SPECIAL POLICY BRIEFING

ADHD IN THE UK 2026

NHS, Right to Choose, private pathways, referral pressures and the state of delivery.

> **Better data. Clearer standards. Delivery that people can actually feel.**

Updated to 22 June 2026

NEUROHAVEN.CO.UK

EXECUTIVE SUMMARY

The position in one page

Progress is real. The system is still not delivering at scale.

- England has moved from almost no usable national activity data to partial national measurement and new payment-and-data rules.
- Demand remains very high, but the headline figures do not yet show a true ADHD waiting list or a clear NHS/RTC/private split.
- The Taskforce has influenced policy direction, but its core asks remain only partly implemented.
- The most serious bottlenecks are no longer only diagnosis slots: titration, monitoring, shared care and stable commissioning also fail.

> **Better evidence is only useful when it becomes better access.**

THE GOAL

Timely access to the right support for every person with ADHD.

Scale is now visible — but still incomplete

The latest official publication points to sustained high demand across pathways.

2.492m

People in England who may have ADHD

Planning estimate, not diagnoses

683,088

Open referrals potentially related to ADHD

Combined proxy measure

505,845

Mental-health-service referrals potentially linked to ADHD

MHSDS category

177,243

Community-paediatrics waiting-list proxy

Mainly CYP pathways

24,480

New MHSDS referrals in March 2026

March extract caveated

~285k

Approx. annual MHSDS referral flow

Apr 2025–Mar 2026

> **These figures show demand and potential need. They are not a diagnosis count, treatment count or true waiting list.**

HOW TO READ THE FIGURES

What the data can — and cannot — tell us

Better measurement is progress. It is not yet full visibility.

WHAT IT CAN SHOW

- The scale of activity within NHS mental-health services.
- Direction of travel over time — with caveats.
- Where capacity and efficiency pressures are likely to be most acute.

WHAT IT CANNOT SHOW

- Who is uniquely waiting for an ADHD assessment.
- Who is diagnosed, treated or on medication.
- Who is awaiting titration or shared-care transfer.
- A clean NHS versus RTC versus private pathway split.

> **The March 2026 extract should not be used as a clean trend point: Psychiatry UK's submission was incomplete.**

NHS England supporting information notes that the combined 'up to 683,088' measure is not a true ADHD waiting list.

NHS, RTC and self-funded private

Independent provision does not necessarily mean privately funded.

01 — Local NHS pathway

Assessment and diagnosis are delivered by local NHS services, including community mental health or paediatrics.

02 — Right to Choose

You choose an NHS-funded provider. That provider may be an independent clinic delivering care for the NHS.

03 — Independent provider under NHS contract

An independent-sector organisation provides ADHD services under contract to the NHS.

04 — Self-funded private assessment

You pay for assessment yourself, through an employer or insurer. NHS prescribing later is not automatic.

WHY THIS DISTINCTION MATTERS

- There is no national referral-rate split showing how much activity each route carries.
- RTC is NHS-funded choice, not a synonym for self-pay private care.
- The 2026/27 payment rules are meant to bring NHS-funded independent ADHD activity into standard national data submissions.

> **Same aim. Different funding. Different data trail.**

The Taskforce set the direction

But recommendations do not implement themselves.

6 NOVEMBER 2025 — Final Part 2 report published. No later substantive Taskforce report has been identified.

WHAT IT RECOMMENDED

- National quality standards and clearer regulation.
- A clear definition of appropriately qualified professionals.
- Parity waiting-time standards.
- Workforce expansion, including primary care.
- Shared-care reform and better data.

WHAT IT COULD NOT DO

- Set national funding.
- Create a waiting-time standard.
- Commission services.
- Make GPs accept shared care.
- Publish an implementation scorecard.

> **Its influence is real. Its delivery power is not.**

Real movement — but not a full recovery plan

The response is built around better data, payment and local planning.

WHAT HAS BEEN IMPLEMENTED

- The 2026/27–2028/29 NHS planning framework asks ICBs and providers to reduce long autism and ADHD waits and improve assessment quality.
- Dedicated 2026/27 ADHD/autism payment guidance creates a national framework for NHS-funded activity and data capture.
- Regular activity should move from ad-hoc or non-contract arrangements into proper written contracts.
- Mental Health Support Team coverage is planned to rise.

Planned Mental Health Support Team coverage.

The system jams after referral

Diagnosis is only one pressure point in a much longer pathway.

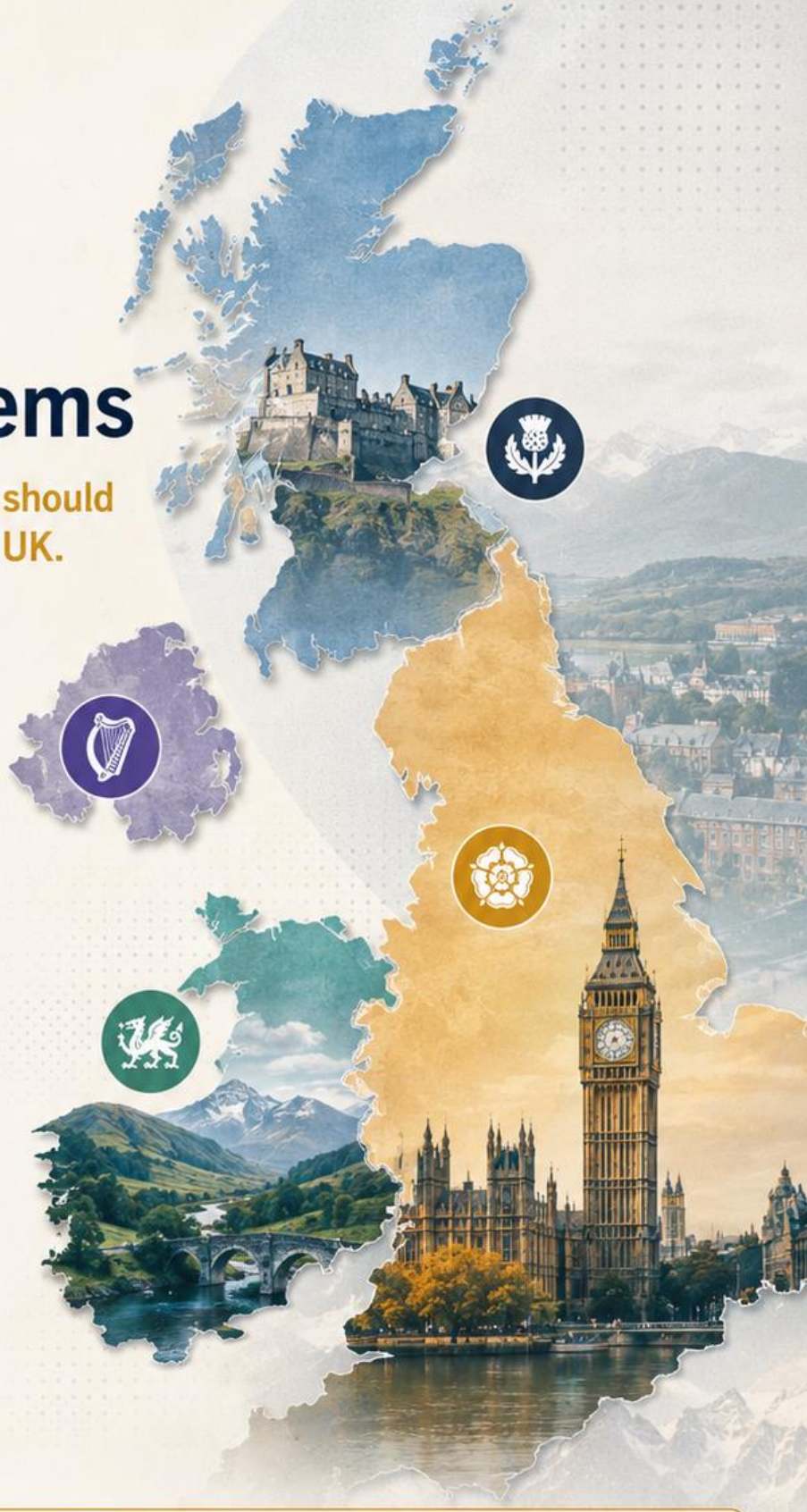
WHY THE SYSTEM STILL STRUGGLES

- Demand continues to exceed specialist capacity.
- There is still no ADHD-specific national waiting-time standard.
- Shared care remains fragile: time, training, remuneration and trust matter.
- *Quality standards vary between providers and local systems.*
- *There is no visible national Taskforce delivery dashboard.*

> **The biggest unresolved bottlenecks are not only diagnosis slots.**

One UK — four very different systems

England's data and RTC debate should not be projected onto the whole UK.



ENGLAND — Measurement + RTC

Partial national ADHD activity data; NHS-funded Right to Choose; Taskforce recommendations; local implementation remains uneven.

WALES — Programme + delivery

National Neurodivergence Improvement Programme; active waiting-time work; adult ADHD and shared-care work now emerging.

SCOTLAND + NI — Variation + structural gaps

Separate policies and reporting. Scotland has major local variation; Northern Ireland is still moving from needs assessment towards commissioning.

> **There is no single UK ADHD pathway — and no single comparable UK ADHD dataset.**

Do not compare raw waiting-list numbers without checking what they count: ADHD alone, neurodevelopmental pathways, children, adults, or mixed services.

Devolved-nation detail follows: Wales, Scotland and Northern Ireland each have distinct data, commissioning and policy contexts.

A national improvement programme is taking shape

The clearest current devolved programme — with adult ADHD now moving up the agenda.

£13.7m

Further NDIP funding through March 2027

Extension announced for 2026/27

16,812

CYP awaiting ADHD/ASD assessment at Dec 2023 baseline

Historic baseline

NEW

Adult ADHD task-and-finish group

Includes shared-care work

WHAT IS HAPPENING NOW

- Programme work is focused on eliminating the longest children's neurodevelopmental waits and sustaining gains.
- Health boards are required to submit delivery plans, with referral-to-treatment guidance and waiting-list validation standards.
- AI-scribe pilots and workflow/digital improvement are being used to reduce avoidable administrative load.
- Adult ADHD now has a specific national workstream, including shared-care options.

> **Wales is moving beyond describing the problem: it is building a delivery structure. The test is whether adults benefit as much as children.**

SCOTLAND

Strong principles. Uneven delivery.

Needs-led support is the stated aim — but access varies sharply by NHS board.

42,530
Children awaiting neurodevelopmental assessment
March 2025; incomplete board coverage

23,339
Adults awaiting neurodevelopmental assessment
March 2025; incomplete coverage

182–196w
Average longest reported waits
Adults / children across reporting boards

WHAT THIS MEANS

- Scotland's national specification says support should not depend on diagnosis — a valuable principle.
- However, adult neurodevelopmental pathways remain inconsistent between boards, and local entry criteria vary.
- Government has accepted recommendations from adult-pathway pilots and is working towards a national approach.
- New funding is supporting hubs, assessment approaches and young-adult ADHD work, but it is not yet a single national ADHD pathway.

> **Scotland's policy language is often ahead of its service consistency.**

Source: Scottish Parliament research briefing SB 25-25; Scottish Government correspondence and 2026 neurodevelopmental funding announcements.

NORTHERN IRELAND

Need has been formally assessed. Commissioning has not caught up.

The central issue is still the lack of a consistent regional ADHD service.

FEB 2026

Final ADHD Needs Assessment published

Children, adults and prison population

19

Recommendations for a future regional model

Pathways, data, workforce, transition

NO

Commissioned adult ADHD assessment & treatment service

Position confirmed May 2026

THE PRACTICAL POSITION

- Provision varies between Health and Social Care Trusts, with inconsistent pathways, referral criteria and multidisciplinary capacity.
- The Needs Assessment calls for regional consistency, workforce growth, better data, integrated pathways and phased investment.
- The report is explicit that there is no cost-neutral option: a real service requires new money or difficult reallocation.
- Private assessment does not solve the system problem: shared care remains voluntary and dependent on GP capacity and clinical assurance.

> **Northern Ireland now has a blueprint. It still needs a funded implementation plan.**

Source: Department of Health Northern Ireland, ADHD Needs Assessment, February 2026; Assembly/Department responses, May 2026.

WHAT THE COMPARISON TELLS US

Different systems. Common pressure.

Each nation has a distinct route through the same rising demand.

England

Partial national activity data; RTC; Taskforce; payment/ data framework.

Main risk: fragmented delivery beyond assessment.

Wales

National improvement programme with funded delivery work and emerging adult ADHD focus.

Main risk: adult pathways lag behind CYP transformation.

Scotland

Needs-led policy ambition; pilot-to-national work; major board variation.

Main risk: inconsistent access and weak complete data.

Northern Ireland

Formal needs assessment and proposed regional model.

Main risk: no funded, commissioned service at scale.

> **The UK does not need four identical systems. It does need four systems that are transparent, accountable and capable of delivering timely support.**

Interpretation based on official England, Welsh, Scottish and Northern Ireland publications outlined in the final sources slide.

BOTTOM LINE

Where things stand now

Evidence is improving. Delivery still needs to catch up.

THE BOTTOM LINE

- Right to Choose is operationally important because local NHS capacity has not matched demand.
- NHS England is trying to bring NHS-funded independent activity into more formal payment, data and contracting arrangements.
- There is still no reliable national statistic separating local NHS, RTC and self-funded private ADHD demand.
- The biggest unresolved bottlenecks extend beyond diagnosis: titration, monitoring, shared care and stable commissioning.
- The Taskforce has shaped policy language and infrastructure, but its core asks remain only partly implemented.

WATCH NEXT

- Quarterly NHS ADHD data releases.
- The complete Psychiatry UK data refresh.
- Final recommendations from the prevalence review.
- Any formal Taskforce implementation plan.
- Any ADHD-specific waiting-time standard.

> **The direction is clearer. The tools are better. The task now is delivery at scale.**

Evidence is improving. Delivery still needs to catch up.

SOURCE NOTES

Sources and reading notes

This deck is deliberately England-led, with separate devolved-nation context.

01 **NHS England ADHD management information — May 2026**
National figures used for referrals, activity and interpretation caveats.

02 **NHS England Medium Term Planning Framework 2026/27–2028/29**
Planning expectations around long ADHD/autism waits and community provision.

03 **NHS ADHD & Autism Payment Guidance 2026/27**
Contracting, data submission and payment framework for NHS-funded assessment activity.

04 **Independent ADHD Taskforce final report — November 2025**
Recommendations on standards, workforce, data, waiting times and implementation.

05 **Welsh Government NDIP priorities 2026/27**
Funding, waiting-time work, delivery plans and adult ADHD task-and-finish group.

06 **Scottish Parliament briefing SB 25-25 and Scottish Government material**
Neurodevelopmental waits, board variation, pilot pathway and funding context.

07 **Northern Ireland Department of Health ADHD Needs Assessment — February 2026**
Regional service gap, 19 recommendations and need for funded commissioning.

> **The figures and dates should be read with the caveats on pages 3–4. The central conclusion is robust: demand is high, data are improving and delivery remains uneven.**