ADHD & ASD Referrals

IMPORTANT UPDATE – 22/05/2025
The NHS Coventry & Warwickshire Integrated Care Board (ICB) have today informed all GP practices that they have put in place a temporary policy for any new ADHD referrals for people aged over 25 years of age.

As of 22/05/2025, the ICB will not commission (fund) any new ADHD referrals for people aged over 25 years at the point of the referral. This is to allow the ICB to redirect capacity and resources to help reduce the current waiting list for children. This temporary policy will help free up significant clinical time and release funding that can be reinvested into children's ADHD services.

As soon as this policy is updated, this page will be updated to reflect the ICB policy.

Important Notice for Patients and Parents/Carers/Guardians Regarding ADHD & ASD Referrals

Right to Choose: Important Information for Patients/Families

Due to long NHS wait times for neurodiversity assessments, many patients/families are seeking referrals under the Right to Choose (RTC). While this is a legal option, there are important considerations that patients/families must fully understand before proceeding.

This guide outlines key points about the RTC process, responsibilities, and potential challenges.

1. Who Can Make a Right to Choose Referral?

- RTC referrals must be made by a GP due to NHS contractual rules.
- Schools cannot make RTC referrals, though a school report may be useful to include.

2. What Services Should a Right to Choose Provider Offer?

A provider chosen under RTC must:

✓ Offer NHS-equivalent services, including prescribing medication and referring to further services.

✓ Provide a full assessment, which is expected to include a face-to-face appointment.

✕ Not just offer a diagnostic-only service without ongoing support.

Patients/Families should ensure that the chosen provider meets these requirements.

3. Who Is Responsible for Checking the Service?

- The patient (or their carer) is responsible for ensuring that the chosen service meets NHS funding requirements.
- If the service does not meet the local NHS Integrated Care Board (ICB) criteria, the individual may have to pay for the service privately.
- The ICB is working on a list of approved providers, but this is not yet available.

4. Will the GP Provide Ongoing Care?

- GPs do not have to provide shared care for any treatment recommended by an RTC provider.
- Each case is reviewed individually, meaning there is no guarantee that a GP will prescribe any medication started by the RTC provider.

What This Means for You

- Patients/Families must carefully research and choose a suitable RTC provider that meets NHS criteria.
- The financial risk is with the patient if the service is not funded by the ICB.
- There is no automatic right to shared care, meaning medication or treatment recommendations from an RTC provider may not be continued by your GP.

Next Steps

If you are considering an RTC referral:

1. Check the provider – ensure they offer full NHS-equivalent services.
2. Understand your responsibilities – including potential costs and care limitations.

The ICB is aware of the long NHS wait times and is working to find solutions within current funding constraints.

For further information, please visit the NHS website for guidance on the Right to Choose.

This guide is for informational purposes and does not replace professional medical advice.