Reference:	FOI.21710.26
Subject:	Adult Attention Deficit Hyperactivity Disorder (ADHD) Shared Care Agreements
Date of Request:	28 September 2026

Requested:

Under the Freedom of Information Act, please provide the following information relating to adult ADHD Shared Care Agreements.

1. Does the Health Board permit Shared Care Agreements for ADHD where diagnosis and/or medication titration has been undertaken by an independent (private) provider?

2. If yes, please describe the circumstances under which such Shared Care Agreements may be accepted, including any eligibility criteria, exclusions, or requirements for additional assessment.

3. Is review by an NHS ADHD specialist required before NHS prescribing can commence in cases where a patient has already received a private ADHD diagnosis?

4. If an NHS specialist review is required before NHS prescribing can commence following a private ADHD diagnosis, please provide:
   a. The current waiting time for such reviews; or
   b. The referral month and year currently being offered appointments.

5. Please provide copies of any policy documents, guidance, pathways, protocols, or position statements relating to Shared Care Agreements following private ADHD diagnosis.

6. During the most recent year for which data are available, how many requests for Shared Care Agreements relating to private ADHD diagnoses were:
   a. accepted;
   b. rejected; or
   c. referred for further specialist review?

7. If Question 6 cannot be answered because the information is not routinely recorded, please provide any equivalent anonymous recorded information held relating to the acceptance, rejection, or further review of Shared Care Agreements following private ADHD diagnosis.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested, as it is estimated that the cost of answering your request would exceed the "appropriate limit" as stated in the Freedom of Information Act 2000 (Appropriate Limit and Fees) Regulations 2004. The "appropriate limit" represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

To identify the information requested for questions 6 and 7, the UHB would need undertake a manual search of all adult ADHD Shared Care requests received during the most recent year for which data is available, to identify any information that would fulfil this part of your request, as it is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the FoIA, which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA, this can include assisting a requestor to further refine their request.

The UHB suggests that you may refine your request by reducing the timeframe requested to a three (3) month period e.g. 1 January to 31 March 2026. However, the UHB would still be required to undertake a manual trawl of all the adult ADHD Shared Care requests received during the refined period, to identify the information required to fulfil your request. Therefore, the outcome would be dependent on the number of records identified within a shorter time period.

1. The UHB confirms that Shared Care Agreements may be considered where an ADHD diagnosis and/or medication titration has been undertaken by an independent (private) provider.

2. Shared Care Agreements may be accepted where a comprehensive diagnostic report has been provided, and the assessment meets NHS standards for ADHD diagnosis. Detailed documentation of the medication titration process must also be supplied, including evidence that treatment has been safely initiated, monitored, and stabilised.

   Additionally, the individual must be registered with a GP practice that has agreed to participate in ADHD Shared Care arrangements. Where a person's GP practice does not offer Shared Care, the Adult ADHD Service is unable to provide ongoing prescribing under a Shared Care Agreement.

3. An NHS ADHD specialist review is not routinely required where a private ADHD diagnosis has been accepted and ratified by the service, provided that sufficient clinical information is available to support safe prescribing. This includes a comprehensive diagnostic report that meets NHS standards, detailed information regarding the medication titration process, confirmation of the current medication regimen and dosage, and evidence that treatment has been safely initiated and stabilised.

   Where these requirements are met, the service may agree to enter into a Shared Care Agreement without requiring a further NHS specialist assessment. However, there may be circumstances where additional review by the adult ADHD Service is necessary e.g. if the information provided is incomplete, there are concerns regarding the diagnostic assessment or titration process, or further clinical review is required to support safe prescribing.

4a. Patients requiring an NHS specialist review are added to the adult ADHD Service medication waiting list.

4b. The current waiting time for a specialist review is approximately ten (10) years.

5. The UHB has applied an exemption under Section 21 of the Freedom of Information Act 2000 (FoIA), as some of the information requested is already within the public domain and is accessible by another means. The UHB has answered a similar Freedom of Information

request, FOI.20305.26 - Attention Deficit Hyperactivity Disorder (ADHD) shared care guidance, which is available on our disclosure log.

A link to the UHB's disclosure log webpage has been provided below.

Disclosure Log - Hywel Dda University Health Board (nhs.wales)
Please note:- when using the search function please search by title.

Additionally, the UHB provides a copy of the Shared Care GP Response form, at Attachment 1.

6. & 7. An exemption under Section 12 of the FoIA has been applied. Under Section 16, the UHB can confirm that there are currently eighteen (18) individuals with a private ADHD diagnosis awaiting ratification of their diagnostic report and/or medication request by the UHB's ADHD service. The longest outstanding case has been awaiting review since December 2025.