

ADHD Assessment and Right to Choose



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healthwatch
County Durham

Working together with the NENC Healthwatch Network

Why are ADHD waiting lists long?

Since 2019, demand across NHS England for ADHD and Autism assessments has increased substantially. Around 549,000 people are now waiting for an assessment in England, with approximately 70% of the waiting list made up of adults*. NHS services have not been able to expand at the same pace as this demand, which means more people are now on waiting lists and expected to wait longer for an assessment, and these lists in our region continue to grow.

To help reduce waiting times in North East and North Cumbria, there are additional providers commissioned by the Integrated Care Board (ICB) to carry out ADHD assessments.



**High demand
means waiting
times can be long.**

What is “Right to Choose (RtC)”?

In England, when an NHS patient is referred by their GP to a specialist for a physical or mental health condition, they will usually have the option to choose which hospital or specialist service they attend, including services that assess ADHD. This is known as the Right to Choose, (quite often referred to as RtC) although it only applies when certain criteria are met. After attending the initial appointment with a chosen RtC provider, patients cannot usually use this option to change services or seek a second opinion. If your GP agrees that a referral is clinically appropriate, there are several providers offering ADHD assessments through the Right to Choose pathway, but the services they offer can vary, so it is important to consider which provider best meets your needs. While most GPs understand and support the process, misunderstandings can occur and they may not initially support the Right to Choose request. If this happens, many specialist providers offer a template letter you can download, complete, and give to your GP to clarify your rights, usually available on the specialists website.

Key points to consider when thinking about a provider

- You must be referred by your GP.
- Right to Choose lets you choose the provider.
- Right to Choose does not guarantee that you will be referred.
- Not all GP’s will agree to a Shared Care Agreement (see below for details) with all Right to Choose providers
- Not all specialist providers offer medication if required

Your Right to Choose NHS Services

When You Can Choose a Provider

In many non-urgent situations, you can decide which NHS provider you would like to use. Having a choice can help you:

- be seen sooner if waiting times vary between services.
- access specialist care available at another hospital or clinic.
- travel more easily, for example if another location is nearer to work or someone who can support you.
- attend a setting you prefer, such as a quieter clinic, one with strong accessibility features, or somewhere you've had good experiences before.

Choosing a different provider can mean quicker appointments and care that better suits your needs.

When You Cannot Choose a Provider

There are times when the NHS must prioritise safety and clinical urgency. In these situations, choice is not available if you are:

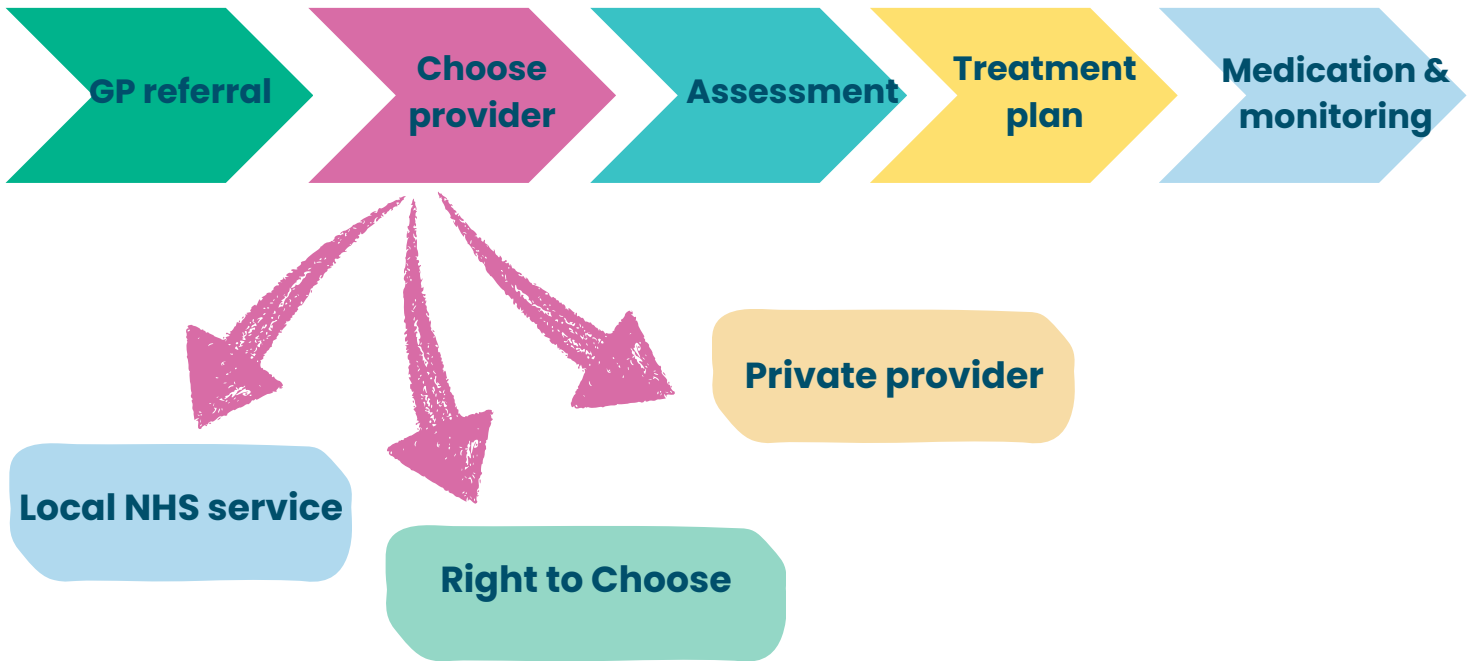
- already receiving care and treatment for the condition for which you're being referred and this is an onward referral
- using urgent, emergency or crisis services
- in need of emergency or urgent treatment, such as cancer services where you have received an urgent referral for suspected cancer or for breast symptoms (where cancer is not suspected)
- a prisoner, on temporary release from prison, or detained in 'other prescribed accommodation'
- someone who is held in a hospital setting under the Mental Health Act 1983
- a serving member of the armed forces
- using maternity services

In these cases, you will be directed to the safest and most appropriate service.

Your GP may also need to follow local NHS rules or safety requirements that limit which services can be used. More information can be found at [NHS Choice Framework](#)



Assessment Pathway



For a **list of Right to Choose providers** and details about current waitlists and more information, please see <https://adhduk.co.uk/>

If you receive an ADHD diagnosis and you choose medication, you enter into a titration stage (this means medication is started slowly and safely and then adjusted until the right dose is found, whilst finding a balance between controlling symptoms and managing side effects). As ADHD medicines are controlled drugs, they must be started by a specialist with monitoring. Often, once you are stable your GP can take over under a Shared Care Agreement

Shared Care Agreements

After an ADHD diagnosis, people may need medication and monitoring. Sometimes this is managed through a **Shared Care Agreement**. This is when, a specialist starts the medication, and a GP continues the prescription and monitoring. This is a long term contractual commitment and the GP will take on the legal and medical responsibility for prescribing controlled medication and the risks that come with that. This responsibility isn't taken lightly.

Important to know

Shared Care Agreements are **not** required as part of a GP's contract.

This means:

- GP practices can choose whether to take part
- They may say no for several reasons.

The most common reason GP's will say no to agreeing to a shared care agreement is

- Safety concerns and potential risks for patients
- Prescribing policies
- Communication issues
- Confidence in the provider

Prescriptions and medication

Many GP practices do not take over responsibility for prescribing patients diagnosed by:



- Right to Choose providers
- Private providers

If this is the case, the specialised provider may continue to prescribe medication, however you will need to check this can be continued long term and what additional costs there may be. Often, additional monitoring and follow-up may also be required, again check the cost for each appointment.

	Offer NHS service	Share Care and Prescriptions	Transfer of care	Direct costs to you
Local NHS Service	✔	✔	✔	✗
Right to Choose	✔	?	✗	?
Private Provider	✗	✗	✗	✔



Some GP practices will agree to Shared Care Agreements with some Right to Choose practices. It is your responsibility to check
There may be additional charges with the Right to Choose provider for follow-up appointments and check ups and prescription charges

In County Durham, the local NHS system (North East and North Cumbria Integrated Care Board) currently has an Indicative Activity Plan in place.

This means the NHS has set a planned limit on how many assessments can be carried out within a certain time period, based on the resources available.

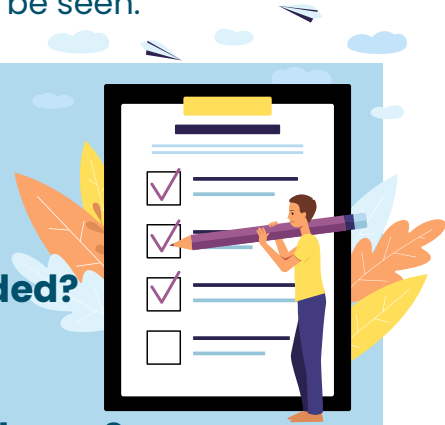
Referrals are *not* stopping.

People can still be referred as normal, but because there is a limit on how many assessments can be completed, some people may wait longer to be seen.

Before choosing a provider

Always check:

- Will they continue prescribing medication if needed?
- Will they monitor treatment long-term?
- What happens if your GP does not accept shared care?
- Will there be any costs to me?
- Can I keep up with follow-up appointments with the specialist provider?



Useful links for further information

Website	Link
NHS	ADHD in adults - NHS ADHD in children and young people - NHS
ADHD UK	ADHD UK - Homepage - ADHD UK
Your choices in the NHS	Your choices in the NHS - NHS
North East and North Cumbria ICB Advice and Support	Attention Deficit Hyperactivity Disorder (ADHD), and Autism North East and North Cumbria NHS

With special **thanks** to everyone who has shared their experiences with us and contributed to the making of this document.

The information contained in this report is accurate at the time of publication, however, it may be subject to change.

*data source - [FAQ: ADHD statistics \(England\) - House of Commons Library](#)

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