

Reference: FOI.ICB-2526/362

Subject: ADHD Pathway Protocols and Instruments

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
	<p>This is a follow-up to your FOI response FOI.ICB-2526/179 regarding ADHD prescribing policies and criteria. I am now requesting further information and documentation about the ADHD diagnostic and prescribing pathway commissioned by BNSSG ICB and delivered by Sirona care & health. This follows my original FOI request in September 2025 (via the ICB), my subsequent request to Sirona dated 10 October 2025, and the FOI response bundle supplied by Sirona on 14 January 2026, which included:</p> <ul style="list-style-type: none"> • ADHD Pathway v1.1 • the 2024 ADHD pathway flowchart • ADHD medications – a guide for healthcare professionals • A few things to know about ADHD • the FOI response table. <p>After reviewing these documents, it is clear that additional internal protocols and tools exist which are directly relevant to clinical decision-making in my son's case but were not provided in Sirona's response</p> <p>These documents fall within the scope of the policies, criteria and standards I originally asked the ICB for in September 2025 and Sirona in October 2025, so I consider the earlier responses to have been incomplete.</p> <p>I therefore require the following from BNSSG ICB, under the Freedom of Information Act 2000:</p>

<p>1. ADHD titration guideline</p> <p>ADHD Pathway v1.1 states that medication is “started and titrated by [the] clinician initiating medication (see titration guideline for details including second line options)”.</p> <p>I require a full copy of the current ADHD titration guideline referred to in ADHD Pathway v1.1, together with any previous versions in force at any point from 1 December 2020 to the present.</p>	<p>The ICB does not hold this information, these are internal policies and/or procedures held by the provider.</p> <p>We advise you to contact Sirona care and health directly for this information: Sirona.hello@nhs.net</p>
<p>2. Second Opinion Protocol</p> <p>ADHD Pathway v1.1 states that when “a child has previously been assessed for ADHD by our service and no diagnosis given – refer to second opinion protocol”.</p> <p>I require a full copy of the “Second Opinion Protocol” referred to here, together with any previous versions in force at any point from December 2020 to the present.</p>	<p>Please see response to question 1</p>
<p>3. ADHD triage guidance / triage guide (including EMIS rules)</p> <p>ADHD Pathway v1.1 repeatedly instructs staff to “see triage guidance for full details” and refers to a “triage guide” for advice on how to triage referrals on EMIS.</p> <p>I require:</p> <ul style="list-style-type: none"> • The full ADHD triage guidance / triage guide referenced in ADHD Pathway v1.1. 	<p>Please see response to question 1</p>

<ul style="list-style-type: none"> Any associated EMIS triage rules, decision-trees, templates or coding guidance used for ADHD referrals and for triaging external ADHD reports (NHS, private, and Right to Choose) Any criteria, guidance or rules used at triage to prioritise or fast-track children for ADHD assessment or review (for example, thresholds relating to school exclusion risk, safeguarding concerns, severity of impairment, or EHCP status), and any documents that specify what information or evidence must be present in a referral or report for a child to be placed on a higher-priority pathway. 	
<p>4. Standardised school ADHD referral form and school ADHD questionnaire</p> <p>ADHD Pathway v1.1 describes “School centred care” and states that referrals are “primarily to be made by school via a standardised form”, and that the school’s ADHD questionnaire must be included.</p> <p>The 2024 flowchart requires an ADHD school questionnaire at referral stage and postpones appointments until school Connors are returned.</p> <p>I require:</p> <ul style="list-style-type: none"> The standardised school ADHD referral form currently in use for ADHD referrals. The school ADHD questionnaire template(s) currently used (including any online or paper 	<p>Please see response to question 1</p>

<p>versions and any local modifications of Conners or other tools).</p>	
<p>5. Parent, young person and teacher ADHD questionnaires – standard practice</p> <p>I require blank copies of all ADHD-related questionnaires and rating scales that are currently used in the Sirona ADHD pathway and have been used at any point from 1 December 2020 to the present, including but not limited to:</p> <ul style="list-style-type: none"> • Teacher / school questionnaires (e.g. Conners Teacher, SDQ, or any locally adapted versions). • Parent/carer questionnaires (e.g. Conners Parent, SNAP-IV, Vanderbilt, SDQ, or any locally adapted versions). • Young person (11+) questionnaires. <p>For each instrument, please state:</p> <ul style="list-style-type: none"> • The name and version (including whether it is a full/long form or a short form). • The period during which it has been in routine use (start date and, if applicable, end date). • The ADHD pathway stages at which it is used (e.g. triage, initial assessment, review, medication monitoring). 	<p>Please see response to question 1</p>

<ul style="list-style-type: none"> Please include any local guidance or instructions given to staff, schools, parents or young people on how these instruments are to be completed and how they are used in decision-making. 	
<p>6. Internal quality-assurance tools for external / Right to Choose reports</p> <p>ADHD Pathway v1.1 states that assessments from other NHS providers, private providers and Right to Choose providers are checked at triage to ensure they are “robust”, referencing NICE NG87 and the ADHD Assessment Quality Assurance Standard (CAAQAS).</p> <p>I require:</p> <ul style="list-style-type: none"> Any internal checklist, template, standard operating procedure or guidance used by Sirona staff to decide whether an external ADHD report (NHS, private, or RTC) is considered “robust” and acceptable for prescribing or for further assessment. Any specific local criteria or thresholds, beyond NICE NG87 and CAAQAS, that are applied when accepting or rejecting external ADHD diagnoses for treatment. 	<p>Please see response to question 1</p>
<p>7. Local protocol/guidance on accepting or rejecting private and Right to Choose ADHD diagnoses</p> <p>ADHD Pathway v1.1 includes a section “Private and other external assessments” which states that patients remain able to be referred to NHS services after private</p>	<p>Accessing an ADHD assessment through an alternate provider (Right to Choose or Private)</p> <p>If your child is assessed by an alternative provider (Right to Choose or private), diagnosed with ADHD and recommended medication</p>

care, and that clinicians “are not forced to accept the diagnosis is correct” and “are not forced to prescribe medication”.

To understand how this is applied lawfully, I require:

- Any BNSSG ICB or Sirona protocols, policies or guidance governing when clinicians may accept, question or decline ADHD diagnoses made by other NHS providers, private providers and Right to Choose providers in children and young people.
- Any documents which set out required reasoning, documentation, senior sign-off or escalation processes when an existing external diagnosis is rejected or when medication is refused despite such a diagnosis.

they will require ongoing care through medication titration, prescription and regular monitoring. Some providers can give medication after an assessment, but not all of them can. If your chosen alternative provider does not offer a medication pathway, your GP will need to refer you to the local NHS specialist service. This is usually done through something called shared care, which is optional.

ADHD medications are classified as “Amber-shared care” medications on the local formulary. As such, GPs or an appropriate clinician from your local NHS specialist service can take over prescribing if started by the provider who conducted your assessment. Shared Care is the agreement of parties to work together to deliver care for a patient. The principles of shared care are outlined here. <https://remedy.bnssg.icb.nhs.uk/formulary-adult/formulary-process-and-paperwork/shared-care/>, which outlines the relative responsibilities for both GP, local NHS specialist service and private/RTC provider.

Before agreeing to shared care, the local NHS specialist service will review the assessment. If they feel the NICE guidance or prescribing standards are not met, your child may need a second assessment through the local NHS specialist service before medication can be considered.

The second bullet point is covered in the above alongside the share care protocol (link provided), as a component of shared care is the assurance of the GP or local NHS specialist service that the

	<p>assessment conducted is comprehensive and complies with NICE guidance.</p> <p>Internal policies and/or procedures held by the provider will need to be requested from the provider directly.</p>
<p>8. Proof of questionnaires issued at key pathway points (2021–2025)</p> <p>I require redacted copies of the specific ADHD-related questionnaires and rating scales (including Conners forms or other rating scale, and any Sirona-designed ADHD questionnaires) drawn from records that were in fact issued to schools and/or parents by Sirona for assessment and review during the following periods:</p> <ul style="list-style-type: none"> • April 2021 • June 2021 • May 2022 • August 2022 • December 2022 • February 2023 • June 2025 <p>For each of these periods, please also confirm in your response:</p> <ul style="list-style-type: none"> • Whether short or long versions of the forms were issued during the relevant periods 	<p>Please see response to question 1</p>

<ul style="list-style-type: none"> Any standard covering letters or instructions that accompanied those forms. 	
<p>9. Protocols for EHCP health advice and responses</p> <p>My earlier FOI requests asked for all policies and criteria used to determine how ADHD evidence is applied in practice and what steps staff must take when a report does not reach internal standards.</p> <p>I require:</p> <ul style="list-style-type: none"> Any BNSSG ICB or Sirona policies, protocols or guidance governing how clinicians provide health advice for Education, Health and Care Plans (EHCPs) in ADHD and neurodevelopmental cases, including criteria for what must be included or may be omitted. Any guidance or standard operating procedures that link ADHD pathway instruments (e.g. Conners scores, school questionnaires, external diagnostic reports) to decisions about whether ADHD is recorded in EHCP health advice and to responses to requests for EHCP amendments. 	<p>The ICB does not hold any policies, protocols or guidance for ECHP health advice. The Designated Clinical Officer (DCO) for SEND provides personalised advice for the child or young person based on their clinical expertise rather than being instructed by guidance. If a child or young person has a diagnosis of Autism or ADHD then this would be included in the written advice provided from the DCO for SEND.</p> <p>The DCO for SEND will refer to the national Code of Practice if required. This document is in the public domain, and can be found here: SEND code of practice: 0 to 25 years - GOV.UK</p> <p>Internal policies and/or procedures held by the provider will need to be requested from the provider directly.</p>

The information provided in this response is accurate as of 4 March 2026 and has been approved for release by Helena Fuller, Deputy Director for Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.