Reference: FOI.ICB-2627/213

Subject: ADHD Patient Safety and Continuity of Care

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

QUESTION	RESPONSE
1. If an established adult ADHD patient loses confidence in their existing specialist service but explicitly still wants ADHD treatment, who owns continuity of care until another provider has formally accepted responsibility?	In BNSSG (Bristol, North Somerset and South Gloucestershire), it is expected that as soon as a patient is accepted onto a services waiting list that provider has the continuity of care responsibility until they are either discharged to their GP (if appropriate) or to another provider.
2. Does your ICB operate any age-based restriction that can prevent an adult aged 25+ from accessing a new ADHD specialist assessment or treatment pathway?	BNSSG ICB does not currently have any age-based restrictions in place for patients accessing a new ADHD specialist assessment or treatment pathway.
3. What bridging or fallback route exists where the GP cannot safely prescribe independently but the original specialist relationship has ended?	This situation would be assessed on a case-by-case basis.
4. How should Right to Choose or transfer to an alternative provider work where referral, commissioning or administrative failures leave the patient without treatment?	This is dependent on the commissioning arrangements that each ICB has with Right to Choose providers, it is expected in BNSSG ICB for the provider to refer the patient to another clinically appropriate provider.
5. Would your ICB treat a prolonged known treatment gap accompanied by severe deterioration, loss of mobility and suicide risk as a patient-safety and/or safeguarding issue? If so, which team or named role owns it?	This situation would be assessed on a case-by-case basis. The team that would be allocated is the most relevant team for the case.

6. Does your ICB have any mechanism for an urgent clinical-to-clinical review, exceptional funding/commissioning decision, cross-boundary referral or other intervention in circumstances like these?	No, this is managed between providers. BNSSG ICB does have commissioning policies and an exceptional funding panel process but currently there are no policies in place for ADHD and autism services.

The information provided in this response is accurate as of 1 September 2026 and has been approved for release by Helena Fuller, Director of Contracts and Procurement for NHS Bristol, North Somerset and South Gloucestershire ICB.