADHD **without** specialist support/oversight? (PROMPTS: *Can you explain why?*)

#### **7. Identified needs for training;**

- a) Have you ever had specific training in ADHD and/or ADHD in adults in particular?
- b) Do you consider that you have had adequate training to carry out your role?
- c) Are there topic areas relating to ADHD in young people and adults that you would like more training on? (PROMPTS: *if so, which areas, what form of training?*)

**Thank you**