

Dear Patients,

We write this letter to help explain the situation with regards to ADHDⁱ and Oxfordshire NHS services, whilst being mindful of the distress that the current situation is causing many of our patients. This is a complex area which is often misunderstood.

The NHS ADHD service in Oxfordshire is provided by Oxford Health NHS Foundation Trust and they are overwhelmed.

Adults

The adult NHS ADHD service have stopped accepting any new referrals from GPs, as their current waiting list exceeds three years.

As of May 2024, the adult service is assessing patients referred in May 2021 (except for referrals from SENDⁱⁱ services, or patients who have now entered adulthood and are very newly diagnosed by CAMHSⁱⁱⁱ)

Children

The paediatric NHS ADHD service is also provided by Oxford Health NHS Foundation Trust but referrals are made through the child's school – teachers / SENCO^{iv}s complete the initial referral, not the GP.

As of May 2024, the waiting time for assessment was around 6 years.

What should happen?

A patient's GP (or school in the case of a child) should refer the patient to the NHS ADHD service where the patient is assessed.

The NHS ADHD service is commissioned to assess, diagnose, start medication, titrate medication and provide post-diagnostic reviews.

Once a patient is stable, the NHS ADHD specialist enters into a 'shared care agreement' (SCA) with the NHS GP in order for ongoing prescribing to take place.

This SCA is a carefully crafted, well-established and pre-arranged agreement with defined responsibilities for both NHS specialist and NHS GP.

This is essential as it provides the NHS GP with prompt access to a specialist in the event of any concerns or problems.

What is happening now?

We understand that, often in desperation and because of a lack of local NHS provision, patients are seeking assessment from either private providers or 'Right-to-Choose' (RtC) providers.

Private providers.

We advise patients to comprehensively research the full costs of assessment AND treatment within the private sector, as this often becomes unaffordable over the long term.

What is the NHS 'Right-to-Choose' (RtC) scheme?

Under NHS England's Right to Choose legislation patients can exercise their right to see any appropriate health service provider.

This provider can be anywhere in England, as long as the provider holds any NHS commissioning contract in England – it does not have to be in Oxfordshire.

In our experience, the RtC provider only offers an assessment/diagnosis (often done remotely) and then discharges the patient back to their NHS GP, or tries to enter into a SCA with the GP. This SCA has not been pre-agreed with the GP.

What about a 'post diagnostic review' (PDR) on the NHS?

Oxford Health NHS Foundation Trust is also commissioned to provide PDRs.

A PDR is where patients already diagnosed with ADHD (either privately or abroad) can be referred to the NHS ADHD service for them to take over the prescribing of ADHD medication.

As of May 2024, the waiting list for this is around 3 years for adults and 2 years for children.

This is also a difficult area as there can be complications in these cases which normally arise out of the quality of the diagnostic report.

It is common for diagnostic reports from other countries to fail to meet the minimum NHS requirements, thus requiring the patient to be re-assessed before consideration of medication.

Where does that leave us?

Whilst some private or RtC specialists try to unilaterally impose a SCA on the NHS GP, none have been pre-arranged with CNHC.

We believe that without a SCA, patients and GPs alike are left vulnerable. GPs cannot be expected to take on additional medico-legal risk because of a lack of NHS specialist provision, and patients should not be left without the care they need due to a lack of comprehensive NHS funding.

Everyone at CNHC is sympathetic to the plight of our patients who have been forced down a private or 'right-to-choose' route because of the situation in Oxfordshire.

However, we have all carefully discussed the situation, weighed up the needs of all our patients and concluded that, with regret, we cannot absorb more unfunded work because of the failings of other parts of the NHS service.

To that end, we will not be entering into SCAs, nor taking over the prescribing of ADHD medications, from any private or RtC provider.

We understand that this will be upsetting for those concerned but with the current state of primary care it is an inevitability for which we apologise.

This is our final decision, and further complaints should be made to your Member of Parliament or the BOB ICB^{vi} 'planned care team': bobicb.plannedcare@nhs.net

Everyone at CNHC sincerely hope that the local services commissioned to provide ADHD care are improved as soon as possible.

Kind regards,

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Chipping Norton Health Centre.

ⁱ ADHD – Attention Deficit Hyperactivity Disorder

ⁱⁱ SEND – Special Education Needs & Disability

ⁱⁱⁱ CAMHS – Child & Adolescent Mental Health Services

^{iv} SENCO – Special Education Needs Co-ordinator

^v CNHC – Chipping Norton Health Centre

^{vi} BOB ICB – Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board

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