Programme Title: Clinical Policies
Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

NHS
Central East
Integrated Care Board

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

Title of policy and version:	**Mental Health – Adult ADHD Referral for Assessment** Version: v1.0
Commissioning position:	Criteria Based Access
Scope:	**Covers** • Adults aged 18 years and over with suspected ADHD • Referral to any provider for NHS-funded adult ADHD assessment **Out of Scope:** • Children and young people aged under 18 years.
Cohort:	Adults with suspected ADHD
Other relevant Clinical Policy	N/A

Assessments routinely funded:	Adult assessment for ADHD will only be routinely funded in line with NICE guidance NG87. **<u>Adults with no prior diagnosis or ADHD assessment</u>** Adults who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD ONLY where: - There is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention – see appendix A) that: o Began during childhood (before 12 years of age) and have persisted throughout life o Are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions) o Have resulted in, or are associated with, **moderate** or **severe** psychological, social, familial, or educational or occupational **impairment**, in two or more domains (e.g. family, relationships, social behaviours, education, occupation, life-skills, risk awareness and safety, self-care, self-concept). Take into account

	○ the impact of demands/supports in day-to-day naturally occurring environments. - Referral information should include: ○ Information on early developmental history ○ Details of symptoms interfering with or reducing the quality of functioning in two or more settings. Ideally a narrative of impact and a validated tool such as: Weiss Functional Impairment Rating Scale (W-FIRS) OR WHO Disability Assessment Schedule 2.0 (WHODAS) ○ Details of medical history and current physical examination (in particular cardiovascular, neurological and hepatic disorders, including most recent blood pressure and pulse) - It is also good practice to screen for Autistic Spectrum Disorder using 10-item Autism Spectrum Quotient (AQ-10) prior to referral. **Adults diagnosed with ADHD as a child or young person** Adults who have previously been treated for ADHD as children or young people, presenting with symptoms suggestive of continuing ADHD should only be referred if: ○ Symptoms are associated with at least **moderate** or **severe** psychological and/or social or educational or occupational **impairment**. - Referrals should include all relevant information from past assessments and management (e.g from CAMHS, paediatric services) **Second Opinions / Reassessment** Second opinion/reassessment will only be funded when: ○ There are new symptoms or clinical information that may change the likelihood of diagnosis ○ The service providing the assessment were unable to reach a clinical decision and deem a second opinion necessary. - Referrals should include all relevant information from past assessments.

Assessments not funded:	The ICB will not normally fund: • Adult ADHD assessments for symptoms causing mild impairment, or impairment in only one setting/domain

	• Adult ADHD assessments in the absence of a history of typical manifestations of ADHD in childhood • Adult ADHD assessment second opinion/reassessment due to disagreement with the outcome of an assessment. Where there are concerns or disagreement about the outcome of an assessment, these should be raised with the provider of the assessment in a timely manner.

Rationale:

Nationally and locally, demand for adult ADHD assessments has increased rapidly and significantly, resulting in long waiting times and high costs. Local data suggests that around 25% of referrals may not meet NICE criteria for referral. This policy aims to reduce inappropriate referrals to support effective use of limited resources.

IFR Statement Clinical Exceptionality:

Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.

Coding list:
ICD-11 6A05 – Attention Deficit Hyperactivity Disorder (ADHD)

Policy document record:	Mental Health – Adult ADHD Referral for Assessment. Version: v1.0
Ratification date:	11th September 2026
Record of significant change:	v1.0 – New policy for Central East ICB
Planned review date:	TBC

Document Environmental Impact statement:
Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.

Appendix 1: ICD-11 description of inattention and hyperactivity impulsivity

Inattention

- Several symptoms of inattention that are persistent, and sufficiently severe that they have a direct negative impact on academic, occupational, or social functioning. Symptoms are typically from the following clusters:
    - Difficulty sustaining attention to tasks that do not provide a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; making careless mistakes in school or work assignments; not completing tasks.
    - Easily distracted by extraneous stimuli or thoughts not related to the task at hand; often does not seem to listen when spoken to directly; frequently appears to be daydreaming or to have mind elsewhere.
    - Loses things; is forgetful in daily activities; has difficulty remembering to complete upcoming daily tasks or activities; difficulty planning, managing and organizing schoolwork, tasks and other activities.

Note: Inattention may not be evident when the individual is engaged in activities that provide intense stimulation and frequent rewards.

Hyperactivity impulsivity

- Several symptoms of hyperactivity/impulsivity that are persistent, and sufficiently severe that they have a direct negative impact on academic, occupational, or social functioning. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:
    - Excessive motor activity; leaves seat when expected to sit still; often runs about; has difficulty sitting still without fidgeting (younger children); feelings of physical restlessness, a sense of discomfort with being quiet or sitting still (adolescents and adults).
    - Difficulty engaging in activities quietly; talks too much.
    - Blurts out answers in school, comments at work; difficulty waiting turn in conversation, games, or activities; interrupts or intrudes on others conversations or games.
    - A tendency to act in response to immediate stimuli without deliberation or consideration of risks and consequences (e.g., engaging in behaviours with potential for physical injury; impulsive decisions; reckless driving)
- Evidence of significant inattention and/or hyperactivity-impulsivity symptoms prior to age 12, though some individuals may first come to clinical attention later in adolescence or as adults, often when demands exceed the individual's capacity to compensate for limitations.
- Manifestations of inattention and/or hyperactivity-impulsivity must be evident across multiple situations or settings (e.g., home, school, work, with friends or relatives), but are likely to vary according to the structure and demands of the setting.
- Symptoms are not better accounted for by another mental disorder (e.g., an Anxiety or Fear-Related Disorder, a Neurocognitive Disorder such as Delirium).
- Symptoms are not due to the effects of a substance (e.g., cocaine) or medication (e.g., bronchodilators, thyroid replacement medication) on the central nervous system, including and withdrawal effects, and are not due to a Disease of the Nervous System.