North East and North Cumbria

Corporate	Adult Attention Deficit Hyperactivity Disorder (ADHD) Policy

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1.0	07 July 2026	07 July 2027

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Consultation Process:	EQIA, Value Based Commissioning Group and NENC ICB Leadership Committee
Responsible Chief Officer:	Jacqueline Myers, Chief Operating Officer
Approved By:	NENC ICB Leadership Committee

EQUALITY QUALITY IMPACT ASSESSMENT

Date	Issues
03.06.2026	N/A – Outcome to proceed, no mitigations required

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments

Approval

Role	Name	Date

Contents

1. Introduction

The purpose of a commissioning policy is to set out the circumstances under which the Integrated Care Board (ICB) funds assessment and treatment for a specific condition or patient presentation. Commissioning policies can be used to set eligibility criteria for assessment and treatment and can be linked to funding approvals or associated arrangements.

Nationally, and in the North East and North Cumbria (NENC) there has been a marked growth in referral for assessment for Attention Deficit Hyperactivity Disorder (ADHD) and / or autism from 2021/22 onwards. This has led to:

- Very long waiting times and waiting lists for assessment in NHS Trusts in the absence of sufficient capacity to meet referral demand.
- An exponential growth in referrals to 'right to choose' providers.
- Pressure in General Practice, including a rise in complaints.
- People who are likely to benefit the most from assessment and subsequent treatment / and or reasonable adjustments are waiting alongside people who are less likely to benefit.

The North East and North Cumbria have developed this policy to mitigate these challenges. This policy is intended to support a more consistent, equitable and clinically led approach to ADHD assessment and treatment pathways across the North East and North Cumbria, recognising both increasing demand and the need to ensure available NHS resources are used proportionately, fairly and in line with clinical need.

1.1 Status

This policy is an NENC ICB Adult ADHD Commissioning policy.

1.2 Purpose and scope

This policy covers the commissioned ADHD pathway for people aged 18 and older.

The policy does not cover pathways for children aged up to 17 years and 364 days.

The policy does not cover autism pathways at this stage. It is expected that the principles of this policy will be applied to autism pathways and will be addressed through a future revision of the ADHD policy to explicitly include autism.

The elements of this policy relating to the referral management service only apply once the hub is in operation in the relevant geographical area. The arrangements for the service will be subject to a phased implementation over 2026/27. Until the service is live in the respective geographical area then current referral arrangements apply.

The objectives of the policy are to:

- Ensure equitable access to pathways based on clinical need and functional impact.
- Enable consistent prioritisation and referral decision-making.
- Support clinically led, equitable and proportionate access to assessment and treatment pathways.

- Improve the quality and appropriateness of referrals for assessment.
- Support continuity of care, including assessment and treatment.
- Reduce pathway fragmentation, duplication and avoidable re-referral.
- Support consistent contractual implementation across NHS Trusts, accredited providers and right to choose providers.

This policy is underpinned by the following principles:

- Clinical need and functional impact should determine access to the right clinical pathway.
- Equity, proportionality and consistency must be considered in all decisions.
- Transparency and defensibility are essential for public and stakeholder confidence.
- Compliance with relevant legislation, national contractual guidance and applicable NICE guidance.
- The policy must be capable of implementation across all relevant providers.
- Learning and improvement, the policy will be revised as local evidence develops.
- Balancing need, equity and deliverability within available resources.

2. Definitions

ADHD	Attention Deficit Hyperactivity Disorder
ANP	Advanced Nurse Practitioner
ASRS	Adult Self Report Scale
CQC	Care Quality Commission
EQIA	Equality Quality Impact Assessment
GP	General Practice
GP	General Practitioner
HGV	Heavey Goods Vehicle
ICB	Integrated Care Board
NENC	North East and North Cumbria
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
MHP	Mental Health Practitioner
WFIRS	Wiess Functional Impairment Rating Scale

3. Pathways

NHS Trust Pathway

3.1 If a patient is known to secondary care mental health or learning disability services and has suspected ADHD then the secondary care Trust should provide a diagnostic assessment as part of the patients ongoing care planning and formulation.

3.2 If a patient has already been referred by general practice to a secondary care Trust for an ADHD diagnostic assessment, then the Trust should:

- Apply a prioritisation clinical process.
- Provide a diagnostic assessment in line with the Trust prioritisation process.

3.3 Through prior agreement with the ICB the Trust may agree a managed patient transfer for diagnostic assessment to another provider, where this in line with the Trust prioritisation process.

3.4 A primary care clinician cannot refer to a secondary care Trust for the sole purpose of an ADHD diagnostic assessment.

3.5 A primary care clinician from the patients registered general practice may refer directly to a secondary care Trust where the patient has identified mental health or learning disability needs that cannot be met in primary care. This referral may also include a request for consideration of an ADHD assessment as part of the patients care planning and formulation. The pathway will then follow the process outlined in 3.1 above.

Referral management hub pathway

3.6 Patients seeking to access appropriate support for suspected ADHD should first consult their General Practice.

3.7 An appropriate primary care clinician (general practitioner (GP), advanced nurse practitioner (ANP), mental health practitioner (MHP) or a clinician with similar competence) should then consult directly with the patient. The clinician should have regard to NICE guidance, and should only refer the patient to the referral management hub if:

a. The patient has suspected ADHD traits, present since childhood / adolescence.
b. The person's presentation is not better explained by an alternative cause, such as recent situational stress.
c. Any co-occurring needs have been identified and are being addressed.

3.8 Primary care clinicians should not directly refer to a provider of diagnostic assessments.

3.9 All referrals for consideration of a diagnostic assessment should then be made to the referral management hub (except referral to a secondary care Trust as outlined in 3.5 above).

Referral to the referral management hub

3.10 Referral to the referral management hub can only be made by an appropriate primary care clinician from the patients registered general practice.

3.11 Self-referral, or referral from other clinicians, practitioners or services will <u>not</u> be accepted by the referral management hub.

3.12 Referral will be via an electronic portal.

Re-referral to the referral management hub: change in patient presentation

3.13 Patients should only be referred to the referral management once unless there is clear exceptionality arising from a significant change in the patient's presentation. Guidance on re-referral to the hub will be provided to general practice, but in summary exceptionality may include but is not limited to:

a. New / worsened Suicidality.
b. New Risks to employment despite reasonable adjustments / occupational health involvement / access to work involvement.
c. People in care placements / family carers, where placement is recognised to be at risk of breakdown.
d. New social care need.
e. New harmful addiction / substance use or gambling addiction.
f. New involvement with the criminal justice system.
g. People with new high-risk occupations e.g. like Heavey Goods Vehicle (HGV) drivers, ambulance crew, bus / train drivers where the impact of untreated ADHD could lead to public harm.
h. Accidents where ADHD may have been attributable.
i. Pregnant women and women in the post-natal period.
j. New Army veterans Armed Forces Covenant: guidance and support - GOV.UK

3.14 Patients presenting with ADHD symptomology and new comorbid severe mental illness should be referred directly to a secondary care NHS Trust as outlined in section 3.5. This includes new presentations of psychosis, bipolar affective disorder, eating disorders, detentions under the mental health act or complex personality disorder. Patients who do not have high acuity and acute needs who are prescribed antipsychotics and mood stabilisers can be referred to the referral management centre.

Referral management hub process

3.15 The referral management hub will contact the referred patient directly.

3.16 The referred patient will be asked to complete two self-reported questionnaires, one addressing symptomology and one addressing functional impact.

3.17 Once the questionnaires are completed the patient will be asked to give a preference for an appointment time and then to select an available appointment with the hub.

3.18 The referral management hub clinician will review the questionnaires, and any additional information provided in advance of the appointment.

3.19 During the appointment the clinician will inform the patient of the proposed disposition and next steps. The patient will have opportunity to describe any further relevant information.

3.20 If the patient disposition is to local needs led services, the clinician will provide information to the patient on how they can be accessed.

3.21 If the disposition if referral for diagnostic assessment, the clinician will either refer to the appropriate secondary care Trust or provide information to the patient on their right to. Once the patient has selected their preferred provider the referral management hub will make the referral directly and will inform the patients referring primary care clinician.

Referral management hub dispositions

3.22 The referral management hub will determine one of five dispositions as below:

a. The patient has no / limited evidence of ADHD symptomology, the patients primary care clinician will need to consider alternative pathways where appropriate.
b. The patient has ADHD symptomology, but they do not meet the threshold for referral to diagnostic assessment, the patient will be provided with information on accessing local needs-led support.
c. The patient meets the threshold for referral to a diagnostic assessment via an accredited or right to choose provider.
d. As c but also to be marked as clinically urgent (which will result in a shorter waiting time).
e. The patient meets the threshold for a referral to a secondary care NHS Trust for diagnostic assessment.

Determining the disposition

3.23 The patient's disposition will be determined by the scoring from two self-reported questionnaires:

- The ADHD Adult Self Report Scale (ASRS).
- A simplified version of the Weiss Functional Impairment Rating Scale (WFIRS).

3.24 The ASRS is a validated tool widely used in the diagnostic process for adult ADHD. It collects self-reported information across eighteen domains and is effective in indicating a likely positive diagnosis for ADHD. ASRS is validated for understanding the presence of ADHD traits or behaviours.

3.25 WIFRS is a widely used self-reported questionnaire that is designed to assess the degree of functional impairment related to ADHD symptoms, across seven domains. The referral management hub will use a shortened version of the scale ion order to aid triage accessibility.

3.26 The referral management hub will also additionally ask people to complete short information relating to risk, for example relating to safeguarding or suicidality.

3.27 The indicative threshold scoring across the self-reported questionnaires for each disposition (section 3.2.2) is summarised in the following table:

	Disposition	ASRS score 10 or above	Shortened WIFRS score 4 or more	Additional risk present (only applies to disposition D or E)
1	A, or B, no referral to diagnostic assessment	No	No	N/A
2	A, or B, no referral to diagnostic assessment	No	Yes	If yes informs clinical judgement
3	B, no referral to diagnostic assessment but information provided on needs led support	Yes	No	If yes informs clinical judgement
4	C, referral to right to choose or accredited provider	Yes	Yes	No
5	D (as C but marked clinically urgent)	Yes	Yes	Yes
6	E, referral to NHS Trust	Yes	Yes	Yes – complexity or cooccurring needs meet NHS Trust referral threshold.

3.28 However, the above scoring framework is intended to inform, rather than solely determine, clinical disposition. The disposition is subject to individual clinical judgement, it acts as a clear guideline, but the disposition can be changed. The referral management service clinician will review the information, discuss with the patient, and exercise professional clinical judgement within a reasonable tolerance. For cases where the disposition is unclear or more clinically complex, there will be provision for the discussion with a more senior clinician to support joint decision-making. This will particularly pertain to reference 2 and 3 in the table in section 3.2.7.

3.29 This policy is consistent with the most recent NICE Guidance, *Attention deficit hyperactivity disorder: diagnosis and management NICE guideline Published: 14 March 2018 and last updated: 13 September 2019*. The guidance includes section 1.2.10 as follows:

'Adults presenting with symptoms of ADHD in primary care or general adult psychiatric services, who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, where there is evidence of typical manifestations of ADHD (hyperactivity / impulsivity and / or inattention) that:

- *Began during childhood and have persisted throughout life.*
- *Are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions).*
- *Have resulted in or are associated with moderate or severe psychological, social and / or educational or occupational impairment.*

The referral management hub will consider whether there is evidence of moderate or severe impairment across multiple domains. This is the purpose of the clinical judgement exercised by the hub (section 3.28 above) supported and informed by the two self-reported questionnaires (described in section 3.24 and 3.25 above). For clarity, the ICB is <u>not</u> setting a precedent of considering impairment as a threshold for

access to assessment for other conditions. Rather the ICB is seeking to apply the relevant NICE guidance which makes explicit reference to moderate or severe impairment.

Phased referral management hub implementation.

3.30 During 2026/27 there will be a phased introduction of a new referral management hub. This will begin with coverage of one local authority area and then with a planned expansion to full coverage of the ICB by the end of the financial year.

3.31 The hub will begin with triaging patients referred for consideration of ADHD and will then expand to include autism, which would require an amendment to this commissioning policy.

3.32 Once the hub is live in the geographical area of the patients general practice, then all new referrals for adult ADHD assessment must be submitted to the referral management hub. Until the hub is live in the respective geographical area, then current referral arrangements apply.

4. Right to Choose and Accredited Providers

Continuity of care

4.1 The ICB only commissions a full assessment and treatment pathway for adult ADHD. This means the ICB will only fund ADHD assessments from providers who can provide subsequent medication / treatment where clinically indicated. This is to ensure continuity of care.

Quality

4.2 The ICB only commissions services / pathways which can demonstrate that they meet quality requirements. For ADHD assessment and treatment, this includes that the provider must be registered with the Care Quality Commission (CQC). The ICB will use its contractual powers with right to choose and accredited providers, including financial sanctions, when:

- There are significant quality concerns.
- Known quality concerns are not sufficiently acted upon.
- There is a failure of candour and transparency in notifying the ICB of quality concerns.
- Local review, or review undertaken by other ICBs, identifies one of the points above.
- There is non-compliance with agreed contractual reporting, quality assurance or information governance requirements.

Tariffs

4.3 The ICB will fund right to choose providers based on the most favourable tariff to secure value for the NHS. This means:

- Where a right to choose provider holds more than one contract it could rely on, the ICB will select which tariff to fund the provider on from their contracts.
- Where contracts the provider can rely on include tariffs for different pathways (e.g. an autism assessment and an ADHD assessment or treatment tariff) the ICB will fund the provider based on the most favourable tariff selected from *across* the different contracts.

The ICB position is that reducing did not attend is a key quality requirement for all providers. The ICB will seek to mutually agree any appropriate and permissible variations to contracts relating to the funding arrangements for did not attend.

Referrals outside of guidance

4.4 The ICB will not recognise any contractual obligation for activity undertaken by the provider for referrals outside of this policy. For further clarity, this includes:

- Accepting referrals from any other source, unless agreed in advance in writing by the ICB, than the referral management hub once it is live.
- Undertaking assessment for ADHD where the provider does not provision to initiate and deliver pharmacological interventions for ADHD.

5. System Capacity

Indicative activity plans

5.1 The ICB will agree indicative activity plans with each right to choose or accredited provider for each financial year. The process for setting indicative plans will follow the national guidance. The indicative activity plans will set the total activity for each of:

- Initial diagnostic assessments.
- Treatment, including initiation, titration and management of medication, and annual reviews.
- Additional activity for patients who are clinically urgent.

Waiting times

5.2 The indicative activity plans will include determining waiting times for access to diagnostic assessment from right to choose and accredited providers. This will be informed by an understanding of referral demand, system affordability, management of NHS resources and the need to ensure equitable and clinically proportionate access across the population.

5.3 The standard waiting time for right to choose and accredited providers for 2026/27 is set at 78 weeks from referral. The ICB do not set any further waiting time for the commencement of medication when clinically indicated and subject to patient choice. Medication should commence based on clinical judgement only.

5.4 Right to choose and accredited providers will have provision within their indicative activity plan for patients who are clinically urgent. Those patients will not be subject to a minimum waiting time at 78 weeks.

5.5 The ICB mental health and all age continuing care commissioning sub-committee will agree the approach to indicative activity plans and waiting times for each subsequent financial year.

5.6 The ICB will over time seek to redirect available resources to reduce waiting times for secondary care NHS Trusts, including consideration of managed patient transfers to other providers where clinically appropriate and subject to advance agreement.

Multiple referral

5.7 Only one active referral for ADHD assessment and treatment will be permitted at any one time. The referral management hub will provide support to identify and manage duplicate referrals, inappropriate re-referrals and requests to transfer between providers.

5.8 Patients should not routinely leave an existing waiting list and re-enter the pathway through another provider solely to seek a shorter waiting time. This is intended to support equity of access, effective use of NHS resources and fair management of clinical prioritisation across the system. Any request to change provider will be considered in line with agreed referral rules, contractual arrangements, clinical appropriateness and equity of access.

5.9 Exceptions may be considered where clinically justified or where required to address patient safety, safeguarding, significant provider concern or other exceptional circumstances.

Second opinion

5.10 Patients who have received a diagnostic assessment from a right to choose or accredited provider maintain a right to a second opinion. This does not extend to a right to be assessed by a second right to choose or accredited provider. Instead, the route for second opinion is:

- First, for a second opinion to be considered by the original provider.
- Second, request to an NHS Trust for a second opinion, though this will be subject to the appropriate clinical prioritisation and waiting time.

Self-Funded Assessments

5.11 The ICB recognises that some people may choose to self-fund ADHD assessment or treatment. A privately funded diagnosis or treatment plan will not automatically create an entitlement to NHS-funded prescribing, treatment or follow-up care.

Where NHS-funded treatment is requested following a private assessment, the relevant NHS provider, or NHS funded provider, may require assurance that:

- The assessment meets appropriate clinical standards.
- The diagnosis is supported by sufficient clinical information.
- Proposed treatment is clinically appropriate and safe.
- And local prescribing and shared care requirements can be met.

The existence of a private diagnosis alone does not create an automatic requirement for a General Practitioner (GP) or NHS clinician to enter into shared care arrangements.

Further clinical review or reassessment may be required where there is diagnostic uncertainty, insufficient information or concerns regarding quality or safety.

5.12 Patients may request to transfer from self-funded care to ongoing NHS delivered or funded care. It is important that this does set an opportunity for increasing inequity. The ability or willingness to self-fund initially should not give an inadvertent opportunity to access NHS funded care more quickly than if the patient had initially accessed an NHS funded pathway. As such, patients who wish to transfer to NHS funded care may also be required to be subject to the applicable waiting time – for right to choose and accredited providers initially set for 2026/27 at 78 weeks and for NHS Trusts subject to clinical prioritisation.

6. Learning and Review

Planned Amendments

6.1 It is intended to expand this policy to also cover the adult autism pathways during 2026/27. This will be subject to an agreed review and amendment of this policy to ensure good governance.

6.2 The functioning of the referral management hub will be subject to ongoing review and iteration. Structured learning and evaluation will be built into the implementation plan. This will include a full review after the first 100 patients have been through the hub.

6.3 This review will include the consideration of the thresholds for each disposition (see determining the disposition section, page 8). The ICB mental health and all age continuing care commissioning sub-committee will receive regular updates and will consider proposals for any change to either the process or thresholds and will agree such amendments where there is reasonable evidence to do so.

Review

6.4 This policy will be reviewed at least annually, and / or when there is a material change, including but not restricted to national clinical, planning or contractual guidance, which indicates the need to review and if appropriate to change the policy.

6.5 Any revision to the policy will be authorised by the appropriate forum in line with the ICB governance framework.

7. Implementation

7.1 This policy will be available to all Staff for use in relation to the specific function of the policy.

7.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

It may be necessary to develop specific implementation plans.

8. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

It has been determined that there are no specific training requirements associated with this policy / procedure.

9. Documentation

9.1 Other related policy documents.

- NHS England. NHS Choice Framework.
- NHS England. Right to Choose Guidance.
- NENC ICB Shared Care Guidance for ADHD.

9.2 Legislation and statutory requirements

- NHS Act 2006.
- Equality Act 2010.
- Care Act 2014.
- Health and Care Act 2022.

9.3 Best practice recommendations

- NICE: Attention Deficit Hyperactivity Disorder: Diagnosis and Management.
- NICE: Attention Deficit Hyperactivity Disorder Quality Standard.

10. Monitoring, Review and Archiving

10.1 Monitoring

The ICB Board will agree with the ICB Chief Operating Officer a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

10.2 Review

The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. **No policy or procedure will remain operational for a period exceeding three years without a review taking place.**

10.2.1 Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local / national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision

10.2.2 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director, and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

10.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice.

Appendix A

Schedule of Duties and Responsibilities

Through day-to-day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

Council of Members	The council of members has delegated responsibility to the ICB Board (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Accountable Officer	The accountable officer has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
Author	Medical Director – Mental Health, Learning Disability, neurodiversity and All Age Continuing Care **Responsible for:** providing clinical advice regarding interpretation and application of the policy and supporting alignment with current clinical guidance and best practice. Director of Commissioning – Mental Health, Learning Disability, neurodiversity and All Age Continuing Care **Responsible for**: sponsorship and formulating the policy and ensuring appropriate governance, oversight and implementation across the organisation.
Titles of relevant officers	The titles of any officers who have specific responsibility for implementation of any part of the process, clearly stating what that person's responsibility is, including who is responsible for drafting and updating any part of the document. • Deputy Director of Commissioning – Mental Health, Learning Disability, Neurodiversity and All Age Continuing Care **Responsible for**: support in drafting, reviewing, updating and oversight of the policy • Head of Commissioning – Adult Neurodiversity **Responsible for:** supporting implementation of the policy within commissioned services and ensuring commissioning decisions are consistent with the policy.

Commissioning Support Staff.	Whilst working on behalf of the ICB NECS staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local / national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.