

<b>Reference:</b>	FOI.11700.23
<b>Subject:</b>	Attention Deficit Hyperactivity Disorder (ADHD)
<b>Date of Request:</b>	17 May 2023

**Requested:**

1. Do you have local provisions for all to receive NHS ADHD services? If no, and if relevant, under the NICE guidelines please detail on alternate services which the NHS will fund.
2. Current waiting time for NHS adult ADHD diagnosis
3. Current waiting time for NHS child ADHD diagnosis
4. Number of adults on waiting list for ADHD diagnosis
5. Number of adults on waiting list for ADHD diagnosis
6. Based on the individual who is currently on the waiting list, what is the longest so far, a patient has been waiting for a diagnosis.
7. How are the waiting list ordered? (i.e., first come first served? or are patients added based on urgency of how symptoms affect them, once on waiting list is it position fixed or can they be bumped down or up?
8. If someone moves out of your region, are they removed from the waiting list?
9. If someone moves into the region, do they have to begin at the bottom of the waiting list all over again?
10. Budget value in GBP and percentage allocated to ADHD services – Exemption to be applied.
11. Do you operate under 'Right to Choose' (i.e., patients can choose where to get ADHD diagnosis funded by NHS, and can be referred to certain private providers with NHS contracts for diagnoses if NHS waiting list are long)
12. If relevant, cost to the NHS of using private practices for diagnosis
13. Do you accept private diagnoses and shared care? (i.e. patient seeks private diagnosis due to long NHS waiting lists, will GP then accept this diagnosis and allow patient to receive NHS prescription rather than private?)
14. How many staff are trained to diagnose and treat ADHD within your region.
15. Are you making any improvements to these services/do you have any plans to improve these services.
16. Does the region have targets relating to ADHD care and the aforementioned points? If so, what are these? Are they being met?
17. If a patient was presenting with severe depression and based on the ADHD pre assessment undertaken by a GP, they showed high likelihood of having ADHD. Would this affect any of the

answers to the above points? I.e., would they have access to more support/earlier ADHD diagnosis?

**Response:**

Hywel Dda University Health Board (UHB) has recently answered Freedom of Information (FoI) requests relating to ADHD, which are available on our disclosure log. As the requests for information are accessible by another means, the UHB has applied an exemption under Section 21 of the FoIA. The information for questions 1 to 6, 10 and 15 of your request have previously been answered:

FOI.11487.23 - Attention Deficit Hyperactivity Disorder (ADHD) services (1 to 6)

FOI.11480.23 - Attention Deficit Hyperactivity Disorder (ADHD) diagnosis waiting times (10)

FOI.10546.23 - Attention Deficit Hyperactivity Disorder (ADHD) (15)

For ease of reference, please click on the attached link overleaf, which will take you directly to the UHB's disclosure log webpage:

[Disclosure Log - Hywel Dda University Health Board \(nhs.wales\)](https://www.nhs.uk/disclosure-log)

The responses for the questions not covered under the Section 21 exemption have been provided below.

7. The UHB confirms that the adult ADHD waiting list is primarily managed via chronological order. However, there are mechanisms in place to expedite, depending on clinical need.

The Children and Young People (CYP) ADHD waiting list operates a treat in turn process, wherever possible. This is an attempt to reduce the length of time waiting, although this is a clinical decision. CYP are usually expedited for the following reasons:

- CYP who are unable to attend school (excluded)
- Major behavioural changes causing family disruption and danger to other children
- A CYP close to their GCSE years
- A CYP over 17 or closer to 18, who had waited in our waiting list
- Mental Health issues, depression with suicidal risk
- Involvement in crime/police/anti-social behaviour

8. The UHB confirms that if advised that an adult or CYP has moved out of the UHB's geographical area, they are removed from the waiting list. However, the UHB can provide a letter of evidence advising that they have been on a waiting list for an ADHD assessment, if required.

9. The UHB confirms that when an adult moves into the UHB's geographical area, they would be placed at the bottom of the adult ADHD assessment waiting list, as there are no current reciprocal arrangements in place with other Health Boards. However, if evidence is provided that they were on an existing ADHD waiting list, the UHB would honour this. Additionally, if requested and depending on clinical need, the patient's referral may be expedited.

The UHB confirms that if a CYP moves into the UHB's geographical area, they would not be placed at the bottom of the CYP ADHD assessment waiting list, and would be seen as per the process advised in response to question 7.

11. The UHB confirms that it does not operate under the 'Right to Choose' guidelines.
12. Not applicable
13. The UHB confirms that for Adult ADHD, it does not currently have shared care arrangements in place with GPs. Private diagnoses for CYP will be ratified by the medical team.
14. The UHB confirms that within the Adult ADHD service, it has three (3) practitioners that can diagnose and treat ADHD and a further two (2) practitioners that can only diagnose ADHD. Additionally, for CYP ADHD, the UHB currently employs eleven (11) Community Paediatricians who are either trained or in the process of being trained to diagnose and treat ADHD in CYP.
15. Further to the Section 21 exemption applied, the UHB has an obligation to provide advice and assistance and can also confirm that it has employed a Service Delivery Manager for Neurodevelopmental services to operationally manage and align CYP and adult Neurodevelopmental services, in line with current Welsh Government (WG) policy and legislation. The ADHD service is seeking to develop a whole system, no wrong-door approach to identification and support for ADHD and is looking to strengthen collaborative working with partner agencies and third sector organisations and offer pre and post diagnostic support, which will include non-pharmacological interventions.
16. The UHB confirms that there are no current Waiting Time Targets (WTT) for adults awaiting an ADHD assessment. The WTT for CYP is twenty six (26) weeks for an initial ADHD assessment, which is not currently being met. Additionally, the adult ADHD service is also working towards meeting the WTT set for CYP, and again this is not currently being met.
17. Please see response to question 7.