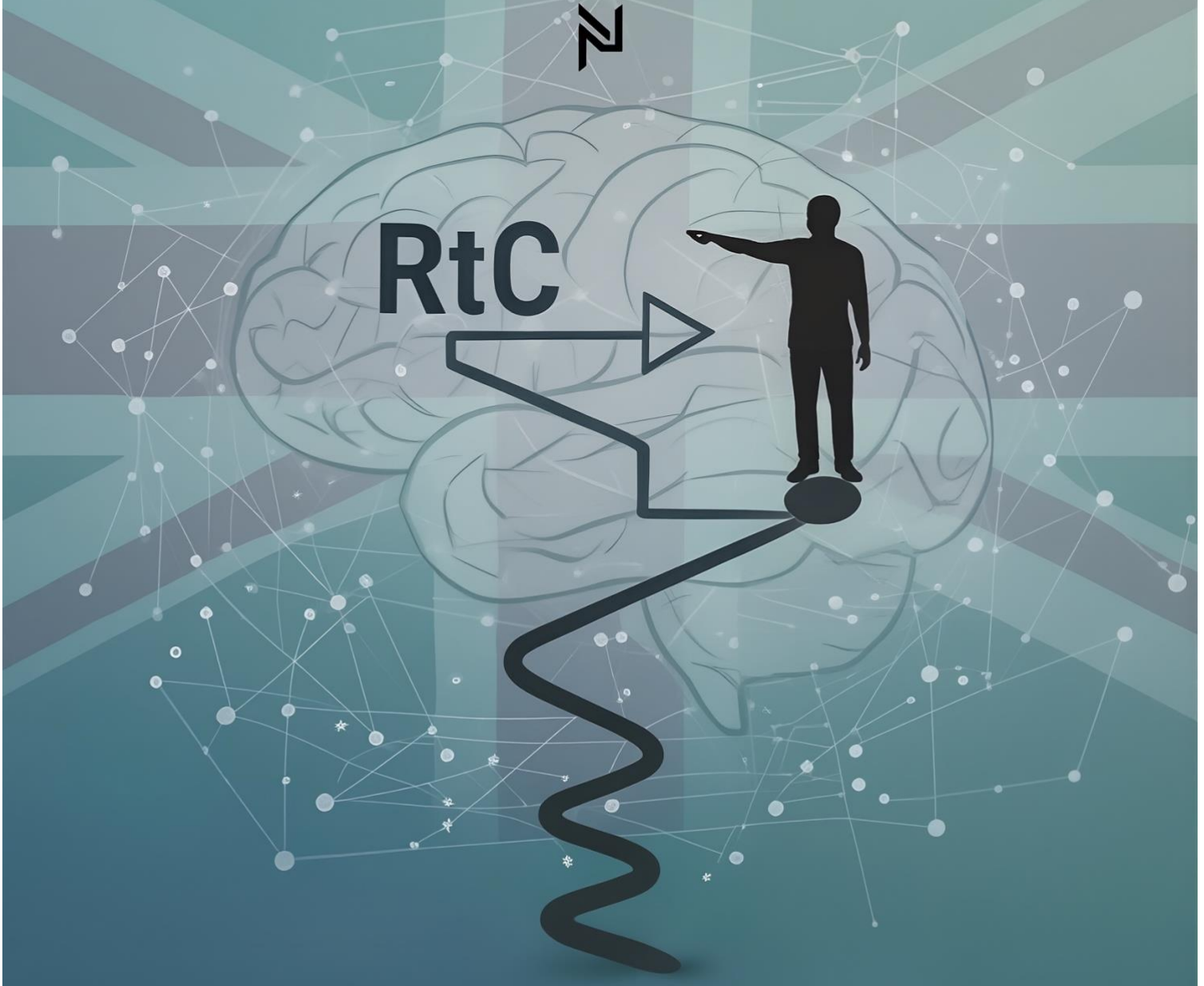
A Patient's Guide to UK Adult ADHD

Right to Choose (RtC) Pathways and Shared-Care Challenges



November 2025

A Patient's Guide to UK Adult ADHD: Right to Choose (RtC) Pathways and Shared-Care Challenges — November 2025

What's going on right now

- **BBC-led reporting & fallout.** A fresh wave of coverage says **adult ADHD services are closing waiting lists or stopping new patients** because demand is overwhelming. Multiple outlets summarise the BBC findings. healthwatch.co.uk+4Yahoo+4The Independent+4
- **GPs can decline shared care.** Ministers and official answers confirm: **GP practices cannot be compelled** to sign ADHD shared-care agreements and may decline on **clinical or capacity** grounds (and should explain if they withdraw after agreeing). Pulse Today+3Parliament News+3Parliament News+3
- **NICE still expects shared care—once you're stable.** Current guideline **NG87** (last reviewed **7 May 2025**) envisions **specialist initiation** and **shared care after dose stabilisation**—but it doesn't force your GP to accept. Local protocols mirror this. NICE+1
- **RtC turbulence but not dead.** An **NHS Payment Scheme clause** that threatened ADHD RtC was **removed in Oct 2025**; however, **regional rules and shared-care bottlenecks** still cause problems. ADHDaptive Ltd
- **System pressure ("two-tier").** NHS taskforce and major outlets describe long waits and a growing split between NHS and private routes; calls are rising for **primary-care-led, regulated** models. NHS England+2Financial Times+2

Key concepts

Right to Choose (RtC). In England, you can choose an **NHS-commissioned** provider for many assessments (including adult ADHD) if your GP makes a referral. Some ICBs publish RtC FAQs confirming ADHD is in scope. MSE Integrated Care System

Shared care (SCA). After a specialist **assesses, starts and stabilises** your medication, they may **ask** your GP to take on the **repeat prescribing and routine monitoring**. This transfer only happens if **both** the specialist and your GP agree—and your GP may **say no** (competence/capacity/safety). If SCA is declined, **the specialist should keep prescribing**. TheyWorkForYou+3NICE+3nclhealthandcare.org.uk+3

How this plays out locally

- **ICBs with explicit ADHD SCA documents.**
  - **BLMK ICB** has adult ADHD SCA materials (including a Psychiatry-UK specific SCA); they clarify transfer after stabilisation. BLMKICB Medicines Optimisation+2BLMKICB Medicines Optimisation+2
  - **Essex (EPUT)** protocol: **transfer only when stable**, typically **after at least 12 weeks** of treatment. eput.nhs.uk
- **Areas tightening or pausing SCA/prescribing.**
  - **Suffolk & North East Essex (SNEE)** set out that **GPs don't have to prescribe under shared care**; many practices withdrew from SCA and the **ICB redirected ADHD prescribing** to specialist services. Suffolk and North East Essex ICB+2Healthwatch Suffolk+2
  - Some GP practices publicly state **no adult ADHD SCA** at all (children may differ). thevillagesurgerytimperley.nhs.uk
- **Commissioning changes to reduce waits.**
  - **Mid & South Essex (MSE) ICB** commissioned **five new adult ADHD providers from Sept 2025** and published patient-facing info on **shared-care arrangements**. (This helps capacity but doesn't automatically solve each GP's SCA decision.) MSE Integrated Care System+2MSE Integrated Care System+2

What the rules and guidance actually say

- **NICE NG87 (reviewed 7 May 2025).** Specialist initiates; shared care is expected **when safe** after stabilisation; local SCAs implement this. NICE+1
- **Ministerial / Parliamentary statements (2025).** Shared care **not in the GP contract**; GPs **cannot be compelled**; they **may decline** on competence/capacity; if they withdraw after agreeing, they should give a **clear rationale**. Parliament News
- **If SCA can't be set up. Specialist retains prescribing responsibility** (applies to NHS and private care) until an alternative is arranged. TheyWorkForYou
- **NHS England (Oct 2025).** Advice to systems on **ADHD service delivery & prioritisation**, informed by the **Independent ADHD Taskforce** (interim June 2025). NHS England+1
- **RtC policy change (Oct 2025).** The **clause threatening RtC** was **removed**, but local interpretations and SCA constraints **still vary**. ADHDaptive Ltd

Step-by-step: navigating your own case

1) Map your options before you start

- **Check your ICB website** for ADHD SCA rules and any new **commissioned providers** (these matter for SCA acceptance). Example: MSE ICB lists new providers and SCA FAQs. MSE Integrated Care System+1
- **Confirm RtC eligibility** (England, GP referral to an **NHS-contracted** provider). Use local Patient Choice pages. MSE Integrated Care System

2) If you go RtC

- Pick a provider that **explicitly supports transfer to local shared care** and has **ICB-accepted pathways/SCA templates** (see BLMK examples). BLMKICB Medicines Optimisation+1
- Keep records from your titration: **dose history, monitoring results**, and **stability confirmation**—these are the usual triggers for SCA. nclhealthandcare.org.uk

3) If you went private (not NHS-commissioned)

- Many areas **won't** accept SCA from purely private clinics; practices often say they **aren't commissioned** to prescribe **under private SCAs**. If so, ask your GP for an **NHS referral** (standard pathway or RtC) and ask the **specialist to continue prescribing** meanwhile. Herne Hill Road Medical Practice+1

4) When your GP declines shared care

- Ask (politely) for the **reason in writing** (competence, capacity, or safety). Ministers say withdrawal should include a **clear rationale**. Parliament News
- Request that the **specialist continues prescribing** until a safe handover is possible. That's **explicitly endorsed** if SCA can't be put in place. TheyWorkForYou
- If your ICB has **redirected prescribing** back to specialists (e.g., SNEE), ask your service/ICB how they will ensure continuity of medication and monitoring. Pulse Today

5) If your service is paused or criteria were tightened

- Use **RtC** where appropriate and lawful (adult ADHD assessment is in scope). MSE Integrated Care System

- Track media/ICB updates: several areas have **paused referrals** or **closed lists**, prompting legal challenges. The Guardian+1

Templates you can adapt (copy/paste)

A) Request for shared care (to your specialist)

Dear [Clinician],
I am stable on [medicine, dose] since [date]. NICE NG87 supports transfer to primary care **after stabilisation** where safe. Please send my GP the **local ADHD SCA** and a stability letter. If my GP declines, please **continue prescribing** until an alternative is arranged, as per Parliamentary guidance. Thank you.
(Refs: NICE+2nclhealthandcare.org.uk+2)

B) Clarifying a GP refusal

Dear [Practice Manager/GP],
Thank you for reviewing my ADHD shared-care request. Could you please provide the **reason in writing** (competence/capacity/safety), as set out in ministerial answers? Meanwhile, my specialist will continue prescribing per national guidance.
(Refs: Parliament News+1)

C) RtC referral request (to your GP)

Dear [GP],
I'd like to use **NHS Right to Choose** for adult ADHD assessment/treatment with an **NHS-commissioned** provider. Please refer me accordingly.
(Ref: MSE Integrated Care System)

Frequently asked questions

Is my GP allowed to refuse shared care?
Yes. Shared care is **voluntary** and not part of the core contract. They may decline on **clinical or capacity** grounds and should explain a **withdrawal**. Parliament News

If my GP refuses, do I lose access to medication?
No. Guidance says if SCA can't be put in place, the **specialist keeps prescribing** (NHS or private origin). TheyWorkForYou

How "stable" do I need to be for SCA?
Local protocols often state **stable dose** with monitoring completed; some specify **~12 weeks** before transfer. Your clinician confirms stability. nclhealthandcare.org.uk

Is RtC still available after the 2025 policy scare?
Yes—the **controversial clause** was **removed in Oct 2025**, but local processes and GP capacity still affect your pathway. ADHDaptive Ltd

Useful local documents (examples you can cite or attach)

- **BLMK ICB** adult ADHD SCAs (generic and Psychiatry-UK specific). BLMKICB Medicines Optimisation+3BLMKICB Medicines Optimisation+3BLMKICB Medicines Optimisation+3
- **EPUT (Essex)** shared-care protocol with **"≥12 weeks"** stability before transfer. eput.nhs.uk
- **North Central London** adult ADHD SCA with clear "send SCA when stable" steps. nclhealthandcare.org.uk
- **SNEE ICB** changes and redirection back to specialists. Suffolk and North East Essex ICB+1
- **MSE ICB**: new adult ADHD providers & SCA FAQs (Sept–Oct 2025). MSE Integrated Care System+1

Advocacy tips (that work)

1. **Keep a paper trail.** Save clinic letters, titration logs, monitoring results, and emails about SCA decisions. This proves **stabilisation** and helps escalate if needed. nclhealthandcare.org.uk
2. **Quote the right bit.** When asking for continuity of meds after an SCA refusal, cite: "If a shared care arrangement cannot be put in place… continued prescribing falls upon the **specialist**." TheyWorkForYou

3. **Escalate smartly.** If stranded due to a local pause, use **RtC** (where available) or ask your ICB how they're implementing **NHS England's service-delivery advice** and **Taskforce recommendations**. NHS England+1

What the news is saying (for context)

Recent coverage on ADHD access & shared care in England

https://www.theguardian.com/society/2025/may/29/up-to-25-million-people-in-england-could-have-adhd-says-nhs

https://www.ft.com/content/d205740e-3c86-44a7-917d-bc1cb78c1430

https://www.theguardian.com/society/2025/jul/07/adhd-nhs-trust-pauses-over-25s-referrals-coventry-and-warwickshire-charity-legal-challenge