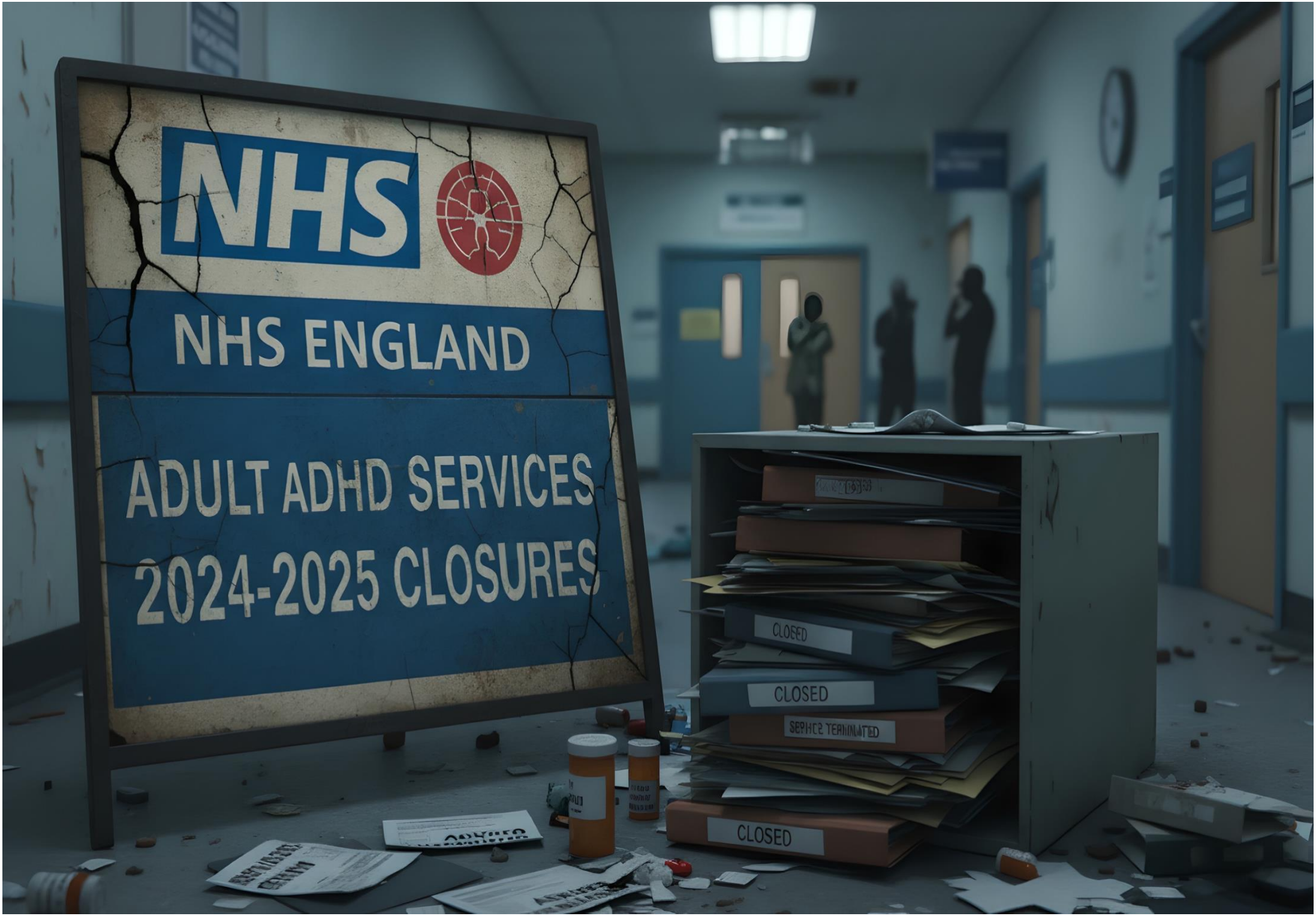
NHS
NHS ENGLAND
ADULT ADHD SERVICES
2024-2025 CLOSURES
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**A SYSTEM IN CRISIS:

A Review of the 2024–2025 Wave of Adult ADHD Service Closures Across the NHS in England**

Abstract

Between 2024 and 2025, adult ADHD services across England experienced an unprecedented wave of closures, referral freezes, and reductions in service provision. Although no national directive mandated these actions, the synchronised timing created the appearance of a coordinated shutdown. This review analyses the systemic factors behind these closures, drawing on NHS trust statements, policy documents, media investigations, and the findings of the 2025 Independent ADHD Taskforce. The paper identifies key drivers—including exponential demand growth, workforce shortages, Right to Choose (RTC) prescribing pressures, increased political scrutiny, and structural limitations in commissioning. Regional case studies illustrate how local decisions reflect national stressors. Finally, the review situates these developments within broader disability policy, inequality, and legal frameworks, highlighting potential breaches of obligations under the Equality Act 2010 and NHS constitutional commitments.

13th November 2025

1. Introduction

ADHD has undergone significant reconceptualisation over the past two decades, moving from a marginalised childhood disorder to a widely recognised lifelong neurodevelopmental condition. The surge in adult diagnosis and treatment need has placed unprecedented strain on the NHS. Historically under-resourced, adult ADHD services were not designed for contemporary levels of demand, resulting in structural fragility.

In late 2024 and throughout 2025, this fragility became visible. Numerous NHS adult ADHD services paused or closed new referrals, many indefinitely. Simultaneously, several ICBs restricted access by age or severity, and large urban centres suspended entire pathways. This review synthesises available evidence to explain why these closures appeared suddenly and simultaneously.

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2. Scope and Methods

This review compiles and interprets:

- Public statements from NHS trusts and ICBs (e.g., Oxfordshire, Leeds, Newham, Coventry & Warwickshire).
- Media investigations by national outlets (BBC, The Guardian, Financial Times).
- The NHS England Independent ADHD Taskforce Reports (2024–2025).
- GP-issued patient notices indicating local closures.
- Known data from academic and policy literature on ADHD service demand.

The analysis uses a systems-theory approach, mapping how interacting pressures produced synchronous outcomes.

3. Historical and Policy Context

NHS ADHD services were constructed in the 2000s–2010s under assumptions that:

- ADHD was primarily a childhood condition.
- Adult diagnosis would remain relatively rare.
- Demand would be stable and predictable.
- Workforce supply (psychiatrists, nurses) would remain adequate.
- Private sector involvement would be minimal.

These assumptions no longer reflect reality.

Demand for adult assessments has increased **20-fold since 2000**. The prevalence of adult ADHD is now estimated to be significantly higher than previously thought, and awareness-driven self-referral has risen dramatically.

The result is a **misalignment** between historical commissioning structures and contemporary need.

4. Documented Service Closures and Restrictions (2024–2025)

4.1 Regional Examples

The closures were widespread. Representative cases include:

- **Oxfordshire** — Paused to all new adult ADHD referrals from Feb 2024.
- **Buckinghamshire** — NHS adult ADHD service closed to new referrals (Dec 2024).
- **Leeds & York Partnership NHS FT** — Closed to non-urgent referrals from Oct 2024; waitlist >4,500.
- **Newham (East London)** — Service closed to all new referrals from May 2025; notice states neighbouring boroughs had already implemented similar restrictions.
- **Coventry & Warwickshire ICB** — Funding for ADHD assessments paused for adults **over 25** (May 2025).
- **Cheshire** — Adult ADHD referrals closed to general new patients for years; pathway now under reconstruction.
- **South London & Maudsley (SLaM)** — National Adult ADHD & Autism Service paused national referrals (May 2025).

4.2 National Patterns > Media analysis indicates:

- **At least 15 NHS trusts** paused new adult ADHD referrals entirely or partially.
- **31 trusts** rationed access by age, severity, risk, or geographical criteria.
- This is consistent with a national system under severe and synchronised pressure.

Area / Region	Service / Trust	What's happening	Who is affected	Date / status language	Reason given
Oxfordshire	**Oxfordshire Adult ADHD Service – Oxford Health NHS FT** (Oxford Health	**Paused to all new referrals** from 5 Feb 2024	All adults seeking ADHD assessment via this service	"Paused to all new referrals from 05/02/2024 … unprecedented number	Demand far exceeds capacity; backlog too large

Area / Region	Service / Trust	What's happening	Who is affected	Date / status language	Reason given
	NHS Foundation Trust)			of referrals far outstrips current capacity."	
Oxfordshire (GP view)	Deddington Health Centre info on NHS adult ADHD service (Deddington Health Centre)	Notes **NHS Adult ADHD service closed to new referrals**; signposts Right to Choose	Adults seeking assessment via local NHS route	Ongoing	"Due to extremely high demand, the NHS Adult ADHD service in Oxfordshire is currently closed to new referrals."
Leeds (Yorkshire & Humber)	**Leeds Adult ADHD Service – Leeds and York Partnership NHS FT** (Leeds and York NHS Trust)	**Temporarily closed to new (non-urgent) referrals** from 11 Oct 2024	Adults needing new ADHD assessment or non-urgent care	"Temporarily closed to new referrals from 11 October 2024" – as of Aug 2025 still closed	Unsustainable demand; >10-year projected wait if they kept taking referrals; waiting list already thousands
Buckinghamshire	Local NHS Adult ADHD service (as described by 3W Health) (3W Health)	**Closed to new adult ADHD referrals**	Adults seeking ADHD diagnosis/treatment via local NHS	Stated Dec 2024	"Local NHS services are under such extreme pressure, they have closed to new referrals. Unprecedented demand has outstripped its funded capacity."
Cheshire (Cheshire West & East)	Cheshire Adult ADHD Service – CWP / MyMind (My Mind)	Adult ADHD service **closed to new referrals**, except very narrow criteria; referrals for new patients being "held" for a new pathway	Most adults; only e.g. military veterans / complex transitions accepted	Closed since ~2019 for general referrals; Aug 2025 update says new referrals will be held for a new pathway from 1 Nov 2025	Longstanding capacity problems; service redesign toward a new adult ADHD pathway
Coventry & Warwickshire (Midlands)	Coventry and Warwickshire ICB – adult ADHD funding	**Funding paused for ADHD assessments for adults over 25** – affects	Adults **>25**; under-25s still funded	Decision announced 30 May 2025	"Due to overwhelming demand" – need to pause

Area / Region	Service / Trust	What's happening	Who is affected	Date / status language	Reason given
	policy (Sherbourne NHS)	both local teams and Right to Choose			funding for >25s ADHD assessments
East London – Newham	**Newham Adult ADHD Service** (Market Street Health Group)	**No longer accepting referrals for assessments and treatment**	Adults in Newham needing ADHD assessment/treatment	Closure to new referrals effective 12 May 2025	Cited as part of a pattern following similar decisions by City & Hackney, Waltham Forest, Redbridge, Barking & Dagenham
Other NE London boroughs (City & Hackney, Waltham Forest, Redbridge, Barking & Dagenham)	Local adult ADHD services (per Newham notice) (Market Street Health Group)	Newham notice says closures **follow similar decisions** by these boroughs – i.e. they too have **stopped taking new referrals** or significantly restricted	Adults needing ADHD services in these boroughs	By implication, closures in place prior to / around May 2025	Not all give detailed public reasons, but pattern is surge in demand and limited local capacity
South London / National	**National Adult ADHD & Autism Service – South London & Maudsley (SLaM)** (slam.nhs.uk)	**Paused to new national referrals** (still open to local borough referrals)	Adults referred from outside local boroughs (national referrals)	Updated May 2025 – "remains paused to new national referrals"	Service under pressure; appears to be focusing on local boroughs while national pathway is paused
Various England-wide	"Adult ADHD services across England halt new referrals" – multiple trusts (Conservative Post)	Article states **15 trusts** have paused full/partial referrals; **31 trusts** rationing access by age/severity or other criteria	Adults across multiple ICBs	Reported Nov 2025	Surging demand; limited funding/workforce; commissioning under review in many regions

5. Drivers Behind the Closures

5.1 Explosive Growth in Demand

The NHS England ADHD Taskforce notes a **high–magnitude surge** in adult presentations. Contributing factors include:

- Population-level increase in awareness
- More women and older adults seeking diagnosis
- Post-pandemic shifts in mental health service utilisation
- Reduced stigma and increased media reporting

Some services, such as Leeds, faced demand levels resulting in **projected 10+ year waits**.

5.2 Workforce Shortages

The UK has a longstanding psychiatry workforce deficit. Adult ADHD services require:

- Consultant psychiatrists
- ADHD-specialist nurses
- Pharmacists for titration oversight

High turnover, burnout, and competition from private providers accelerated the collapse.

Where staffing became unsafe, services closed abruptly.

5.3 Right to Choose (RTC) and GP Prescribing Pressures

The RTC pathway allowed patients to access private providers with NHS funding. While beneficial for many, RTC created unintended consequences:

- Large spikes in GP workload due to shared-care prescribing
- Some GPs refusing to enter shared-care agreements with private diagnoses
- ICB concern about clinical governance and cost control
- Loss of predictable demand modelling for NHS services

In several areas, RTC drove a sudden need to “pause” local pathways, effectively shutting down regional NHS services.

5.4 Media Scrutiny and Clinical Safety Concerns

2024–25 saw a wave of high-profile coverage on:

- Private ADHD clinics
- Over-diagnosis fears
- Prescription safety
- Inconsistent assessment standards

Commissioners became risk-averse. Many paused services until “new national standards” could be issued — a classic example of **reactive bureaucratic risk management**.

5.5 The ADHD Taskforce Review (2024–2025)

The Taskforce criticised:

- Fragmented service models
- Lack of governance
- Inconsistent waiting times
- Absence of national standards
- Inadequate cross-sector coordination

The release of Taskforce Part 1 (June 2025) and Part 2 (Nov 2025) created a **policy limbo**, where many ICBs paused activity pending national direction. This helps explain why closures occurred **simultaneously**.

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6. Why the Closures Appeared Synchronous

The service pauses happened at nearly the same time because:

1. **All Trusts experienced the same demand spike**.
2. **All Trusts experienced workforce shortages simultaneously**.

3. **All Trusts reacted to the same media scrutiny window**.
4. **All Trusts awaited new guidance following the Taskforce report**.
5. **GPs nationwide faced identical RTC prescribing burdens**.
6. **Commissioners sought to reduce clinical/legal exposure at the same time**.

This produced a “wave” of closures, despite the absence of formal coordination.

7. Consequences

7.1 A Two-Tier System

With NHS services closed in many areas, private assessments surged. But without NHS shared-care support, even privately diagnosed patients could not obtain medication. This reproduces socio-economic inequalities.

7.2 Postcode Inequality

Patients in Oxfordshire, Buckinghamshire, Leeds, Cheshire, Newham, and Coventry & Warwickshire faced near-total closures, while others still had partial access.

The lack of national uniformity raises equity concerns under NHS constitutional rights.

7.3 Legal and Policy Implications

Potential breaches include:

- **Equality Act 2010** — failure to ensure non-discriminatory access to services for a protected disability category.
- **Public Sector Equality Duty (PSED)** — inadequate consideration of the disproportionate effect on neurodivergent adults.
- **NHS Constitution** — failure to provide timely access to necessary healthcare.

Age-based rationing (e.g., Coventry & Warwickshire over-25 exclusion) may be legally vulnerable.

7.4 Socioeconomic and Psychosocial Impact

Untreated ADHD is associated with:

- Higher unemployment
- Criminal justice involvement
- Substance misuse
- Mental health comorbidity
- Relationship breakdown
- Accidents and mortality risk

By shutting access at scale, the NHS inadvertently expanded these population-level harms.

8. Discussion

This crisis reflects a structural mismatch between:

- exponential demand
- static funding
- insufficient workforce
- fragmented commissioning
- heightened political and governance scrutiny

It also reveals the fragility of neurodevelopmental provision within the NHS — similar crises have occurred in autism assessment services, CAMHS, and community mental health.

The closures appear synchronised because the system was synchronously stressed.

9. Recommendations

9.1 National Standardisation

A unified ADHD service model, with mandated minimum staffing, assessment protocols, and prescribing standards, is essential.

9.2 Investment in Workforce

Scaling postgraduate ADHD training for nurses, pharmacists, and allied health roles would reduce reliance on psychiatrists.

9.3 Reform RTC Governance

RTC should be retained with improved clinical oversight, shared-care clarity, and uniform commissioning rules.

9.4 Legally Enforceable Access Standards

Like IAPT and cancer pathways, ADHD should have maximum waiting time guarantees.

9.5 Expansion of Community-Based Care

Embedding ADHD services in neighbourhood mental health hubs may improve accessibility and reduce bottlenecks.

10. Conclusion

The 2024–2025 wave of adult ADHD service closures across the NHS is not a coincidence but the visible manifestation of long-standing systemic failures. Demand growth, workforce shortages, media attention, and policy uncertainty converged, producing synchronous service collapse across regions. Without structural reform, this crisis is likely to deepen, entrenching inequality and undermining legal commitments to fair access for neurodivergent adults.

The events of 2024–2025 represent a critical juncture for neurodevelopmental care in the UK: either the NHS adapts to contemporary realities, or the treatment gap for ADHD will continue to widen.

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