NHS
Cheshire and Merseyside

Clinical Commissioning Policy

CMICB_Clin120

Adult ADHD

Contents

Last Reviewed: December 2025

This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

1. Policy statement

1.1 This policy has been developed to ensure the application of a consistent level of service for adult patients with suspected ADHD, as well as ensuring delivery of a more integrated pathway, thereby preventing patients from experiencing a differential level of care/pathway depending on which provider they are referred to for support.

1.2 The commissioning policy follows a robust evidence base, in line with NICE guidance and the Royal College of Psychiatrists recommendations.

1.3 NHS Cheshire and Merseyside is implementing a clear referral threshold whereby a diagnostic assessment is only offered if an adult's (18 years and above) ADHD symptoms continue to cause significant functional impairment in at least two life domains AND environmental modifications have been implemented and reviewed. ("Domains" refer to key areas of daily functioning that are commonly affected by ADHD, including: Interpersonal relationships, Educational progress and learning, Occupational performance and employment, Risk awareness and safety (e.g. driving, financial management), and Self-care).

1.4 In addition, the initial diagnostic appointment in the ADHD assessment pathway should be conducted face-to-face and a mandatory face-to-face appointment for a physical health review is required before initiating pharmacological treatment. This allows for a comprehensive assessment and baseline physical investigations, which will inform the safety and appropriateness of initiating pharmacological treatment for ADHD. Clinical decisions must be based on reliable observations and a recent Report to Prevent Future Deaths supports this approach https://www.judiciary.uk/prevention-of-future-death-reports/jacob-wooderson-prevention-of-future-deaths-report/

1.5 This face-to-face assessment must be conducted within 60 minutes travel time from the patient's residence (as designated on their GP surgery record) to reduce inequalities in access to these health services.

1.6 Referrals for formal ADHD assessments will only be made where identified needs cannot be met without a formal diagnosis, for example: where specific prescribing is required that is only available following a positive diagnosis. This approach forms part of the overarching Adult ADHD Service Pathway programme of work, where the phased mobilisation of an Adult ADHD Service in Primary Care, commencing in Quarter 3 of 2025/26, enables Secondary Care Providers in Cheshire and Merseyside to focus on our most complex cases and ensures these patients are seen more promptly. At the same time, it empowers primary care to manage stable patients and conduct early assessments, fostering a more efficient and responsive system.

2. Exclusions

2.1 This commissioning policy refers to patients who have suspected ADHD only and excludes patients who are being assessed for autism.

2.2 This commissioning policy excludes patients who have previously received a diagnosis for ADHD.

2.3 Children under 18 years old.

3. Core Eligibility Criteria

3.1 There are several circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for this procedure or treatment, regardless of whether they meet the policy statement criteria, or the procedure or treatment is not routinely commissioned.

3.2 These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- For patients expressing gender incongruence, further information can be also be found in the current ICB gender incongruence policy and within the NHS England gender services programme - https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/

4. Rationale behind the policy statement

4.1 To date there is significant variation and insufficient specificity in the referral and acceptance criteria utilised for patients with suspected ADHD.

4.2 This policy statement ensures that there is consistency and clarity in the referral criteria to be applied across Cheshire and Merseyside, reducing unwarranted variation in access currently experienced by patients.

4.3 The policy support referrals being made only where appropriate by the introduction of clear criteria.

4.4 The policy aims to improve clinical effectiveness and patient safety.

4.5 There has been significant growth in Adult ADHD referrals and waiting times over the last 3 years. These long waits have resulted in an increasing number of Independent Sector providers securing contracts nationally with other ICBs, to deliver this service and a significant growth in Right to Choose non-contracted activity for our patients. Whilst the ICB recognises and supports patients' right to choose, the absence of a commissioning policy does leave potential gaps in our ability to manage service quality and performance for our patients. GP practices are increasingly declining to enter in to shared care arrangements with Independent Sector providers, which detrimentally impacts on prescribing quality and costs.

5. Summary of evidence review and references

5.1 The service is required to be delivered by an appropriate multidisciplinary team and will follow national clinical guidelines, particularly those outlined by NICE: Attention deficit hyperactivity disorder (NG87, March 2018 (1)) and the Royal College of Psychiatrists (June 2023 (2))

5.2 Clinical decisions must be based on reliable face-to-face observations particularly in relation to medication and a recent Report to Prevent Future Deaths supports this approach https://www.judiciary.uk/prevention-of-future-death-reports/jacob-wooderson-prevention-of-future-deaths-report/ (3)

REFERENCES

1) NICE Guideline: Attention deficit hyperactivity disorder: diagnosis and management (NG87, March 2018)
2) Royal College of Psychiatrists – ADHD in Adults (June 2023)
3) Courts and Tribunals Judiciary - Jacob Wooderson: Prevention of future deaths report (published 28 August 2025)

6. Advice and Guidance

6.1 Aim and Objectives

- This policy aims to ensure a common set of criteria for referral and treatment across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

- This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

- This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.

- At the time of publication, the evidence presented per referral/treatment was the most current available.

- The main objective for having healthcare commissioning policies is to ensure that:
  - Patients receive appropriate health treatments
  - Treatments with no or a very limited evidence base are not used; and
  - Treatments with minimal health gain are restricted.

- Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms ‘men’ and ‘women’ are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

6.2 Core Principles

- Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

  - Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
  - Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
  - Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
  - Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
  - Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
  - Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
  - Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

6.3 Individual Funding Requests (Clinical Exceptionality Funding)

- If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

- The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB website: https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/

6.4 Clinical Trials

- The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

7. Monitoring and Review

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

8. Quality and Equality Analysis

8.1 A Quality and Equality Impact assessment has been undertaken on the impact of this policy statement which positively identifies the improved accessibility through the application of clear and consistent acceptance and exclusion criteria and thresholds and in ensuring patients must have the option opportunity of a face-to-face initial diagnostic appointment and physical health review within 60 minutes of their home address (as designated on their GP surgery record).

8.2 The ICB recognises that some individuals may face barriers to accessing face-to-face diagnostic assessments and physical health reviews due to disability, caring responsibilities, socioeconomic circumstances, or rural location. To mitigate these impacts, providers will be required to ensure all appointments are accessible and that reasonable adjustments are made in line with the Equality Act 2010. Follow up and annual review appointments may be delivered face-to-face, or via secure video conferencing or by telephone, depending on clinical need and patient preference to support accessibility and flexibility.

Document Control

Ref:	CMICB_Clin120
Version:	1
Supersedes:	Not applicable
Author (inc Job Title):	Laura Marsh, Place Director, Cheshire West and SRO ND Recovery Programme
Ratified by: **(Name of responsible Committee)**	Executive Team Meeting (following endorsement by Clinical Effectiveness Group)
Cross reference to other Policies/Guidance	• NICE Guideline: Attention deficit hyperactivity disorder: diagnosis and management (NG87, March 2018) • Royal College of Psychiatrists – ADHD in Adults (June 2023) • Courts and Tribunals Judiciary - Jacob Wooderson: Prevention of future deaths report (published 28 August 2025)
Date Ratified:	11/12/2025
Date Published and where (Intranet or Website):	23/12/2025 on ICB website and staff intranet
Review date:	December 2030. *This policy statement will be reviewed 5 years from the date of the last review (December 2025) unless new evidence, or technology is available sooner.*
Target audience:	All Cheshire & Merseyside ICB Staff and organisations providing services to the population of Cheshire and Merseyside

Version History
11th December 2025 - First Approval by ICB