Reference: FOI.ICB-2627/086

Subject: ADHD assessment referrals for under 18s through the NHS Right to Choose (RTC) pathway

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

QUESTION	RESPONSE
We are making a request under the Freedom of Information Act for information on **ADHD assessment referrals for under 18s through the NHS Right to Choose (RTC) pathway within the last two years** (whether these are calendar years, financial years or another metric, please indicate this). We are not requesting any personal information. Clarification received: Please consider all questions to concern the **last two years**, as specified in the first paragraph of the original request. We understand data are recorded in different ways for different organisations, hence we are willing to be flexible on whether these are calendar years, financial years, or another classification (but please do let us know which timeframe you use). We hope this makes it easier to fulfill our request.	
1. Total number of referrals (for ADHD assessments in under 18s) a. Of these how many through RTC	Referrals for ADHD assessments are not made directly to the ICB. The process for referrals for ADHD Assessments in under 18s can be found here ADHD Care Pathway for school age children (Remedy BNSSG ICB) Sirona care & health CIC is commissioned to provide ADHD assessments as part of the BNSSG Children's Community Healthcare Partnership. For information about the number of referrals contact Sirona directly here: hello.sirona@nhs.net

	BNSSG ICB holds a contract with Clinical Partners to provide ADHD Assessments via the Right to Choose Pathways. For information about the number of referrals, contact https://www.clinical-partners.co.uk/contact-us/ . GPs in BNSSG can also refer patients for ADHD Assessments to any provider holding a contract with any other ICB. Details of these providers can be found here: Right to Choose (ADHD/ASD Patient Choice) (Remedy BNSSG ICB) These are providers for which BNSSG ICB has seen a qualifying NHS contract and is not an exhaustive list. Other providers are available. These providers do not share referral information with BNSSG ICB.
2. Number of referrals which were accepted a. Of these how many through RTC	The ICB does not hold this information. For the number of referrals accepted by Clinical partners, please contact the provider directly, here: https://www.clinical-partners.co.uk/contact-us/ For the number of referrals accepted by other RTC providers, please contact the providers directly, who can be found here: Right to Choose Providers
3. Number of referrals which were rejected a. Of these how many through RTC	The ICB does not hold this information. For the number of referrals rejected by Clinical partners, please contact the provider directly, here: https://www.clinical-partners.co.uk/contact-us/

	For the number of referrals accepted by other RTC providers, please contact the providers directly. Please see link above in question 2.
4. Total number of ADHD assessments completed a. Of these how many through RTC b. Outcomes - whether ADHD diagnosis given/ diagnosis not given	The ICB does not hold this information. For the number of assessments completed and outcomes, please contact the providers directly, as follows: Sirona care and health - hello.sirona@nhs.net Clinical Partners - https://www.clinical-partners.co.uk/contact-us/
5. Waiting times for ADHD assessments a. Of these, which through RTC We wish to calculate median and mean waiting times from this data	Please see appendix 1* below for waiting times for Sirona care and health. For Clinical Partners, please find contact details here: https://www.clinical-partners.co.uk/contact-us/. For all other RTC providers, please contact the providers directly; Right to Choose Providers
6. Copies of any internal guidance, policy documents, commissioning notes, service specifications or briefings related to the RTC	The ICB is aware that demand for ADHD assessment services has risen significantly. This reflects a national trend, as recognised by the national taskforce. The ICB responds to this increased demand by reviewing activity levels from previous years. This demonstrates a year-on-year growth in demand, which has been factored into future budget planning. The service specification relating to Right to Choose ADHD assessments is enclosed.

	The referral pathway guidance for RTC and guidance for families is included here: Accessing autism and ADHD assessments via Right to Choose - BNSSG Healthier Together / ADHD Care Pathway for school age children (Remedy BNSSG ICB) / Right to Choose (ADHD/ASD Patient Choice) (Remedy BNSSG ICB)
7. Copies of any letters, emails, reviews, audits, evaluations that discuss whether RTC is meeting demand, improving access or contributing to delays in ADHD assessment	Right to Choose is one option available to patients within BNSSG to access ADHD Assessments. The BNSSG system has agreed to shift from a diagnostic model to a needs-led approach that is backed up with a diagnostic service. This approach aims to identify a child's neurodivergent needs at an early stage and provide targeted support to the child and family. Additional investment has been secured to provide additional capacity to Sirona care and health for the assessment service which is currently being redesigned to bring the autism and ADHD services together to become one integrated assessment service. Along with the integrated service, funding has been secured for a third party provider to address the current backlogs by adopting a needs led approach and also has capacity to assess if needed. Whilst this does not directly discuss whether RTC is meeting demand, the system is looking holistically at ways to improve access. Further detail of this work can be found on the following webpages: Neurodiversity Transformation Programme - BNSSG Healthier Together Please also refer to previous responses on our website for further information:

	FOI.ICB-2526/323: ADHD Services Decision Makers and Governance and FOI.ICB-2627/023: ADHD and Autism Waiting Times, Capacity and Patient Choice

The information provided in this response is accurate as of 30 July 2026 and has been approved for release by Jenny Bowker, Deputy Director of Performance Delivery, Primary Care and Children's Services and Helena Fuller, Deputy Director of Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.

*Appendix 1

Year/Month	Number of children waiting and duration of wait					
	Under 18 weeks	19-25 weeks	26-51 weeks	52-77 weeks	78-103 weeks	Over 104 weeks
May 2026	340	108	513	586	415	626
April 2026	358	137	540	592	397	653
March 2026	389	131	563	618	353	686
February 2026	371	126	636	567	358	695
January 2026	370	65	777	473	402	676
December 2025	338	208	704	473	425	623
November 2025	355	260	656	454	424	629
October 2025	437	219	672	437	451	570
September 2025	516	177	727	403	539	500
August 2025	580	186	683	400	565	446

July 2025	649	249	567	460	523	446
June 2025	582	229	595	491	527	335
May 2025	599	194	579	520	544	280
April 2025	535	211	544	511	485	247
March 2025	629	189	490	590	483	198
February 2025	597	159	480	653	510	184
January 2025	548	48	540	667	589	123
December 2024	488	158	589	591	582	76
November 2024	462	150	603	626	531	72
October 2024	417	161	680	595	562	57
September 2024	386	140	744	584	601	18
August 2024	409	108	789	621	562	15
July 2024	419	176	693	711	504	43
June 2024	397	225	718	678	488	29
May 2024	431	201	738	645	492	23

Service Specification No.	**2A2**
Service	**BNSSG Attention Deficit Hyperactivity Disorder (ADHD) Service (Children and young people (<18 years)**
Commissioner Lead	**BNSSG ICB**
Provider Lead	
Period	**1st April 2026 – 31st March 2027**
Date of Last Review	**February 2026**
Date of Next Review	**Quarter 4 2026-2027**

1. Purpose

This service specification outlines BNSSG ICB's objectives, scope, pathway and principles of the Children's and Young People Attention Deficit Hyperactivity Disorder (ADHD) Service. Throughout this document, the term 'Service User' will refer to the child/young person and/or the parent/carer of the child or young person who is being assessed.

The Provider is commissioned to provide evidence-based ADHD diagnostic assessment and post diagnostic support for children and young people, led and undertaken by appropriately skilled health professionals. The service offer will be based on NICE guidelines and best practice associated with ADHD diagnosis.

1.1 National evidence base

NICE Attention Deficit Hyperactivity Disorder Definition | Background information | Attention deficit hyperactivity disorder | CKS | NICE outlines the existing principles for the identification, assessment, treatment and management of ADHD.

There are three subtypes of ADHD:

- The inattentive subtype accounts for 20% to 30% of cases
- The hyperactive-impulsive subtype accounts for around 15% of cases
- The combined subtype accounts for 50% to 75% of cases

The global prevalence of ADHD in children is estimated to be around 5%, although studies based on US populations (where rates of diagnosis and treatment tend to be highest) estimate the rate at between 8% and 10%. Prevalence | Background information | Attention deficit hyperactivity disorder | CKS | NICE

1.2 Right to Choose

Since 2014, in England under the NHS patients have a legal right to choose their healthcare provider and healthcare team. If a patient decides the waiting time for their ADHD assessment is too long, then they can choose alternative providers. The provider must be commissioned for the service by an ICB in order to offer Right to Choose.

NHS Choice Framework - what choices are available to you in your NHS care
NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK (www.gov.uk)

Patients have the Right to Choose when the following conditions are met:

- The NHS provider is in England (different rules apply for Scotland, Wales and Northern Ireland).
- The General Practitioner has agreed to make clinically appropriate referral.

Certain restrictions apply and patients cannot exercise their Right to Choose if they are:

- Already receiving mental health care following an elective referral for the same condition.
- Referred to a service that is commissioned by a local authority, for example a drug and alcohol service (unless commissioned under a Section 75 agreement).
- Accessing urgent or emergency (crisis) care.
- Already have a diagnosis of ADHD and are receiving treatment through a primary care contract.
- In high secure psychiatric services.
- Detained under the Mental Health Act 1983.
- Detained in a secure setting. This includes people in or on temporary release from prisons. courts, secure children's homes, certain secure training centres, immigration removal centres or young offender institutions.
- Serving as a member of the armed forces (family members in England have the same rights as other residents of England.

There are restrictions on who the patient can direct their care to. Patients cannot refer to just any provider. The provider must:

- Have a commissioning contract with any ICB or NHS England for the required service.
- Have a multi-disciplinary team including a paediatrician and/or child and adolescent psychiatrist.

1.3 Local Context

BNSSG ICS aims

BNSSG's Strategy and Joint Forward Plan have been developed to align with, and support, the four aims of Integrated Care Systems:

- Improve outcomes in population health and health care
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

BNSSG Joint Forward Plan Joint Forward Plan - BNSSG Healthier Together (published June 2023) sets out how BNSSG ICB will deliver on the national vision of high-quality healthcare for all, through equitable access, excellent experience, and optimal outcomes over the next five years.

It aims to:

- Improve the health and wellbeing of the population.
- Provide high-quality services that are fair and accessible to everyone.

In 2024, BNSSG published a Mental Health Strategy. The strategy has six ambitions:

1. Holistic Care
2. Prevention and early help
3. Quality treatment
4. Sustainable System
5. Advancing equalities
6. Great place to work

https://bnssghealthiertogether.org.uk/health-wellbeing/mental-health-strategy/

2. Service Scope

2.1 Aims

To provide an accessible, high quality and timely Children's and Young Person's ADHD diagnostic service, including post-diagnostic support as indicated by NICE guidelines and in line with commissioning requirements. The Provider is required to develop an effective and efficient service model

that incorporates national and local ICS wide requirements. In collaboration with a range of statutory and voluntary sector agencies, providers should offer Children and Young People with ADHD with a sufficient level of support to enable their continued independence and well-being.

2.1.1 Objectives

- To provide accurate diagnostic assessment, treatment including medication (if required) and a range of post diagnostic support.
- To provide a person-centred and flexible approach.
- To ensure that children, young people and their parents/carers are treated with compassion, respect and dignity, without stigma or judgment.
- To ensure that children and young people who access the service are seen in a timely manner.
- To ensure that the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying need and making diagnostic decisions and formulations.
- To ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual exploitation, homelessness) is properly considered when identifying need and making diagnostic decisions and formulations.
- To agree the aim and goal of assessment with the child/young person or parent/carer.
- To deliver a service informed by NICE guidance and NICE quality 8 statements.
- To promote active and full engagement of service users in their own homes.
- To provide a clinically effective and cost-effective service.
- To help service users make informed choices about their care and identified support needs, in partnership with their health and social care professionals.
- Improved quality of life, as identified by the service user and appropriate evidence-based measurement tools. This could include the Patient Satisfaction Questionnaire (PSQ) and the Friends and Family Test (FFT).

2.1.2 Service summary

The service is expected to conform to all relevant currently published and future NICE guidance.

The Provider is expected to ensure that they provide:

- Appropriate and accessible information to individuals about their service
- Appropriate and accessible information about timescales for assessment.
- Clear information to individuals about what will and may happen post diagnosis. Information about local signposting will be supplied to the provider by the lead Commissioner.
- Additional support if the individual is unable to consent to assessment and/or interventions. It may be appropriate for the referrer and provider to consider the Mental Capacity Act, and the use of an advocacy service if necessary.

2.2 Population covered

BNSSG ICB is commissioning this service on behalf of patients registered with a GP for which the ICB is responsible. Under Patient Choice rules, patients from outside of BNSSG ICB may choose to select the provider and in these circumstances an invoice for payment should be directed to the appropriate responsible ICB.

2.3 Referral Criteria

Children who are aged between 5 years and 17 years and 9 months and registered with a GP Practice within BNSSG.

Assessments of ADHD are restricted until children are over the age of 5.

If a young person is 17 years 9 months or older at the point of referral, or will reach this age while waiting for an assessment to be conducted, the Provider should either decline the referral or, if the Provider holds an NHS Standard Contract for Adult ADHD Assessment, the Provider may offer to transfer the patient to their adult ADHD Assessment service (the date of the original referral to children and young

people ADHD services will be honoured). Transfer to an adult service should only be done with consent from the patient, in line with referral criteria for adult services; and in the case of young people who have already received a diagnosis of ADHD from children and young people ADHD services, if they are stable on medication.

2.4 Referral process and Waiting List

Referral to be made through patient's GP.

The Provider must aim to triage BNSSG referrals within 5 working days of receipt (where possible). The Provider is expected to undertake waiting list reviews on a quarterly basis to ensure service user's clinical needs have not changed.

Prioritisation for assessment is not normally given, but certain patients may be prioritised depending on their circumstances at the discretion of the clinician e.g., those who are already diagnosed and/or clearly at risk from not being treated. A referral may be prioritised in cases where there is a significant risk of a delay in assessment causing:

1. A marked deterioration in the individual's mental health.
2. A significant increase in the individual's level of risk to self and/or others.
3. An increased likelihood of an individual losing their job and/or their accommodation leading to either of the above.

2.5 Any exclusion criteria

Individuals currently with co-existing mental health conditions receiving ADHD treatment as part of their secondary mental health services treatments and interventions.

The Provider will treat all service users in a safe and appropriate environment. The Provider is entitled to exclude certain groups of patients for reasons of clinical safety or complexity of support healthcare facilities normally required, which are not available. Any changes to the provider's exclusion and acceptance criteria must have previously been shared and agreed with the relevant commissioner(s).

The Provider shall reject any referred NHS patient for the following reasons;

1. The patient meets any of the nationally defined exceptions listed under "you do not have a legal right to choose if:" at https://www.nhs.uk/mental-health/social-care-and-your-rights/how-to-access-mental-health-services/#choice
2. The patient meets any of the Provider's own exclusion criteria as set down in their policy at Appendix 2A2_2A4.

Where it is felt the exclusion criteria should be applied, the Provider should make all reasonable attempts to discuss this with the service user and where appropriate, the service user's GP to ensure that the decision is informed and evidence based.

The Provider should ensure that when the exclusion criteria is applied, the service user is informed by a member of staff with an understanding of the criteria and the evidence used to inform the decision. The service user should receive a full explanation of the reasons for exclusion and where requested, the evidence used to inform the decision and signposted to other support services.

2.6 Was Not Brought (Did Not Attend)

Any patient who does not attend their agreed appointment (new or follow up) may be discharged back to the care of their GP. Both the patient and GP will be notified in writing to ensure the referring GP is aware and can action further management of the patient if necessary. Exceptions to this are:

- When a clinical decision is taken that discharging the patient is contrary to the patient's clinical interests.
- Children of 18 years and under or vulnerable adults (Children and those who are vulnerable may not attend appointments simply because they have to rely on parents or carers. In this case, 'They are

Not Brought' rather than did not attend would be a more appropriate definition).

- When one of the following can be confirmed:
  - If the patient did not receive the letter/ digital notification of the appointment including the appointment being sent to incorrect patient address / contact number
  - The appointment was not offered with reasonable notice.
  - If reasonable adjustments or patients' needs have not been supported – for example, accessible communications, translation, transport needs.

Outside of these exceptions, it will be at the providers discretion as to whether a patient will be entitled to rebook an appointment after a first DNA without being discharged from the service. If a patient is offered another appointment and DNA after a second appointment is offered it is expected that the patient will be discharged back to the referrer.

Discharge can be discretionary and is assessed on a case by case basis depending on individuals circumstances in consultation with the referring ICB. The provider will also consider that a DNA could be due to circumstances or an event not related to any mental health consideration. In this event every effort is made to contact the service user and rearrange the appointment.

When a service user is not brought to an appointment, a risk assessment should be made and acted upon. A service should not close a case without informing the referrer that the service user has not attended. The service should make explicit re-engagement policies available to referrers, children / young people and parents / carers.

In the event of a paediatric patient making multiple (more than one) cancellations, multiple changes or if they DNA on multiple occasions - in addition to the clinical review process and active engagement with the patient, the provider will write to the patient's GP following the second DNA to establish if there are any particular circumstances, including safeguarding concerns, why the patient might not be attending. It is not acceptable to refer patients back to their GP simply because they wish to delay their appointment or treatment. However, there are situations when referring a patient back to their GP is in their best clinical interests. Such decisions should be made by the treating clinician on a case-by-case basis and following discussion and agreement with the patient. Special consideration will be given to children and young people especially if, from previous knowledge of the child or young person or from the response of the family, it is felt that significant risks are present, and the member of staff will liaise with other professionals.

The Provider will make every effort to rebook appointments where cancellations are received within 24 hours of appointment time.

The Provider should follow a robust Access Policy which supports the safeguarding of children, as described in clause 3.2.1.

2.7 Assessment Outcomes

3 elements of service:

- Assessment
- Treatment (if applicable)
- Post diagnosis support
  - Support and liaison to local primary care, mental health and learning disability teams, in addition to social care and voluntary sector providers

2.7.1 Assessment

The assessment may be conducted over a number of appointments, tailored to the need of the service user. In accordance with NICE guidance, a diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, on the basis of:

- A full clinical and psychosocial assessment of the person; this should include discussion about

behaviour and symptoms in the different domains and settings of the person's everyday life **and**
- A full developmental psychiatric history **and**
- Observer reports and assessment of the person's mental state.

The Children's and Young People's ADHD Diagnostic Service will offer:
- Initial triage based on a balance of waiting time and clinical assessment of need (see section 2.4 of this specification).
- Diagnostic assessment including gathering of developmental history, observations from home and education settings using agreed tools and process.
- Post-diagnostic signposting to appropriate services local to BNSSG.
- Post diagnostic initiation of medication trial if recommended with appropriate monitoring and follow up.
- The service will be person centred, based on the needs of the service users and involvement of their carer / families (if appropriate).

2.7.2 Diagnostic Outcomes

Assessment may result in three possible outcomes:

1. An ADHD diagnosis is confirmed as present.
2. The diagnosis is confirmed as not present. In this instance, the service user's GP, and (with the appropriate agreement and consent) any relevant services/carers/families should be notified accordingly. The service user would be referred on to other services, depending upon needs and presentation.
3. A diagnosis of ADHD is uncertain or inconclusive. A recommendation may be made to access a second opinion or to complete a re-assessment following a period of time (at which point it may be possible to arrive at a conclusive finding).

Service users will not need to have a care plan; however, their agreement will be sought in reaching and documenting a full written record of their assessment, including all relevant aspects of their assessment and treatment from the Provider. This will be communicated in written form to the service user and other relevant parties, e.g., the referring professional and/or the GP.

The Provider will ensure that, as part of their service offer and discharge processes, service users are well-informed about what to expect from the service. They should be given information and signposting to other community, voluntary and other services, including those local to BNSSG.

All service users should be made aware of the Provider's statutory duty to share any relevant information with other agencies when there is a safeguarding concern, or it is thought crime or disorder has possibly taken place. When there is a safeguarding concern the voice of the possible child at risk should be part of all stages of the process.

The service should be providing information to support the care of patients and signposting to other organisations including the voluntary sector.

Whilst providing care, support and treatment to patients, staff need to be able to support families with the role of carer and signpost them to support services that can provide information and undertake a carer's assessment if appropriate.

2.7.3 Feedback

Service users will be provided with detailed feedback where the results of the assessment and the implications of this are discussed with them. If they have not been given a diagnosis, the feedback session would be an opportunity to better explain their presenting difficulties. There, strengths and needs will be identified. Service users will also be signposted and/or referred to appropriate services, as required.

2.7.4 Treatment

- A discussion with the patient and/or parent/carer must take place to allow shared decision making about available treatment options, consideration of contraindications, and reasons for preferring one treatment to others.
- Consideration of measurable treatment goals before starting treatment.
- Treatment options are provided alongside or as an alternative to medication pathways to educate the patient on their condition and the alternatives available to them.
- Physical monitoring for medication (clinical examination, blood pressure, pulse, and weight) at baseline and during treatment to be undertaken by the provider. For services that have been commissioned to be delivered virtually, the patient will be responsible for measuring and providing physical health monitoring information to the Provider. This should be conducted in line with NICE guidance Recommendations | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE which provides recommendations for the frequency of review for children prescribed ADHD medication.
- Liaison with the GP to ascertain whether the GP is willing to take over future prescribing, while recognizing there may be different patterns of 'shared' care.
- Right to Choose providers to inform themselves on what NHS treatment provision is available locally in order to understand limits in provision and not raise patient expectations unreasonably.

2.7.5 Shared care arrangements

Providers must be aware that shared care for Children and Young People's ADHD in BNSSG covers medication prescribing only and willingness to engage in shared care may vary between GPs. In all cases, responsibility for physical health monitoring and annual reviews will remain with the provider and the service will also be required to retain prescribing where this isn't available in primary care. Early communication with the service user's GP is essential to determine whether they are able to take prescribing once the patient is stable on medication and if a GP does not agree to undertake prescribing under a shared care agreement, they are under no obligation to do so.

The service will provide initiation of treatment, follow up appointments (including prescribing and associated physical monitoring) until treatment is stabilised as detailed in BNSSG approved shared care protocols.

Shared care between the Provider and the patient's GP may be established according to the following principles:

- Shared care is with agreement of all parties i.e. specialist, GP and service user.
- The shared care protocol has been shared and agreed with the GP before the transfer of prescribing responsibility to the GP.
- The service user has undergone appropriate stabilisation period for a medicine, is on a stable dose and side effects treated before prescribing is handed over; duration determined by the shared care protocol e.g. 3 months.
- The provider understands that they will retain total clinical responsibility for the ongoing physical health checks and reviews (at the intervals recommended by NICE depending on the age of the child or young person).
- Discharge letters to be sent (either electronically or by post) to services users and copied to GPs/referrers within 10 working days of appointment.
- At the point of the implementation of a shared prescribing protocol, the service user (and/or their parent or carer) will be informed of the transition and shared ongoing care with the GP.
- There is a structure in place by the Provider for the GP to access on-going clinical advice and support, detailed in the shared care arrangement e.g. adverse effects, abnormal monitoring, advice during a medication shortage etc.

All prescribing responsibilities remain with the Provider until the service user is stable and GP agrees to shared-care.

A prescriber can choose not to accept responsibility because of lack of familiarity or competence in the use of a medicine or if it is used outside agreed guidance. Prescribers may not refuse responsibility

solely on grounds of cost. Distance is not a reason for requiring transfer of care.

Recommendations | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE

2.7.6 Advice and Information

Following diagnosis the individual (and their parent/carer) should be provided with one follow up support session to provide feedback, signposting and advice regarding medication options if recommended.

The session would be used as follows:

- To provide the service user with more time to discuss their individual diagnosis and what it means to them.
- In discussion with the individual, referrals to other agencies may be made including to Social Care for an assessment of need under the Care Act 2014.
- To provide signposting to support and advice services local to BNSSG to support individuals (and those who support them) to develop coping mechanisms in order to improve their mental, physical and emotional health and wellbeing.
- It is important at this stage that written confirmation by the Provider is sent to the GP / referrer to provide information regarding the outcome of the assessment and also the future plan for the individual.

2.7.7 Discharge processes

The service is primarily diagnostic with treatment if required. Hence service users with on-going needs will need to be referred to the appropriate service following assessment.

Service users will be discharged from the service in accordance with the Providers Discharge Policy and take into consideration:

- Discussion with the service user and
- GPs can contact the Provider if concerns arise post discharge.

Patients will be discharged if:

- Following assessment by the provider, they are not diagnosed with ADHD or ASD.
- Following assessment by the provider, they receive a diagnosis of ADHD but do not choose a medication pathway.
- If the patient is already on another waiting list.

Referrals will be declined/patients will be discharged if they have already had a diagnosis (exceptions to this rule must be discussed with the commissioner).

See Other Local Arrangements, Policies and Procedures (schedule 2G4) for provider's discharge policy/procedure.

2.8 Prescribing

NHS Prescription Issuance for Patients in Regions with NHS Cost Centre Setup
For patients within the Bristol, North Somerset, South Gloucestershire (BNSSG) area or other regions where the Provider has been allocated an NHS cost centre and NHS FP10 prescription pads by the Integrated Care Board (ICB), the Provider shall issue NHS prescriptions. These prescriptions will be sent to the patient's nominated pharmacy, in accordance with local formularies and in compliance with applicable NHS guidelines and regulations.

For patients in regions where the Provider has not been set up with an NHS cost centre and is therefore unable to issue NHS prescriptions, the Provider shall issue private prescriptions. These prescriptions will be processed through an online pharmacy, which will contact the patient to arrange delivery at a suitable

time and location convenient to the patient. The online pharmacy will invoice the Provider directly for the cost of the medication, which in turn will be recharged to the referring ICB.

2.8.1 Medication

Medication titration as per NICE Guidance NG87 Attention deficit hyperactivity disorder: diagnosis and management and, for BNSSG patients, compliant with BNSSG Paediatric Joint Formulary, with clear governance arrangements for the use of medicines, including any use of unlicensed medicines.

All prescribing for ADHD must be initiated by a healthcare professional with high quality training and expertise in diagnosing and managing ADHD and is expected to be in line with:

- For BNSSG patients, local BNSSG formulary Mental health disorders (Remedy BNSSG ICB) and
- NICE guidance NG87 Overview | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE

Please refer to the BNSSG Paediatric Joint formulary and shared care protocols for BNSSG first line product. Please prescribe the first line brand of Methylphenidate product, unless there is a clinical reason not to.

A titration pathway episode shall comprise the initiation and optimisation of medication regimen, including dose adjustment and associated monitoring, up to the point of clinical stabilisation or discontinuation.

Where a change in medication is required – post completion of titration pathway - due to lack of efficacy, intolerance, or other clinically appropriate reasons, such change shall constitute a new titration pathway episode.

2.8.2 Annual Reviews

- Annual reviews to be carried out in line with NICE Guideline NG87 Recommendations | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE
- Annual review to be undertaken by the Provider unless a Local Enhanced Service (LES) is in place which will allow the patient's GP to undertake this as part of shared care.

2.9 Reporting

As part of the Provider internal data completeness, cleansing and quality processes the ICB expect the information provided by operational team(s) to be scrutinised and understood by performance management staff and the senior management teams before submission to commissioners. The senior management team will take full responsibility for the accuracy of data insofar as the current level of completeness, coverage and accuracy of data has been established, taking into account any reported overall or service-specific improvements during the contract year(s).

A reporting schedule will be included in the NHS Standard Contract issued to the Provider. This will not be exhaustive.

Reporting should be submitted to the Commissioner quarterly. The Commissioner may make ad hoc requests for performance and quality data if required.

2.10 Days/Hours of Operation

The service will operate Monday to Friday. The service does not operate an emergency service.

2.11 Interdependencies with other services/providers

The Provider has a responsibility for the interface and development of appropriate pathways with other services; ensuring services are communicated to potential referrers. The provider will be required to work in co-operation with (and not limited to):

- ICB Commissioners and Exceptional Funding Request service
- GPs, and any other ICB approved referrers
- Commissioning Support Unit
- Local mental health trust (AWP)
- Local primary and community teams and other interface services
- Social services
- Independent and third sector providers (voluntary sector)

2.12 Relevant networks and screening programmes

The service will work within the local area agreed referral pathway.

2.13 Training/ education/ research activities

It is expected that the staffing levels will be sufficiently resourced and have the appropriate skills mix to meet the defined needs of the service users and to provide the interventions. The service should ensure that they have the expertise to provide cultural awareness services.

2.13.1 Staff Training and Development:

It is the responsibility of the Provider to recruit/provide suitable personnel and as such the Provider will determine the exact person specification. However, the following guidelines will apply to all staff groups including temporary staff e.g. agency:

- All staff will be required to satisfy appropriate DBS checks.
- Staff will have the appropriate clinical and managerial qualifications for their role.
- All staff shall be appropriately trained / qualified and registered to undertake their roles and responsibilities.
- Professional accountability must be formulated within an agreed governance structure.
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision.
- Staff will participate in regular personal performance reviews including the development of a personal development plan.
- All staff will be required to attend relevant mandatory training.
- All staff must have the relevant safeguarding training according to role as set out in the Intercollegiate Document 2019 and Intercollegiate Document for Looked after Children 2020.

As set out by the Care Quality Commission (CQC), registration documentation will be held on record by the Provider for all medical staff and will be available for inspection. A certificate of registration will be prominently displayed by the Provider in all sites (if applicable) from which the service is provided.

2.13.2 Clinical or Managerial Supervision Arrangements:

Supervision is regular protected time within work to reflect on and discuss a range of issues which together contribute to maintaining standards and ensure that the service delivers the highest quality of care to service users and carers.

2.14 Equality of Access

The Provider shall ensure the premises (if applicable) from which the service is to be provided shall be fully compliant with the Disability Discrimination Act (2005), the Equality Act (2010) and any other statute or common law relevant to the provision of the service and relating to Equality and Discrimination.

The Provider will treat all service users in a safe and appropriate environment (in accordance with the Providers process for determining suitable remote/digital environment) depending upon age and any existing medical conditions. The provider must ensure that services deliver consistent outcomes for patients regardless of:

- Gender
- Race

- Age
- Ethnicity
- Income
- Education
- Disability
- Sexual Orientation

The Provider shall provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties including cognitive impairment, lack of capacity, hearing, oral or a learning disability in order to:

- Minimise clinical risk arising from inaccurate communication
- Support equitable access to healthcare for people whom English is not a first language
- Support effectiveness of service in reducing health inequalities

An interpreter, advocate or Independent Mental Capacity Advocate or contact with PALS should be provided if necessary. Translation and Interpreting services must meet the relevant standards.

2.15 Information Governance

All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this.

The Data Security and Protection Toolkit is a Department of Health Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance and presents them in a single standard as a set of information governance and data security assertions. The Provider is required to carry out self-assessments of their compliance against these assertions.

The Provider will identify an Information Governance lead.

The Provider must complete and provide evidence that they have achieved a satisfactory position for their organisation's Data Security and Protection Toolkit through meeting all the mandatory requirements, https://www.dsptoolkit.nhs.uk/

Final publication assessment scores reported by organisations are used by the Care Quality Commission when identifying how well organisations are meeting the Fundamental Standards of quality and safety - the standards below which care must never fall.

The Provider shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice, NHS Confidentiality – NHS Code of Practice and the National Data Security Standards. The Provider will participate in additional Information Governance audits agreed with the Commissioner.

2.16 Subcontracting

The Provider shall ensure that no part of the services outlined in this specification may be subcontracted to any other party than the approved Provider without the prior agreement and approval of the Commissioner.

The commissioner acknowledges that where a proportion of a Provider's workforce is comprised of subcontracted clinicians, these are exempt from the Governance schedule (schedule 5).

2.17 Notifying and agreeing changes to services

Providers must ensure that they seek Commissioners' consent to planned service changes as proposed Variations under GC13. If changes are made without Commissioner agreement, the Commissioner may be entitled under the Contract to refuse to meet any increased costs which ensue.

3. Applicable Service Standards

3.1 Applicable national standards

- Attention deficit hyperactivity disorder: diagnosis and management (2019) Overview | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE
- Attention Deficit Hyperactivity Disorder Quality standard [QS39] Overview | Attention deficit hyperactivity disorder | Quality standards | NICE
- Attention Deficit Hyperactivity Disorder Attention deficit hyperactivity disorder | Health topics A to Z | CKS | NICE
- Working together Working Together to Safeguard Children 2023 A guide to multi-agency working to help, protect and promote the welfare of children
- Safeguarding Looked after Children. Intercollegiate Role Framework: Looked after children: knowledge, skills and competences for health care staff (2020)
- Safeguarding children and young people. Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)
- Protecting Children and Young People -The responsibilities of doctors, GMC Protecting children and young people (May 2018)
- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, Intercollegiate document (March 2019).

3.2 Applicable standards set out in Guidance and/or issued by a competent body

3.2.1 As part of this specification, a safeguarding children policy or all age safeguarding policy is required which links to the local standards and protocols below.

BASIC PRINCIPLES OF SAFEGUARDING CHILDREN

- This specification seeks to emphasise the following principles:
- The welfare of the child is paramount.
- It is the responsibility of all staff to safeguard and promote the welfare of unborn babies, children, young people, adults and their families as defined in Section 2.6 above.

All staff should adopt a child-centred approach which is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

All staff, both clinical and non-clinical, should:

- Be aware of the signs and symptoms of potential and actual abuse.
- Understand how to respond to actual or suspected abuse of a child.
- Know who to contact for advice and support in relation to safeguarding and promoting the wellbeing of unborn babies, children and young people.
- Understand the need to share appropriate information in a timely way and in accordance with current legislation and guidance, including responding to information requests to safeguard a child.
- All staff should actively contribute to multi-agency working in safeguarding children from abuse, neglect or exploitation regardless of protected characteristics.
- Children and their families must be able to share concerns and complaints and there are mechanisms in place to ensure these are heard and acted upon. For further information see below:

Local Authority Safeguarding Reporting processes:
- Bristol: Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)
- North Somerset: Threshold Document - Continuum of Help and Support (proceduresonline.com)
- South Gloucestershire: Category: Children | SafeguardingSouth Gloucestershire Safeguarding (southglos.gov.uk)

Reporting forms can be accessed via the relevant Local Authority website, above, or via remedy Referrals & Procedures (Remedy BNSSG ICB)

3.2.2 Care Quality Commission

The Provider must be registered with the Care Quality Commission.

3.3 Applicable Local Standards

The Provider will maintain compliance for staff training on Safeguarding and Equality and Diversity at a minimum of 85%.

3.4 Applicable Quality Requirements

A quality schedule will be included in the NHS Standard Contract issued to the Provider. The Provider must comply will all quality requirements. Please see clause 2.9 Reporting for details on data submissions.

4. Location of Provider Premises

The provider will provide the service virtually.

Face to face assessments will only be available following an incomplete/failed remote assessment where there is no other option and where the provider and BNSSG ICB agree that this is a reasonable adjustment. This will be discussed on a case by case basis and face to face assessments will take place at one of the providers existing clinics. Where the provider clinic is located outside of BNSSG, the patient must indicate their willingness to travel the distance before final approval can be granted.