

NHS-funded ADHD and/or Autism assessment and treatment:

Information and Frequently Asked Questions



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Introduction

In England, Integrated Care Boards (ICBs) are responsible for the commissioning of local healthcare services, which includes assessment and treatment of Attention Deficit Hyperactivity Disorder (referred to within this document as “ADHD”) and assessment of Autism Spectrum Disorder (referred to within this document as “ASD” or “Autism”).

Like many areas of the country, Bristol, North Somerset and South Gloucestershire (BNSSG) has seen a sharp increase in demand for ADHD and Autism assessment; with a growing number of referrals being made to locally commissioned NHS services and also Independent Sector providers through Right to Choose.

This guidance is intended to support people in BNSSG who may be considering accessing ADHD and/or Autism assessment and treatment services through an NHS-funded route. It is aimed at anyone registered with a GP practice in BNSSG, including parents and carers who may be seeking information on behalf of a child or young person in their care. In writing this guidance, our intention is to support understanding of patient choice, provide information and signposting to services you can access based on your needs without a diagnosis, and address frequently asked questions.

The information is accurate as of **12 October 2026** and this is version 1 of this guide. If you spot anything that needs updating or if there’s more information you would find helpful about Patient Choice for Autism and ADHD assessments in this area, please [contact our BNSSG ICB Customer Services team](#).

How to use this document

You do not need to read this document from beginning to end. Use the **contents page** to go directly to the section you need.

- **Section 1** explains the ADHD and Autism services commissioned directly by BNSSG ICB.
- **Section 2** explains Right to Choose and who is eligible.
- **Section 3** provides information about choosing a provider and requesting a referral.
- **Section 4** explains what happens after a referral has been made.
- **Section 5** explains what to expect before, during and after an assessment.
- **Section 6** provides information about ADHD medication and reviews.
- **Section 7** explains regulation, complaints and other sources of support.
- **Appendix 1** explains abbreviations and key terms.
- **Appendix 2** contains a bibliography of links used throughout the document.

Answers to frequently asked questions are provided throughout the document.

Section 1: Overview of services

1.1 Overview of BNSSG NHS ADHD/Autism services

If you are registered with a GP practice in BNSSG and are seeking ADHD and/or Autism assessment either for yourself or for a child or young person in your care, the following NHS services are directly commissioned by BNSSG ICB:

Provider/Service name	Available services	Route to access services
Sirona care and health	Children and Young People (CYP) ADHD and Autism assessment and treatment services.	Referral via the SENCO at your child's school OR your GP (if school referral isn't available).
Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)	Adult (18+) ADHD and Autism assessment and treatment services.	Referral via your GP.
Primary Care Adult ADHD assessment service	Non-complex adult ADHD assessment and treatment.	Only available to patients registered with a participating GP practice.

Sirona care and health

- Provide NHS ADHD & Autism assessment and treatment services for Children and Young People (CYP) up to 18 years of age.
- Also provide a wide range of community based services across BNSSG.

Support for children and young people with neurodivergent needs:

- Sirona care and health have worked with Parent and Carer Forums and system partners across BNSSG to co-design a new needs-led approach to better support neurodiverse Children and Young People.
- The needs-led approach focusses on early understanding of a child's strengths and challenges and helps families to access the support and information needed for their child to thrive.
- It provides support without the need for a formal clinical diagnosis first, although if assessment is required, it can still be accessed. Please follow this link for further information about the new approach: [Support for children and young people with neurodivergent needs – Children and Young People's Services](#)

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

- Provide NHS ADHD & Autism assessment and treatment services for adults 18 years and over.
- Also provide a range of mental health services across BNSSG.

Adult ADHD Screening process:

- AWP are supporting a new local referral process in BNSSG for adult patients requesting an ADHD assessment where they have no previous diagnosis of the condition. This applies regardless of whether the referral is for a BNSSG ICB commissioned NHS or Independent Sector ADHD service or another Independent Sector provider accessed through Right to Choose. It is the starting point for the adult ADHD patient journey.
- Your GP will arrange for you to be sent a screening questionnaire by the AWP Screening team, which you will need to complete and return within a 3 week period.
- The Screening team will then review this and an outcome report will be sent to you and your GP to advise whether a full ADHD assessment is appropriate.
- If assessment is indicated, the GP will be able to make the referral.

Primary Care Adult ADHD assessment service

- As part of a project to transform the way adults in BNSSG can access ADHD assessment and treatment services, a number of GP practices in the area are now able to offer these “in house”.
- This enables them to deliver the full patient pathway without needing to refer to a specialist ADHD service.
- This is not currently available across all BNSSG practices and only applies where the referral is non-complex, the individual is aged 18 or over, they require an ADHD diagnostic assessment and are registered with a participating GP practice. Level of complexity will be determined by the pre-screening process.
- Your GP practice can confirm whether they are able to provide this service.
- Participating GP practices will initially work with patients registered with them who are currently on the waiting list for the AWP ADHD service. If you are not on the AWP waiting list, then there may be a delay before you are invited to make an assessment appointment.

1.2 Overview of Independent Healthcare Sector ADHD/Autism services

The NHS Choice Framework gives you the option to choose who provides your ADHD and/or Autism assessment, as long as specific eligibility criteria are met. This is a legal entitlement and is often referred to as “Right to Choose” or “Patient Choice”. There are currently two Independent Sector providers delivering ADHD and Autism assessment and treatment services under a contract held directly with BNSSG ICB. This means that the service offered is designed around the needs of the local population and takes into account other key services in the area which may overlap, for example, availability of shared care with GPs.

Independent Sector providers with BNSSG ICB contracts

Provider/Service name	Available services	Route to access services
ADHD 360	Children and Young People (5 years+) and adult ADHD and Autism assessment and treatment services.	Referral via your GP. ADHD 360 are unable to accept referrals from school SENCOs at the present time.
Clinical Partners	Children and Young People (5 years+) and adult ADHD and Autism assessment and treatment services.	Referral via your GP. Clinical Partners are unable to accept referrals from school SENCOs at the present time.

Other Independent Sector providers

In addition to the services listed above, patients in BNSSG may be able to access other Independent Sector providers through the NHS Choice Framework Right to Choose. Although these providers do not hold a direct contract with BNSSG ICB, they can accept patients from our area under the terms of an eligible NHS contract held elsewhere in England. This gives patients in BNSSG a wider choice of provider for their ADHD and/or Autism assessment and treatment.

Section 2 provides an overview of the NHS Choice Framework, the eligibility criteria applied to providers and patients, and answers some of the most frequently asked questions about referral under Right to Choose

Section 2: Access to services through the NHS Choice Framework

2.1 Overview of the NHS Choice Framework

The NHS Choice Framework sets out when patients have the legal right to choose any provider or team that holds a valid NHS Standard Contract (also referred to as a “qualifying” contract) with an NHS Integrated Care Board (ICB) in England or NHS England for the service they wish to be referred to. This means that the provider does not need to hold a direct contract with the ICB in the area where the patient is registered with a GP practice, as long as they hold a qualifying contract elsewhere in England. The NHS body holding the contract is often referred to as the “host commissioner”.

This rule applies to physical and mental health services which are led by a consultant or mental health care professional. [Read the NHS Choice Framework](#).

“If you’re referred for consultant-led treatment, or to a mental health professional, you can:

- *decide which provider you would like to receive care from as an outpatient*
- *choose the clinical team who will be in charge of your care within that provider organisation*

These choices apply to both physical and mental health, but only apply at the point of referral (from your GP, dentist or optometrist) to providers that have an NHS contract to provide the service you need.”

Right to Choose covers first outpatient appointment and subsequent treatment. [Read more about your choices in the NHS](#). Patient choice can give you more control over your care.

Access to ADHD and Autism assessment and treatment services under Right to Choose in BNSSG is variable depending on the age of the patient and the type of service the referral is for. Please [refer to section 1.1: Overview of BNSSG NHS ADHD/Autism services](#) regarding the Children & Young People Neurodiversity needs-led approach and the adult ADHD screening process.

2.2 Eligibility criteria for Right to Choose

Certain eligibility criteria apply to both the provider and the patient before a referral for an ADHD or Autism assessment can be made under Right to Choose:

Provider criteria (all four criteria must be met)

- 1. Contract Status:** Provider must hold a valid NHS Standard Contract which was issued by an ICB in England or NHS England.
- 2. Service Scope:** The contract must cover the service the patient wishes to be referred for.
- 3. Clinical Leadership:** The service must be led by a consultant or a mental health care professional.
- 4. Service delivery:** The provider must deliver the service as described in their qualifying contract.

If the provider does not hold a contract directly with BNSSG ICB, the care pathway and options available may be different as it will be designed around the needs of patients in the host commissioner area.

Patient referral criteria for Right to Choose

1. **GP registration:** You must be registered with a GP in England.
2. **Clinical Appropriateness:** Your GP must agree that a referral is clinically appropriate.
The legal Right to Choose applies to choice of provider. It is NOT a right to referral.
3. **Provider Eligibility:** Your chosen provider must hold a qualifying NHS standard contract for the service you are being referred for.
4. **Right to Choose Eligibility:** You must meet the eligibility criteria for a Right to Choose referral in England. Right to Choose may not apply if you:
 - Choose a provider who doesn't hold a "qualifying" contract.
 - Need a service that isn't included in the providers "qualifying" contract.
 - Are already receiving care and treatment for the condition for which you're being referred and this is an onward referral.
 - Are a prisoner, on temporary release from prison, or detained in 'other prescribed accommodation' (such as a court, secure children's home, secure training centre, an immigration removal centre or a young offender's institution).
 - Are being held in a hospital setting under the Mental Health Act 1983.
 - Are using urgent, emergency or crisis services.
 - Have been referred to a service that is commissioned by a local authority (not part of a joint commissioning arrangement) or delivered through primary care.
 - Are a serving member of the armed forces.

Additionally, if your referral is for adult ADHD assessment, you will need to complete the adult ADHD screening process before referral can be considered.

This is not an exhaustive list of excluded reasons and you can find the full list at [section 3](#) of this page.

Some providers also have their own eligibility requirements which apply in addition to the national criteria and cover their services only. If your chosen provider has their own additional criteria for acceptance of referrals, you must be able to meet these as well.

2.3 Access to services through the NHS Choice Framework – frequently asked questions

Can I use Right to Choose if I am already on the local NHS waiting list?

If you have already exercised your Right to Choose but then change your mind and wish to select an alternative provider, you will need to discuss the reasons for this with your GP. You cannot be on two waiting lists for the same referral at the same time, so the original referral will need to be cancelled before a new one can be made.

Who can make referrals to a Right to Choose provider for myself or my child?

Referrals to ADHD and Autism services under Right to Choose must be made by a GP. This applies regardless of whether the patient is a child, young person or adult. Please note that where adult ADHD assessment is required, the screening process will need to take place before referral can be considered. [See section 1.1: Overview of BNSSG NHS ADHD/Autism services for more details.](#)

Can the SENCO at my child's school refer to a Right to Choose provider?

No, school SENCOs cannot refer a child or young person via the Right to Choose route or to our locally commissioned Independent Sector providers. However, they can refer to Sirona care and health as a locally commissioned NHS provider for BNSSG only.

Onward referrals from another secondary care provider are also not permitted (for example a mental health professional in an acute NHS hospital) and in this scenario, they would need to request that your GP makes the referral. You cannot self-refer to a Right to Choose provider for NHS care.

Rules around who can refer under the NHS Choice Framework are set nationally and [more information can be found on the NHS Choice Framework webpage](#).

Can I use Right to Choose for a second opinion or reassessment?

No. Right to Choose only applies to the first referral for a new episode of care. It cannot be used for a second opinion, reassessment or follow-up if you have already received a diagnosis.

There is no legal right to a second opinion in the NHS and the decision as to whether to re-refer a patient to an alternative diagnostic service sits with the GP to agree whether it is clinically appropriate.

Does Right to Choose apply to treatment as well?

No. Right to Choose does not apply to choice of treatment. However, once an individual has been referred under Right to Choose to a non-NHS independent sector provider and accepted as a patient, they must be treated under the specifications in the qualifying/host commissioner contract. This means that the provider will deliver the service in the same way as they would for a patient registered with a GP in the host commissioner area.

Services may be delivered differently in the host commissioner's area and the patient's own ICB area.

For example, **ICB area A** may have separate arrangements for ADHD medication titration. Its contracts with independent sector providers may therefore cover assessment only.

If a patient from **ICB area B** is referred to that provider under Right to Choose, the patient may only be able to access assessment. This could cause difficulties if the patient later wishes to try medication but the provider's qualifying contract does not cover it.

If you may wish to consider medication, check the provider's NHS service offer before referral.

Please [see section 3: Choosing a provider and getting a referral for more information](#).

A provider offers NHS-funded services under Right to Choose but also sees patients privately. What's the difference between the two?

Right to Choose means that the provider will have an NHS Standard Contract for one or more specific service(s) issued to them by an NHS Integrated Care Board (ICB) or NHS England (NHSE). This enables them to deliver NHS services under their contract, for which they can receive payment from the NHS. Services referred to as "private healthcare" are those where a qualifying contract is not held with an ICB or NHS England. They are not classed as 'NHS services' and the Provider is not able to receive payment from the NHS for services provided.

Services delivered privately must be paid for by the patient including any ongoing medication. The NHS does not provide reimbursement for privately provided services under any circumstances. Some providers deliver both private and NHS services, so it is important to understand the difference between these before a referral is made as some private services may not be included in the NHS-funded offer.

How does a Provider become eligible to deliver services under Right to Choose?

In England, ICBs are responsible for the commissioning of local healthcare services and are required to support patient choice. To fulfil this requirement, ICBs will have a locally commissioned service, but may also commission services from a range of alternative Providers through an accreditation process that follows relevant procurement regulations. This process ensures that the provider is able to meet the standards and requirements of a comparable NHS service already commissioned in their area before they are awarded a contract. Once a Provider holds an NHS commissioned contract for a specific service(s) they are eligible to receive referrals for that service from GPs on behalf of patients based anywhere in England. The geographical location of a Right to Choose provider does not restrict where in England GP referrals can be accepted from. However, you should check whether the appointments are delivered in person or remotely (online) if this will impact your ability to access the service. Please [see section 3: Choosing a provider and getting a referral for more information](#).

Can an independent sector provider obtain a contract with an ICB in one location and then open a separate facility and provide services under Right to Choose from that new location as well?

No. The commissioned service must be provided to patients from the location as specified in the original host ICB contract. However, by their very nature, virtual assessment and treatment services can be provided to any geographical location across England and therefore the original contract can lawfully be applied on a Right to Choose basis to patients from anywhere in England if the referral is clinically appropriate.

Who pays for Right to Choose?

Services delivered by Right to Choose providers are funded through the NHS. ICBs are responsible for paying for Right to Choose services received by patients who are registered with a GP in the area the ICB has commissioning responsibility for. Patients are not charged for any services received from a Right to Choose Provider.

Section 3: Choosing a provider and getting a referral

3.1 Deciding which provider to choose

[Section 1.1: Overview of BNSSG NHS ADHD/Autism services](#) lists all BNSSG ICB commissioned services and you can choose one of these where applicable. Please note that the Primary Care assessment service is only available to patients registered with participating GP practices and only where the referral is non-complex, as identified through the screening process.

If you decide that you wish to access an alternative provider through the NHS, then this would fall within the scope of the NHS Choice Framework.

There is currently no national database which lists all eligible Right to Choose providers of ADHD and Autism assessment and treatment services; however, in BNSSG we have developed information resources which we share with GPs and primary care colleagues. These include both locally commissioned NHS and independent sector services as well as providers who are known to hold a Right to Choose qualifying contract for the service with another ICB.

We recognise that there are many providers offering these services, and it can be hard for patients to decide who to choose; so we aim to keep these resources up to date as we become aware of new providers. View the [BNSSG Remedy Right to Choose provider information](#). Remedy is written mainly for clinicians, so you may find it helpful to review the information with your GP.

3.2 Things to consider when making your choice

If locally commissioned services are not your preferred choice and you decide that you would like to be referred to an independent sector provider via the NHS Choice Framework, then there are a number of factors that you should think about when deciding which one will best meet your or your child's needs. We have included the most common considerations below, along with an explanation of what these mean and why they are important. You should discuss these with your GP before referral.

Waiting times for first appointment or treatment

- Waiting times are dependent upon the provider you have been referred to and the demand for their service. These are variable across the sector.
- Some providers have begun to publish this information on their websites and you can also contact them directly to ask about this.
- The provider may also have a waiting list to begin treatment. It is not unusual for a patient receiving a diagnosis of ADHD to then be added to a waiting list to begin medication.

Location/format of appointments

- A significant number of Right to Choose providers offer an entirely virtual assessment and treatment service which means that all appointments will take place online rather than in person at a physical location.
- If you are seeking a service which is delivered virtually, you will need access to a compatible device and must be able to engage with an online appointment.
- An increasing number of Right to Choose providers are also now starting to offer in-person appointments at a physical location during the assessment and/or treatment phase. Some ICBs have started to add a requirement for at least one in-person appointment as a condition of the provider contract, especially where the assessment is for a child.

- A small number of Right to Choose providers do not offer any option for virtual assessment services and all appointments will be conducted in person at a physical location. If you select a Right to Choose provider who only offers in-person appointments then you should ask where in England the appointment will be as the physical location is extremely unlikely to be in BNSSG. In-person appointments would only take place in BNSSG with one of our NHS providers. [See section 1.1: Overview of BNSSG NHS ADHD/Autism services for information about these.](#)
- In-person appointments will normally be delivered in the area of England where the provider holds their contract and so you should be able to travel and bear the associated costs (including accommodation if applicable).
- You should consider which appointment format best suits your needs as providers are obliged to follow the requirements in their host commissioner contract. Where this contract is held in another area of England and there is a mandatory requirement for appointments to be delivered via a specific format, this will apply to everyone accessing the services, regardless of the ICB area they are from. Under no circumstances will BNSSG ICB be able to request an exception to the format of appointments in a contract held with another ICB area.

Availability of treatment

- This will be discussed with your health professional post-diagnosis and they may suggest trying medication (available for ADHD only) and/or signposting back to local services.
- All medicines can cause side effects. Discuss these with your healthcare professional before deciding whether to start treatment.
- If you decide that you wish to try medication to manage your ADHD symptoms, the provider will work with you to trial types of medication and dosages. This is known as “titration”.
- ADHD medication falls under the classification of controlled drugs and guidance provided by the National Institute for Health and Care Excellence (NICE) states that “All medication for ADHD should only be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD”.
- The patient then needs to be monitored by the specialist healthcare professional for a minimum of 3 months and continuation of prescribing can only happen once they are optimised on the chosen medication with no anticipated further changes expected in the immediate future. This is often referred to as being “stable” on medication.
- There is no medication option following Autism diagnosis, although some providers may offer or signpost back to local services for post-diagnostic support such as advice on lifestyle changes and care planning. Post-diagnostic support is also sometimes available following ADHD diagnosis, either as alternative or in addition to medication.
- If you are seeking non-medical support, either following an ADHD diagnosis or for Autism, you should check before referral whether this is included in the service offered by your chosen provider.

Options for ongoing care

If you are diagnosed with ADHD and opt for medication, arrangements will need to be made for the continuation of prescribing once a dose has been stabilised. There are two options for this:

- **Shared Care:**

Shared care is when a GP agrees to work with the provider in managing your ongoing care. However, this is entirely at the GP's discretion, and GPs are not required to accept shared clinical responsibility.

- **Non Shared Care – ongoing prescribing by provider:**

If your GP does not agree to shared care, the provider may be able to continue prescribing and reviewing your medication. However, this is only possible if ongoing prescribing is included in the provider's qualifying contract. If the contract does not allow ongoing prescribing and your GP does not agree to shared care, you may be left without access to medication. **Check this before referral, as it may affect your choice of provider.**

Other people's experience of the provider

You may wish to review feedback from people who have used the service. Sources include:

- the [NHS Friends and Family Test](#);
- the [Care Quality Commission website](#);
- reviews on the provider's website;
- independent review websites such as Google or Trustpilot.

The NHS is not responsible for the content or accuracy of information on third-party websites, including providers' own resources.

3.3 Choosing a provider and getting a referral – frequently asked questions

Can I choose any provider?

No. You can only choose a provider who holds an NHS qualifying contract for the service you want to be referred for and your GP agrees that a referral is clinically appropriate.

Can I choose a provider who isn't listed on Remedy?

The list published on Remedy is a representation of the services BNSSG ICB is aware of at a specific point in time. Right to Choose services are continually evolving, with new providers being awarded qualifying contracts as well as existing providers expanding their service offers. If the provider you wish to choose is not on Remedy, you or your GP can contact BNSSG ICB Customer Services team, who can arrange for the provider's contract status to be checked. The referral can take place if the provider is found to hold a qualifying contract and your GP agrees that referral to the service is clinically appropriate.

In the case of referral for adult ADHD assessment, this will be subject to the pre-screening process outlined in [section 1.1: Overview of BNSSG NHS ADHD/Autism services](#).

If the provider does not hold a qualifying contract and you wish to access NHS-funded care then you will need to choose an alternative provider who does. It is important to understand what service the provider offers as part of the choice you make and your GP may not necessarily know the difference between them as there are many providers operating across England who can deliver services under Right to Choose.

How long will it take for the Right to Choose provider to offer me an appointment?

You should contact the provider directly for this information. BNSSG ICB does not hold information about waiting times for individual providers of Right to Choose services.

Does the provider need to be local?

No, you can choose providers from anywhere in England as long as they hold a qualifying contract for the service you wish to access. Some offer online (virtual) assessments or clinics in different parts of the country. If you choose a provider that does not offer online assessments then you must be able to travel to their location as they will not be able to deliver the service in the BNSSG area if they do not hold a qualifying contract with BNSSG ICB.

What if my GP doesn't accept shared care?

In this scenario, the clinical responsibility for your ongoing care will remain with the provider, however, they can only continue providing medication following the end of titration if this is covered in their host commissioner contract. Not all ICBs include provision for ongoing prescribing in their provider contracts, so it is important to understand this before referral. If the provider can retain clinical responsibility for ongoing prescribing, they may require you to travel to their premises for physical face-to-face appointments, so this should also be factored into your decision on which provider to choose.

My chosen provider has told me that their contract doesn't allow them to prescribe ADHD medication once my dose has been stabilised and my GP will not agree to shared care. What should I do?

Some Right to Choose providers holding contracts with ICBs in other areas are commissioned to undertake the medication titration process, but not to retain patients for long-term prescribing and monitoring of medication. This is because the service is commissioned according to the needs of the local population.

As previously advised, before referral you should discuss the option of shared care with your GP and check whether the provider you wish to choose can retain you as a patient for long-term medication prescribing if this is not available. You should also consider factors such as what might happen if you were to move to a different GP practice or area where there is no shared care and whether you would still be able to access your medication under an NHS-funded pathway.

Do I need to apply for exceptional funding/prior approval from the ICB to use Right to Choose?

Services that are in scope of Right to Choose do not usually require agreement for exceptional funding or prior approval from the ICB before a referral can be made. However, if the referral is for adult ADHD assessment, the AWP screening team must establish that a full assessment is appropriate, as described in [section 1: Overview of services](#). Patients and providers will also need to meet the eligibility criteria set out in [section 2.2: Eligibility criteria for Right to Choose](#).

I asked for a referral for an adult ADHD assessment, but the screening outcome says that ADHD is not indicated. I don't agree with this and would like a full assessment. Is there anything I can do about this?

If you don't agree with the outcome of the initial screening and you believe this is based on incomplete information available to the screening team, you can provide further information, and your GP or Screening team can consider this. If your GP is of the clinical opinion that your presentation warrants full assessment then they can override the screening result and proceed with a referral.

Please remember that Right to Choose relates to choice of provider, not a right to referral.

Section 4: What to expect once a Right to Choose referral has been made

4.1 Confirmation from the GP or provider

Once your GP practice has made the referral, you may receive a message confirming this, although confirmation is not guaranteed. GP practices process many referrals for physical and mental health services and may not have the capacity to confirm every referral routinely. You can ask the practice's Care Navigators whether confirmation is normally sent.

The provider may confirm receipt of the referral either to you or to your GP practice. The timing varies; some providers confirm receipt immediately, while others wait until the referral has been reviewed.

The provider may ask you to complete additional questionnaires. Return these promptly, as you may not be added to the waiting list until they are received.

4.2 Referral outcome

Acceptance of referral would normally happen following triage. If the provider is unable to accept you as a patient for any reason, they should contact you or your GP to explain the reasons for this. Providers are contractually required to accept clinically appropriate referrals made under Right to Choose, regardless of which ICB they hold their contract with.

4.3 Waiting times

There has been a significant increase, both locally and nationally in demand for ADHD and/or Autism assessments in recent years, for both locally commissioned NHS providers and also independent sector providers accessed under Right to Choose. As a result, waiting times have increased; with providers in some parts of the country reporting waits of several years.

This increase is well documented in the media and also the recent NHS England [ADHD task force report](#).

If you or your child are on a waiting list for ADHD or Autism assessment, your provider may conduct 'Waiting Well' checks to ask if there has been any change in your or your child's presentation, find out if you are accessing any other support and to confirm that you wish to remain on the waiting list.

At BNSSG ICB, we understand that waiting for specialist healthcare can be difficult and we are committed to supporting our patients to wait well where possible. There are a number of resources for adults and children that you can access based on your needs, without a diagnosis.

BNSSG Neurodiversity Hub

We have recently launched a new Neurodiversity Hub which includes resources and signposting aimed at Children, Young People and adults which you may find beneficial. Visit the [BNSSG Neurodiversity Hub](#). This is a new resource and we'd love to hear your thoughts on it. If you found this useful or want to talk about any areas you think should be improved or updated, please contact our [BNSSG ICB Customer Services team](#) with your feedback.

Children and Young People Neurodivergent needs-led approach

- The needs-led approach focusses on early understanding of a child's strengths and challenges and helps families to access the support and information needed for their child to thrive.
- It provides support without the need for a formal clinical diagnosis first, although if assessment is required, it can still be accessed. Please follow this link for further information about the new approach: [Support for children and young people with neurodivergent needs – Children and Young People's Services](#)

Local Offer (Children and Young People only)

Your child does not need to have been assessed for Autism or have an Education, Health and Care Plan (EHCP) to be able to access the local support offer in your area.

Information on the local offer in your area is available from:

- [Bristol Local Offer](#)
- [North Somerset SEND Hub and Local Offer](#)
- [South Gloucestershire support for children and families](#)

There are also resources for Children and Young People on the [BNSSG Neurodiversity Hub](#).

Other support

This is available in BNSSG from your GP or by calling NHS 111 and selecting option 2 for mental health. The NHS 111 mental health service is available 24 hours a day, 7 days a week, and offers support and signposting to other local services.

4.4 Provider activity plans

In BNSSG, we set activity plans for the main Right to Choose providers serving people in our area, detailing the overall levels of activity they will provide for BNSSG residents each year. This approach is used for commissioning physical health services as well as mental health services accessed via Right to Choose (services in-scope of patient choice) and helps us to balance overall supply and demand across all services (primary care, urgent care, elective care, cancer care, community and mental health) while meeting our legal duty to stay in financial balance. Activity plans are implemented by financial year, which runs from 1st April to 31st March the following year.

Once a provider has delivered all activity in line with their plan for the year, they will not be able to undertake assessments for newly referred patients until the following financial year and your referral may be placed on a waiting list in the meantime. This only applies to new referrals and should not impact those who have already received an ADHD diagnosis and wish to move onto a medication pathway with the same provider.

4.5 What to expect once a Right to Choose referral has been made – frequently asked questions

I'm really struggling with my mental health while I wait for my assessment. What can I do?

You do not need to wait for an assessment before you can ask for support. [Please see section 4.3: Waiting times \(above\) for information on services you can access based on your needs, without a diagnosis.](#)

Please do not suffer in silence. As well as the resources mentioned above, there are other means of emotional and mental health support that you can access and some of these don't require a referral. [Find mental health services and support in BNSSG](#).

The provider I've been referred to for assessment has told me that I will need to wait for my appointment as the ICB funding has run out this year. Why can't the ICB provide more funding so that people don't have to wait?

Principle 6 of the NHS Constitution includes a commitment to “*providing the best value for taxpayers' money and the most effective, fair and sustainable use of finite resources*”. In practice, this means that ICBs are required to use funding in a way that benefits everyone the NHS serves, across primary care, urgent care, elective care, cancer care, community and mental health. For transparency the budget for Right to Choose ADHD and Autism activity to be commissioned in 2026/27 was increased by **66%** from 2025/26, a significant investment by BNSSG ICB to recognise the growing demand in this sector. The significant growth in referrals presents a key financial risk to the ICB and could affect the resources available for other clinically urgent services.

Why are the ICB restricting Right to Choose in this way?

The setting of activity plans does not restrict your right of choice of who provides your care and you can still request a referral for ADHD and/or Autism assessment under Right to Choose.

Likewise, a Right to Choose provider cannot refuse to accept a clinically appropriate referral if they reach their activity limit, but new patients will be added to a waiting list for the next financial year.

The provider I've been referred to has told me that my ICB has paused Right to Choose appointments and that I will need to wait. How long will it be before I am offered an appointment?

The ICB has not asked providers to pause appointments but if the provider has been issued with an activity plan, they are required to operate within the funding available to them. If they reach the limit of this within the financial year then they will need to add new referrals to a waiting list for the following financial year.

BNSSG ICB does not hold information on waiting times for individual providers and this should be available from them directly.

Section 5: Right to Choose ADHD/Autism assessment – the process before, during and afterwards

5.1 Before the assessment

Once the referral has been made and the provider can offer an appointment, they will contact you to arrange a suitable date. For adult ADHD referrals, this is subject to any required pre-screening.

You may need more than one appointment. For example, NICE guidance requires Autism assessments to involve a team of different professionals, so appointments may take place on different dates. The provider should explain the assessment arrangements when you book.

If your appointment is online, then the provider should send you a link to access it. You should contact them directly if you do not receive this or have any problems joining the assessment online. If you have a face-to-face appointment, you should be informed of the address and any specific requirements for accessing the venue.

You may be required to complete some questionnaires and submit these to the provider before the appointment so that your responses can be considered as part of the assessment. The provider might also request that a questionnaire is completed by someone who knows you well, for example a parent, sibling or close friend. For a child or young person, the provider may wish to liaise with their school or college and for an adult, the provider may ask someone who knew you as a child to complete a questionnaire.

5.2 Requesting reasonable adjustments

Under the [Equality Act 2010](#), "reasonable adjustments" are legal requirements designed to remove barriers for disabled people. They apply to workplaces, education, and services, ensuring disabled individuals are not placed at a "substantial disadvantage" compared to non-disabled people. The law applies to both physical barriers and workplace policies. The service will apply all the relevant standards to make reasonable adjustments for any protected characteristics.

If you need reasonable adjustments to attend a face-to-face or online appointment, these should be shared with the provider when the referral is made.

A provider may not be able to offer a particular adjustment if it conflicts with the requirements of its ICB contract. For example, a provider's contract may require the service to be delivered entirely online. In this situation, in-person appointments would not be available. You would need access to a compatible device and be able to attend appointments online. If this is not possible, the service may not meet your needs and the referral may not be clinically appropriate. The provider could not offer an in-person appointment as an adjustment if its contract does not allow this.

This is why it is so important to research the services offered by the provider before a referral is made. Information on format of appointments is included in the Remedy list where this information is available, however, it would also be advisable to check directly with your chosen provider.

5.3 What to expect during an ADHD or Autism assessment

This varies between providers, but usually involves:

- Talking about your life, school, work and social history.
- Questionnaires or interviews – if you have been asked to complete a questionnaire prior to your appointment, the assessor may wish to go over the responses to this.
- Discussion of additional reports or questionnaires from school, work or family.

5.4 If you are unable to attend your booked appointment

If you realise that you will be unable to attend your appointment then please let your provider know **as soon as possible**. If enough notice is given, they may be able to offer the timeslot to another patient and find an alternative for you.

Missed appointments or late cancellations (e.g. less than 24/48 hours prior to the booked time) may lead to you being recorded as “Did Not Attend (DNA)” or “Was Not Brought (WNB)” in cases where the patient is a child, young person or vulnerable adult. Many providers will discharge a patient back to their GP following multiple DNA or WNB, unless there are exceptional circumstances. If a patient is discharged because of repeated DNAs or WNBs, then, in most cases, the referral process will need to begin again and they will go to the back of the waiting list.

5.5 Cancellation by provider

Providers should make every effort to honour appointments that have already been booked but occasionally they may need to rearrange these due to unforeseen factors like unplanned staff absence. Where this occurs, they should book an alternative date which is mutually convenient.

5.6 Communication of the assessment outcome

Once the assessment process has finished, the assessor will review the information you have provided, along with the output of any questionnaires and they will make a decision on whether you meet the clinical threshold for a diagnosis of ADHD or Autism.

The assessor will then create an outcome report which should include things like a summary of the assessment, their findings, whether the clinical thresholds for diagnosis have been met and any recommendations for treatment or signposting to sources of support that they feel you might benefit from. Copies of the report will go to you and the GP who referred you.

5.7 Right to Choose ADHD and Autism assessment – the process before, during and afterwards – frequently asked questions

What is a late cancellation?

This refers to appointments which are cancelled at short notice, either by the provider or the patient. Providers may have a minimum notice period for appointment cancellation and rebooking, for example 24 hours, which if breached, may lead to the patient being recorded as “DNA”. Your provider should be able to advise on whether they have a minimum cancellation period.

When will I find out the result of my assessment?

As this approach varies, ask the provider when you book so that you know what to expect during your appointment. Some providers can give an initial result at the end of the assessment, but you may be offered a separate appointment to go through your outcome report. In many cases, you will be told the result of the assessment then. You can check this with the provider when you book your assessment so that you know what to expect.

Are the clinical thresholds for referral and diagnosis lower for private or independent provider referrals under RTC?

No, the clinical thresholds for referral and diagnosis should be the same regardless of the provider being used. Current NICE clinical criteria for diagnosis and referral can be found in the appropriate NICE Clinical Knowledge Summary and some ICBs may have local commissioning policies/referral thresholds in place. If you are concerned that the clinical thresholds used by the provider do not follow national guidance, then this should be discussed in the first instance with the ICB who commissioned the provider.

What happens if I am diagnosed with ADHD or Autism?

Your outcome report should explain the next steps. The provider should offer post-diagnostic support if they are commissioned to do this or signpost you to local services. For ADHD, post-diagnostic support may include medication, depending on whether the provider is contracted to provide this by their host commissioner ICB.

What happens if I don't meet the criteria for a diagnosis of ADHD or Autism?

If you are assessed and don't meet the criteria for a diagnosis, the provider should still advise on other ways to support your needs. This will include checking what is available in your local area. You don't need a diagnosis to access all forms of support. This includes an Education, Health and Care Plan (EHCP) where the patient is a child or young person.

Not receiving a diagnosis does not mean that your experiences are not real or important. It means that, based on the information available at the time, the assessment did not identify a neurodevelopmental profile that met the current diagnostic criteria.

Will I get help with medication for ADHD?

If medication is recommended to help with your ADHD symptoms, the provider will be able to discuss the options with you.

Can I choose a different provider to start treatment after my assessment?

No. Right to Choose cannot be used for medication only referrals and the provider who completes your assessment is expected to provide your diagnosis and initial treatment/titration.

I received my ADHD diagnosis from provider A but wish to move to provider B for my medication because provider A has a long waiting list for this. Is this possible?

We understand that there may be circumstances where a patient wishes to move to a different provider for treatment and if you are in this position, you should discuss this with the provider who completed your assessment and/or your GP.

If you are asking to move to a new provider due to shorter titration waiting times, the original criteria for Right to Choose assessment will apply, e.g. the GP must agree that this is a clinically appropriate referral. You should be aware that the new provider will need to review your original diagnostic report to confirm that it meets their clinical criteria for treatment. It is then their clinical decision as to whether to accept your diagnosis and place you on a medication pathway or perform

further assessment first. This could increase your overall waiting time, with little or no time saved compared with remaining with the provider that originally diagnosed you.

Section 6: ADHD medication and reviews through Right to Choose

6.1 Choosing ADHD medication

If you are diagnosed with ADHD, the assessor may recommend medication to help manage your symptoms. Taking medication is your choice, and some people prefer other ways of managing ADHD.

Discuss the options with the provider or your GP. You may also wish to find out about possible side effects and interactions with other medicines.

Consider any wider implications that may be relevant to you, such as declaring medication or a diagnosis when arranging travel insurance.

If you decide that you wish to try medication, you need to let the provider know so that they can add you to their titration list. Some providers have waiting lists for titration, and the length of the wait varies between providers.

When setting activity plans with our Right to Choose providers, the ICB has asked them to work within the funding available to schedule activity across the year in a way that means they can offer the full care pathway for each patient they assess, to include medication where required. This is designed to ensure that patients aren't waiting until the activity plan resets in the next financial year to be able to start medication.

ADHD medication needs to be initiated by a healthcare professional with training and expertise in the diagnosis and management of ADHD. Some ADHD medications fall under the classification of controlled drugs. There is then a minimum 3 month period of medication monitoring by the specialist healthcare professional and continuation of prescribing can only happen once the dose is optimised on the chosen medication with no anticipated further changes expected in the immediate future.

This is often referred to as being "stable" on medication. At this point, you will either be transferred back to your GP if they agree to begin shared care with the provider or you will stay with the provider for ongoing prescribing and monitoring. As stated in [section 3: Choosing a provider and getting a referral](#), you should check the availability of shared care with your GP and if this is not possible, you will need to ensure that you choose a provider who can continue to prescribe medication following stabilisation. [Section 3: Choosing a provider and getting a referral](#) includes more information on how ADHD medication is trialled.

6.2 Medication reviews

NICE guidance states that ADHD medication must be reviewed at least once a year by a healthcare professional with training and expertise in managing ADHD. This can be the provider who assessed you and in some cases within BNSSG, your GP may offer this service as part of shared care.

For children and young people under the age of 18, medication reviews may take place more frequently.

6.3 ADHD medication and reviews through Right to Choose: frequently asked questions

Will my GP have to arrange blood tests or ECGs before I start ADHD medication?

No. The provider is responsible for arranging any health checks, like heart rate, blood pressure or ECGs before starting medication. This applies throughout the treatment pathway.

Can I get ADHD medication from my GP?

You can but this is conditional. In all cases, you must complete the titration period with the provider and be stable on medication first. Your GP will need to agree to undertake continued prescribing under shared-care protocols. GPs can decline a shared care agreement, so you should check their position on this before referral.

What happens if I change GP practice after diagnosis under Right to Choose?

If you are receiving shared care from your current GP, you will need to ensure that your new GP will be able to agree to continue this arrangement once you have transferred. We would advise that you establish the new GP practice position around shared care before transfer (if possible).

If the new GP declines, the other option is for the provider to continue prescribing and monitoring. However, as previously noted, this is only possible where the qualifying contract that the provider is using for the purposes of delivering Right to Choose services allows for ongoing prescribing. You should also be aware that there may be a delay in accessing medication if moving from shared care to non-shared care where all your ongoing medication and reviews are undertaken by the provider.

To note, responsibility for funding your ongoing care will move to the ICB in the area you are registered with your new GP in if this is different from the practice you were with at the time of diagnosis.

Can I use Right to Choose to access ADHD medication?

No. Right to Choose cannot be used for medication only services.

I have been diagnosed with ADHD by an NHS service in the last few years and now I would like to use Right to Choose for medication. Is this possible?

This is dependent on how long ago your diagnosis was made and whether your needs have changed since then. Patient choice guidance states:

“the obligations to offer choice of provider and team do not apply to any person already receiving care and treatment for the condition they are being referred for (although it does apply for new episodes of care regardless of whether a patient has been seen for a condition previously)”.

[NHS England patient choice guidance](#)

If this is a new episode of care, you may need to repeat all or part of the original assessment.

If I get my diagnosis through a Right to Choose provider, can I move back to the local NHS service for follow-up or treatment?

Usually no. If you choose an assessment through Right to Choose, the provider who assessed you is expected to continue supporting you afterwards, unless there's an exceptional clinical reason to transfer your care or the provider's contract is for assessment only.

Can I get shared care medication if I have already had an ADHD assessment somewhere else?

The answer depends on how your ADHD assessment was arranged and funded.

Scenario A: I had an NHS-funded Right to Choose ADHD assessment, diagnosis and titration

Yes, if your GP practice agrees to provide shared care with your provider and then your GP will take on prescribing.

If your GP declines then the provider you were referred to will need to retain full responsibility for your ongoing care (subject to the specifications in their qualifying contract).

Scenario B: I paid privately for my ADHD assessment (with or without private titration/medication)

It is the decision of the GP and if they decline shared care then you will need to pay privately for ongoing prescribing and medication.

Will I wait longer for medication if I move back into NHS care after Right to Choose?

Yes. There are often waiting lists when returning to local NHS services, especially if shared care is not agreed. We advise staying with the same provider for both assessment and treatment, where possible, for continuity of care.

What if I have taken a break from treatment and want to re-start?

You must contact your original provider directly. Many providers will have policies that if treatment is paused for a certain period (e.g. 3 months) you may be discharged. In these cases, NHS treatment may involve longer waits or require new referrals, but Right to Choose does not apply again. Please note that the NHS trust may wish to repeat all or part of the assessment.

Should treatment recommendations from RTC providers follow local guidance and policies such as local medication protocols?

Ideally the clinical pathway in the host ICB contract should include the type and need of ongoing care, including details of the allowed medicinal products and devices and associated terms. The provider must follow the terms of this contract for all the patients who are referred to them regardless of patient's responsible ICB. Therefore, the provider may not follow BNSSG local policies and protocols.

I have recently received an ADHD diagnosis, but now the provider has told me that I can't begin medication within this financial year because the ICB has paused funding. Why has this happened?

The setting of activity plans is not a pause in funding, rather it is the amount of activity that the ICB wishes to purchase from a provider within the financial year. This is clearly communicated to providers and the expectation of the ICB is that they plan activity in such a way that patients will be able to go through the full care pathway without needing to wait until new funding is agreed in the next financial year.

I haven't received my prescription yet and I'm about to run out of ADHD medication – what can I do?

Action in these circumstances is dependent on the following factors:

- Whether or not you are stable on medication and if so;
- Who is responsible for long-term prescribing – the provider or the GP under shared care

Prescription issues while still in the titration stage OR where stabilised and medication is being issued by the provider: You should contact your provider in the first instance as they will be responsible for issuing your prescription.

Shared care from GP: You should contact your GP practice.

If you experience further problems, you can contact BNSSG ICB through our Customer Services team. However, we will only be able to help by contacting the organisation responsible for issuing your prescription. We cannot arrange or prescribe emergency medication during this period and would instead aim to support you to resolve the issue with the responsible organisation.

Section 7: Further information

7.1 Regulation of ADHD and Autism providers

NHS and Independent Sector providers are regulated and inspected by the Care Quality Commission (CQC), where they provide services regulated by the CQC. Further details are available on the [Care Quality Commission website](#).

In addition, the ICB with which the provider holds its contract is responsible for overall contract monitoring. Where a patient is accessing a service under Right to Choose and is registered with a GP outside of the area, their ICB has the protection of the host commissioner contract on an “implied” basis and they can raise queries etc directly with the provider.

7.2 Compliments, concerns and complaints

The provider delivering your care will have their own policies around compliments, concerns and complaints and you can ask them to provide copies of them. They may even make it available on their website. This should set out their standard procedure and minimum response times.

If you do not feel that you can raise a compliment, concern or complaint with the provider for any reason, you can contact [BNSSG ICB Customer Services](#) team instead on 0117 900 2655 or 0800 073 0907 (freephone) or email bnssg.customerservice@nhs.net.

If we think that we require information from the provider to address your compliment, concern or complaint then we will always seek your signed consent to share your personal information outside of the ICB. We will then liaise directly with the provider and inform you of their response.

7.3 Other sources of support for Children, Young People or adults with ADHD and/or Autism

BNSSG ICB does not currently commission any bespoke ADHD or Autism support services, however, there are mental health service providers in BNSSG that you may find it beneficial to talk to. [Find mental health services and support in BNSSG](#).

Appendix 1: Abbreviations, key words and phrases explained

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BNSSG	Bristol, North Somerset and South Gloucestershire.
CYP	Children and Young People (under the age of 18)
EHCP	Education, Health and Care Plan.
Eligible NHS Contract/Qualifying contract	The NHS Standard Contract issued by an ICB in England or NHS England, and which the provider is using for the purposes of delivering the Right to Choose service.
Host Commissioner ICB	The ICB holding a direct contract with the provider.
Independent Sector provider	A provider that is not an NHS organisation.
Integrated Care Board (ICB)	Local ICBs hold the budgets for primary and secondary care in their areas. They are responsible for commissioning services for their populations and are legally required to remain in financial balance.
NHS commissioned service	A service which is delivered on behalf of the NHS, which uses NHS funding and is free at the point of access.
SENCO	Special Educational Needs Coordinator – often found in educational settings such as schools and colleges.
Service Specification	A document contained within a contract held between the provider and the ICB. It includes the details of the service the ICB is buying from the provider, along with any national or local guidance that the provider must follow.

Appendix 2: Bibliography of links used throughout this document

- BNSSG ICB Contact Us page: <https://bnssg.icb.nhs.uk/contact-us/>
- BNSSG Neurodiversity Hub: <https://bnssghealthiertogether.org.uk/neurodiversity/>
- BNSSG Remedy: <https://remedy.bnssg.icb.nhs.uk/adults/mental-health/right-to-choose-adhd-asd-patient-choice/>
- BNSSG ICB website Mental Health Services page: <https://bnssghealthiertogether.org.uk/mental-health/services/>
- Care Quality Commission: <https://www.cqc.org.uk/>
- Equality Act 2010 Section 20: <https://www.legislation.gov.uk/ukpga/2010/15/section/20>
- Local offer for Children and Young People across BNSSG:
 - Bristol: <https://www.bristol.gov.uk/bristol-local-offer>
 - North Somerset: <https://n-somerset.gov.uk/my-services/children-young-people-families/send-hub-local-offer>
 - South Gloucestershire: <https://beta.southglos.gov.uk/children-and-families/>
- National Institute for Health and Care Excellence (NICE): <https://www.nice.org.uk/>
- NHS Choice Framework at gov.uk: <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>
- NHS Friends and Family Test: <https://www.england.nhs.uk/fft/>
- Report of the Independent ADHD Taskforce: <https://www.england.nhs.uk/publication/report-of-the-independent-adhd-taskforce/>
- Right to Choose: <https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/>