Reference: FOI.ICB-2627/089

Subject: ADHD Shared Care Agreements and Private Provider Prescribing

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

QUESTION	RESPONSE
Patients Receiving Privately-Initiated ADHD Treatment Without NHS Shared Care 1. The total number of patients registered with a GP within your ICB area who are currently receiving treatment for ADHD, where a shared care agreement with their NHS GP has been declined, has not been established, or has lapsed. 2. Of the figure provided at 1 above, please break this down by whether the patient is currently receiving ongoing prescriptions from: i. the private provider; ii. no prescriber (i.e. treatment has been interrupted); or iii. another arrangement. If this breakdown is not held, please confirm that. 3. Please indicate whether the figures above are drawn from a central ICB dataset, aggregated GP-level data, or another source, and confirm the reference date or period.	The ICB does not hold this information. This information may be held by individual GP practices.

Clarification — what we mean by 'shared care declined or not established' This includes situations where: (a) a GP practice has formally refused to enter a shared care agreement; (b) an LMC or PCN has issued guidance discouraging or prohibiting entry into shared care agreements with private providers and the GP practice has adopted that policy; or (c) a shared care agreement was never sought because local policy made it clear it would not be accepted. It does not include patients where shared care is in place and functioning, nor patients on an NHS waiting list.	
Reasons Recorded for Absence of Shared Care Agreement If your ICB or its constituent GP practices hold data on the reasons recorded for declining or not entering into a shared care agreement for ADHD medication prescribed by a provider, please provide: 4. A breakdown of the reasons recorded, using whatever categories are held (for example: GP practice policy; LMC or PCN guidance; clinical concerns regarding the private diagnosis; capacity grounds; lack of familiarity with the private provider; no reason recorded). 5. The number or proportion of cases falling into each category, even if approximate.	4. The ICB does not hold this data 5. As above 6. No structured data is held by the team but there is qualitative information as detailed.

6. If no structured reason data is held, please confirm this and indicate whether any qualitative information (such as correspondence, GP feedback, or patient complaints logged with the ICB) is held that might speak to the reasons for refusal.	
ICB Policy or Guidance on GP Participation in Shared Care Agreements Please confirm whether your ICB holds, has issued, or has adopted any of the following: 7. A formal written policy governing GP participation in shared care agreements with ADHD prescribers (including whether GPs are permitted, encouraged, or discouraged from entering such agreements). 8. Any formal or informal guidance issued to GP practices, Primary Care Networks, or Local Medical Committees within your ICB area regarding shared care for ADHD medication initiated by private providers. 9. Any correspondence between the ICB and Local Medical Committee(s) in your area relating to shared care agreements for ADHD. Clarification received: For question 9 the timeframe would be 1 year and yes it's just for private providers.	7. No formal policy exists. 8. No guidance has been issued 9. No correspondence is held

The information provided in this response is accurate as of 16 June 2026 and has been approved for release by Dr Aananthakrishnan Raghuram, Chief Clinical Leadership and Delivery Officer (Medical) for NHS Bristol, North Somerset and South Gloucestershire ICB.