

# Policy for referral and assessment for Attention Deficit Hyperactivity Disorder (ADHD) for people under 25 years old

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Expiry Date:	April 2027
Name of author and title:	NHS Coventry and Warwickshire ICB
Name of reviewer and title:	Dr Mike Caley, Deputy Chief Medical Director
Department:	Medical Directorate

## VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
08/04/2025	2.0	QIA amended	Quality, Safety and Experience Committee – 08.04.2025

16/09/2025	3.0	Minor refinements made to EQIA.	Quality Impact Assessment Panel 18.09.2025  Revisions approved by Deputy Chief Medical Director 16.09.2025 under Category 2 of the ICB's Policy Approval and Management Policy.
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## 1. Category: Threshold

Threshold policies are those in which a clinical threshold has been set which needs to be met before funding will be made available for treatment.

This commissioning policy has been produced in order to improve equity, consistency and clarity relating to the referral and assessment of patients with ADHD. This policy predominantly relates to the commissioning of ADHD services for patients aged 0-24 years plus 364 days by the Coventry and Warwickshire Integrated Care Board (CWICB).

## 2. Background

ADHD is a neurodevelopmental disorder that leads to difficulties such as hyperactivity, inattention and impulsivity. ADHD can impact the patient's ability to function in different areas of life e.g. relationship difficulties, poor work or school performance and low self-esteem.

NICE guideline NG87 (Attention deficit hyperactivity disorder: diagnosis and management) states that if a patient's behavioural and/or attention problems suggestive of ADHD persist with at least moderate impairment, the patient should be referred to the secondary care team; a child psychiatrist, paediatrician, or specialist ADHD professional (ADHD specialist is a professional with training and expertise in the diagnosis of ADHD) for assessment.

As per NG87 1.2.7, if the patient (aged 0-18 years) has behavioural and/or attention problems suggestive of ADHD are having an adverse impact on their development or family life, consider:

- a period of watchful waiting of up to 10 weeks
- offering parents or carers a referral to group-based ADHD-focused support (this should not wait for a formal diagnosis of ADHD).
- If the behavioural and/or attention problems persist with at least moderate impairment, the patient should be referred to secondary care (that is, a child psychiatrist, paediatrician, or specialist ADHD CAMHS) for assessment. [2008, amended 2018]

As per NG87 1.2.10, if the patient (aged up to 24 years plus 364 days) presents with symptoms of ADHD in primary care or general adult psychiatric services, who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, where there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:

- began during childhood and have persisted throughout life
- are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions)
- have resulted in or are associated with moderate or severe psychological, social and/or educational or occupational impairment.

## 3. Indication

Patients aged 0-24 years plus 364 days requiring ADHD assessment can only be referred by their GP and must meet the eligibility criteria set out below in section 4 below.

## 4. Eligibility Criteria

All patients must be aged less than 25 years at the date of the referral for an assessment.

### **Child (aged 0-18 years); ADHD assessment criteria:**

- The patient presents in primary care with persistent behavioural and/or attention problems with at least moderate impairment suggestive of ADHD which are having an adverse impact on their development;

### **AND**

- The provider is able to prescribe medication directly to the patient. If the patient's GP is willing to enter into a shared care agreement the provider must provide a mutually agreed shared care agreement and continue to monitor the patient according to this;

### **Adult (aged 19-24 years plus 364 days); ADHD assessment criteria:**

- there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:
  - began during childhood and have persisted throughout life; **and**
  - are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions); **and**
  - have resulted in or are associated with moderate or severe psychological, social and/or educational or occupational impairment.

### **AND**

- The provider is able to prescribe medication directly to the patient. If the patient's GP is willing to enter into a shared care agreement the provider must provide a mutually agreed shared care agreement and continue to monitor the patient according to this.

New referrals for patients aged 25 and over is not currently commissioned, however patients on the waiting list or under follow up will be funded.

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the assessment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to CWICB.

## 5. Commissioning position

- Provider must have access to premises within Coventry and Warwickshire to offer assessments via a blended approach i.e. in person, by telephone or digital. Where patients are aged 0-18 years, there must be at least one face to face consultation at the premises within Coventry and Warwickshire during the assessment. Assessment and follow up consultations for patients 18-24 years plus 364 days can be completely remote, if clinically appropriate. This will be based on the individual's preferences, ensuring people are enabled to, and do not face barriers in, accessing services, as per NICE guidelines NG87 regarding what is clinically appropriate and what is safe.
- The ICB will not routinely fund a second opinion.

In line with NG87, the multidisciplinary specialist ADHD team and/or clinic for patients aged 0-24 years plus 364 days must have expertise in the diagnosis and management of ADHD.

The specialist service for assessing ADHD in adults must include:

- a specialist adult psychiatrist; or
- an appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD

The specialist service for assessing ADHD in children must include:

- a specialist child psychiatrist; or
- a paediatrician – a specialist in children's health; or
- an appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD

The diagnosis of ADHD must follow NG87 and only made by the above specialist service on the basis of:

- a full clinical and psychosocial assessment of the CYP or Adult; this should include discussion about behaviour and symptoms in the different domains and settings of the CYP's or Adult's everyday life **and**;
  - a full developmental and psychiatric history **and**;
  - observer reports and assessment of the young person's mental state.
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- All medication for ADHD should only be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD. After titration and dose stabilisation, prescribing and monitoring of ADHD medication should be carried out under Shared Care Protocol arrangements or direct prescribing with primary care.

## 6. Guidance/References

<https://www.nice.org.uk/guidance/ng87>

<https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

## 7. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

**Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.**

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

### Quality Impact Assessment

#### Quality and Equality Impact Assessment

<b>Scheme Title:</b>	Policy for referral and assessment for Attention Deficit Hyperactivity Disorder (ADHD) for people under 25 years old.		
<b>Project Lead:</b>	Dr Mike Caley, Deputy Chief Medical Director	<b>Senior Responsible Officer:</b>	Dr Imogen Staveley, Chief Medical Officer
		<b>Quality Sign Off:</b>	15 05 2025
<b>Intended impact of scheme:</b>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for the referral and assessment for people who may have Attention Deficit Hyperactivity Disorder (ADHD) supports the objective to prioritise resources and provided within the context of the needs of the overall population, evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.</p> <p>The ICB has introduced this temporary policy for the following reasons:</p> <ul style="list-style-type: none"> <li>• At present, there is no threshold of severity for referrals into the CYP and Adult services. This means that the service has no way of controlling demand and patients who are most unwell or most at risk may not be identified or prioritised.</li> <li>• ICBs have a responsibility for making sure that CYP receive any health provision set out within their Education Health Care Plans (EHCP). At present, there is no prioritisation of patients with requirements in their EHCP to receive an ADHD assessment.</li> </ul>		

	<ul style="list-style-type: none"> <li>• The demand severely outstrips the capacity of the adult neurodevelopmental and the CYP ADHD assessment and diagnostic services at CWPT, hence the large and growing waiting lists. Demand has grown exponentially over the last 5 years across the whole country, not due to a sudden increase in prevalence but instead improved recognition. However, there is no direct funding source for ADHD (it is specifically excluded from the Mental Health Investment Standard) so any increase in funding would need to be taken from another budget area.</li> <li>• Right to Choose providers have quickly grown in number to support NHS Trusts with waiting lists. There is no threshold for entry into these services which means that demand cannot be controlled resulting in an increasing spend to ICBs (£2.5m in 24/45 in C&amp;W). <ul style="list-style-type: none"> <li>o In addition, private and third sector services vary greatly in cost and quality. Some services offer a 'diagnosis only' service. This means that after typically long waits for assessment and diagnosis, patients then return to the NHS for medication and are either directed to shared care arrangements (see below) or for CYP where CWPT psychiatrists are unable to accept many of the diagnoses from Right to Choose (RTC) providers due to quality of assessment or report a local assessment / diagnosis is required, which is a concern for the CYP and families as they are returned to the extremely long waiting lists. For adults who are assessed via RTC there is no re-entry unless they are under 25yrs and diagnosed via an NHS trust</li> </ul> </li> <li>• Recent anecdotal evidence suggests that GPs are uncomfortable entering into Shared Care Agreements (SCAs) with Right to Choose and Independent providers due to the variable quality assessment reports, inconsistent medication review arrangements and poor communication.</li> <li>• Some patients are not able to get their ADHD medication on the NHS due to GPs opting out of SCAs.</li> <li>• CWPT are not able to transfer some patients to SCAs which means that trust capacity is not being used to assess and diagnose, it is used to manage prescribing.</li> </ul> <p>For many children, a diagnosis can be life-changing—helping them stay in school, develop social skills, succeed in exams, and learn how to function and thrive in society.</p>
<p><b>How will it be achieved:</b></p>	<p>Through the process detailed in this document.</p> <ul style="list-style-type: none"> <li>• Rebalancing access to ADHD assessment, new referrals for those over 25 years old will be stopped. £1m savings from this change will be repurposed and spent on referrals for those under 25 years old and this will reduce the waiting list and thus speed up time to diagnosis for this cohort of patients.</li> <li>• Standardising the provision of services commissioned.</li> <li>• Reducing ICB costs for this service.</li> </ul>

<b>Name of person completing assessment:</b>	Lucy Dyde & Kate Ray
<b>Position:</b>	IFR Team Manager and Mental Health Transformation Managers
<b>Date of Assessment:</b>	13.03.2025

<b>Quality Review by:</b>	Anna Crane, Sarah Chamberlain, Valerie Chin-You, Petty Trowell, Micaela Loveridge
<b>Position:</b>	Quality Team Members
<b>Date of Review:</b>	15 05 2025 & 18 09 2025

### High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	<b>X</b> <b>For CYP under 25</b>	<b>X</b> <b>For Adults over 25</b>		Policy to implement NICE guideline NG87 for eligible patients to receive clinically effective NHS funded assessment for ADHD. This policy will predominantly support children and young people for new referrals as well as adults that have already been referred in. There is no commissioning for new diagnoses for those over	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g.

					<p>25 years. The ADHD assessment service locally and nationally has significant capacity issues. By commissioning an assessment service focusing on children and young people (CYP) under 25, from appropriately qualified providers, CWICB will ensure that the service is focused on those individuals where ADHD has the most adverse impact on their development.</p>			<p>digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is</p>
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									<p>under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Patient experience	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		The focus on CYP ensures the patient cohort most impacted is supported and reduces significant waiting lists.	3	4	12	<p>Adults who have already been referred will be seen.</p> <p>Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be</p>

									<p>signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to</p>
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									<p>themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Patient safety	x			The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system				

					as per individual policy/procedures to protect patients and maintain safety.				
	Parity of esteem	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Policy to implement NG87 guidance for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, This service is open to all CYP, no matter their health needs, that meet the age criteria. All providers must deliver services to patients with various needs and ensure the buildings provide appropriate access.	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.  Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the

									<p>commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350</p>
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									weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.
	Safeguarding children or adults	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.  Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding

									<p>Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned</p>
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									service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.
<p><b>NHS Outcomes Framework</b>          Could the scheme impact positively or negatively on the delivery of the five domains:</p>	Enhancing quality of life	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		<p>Patients eligible for NHS funded treatment will experience an improved access to service and desired outcome. The service is focused on those individuals where ADHD has the most adverse impact on their development.</p> <p>Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p>	3	4	12	<p>Adults who have already been referred will be seen.          Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate</p>

									<p>use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults</p>
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									referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.
	Ensuring people have a positive experience of care	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Increased opportunity for patients to access the service via patient choice. CYP will have access to choose their provider for the delivery of their ADHD assessment in line with policy criteria. Adults aged over 25 may perceive this temporary change negatively.	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.  Where adults aged 25 and over present with complex clinical

										presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.
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									As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.
	Preventing people from dying prematurely			x	Not applicable for this service.				
	Helping people recover from episodes of ill health or following injury			x	Not applicable for this service.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	x			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
<b>Patient services</b> Could the proposal	A modern model of integrated care, with key	<b>X</b> <b>For CYP</b>	<b>X</b> <b>For</b>		Policy to implement NG87 for referral and	3	4	12	Adults who have already been

<p>impact positively or negatively on any of the following:</p>	<p>focus on multiple long-term conditions and clinical risk factors</p>	<p><b>under 25</b></p>	<p><b>Adults over 25</b></p>		<p>assessment of ADHD.</p>				<p>referred will be seen.  Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is</p>
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									<p>open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
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	Access to the highest quality urgent and emergency care			<b>x</b>	Policy to implement NG87 for referral and assessment of ADHD. Urgent and Emergency care is not applicable for this service				
	Convenient access for everyone	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		<p>This policy applies to those CYP under 25 year of age at the point of referral, registered at an NHS CWICB GP practice and is available under patient choice. The legal right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> <li>• the patient has an elective referral for a first outpatient appointment</li> <li>• the patient is referred by a GP</li> <li>• the referral is clinically appropriate</li> <li>• the service and team are led by a consultant or a healthcare professional</li> <li>• the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service.</li> </ul> <p>Adults aged over 25 will temporarily be unable to obtain an NHS</p>	3	4	12	<p>Adults who have already been referred will be seen.</p> <p>Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding</p>

					assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.				Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.  As of March 2025, Adults referred to the locally commissioned
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									service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.
	Ensuring that citizens are fully included in all aspects of service design and change			x	Nationally patient engagement and participation has been key to the policy design Patients are invited to participate in current providers National/Local staff satisfaction surveys to ensure ongoing engagement continues				
	Patient Choice	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		This policy applies to those CYP under 25 year of age at the point of referral, registered at an NHS CWICB GP practice and is available under patient choice. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> <li>• the patient has an elective referral for a first outpatient appointment</li> <li>• the patient is referred by a GP</li> <li>• the referral is clinically appropriate</li> </ul>	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking

					<ul style="list-style-type: none"> <li>• the service and team are led by a consultant or a healthcare professional</li> <li>• the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service.</li> </ul> <p>Again adults aged over 25 will experience a reduction or delay in assessment.</p>				<p>therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care</p>
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									<p>mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Patients are fully empowered in their own care	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Eligible children and young people will be able to access this service via their GP. These patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NG87. Although Adults will not be eligible for referral, they will be signposted to alternative support, e.g.	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g.

					digital, support groups and NHS talking therapies.				digital, support groups and NHS talking therapies.  Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is
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									<p>under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Wider primary care, provided at scale	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Patients can be referred by a GP. Where titration is indicated following assessment, Shared Care Arrangements will be required, or the provider must be able to prescribe the medication directly. Although Adults will not be eligible for referral, they will be signposted to	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be

					alternative support, e.g. digital, support groups and NHS talking therapies.				<p>signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to</p>
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									<p>themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
<p><b>Access</b> Could the proposal impact positively or negatively on any of the following:</p>	Patient choice	<p><b>X</b> <b>For CYP</b> <b>under</b> <b>25</b></p>	<p><b>X</b> <b>For</b> <b>Adults</b> <b>over 25</b></p>		This policy applies to those CYP under 25 year of age at the point of referral, registered at an NHS CWICB GP practice and is available under patient choice. The legal right to choose (RTC)	3	4	12	<p>Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain</p>

				<p>provider and team apply when:</p> <ul style="list-style-type: none"> <li>• the patient has an elective referral for a first outpatient appointment</li> <li>• the patient is referred by a GP</li> <li>• the referral is clinically appropriate</li> <li>• the service and team are led by a consultant or a healthcare professional</li> <li>• the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service</li> </ul> <p>Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p>			<p>an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding</p>
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									<p>concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Access	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Provider organisations must have access to premises within Coventry and Warwickshire and offer assessments via a	3	4	12	Adults who have already been referred will be seen. Adults aged

					<p>blended approach i.e. in person, by telephone or digital. All locations must be accessible via public transport, have car parking nearby and access for patient transportation vehicles for anyone with a medical need.</p> <p>Again adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p>			<p>over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services,</p>
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									<p>where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Integration	<b>X For CYP</b>	<b>X For</b>		Patients will need to be referred by their GP.	3	4	12	Adults who have already been

		<b>under 25</b>	<b>Adults over 25</b>		<p>Where titration is indicated following assessment, Shared Care Arrangements will be required, or the provider must be able to prescribe the medication directly.</p> <p>Again adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p>				<p>referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is</p>
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									<p>open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
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<b>Compliance with NHS Constitution</b>	Quality of care and environment	<b>x</b>			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
	Nationally approved treatment/drugs	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		Policy to implement NG87 for eligible patients to receive clinically effective ADHD assessment and treatment.  Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.  Where adults aged 25 and over present with complex clinical presentations,

									advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care mental health services and assessed as presenting a high risk to themselves or others.
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									As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.
	Respect, consent and confidentiality	<b>x</b>			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	<b>X For CYP under 25</b>	<b>X For Adults over 25</b>		<p>Patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NG87.</p> <p>Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking therapies.</p>	3	4	12	Adults who have already been referred will be seen. Adults aged over 25 will temporarily be unable to obtain an NHS assessment, they will be signposted to alternative support, e.g. digital, support groups and NHS talking

									<p>therapies.</p> <p>Where adults aged 25 and over present with complex clinical presentations, advice regarding the appropriate use of the Individual Funding Request (IFR) route should be sought from the commissioner. Such complex presentations may include situations where the individual is open and active with criminal justice services, where there are significant safeguarding concerns indicating a high risk of harm to themselves or others, or where the individual is under the care of crisis or urgent care</p>
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									<p>mental health services and assessed as presenting a high risk to themselves or others.</p> <p>As of March 2025, Adults referred to the locally commissioned service experience around 350 weeks wait until an assessment, CYP experience around 717 weeks wait until an assessment.</p>
	Complain and redress	x			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply.				

\*Risk score definitions are provided in the next section.

Consequence	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10

Negligible (1)	1	2	3	4	5
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## Equality Impact Assessment

### Project / Policy Details

#### What is the aim of the project / policy?

The policy for the referral and assessment for people who may have Attention Deficit Hyperactivity Disorder (ADHD) supports the objective to prioritise resources for children and young people (CYP) aged under 25 years and provided within the context of the needs of the overall population, evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.

- Ensure patients are assessed face-to-face in line with NICE guidelines within Coventry and Warwickshire via a blended approach i.e. in person, by telephone or digital. Where patients are aged 0-18 years, there must be at least one face to face consultation during the assessment.
- Reducing wait times for children and young people to receive an ADHD assessment.
- Reducing overall ICB costs for out of area services.
- Adults aged over 25 will temporarily have reduce/delay in service pending comprehensive service redesign which is anticipated within 12 months

#### Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

- The existing providers.
- GP practices in all ICB places will have communication provided to update on the new policy.
- Patients waiting an ADHD assessment and treatment.

#### Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

### Equality Analysis Form

#### 1. Evidence used

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

<https://www.nice.org.uk/guidance/ng87>

<https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

## 2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

The ADHD assessment service locally and nationally has significant capacity issues. Patients are accessing alternative providers under patient choice; this has led to adults with relatively mild symptoms receiving assessment within weeks whilst CYP with potentially severe symptoms have to wait many years. At present the service discriminates on the basis of age with a massive and unacceptable difference in waiting times between children (>7 years) and adults (weeks to months).

By commissioning an assessment service focusing on CYP under 25, from appropriately qualified providers, CWICB will ensure that the service is focused on those individuals where ADHD has the most adverse impact on their development. This temporary emergency policy prioritises new referrals for CYP aged under 25. This is in line with the ICB ambition to prioritise CYP. The policy temporarily restricts new referrals for ADHD assessment in adults aged 25 and over.

This will impact approximately 460 adults aged 25 and over per year, based on current figures, who would not be able to be referred under the temporary emergency policy. Whilst this creates risk, the ICB has judged that the benefit created in additional capacity in CYP services will result in a short term net benefit in clinical and performance risk.

It is anticipated that this temporary emergency policy will be in place for 12 months pending a comprehensive redesign of services and seeks to balance the current inequity to be more in favour of children and young people as per the ICB priorities.

**Disability:** A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Gender reassignment (including transgender):** Where a person has proposed, started or completed a process to change his or her sex.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Marriage and civil partnership:** A person who is married or in a civil partnership.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

<b>Pregnancy and maternity:</b> A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>Race:</b> A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>Religion or belief:</b> A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>Sex:</b> A man or a woman		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>Sexual orientation:</b> Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>Carers:</b> A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>Other disadvantaged groups:</b>		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
<b>3. Human Rights</b>		
<b>FREDA Principles / Human Rights</b>	<b>Question</b>	<b>Response</b>
<b>Fairness</b> – Fair and equal access to services	How will this respect a person's entitlement to access this service?	To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.

		The policy for the referral and assessment for children and young people (CYP) aged under 25 years for Attention Deficit Hyperactivity Disorder (ADHD) supports the objective to prioritise resources and provided within the context of the needs of the overall population, evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.
<b>Respect</b> – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.  The ICB has determined that this will impact approximately 460 adults, aged 25 and

		over, per year based on current figures who would not be able to referred under the temporary emergency policy. Whilst this creates risk, the ICB has judged that the benefit created in additional capacity in CYP services will result in a short term net benefit in clinical and performance risk.
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician.
Right to <b>Life</b>	Will or could it affect someone's right to life? How?	No
Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	No

#### 4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):

N/A

#### 5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and

opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

There are currently significant risks related to the enormous waiting times for CYP ADHD services. Whilst this policy substantially restricts access to people aged 25 and over which will create its own risk, the ICB's judgement is that the benefit created in additional capacity in CYP services will result in a short term net benefit in clinical and performance risk.

The ICB has determined that implementation of this policy would affect approximately 460 adults aged 25 and over per year based on current figures who would not be able to be referred under the temporary emergency policy.

There is a potential legal risk that this policy could be challenged under equality legislation as discriminatory on the basis of age and disability. However, we are already in a position where children and young people are effectively discriminated against compared to adult provision given the massive discrepancy in waiting times. On balance our conclusion is that the benefit for being able to repurpose funding into CYP services outweighs the short term legal risk.

There is risk of additional complaints and criticism from affected patients and patient groups. However, this may be offset by a reduction in the existing complaints from families of children on the waiting list.

We have engaged with primary care colleagues and will ensure that there is adequate information for them to share with patients to explain the temporary emergency policy and advice on resources to access in the meantime.

## 6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

The ADHD assessment service locally and nationally has significant capacity issues. By commissioning an assessment service focusing on CYP under 25, from appropriately qualified providers, CWICB will ensure that the service is focused on those individuals where ADHD has the most adverse impact on their development.

This emergency policy prioritises new referrals for CYP aged under 25. This is in line with the ICB ambition to prioritise CYP. The policy temporarily restricts new referrals for ADHD assessment in adults aged 25 and over.

The key equality performance indicator will be an increase in the number of CYP ADHD assessments, reducing the current wait list which sits at around 7 years. At present, the ICB is

unable to estimate the precise level of impact.

### 7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Date completed
e.g Further engagement with disabled service users to identify key concerns about accessibility of the service.	2. Disability	June – July 2020	July 2020.
N/A	N/A	N/A	N/A

### 8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Dr Imogen Staveley, Chief Medical Officer	08.04.2025
Which committee will be considering the findings and signing off the EA?	F&P	02.04.2025
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team.