NHS
Greater Manchester

Improving Adult ADHD services in Greater Manchester

Consultation on options for change

23rd April – 17th June 2025

Part of Greater Manchester Integrated Care Partnership

Contents

Contact details

Please read this document carefully and give us your feedback on what you think of the proposals for changes to adults ADHD services in Greater Manchester. More information can be found on our website or you can get in touch with us.

You can give your feedback by completing the survey (on paper or online), you can write to us, email us, ring us, contact us through our social media, or come along to one of our focus groups.

You have until midnight on Tuesday 17th June 2025 to give us your feedback.

Large print and easy read versions of this document can be found on our website, or you can ask that we email or post them to you using the contact details below. If you would like this document in a different language, or any other format (including braille and audio), or would like to be posted a hard copy, please contact us.

Freepost Plus RUEL–TTGR–SCAJ

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Introduction

NHS Greater Manchester is responsible for commissioning (buying and overseeing) NHS health services across Greater Manchester. This public consultation is to seek feedback from you about the proposed options to improve Adult ADHD services in Greater Manchester

We are reviewing adult ADHD services because a lot more people are now being referred than the services were originally designed for across the country. This means that waiting times are getting longer and because people are not getting support whilst they are waiting, some people are really struggling.

There is currently no single waiting list in Greater Manchester for adults waiting for ADHD services, so it difficult to say exactly how many people are currently waiting for an assessment. However, our best estimate is that there are up to 25,000 people waiting, with that figure growing every day. If the way we deliver services stay as they currently are, people could be waiting over 7 years for assessment and diagnosis and some could experience a wait of up to 10 years.

Some of these people will be experiencing much worse symptoms than others, but currently we don't take that into account and everyone goes to the bottom of the waiting list when they are referred. We are worried that this means that some people who are waiting desperately need help and are at risk of coming to harm, and this isn't ok.

If the demand for ADHD services continues at the current levels, it would also cost the NHS in Greater Manchester at least £10 million a year to fund assessment services and we will continue to have too few staff to see people quickly. This situation is the same across the country and is not unique to GM.

For these reasons adult ADHD services in Greater Manchester urgently need to change so they can better support the people who need them and we think that there are better ways to deliver these services so that they can quickly support the people who need them most. But there are no easy answers, as money is tight and there aren't lots of extra skilled staff, so we can't simply increase services to meet the increasing number of referrals.

This consultation is about two potential options for improving access to adult ADHD services and support. We want to hear your views on these proposed options to help inform our decision.

This consultation is not about ADHD services for children and young people. However, NHS Greater Manchester has also been working to address the future of ADHD services for children and young people. To find out more contact us or visit our website.

Your responses will help to make sure we understand what is important to the people who may be affected by the proposed changes and what their needs are. It is important that we consider this when we make the final decision on the best option for changes to way people move through Adult ADHD services.

Please read this information carefully and get involved either through completing the online

survey, coming to a focus group, or calling or emailing us. For more detailed information, please visit our website, call, text or WhatsApp us on 07786 673762, or email gmhscp.engagement@nhs.net.

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This consultation will run from 23rd April 2025 to 17th June 2025. It is open to anybody, but people with lived experience of ADHD are particularly encouraged to share their views. What people tell us through the consultation will be fed into decision making by NHS Greater Manchester and the outcome published.

What is NHS Greater Manchester (NHS GM)?

NHS Greater Manchester (GM) is one of 42 Integrated Care Boards (ICBs) in England. ICBs are NHS organisations responsible for planning and commissioning health services for the local population.

This means that we have the job of deciding what health services are needed for people who live in Greater Manchester, funding health services that meet those needs, and monitoring the quality of the services that are delivered.

NHS GM covers Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan.

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school.

Most cases are diagnosed when children are under 12 years old, but sometimes it's diagnosed later in childhood or when they are an adult.

The symptoms of ADHD may improve with age, but many adults who were diagnosed with the condition at a young age continue to experience problems.

The exact cause of ADHD is unknown, but the condition has been shown to run in families. Research has also identified several possible differences in the brains of people with ADHD when compared with those without the condition.

Adults with ADHD may have problems with:

- organisation and time management
- following instructions
- focusing and completing tasks

- coping with stress
- feeling restless or impatient, and
- impulsiveness and risk taking

Some adults may also have issues with relationships or social interaction.

While some individuals with ADHD can thrive, others may face considerable challenges in their daily lives. Understanding that everyone's experience is different is key to providing effective support and interventions.

It is important to understand that ADHD is a neurodevelopmental (not mental health) condition that cannot be 'fixed' by treatment. For most people, lifestyle adjustments and coaching can help to manage common symptoms.

However, for a smaller number of individuals with accompanying complex health conditions treatment for ADHD can help relieve more severe symptoms and make the condition much less of a problem in day-to-day life.

Why things need to change

Increasing numbers of people coming forward and long waiting times

In Greater Manchester there are now thought to be approximately 60,000 adults who may have ADHD.

As there is currently no single waiting list in Greater Manchester for adults awaiting ADHD assessment and/or support, it is difficult to say how many people are currently waiting for an assessment.

Our best estimate is that there may be up to 25,000 people waiting across Greater Manchester – with this figure growing daily – with many more people coming forward now than 5 years ago.

Despite more people coming forward for assessment, the evidence doesn't suggest that there are more people with ADHD than 5 years ago. It is difficult to know why there are so many more people coming forward now, but it could be because of several reasons like:

- Increased public awareness and knowledge of ADHD leading to more recognition of adult ADHD symptoms
- Changes to lifestyles and work, with increased use of technology
- Cultural shifts in attitudes towards mental health
- Changes in how ADHD is diagnosed with different criteria

To try and clear the waiting lists, over many years we have paid for more ADHD assessments to be carried out in the NHS and through private companies. Whilst this has sometimes reduced the number of people who have been waiting for a short time, the overall waiting list has continued to increase because there are more people joining than there are available appointments with a limited number of services and skilled staff available to support.

In Greater Manchester, approximately 8,000 adults were referred for an ADHD assessment in the last 12 months, most of whom have not even yet had an assessment.

Finances

A diagnostic assessment for ADHD costs between £900 and £2400 per person. Based on this, even if such specialist services existed, it would cost the NHS in Greater Manchester at least £25million to see everyone who is currently on the waiting list, and with this cost growing every year.

If the demand for ADHD services continues at the current levels, it would also cost the NHS in Greater Manchester over £10 million a year to fund assessment services capable of meeting the demand.

This is both unaffordable and unsustainable given the financial constraints currently in place for the NHS in Greater Manchester and a lack of people qualified in this area of specialism.

Variation in offers across Greater Manchester

Adult ADHD services are not offered consistently across Greater Manchester and there is lots of variation in both the number of providers and the quality of the offer depending on where you live. For example, in Bury, Oldham and Rochdale, there has been no adult service provision for several years, whereas both Tameside and Stockport have some limited adult services, although even here services are struggling to meet demand with many more being referred every week.

Right to choose and private providers

The increasing waiting times are leading more people to requesting access to specialist assessment and diagnosis from a variety of independent providers who have NHS contracts via Right to Choose arrangements.

Right to Choose means that if your GP needs to refer you for a physical or mental health condition, at certain points after your initial assessment confirms that you have a clinical need you will have a legal right to choose the hospital or service provider you'd like to go to.

Whilst many of these clinics offer a good service, staffed by professionals, it is important to consider the potential for financial incentives that have led to over-diagnosis and over-prescribing - posing both risks to patients as well as the wider health system from misuse of public funds.

There are also challenges for some people with right to choose or private diagnosis getting access to medication through the NHS, with many GPs uncomfortable about prescribing the continuing medication without clear patient management plans from quality-assessed service providers and clear ways to raise safety concerns.

Safety

We now have concerns about the safety of the current situation as many people are being referred for assessment but are then remaining on waiting lists going unassessed for long periods.

Services are also seeing patients in the order they are added to the waiting list, without any prioritisation of the patients on the waiting list based on clinical need or checks to see if someone's health condition has changed or deteriorated.

Support and medication

There is evidence to suggest that patients with less severe ADHD symptoms may not need medicine. Some people may benefit from access to self-help materials, talking therapies or peer support, but currently medication is the only support and treatment that is offered to people diagnosed with ADHD, which doesn't meet NICE best practice guidance. This is also against a backdrop of medication shortages with over-prescribing for those without a clinical need.

The lack of wider non-medication support was a strong theme emerging from engagement with the public.

Participants felt strongly about the need to signpost to sources of support throughout their journey, including prior to potential diagnosis and treatment pathways (including self-help options, peer support groups, websites, etc. that are also accessible for family members).

Some patients are waiting for long periods of time and described the need for practical coping mechanisms to support their daily life whilst they were waiting to be appropriately assessed.

For all the reasons described above, adult ADHD services in Greater Manchester now urgently need to change so they can better support the people who need them.

Our vision for ADHD services

Our vision

We want to improve access to support, diagnostics and treatment for ADHD to those that need it and we want this to be equitable and consistent across Greater Manchester localities.

We want a service that understands and responds to the needs of individuals and is not a 'one size fits all'.

This includes an offer of support for everyone and a diagnosis for those who need it most.

We will achieve this by:

- ☑ Prioritising access for individuals on the waiting lists who are in the most clinical need
- ☑ Introducing a newly commissioned Greater Manchester Adult ADHD Triage Team of Mental Health Practitioners who would undertake face-to-face detailed assessments that support GPs and patients by prioritising those patients who are most at risk and have the highest clinical need, with clear criteria for eligibility for NHS-funded assessments and treatment
- ☑ Ensuring there is an appropriate support offer for people who do not meet the criteria for diagnosis

How we believe that this will benefit patients

This means that people will wait less time to receive the support and treatment they need.

Support will be available much earlier in the patient journey and they will not have to wait for a formal diagnosis to access it.

It also means that those who need help most are prioritised for assessment and diagnosis earlier and prevent their symptoms worsening.

Who will be affected?

ADHD has been typically thought of as a condition with school age boys.

However, whilst more men and boys than women come forward for treatment and diagnosis, the latest evidence shows that this condition can affect anyone.

We believe there are approximately 60,000 people in Greater Manchester with ADHD, with over 25,000 of these currently on a waiting list.

Any changes to these services will directly affect the 25,000 people on the waiting lists and anyone who comes forward for diagnosis in the future.

From the evidence we have looked at, and the engagement we have carried out, the following groups of people are more likely to be affected by ADHD and any changes we make to the services:

- Young people transitioning to adults' services, and those heading to college, university and into the workplace
- Women who are pregnant and with young children
- People who struggle with the cost of living and live in deprived communities
- People with autism and/or other neurodiverse conditions
- People with learning difficulties or learning disabilities
- People with mental health conditions
- People with histories of struggles with alcohol or drugs
- People who are in or have experience of the criminal justice system as children or adults

We will work particularly hard to reach these communities through the consultation.

What we have done so far

Before we launched this consultation, we did a lot of work to understand the current situation and what the impact of any changes might be.

This included:

- Made sure we understood how the current services work
- Carried out an equality analysis to see if some groups are affected more than others

- Undertook engagement with people and communities to understand current needs and experience
- Established a lived experience group to act as a sounding board and provide advice and guidance throughout the engagement and consultation
- Researched what has been done elsewhere locally and nationally
- Considered local and national policies

Find out more on these in the sections below.

The current services

People aged 18 and over with symptoms of ADHD across Greater Manchester are usually referred to ADHD services by their GP.

The GP will ask about symptoms, when they started, where they are experienced (for example, at home or at work), if there have been any recent significant events and if there is a history of ADHD in the family.

They may then refer for an assessment if, for example:

- The symptoms cannot be explained by a mental health condition.
- The symptoms significantly affect the patient's day-to-day life – e.g. underachieving at work or finding intimate relationships difficult.
- The patient was not diagnosed with ADHD as a child, but the symptoms began during childhood and have been ongoing since.
- They were diagnosed as a child but now need more support or medication because symptoms are getting worse.

After referral, patients will usually sit on a waiting list for quite some time – years in some cases. Patients are then seen for assessment on a 'first-come, first-served' basis with no means of identifying who is most urgently in need or escalating their diagnosis or treatment pathway where appropriate.

At their assessment, the patient will be seen by an appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, usually a psychiatrist.

For an adult to be diagnosed with ADHD, their symptoms should also have an impact on different areas of their life, such as:

- underachieving at work or in education
- driving dangerously
- difficulty making or keeping friends, and
- difficulty in relationships with partners

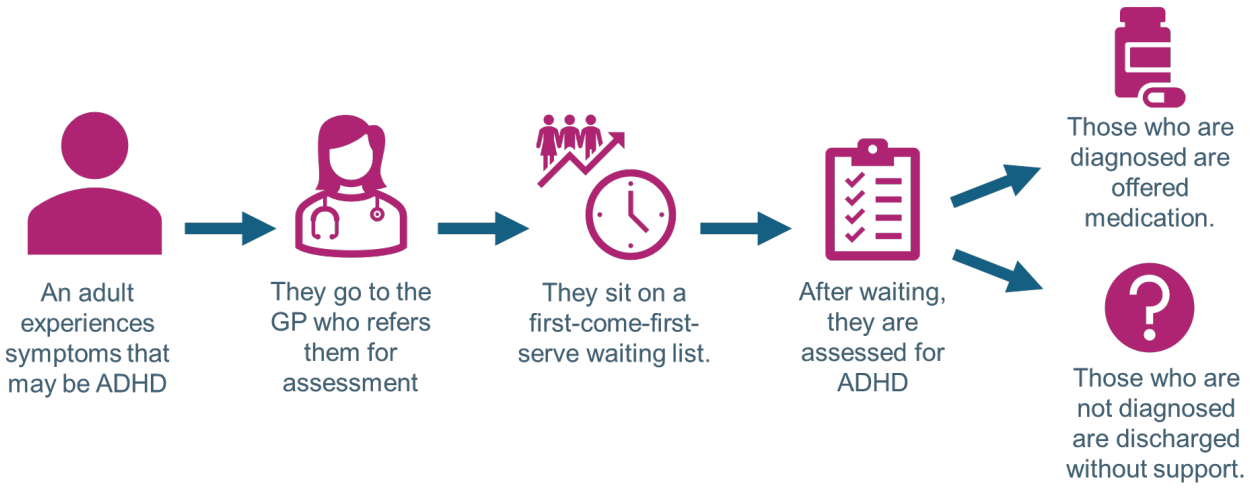
If the person is diagnosed with ADHD, treatment can be given to make the condition less of a problem in day-to-day life.

Currently, this treatment is the prescribing of strong, performance enhancing medications.

There is no other support on offer.

If the person isn't diagnosed with ADHD, then they get no other offer of help or support, even if they may still be experiencing the symptoms that led to them asking for a referral.

Image 1. The current service



Equality analysis

The equality analysis we carried out highlighted, amongst other things, the difficulties experienced accessing support and seeking reasonable adjustments without a diagnosis, the challenges faced by adolescents transitioning to adult services, and the different presentations of women to men, meaning they can feel misunderstood and marginalised by existing services and support pathways.

We also found that cultural differences, language barriers and differences in acceptance of ADHD mean that minority ethnic patients may be less willing to come forward and be less able to self-advocate through a triage process.

The key implications for a future service model included the need for services to be culturally sensitive and consider the needs of people who are socio-economically disadvantaged or who have chaotic lifestyles.

The analysis also showed that any assessment criteria used would need to be mindful of different ADHD presentations shown by women.

The analysis demonstrated the need for any future consultation on this topic to employ a whole population approach with specific work to address minority ethnic communities (to get a proportionate number of responses), younger men, middle aged women and the economically disadvantaged.

Patient feedback

Engagement included a survey which received 464 responses as well as a range of other

activities. The three key engagement themes were *communication, support and diagnosis.*

Participants highlighted the need to improve the communication they received whilst on the waiting list including confirming that they were still on the list and how long they may still have to wait, as well as the need to improve communication between providers.

They felt strongly about the need to signpost sources of support throughout their journey, including prior to potential diagnosis and treatment, (including self-help, websites etc. which are also accessible for family members). There was evidence of people turning to unverified and potentially misleading online platforms due to a lack of authoritative, clinically assured sources of information.

Participants also emphasised that they valued diagnosis as a means to open the doors to support. Examples were given around support at university, adjustments in the workplace and perceptions from the wider public of 'being lazy' or not being taken seriously. This has led to us thinking more about how people can receive practical help and advice without diagnosis.

Unfortunately, most participants struggled to identify something positive about their experiences of NHS ADHD services. However, once people were able to enter the pathway, they commented on how good the healthcare professionals had been. When asked what could make their experience better, participants said to reduce the duration of the process including the time taken to be assessed.

Click here to read the full engagement report.

Research and experience from elsewhere in England

All health systems in England are experiencing the same challenges with their adult ADHD services. Some places have already started to try new ways of working and redesign their services.

For example, Cheshire and Wirral have reviewed their services and have introduced a new model where patients are triaged after they are referred. They have also introduced a way to prioritise referrals so those who need help most get it more urgently. Training and extra support for GP practices is being offered too.

We believe that this model could be adapted for Greater Manchester and enable safer practice and ensure that those with the highest need are prioritised.

Local policies and strategies

Greater Manchester has some of the lowest life expectancy in England, with differences between the most and least deprived areas of 9.5 years for men and 7.7 years for women.

Further differences exist between communities according to race and ethnicity, gender, disabilities, poverty and social exclusion, sexuality and age, as shown through a range of external analyses. This, coupled with increasing demand and a workforce crisis, is putting strain on our services.

Residents have told us they have real concerns about funding and staffing levels, difficulties in accessing appointments, and waiting times for hospital care.

Greater Manchester's Integrated Care Strategy sets out how we will work together to improve the health of our city-region's people through the Greater Manchester Integrated Care Partnership.

It outlines our priorities (our 'missions') which are to:

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability

It also sets out a commitment to make continuous improvements in access, quality and experience – and reduce unwarranted variation (the "postcode lottery").

This review into ADHD services needs to support the priority to achieve financial sustainability and the commitment to reduce unwarranted variation in services across the city-region.

National policies and strategies

ADHD services are challenging across the country, with very few areas meeting the current National Institute for Health and Care Excellence (NICE) guidelines. These guidelines emphasise the need for comprehensive care plans that include psychological, behavioural, and educational interventions alongside drug treatments.

A national task force has been set up by NHS England to support improvements. The taskforce aims to address challenges spanning the healthcare, education, and justice sectors by engaging stakeholders including patients, service providers, and educational institutions.

NHS Greater Manchester is actively engaged in supporting the work of the national Taskforce. We are confident that our direction of travel in Greater Manchester is consistent with this work.

A new model of care

As set out in our vision, we want to develop a service that reduces the waiting time and prioritises those who need help most urgently.

We know that we can't keep up with the ever-increasing number of people being referred for assessment, and so we need to focus on assessing and diagnosing the people who need medical help most, but make sure that everybody who needs it gets offered appropriate support to help them manage their condition.

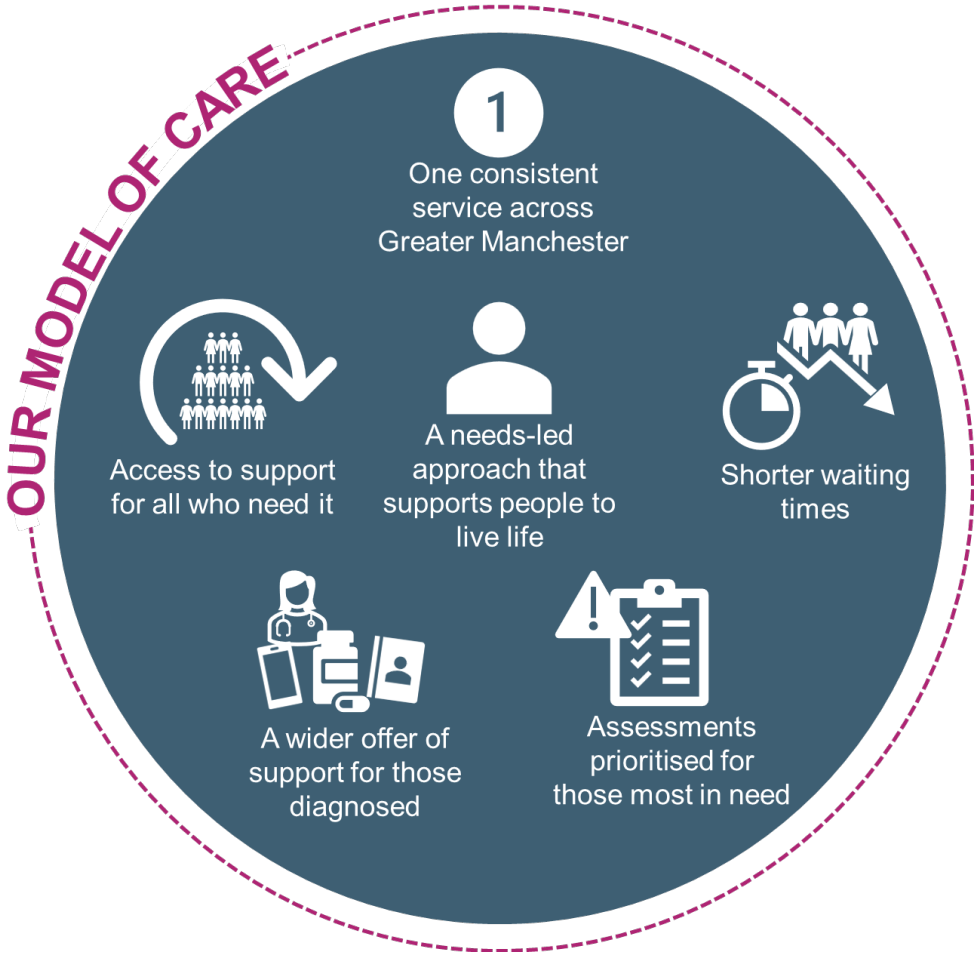
To do this, our new model of care:

- Is needs-led, helping people to manage their symptoms so they can live a better life
- Creates one service across Greater Manchester that has a consistent approach to

referral, assessment and diagnosis, through a central team of specialists who will review and triage all referrals through a face-to-face appointment.

- Has reduced waiting times for assessment by introducing specific clinical criteria for those who should be referred for an assessment, as there are in other services across the NHS.
- Prioritises those most urgently in need and sees them faster, to make sure that patients are safe and not at risk of coming to harm.
- Offers more than medication in the offer of support for those diagnosed and offers tools to help people manage their symptoms.
- Has an offer of support for everyone who needs help with symptoms, rather than just those who are diagnosed.

Image 2. An overview of the model of care



The right to choose offer would remain and people would be able to access right to choose providers in the same way that they currently can.

Referral criteria

Referral criteria is used by GPs, psychologists and other health professionals to understand if a referral is the right option for a patient. It is nearly always based on the patient's health, symptoms and medical conditions.

Referral criteria are very common and are used in nearly all NHS services to help GPs and other professionals to decide whether a patient should be referred to a particular service.

They help make sure that decisions are made consistently by lots of different health professionals.

The new model of care includes new referral criteria to make sure that referrals are made consistently and for those whose symptoms make a difference to their life.

These referral criteria will be applied by trained health professionals in the new triage team that is being created.

GPs will continue to use the same initial checks as currently before referring on to the triage team who will have more time to complete detailed reviews through face-to-face clinical need assessments.

Evidence from places that have already done this suggests that 20-30% of current referrals would meet the referral criteria for assessment for ADHD, with the other 70-80% being signposted to tools and services that would help them manage their symptoms and improve their quality of life.

This way of managing referrals makes sure that those whose symptoms impact the most on their life get assessed and treated more quickly, whilst everyone gets offered help to manage any symptoms.

Some groups of people will automatically get referred due to the increased clinical risks for harm, including veterans and young people transitioning from children to adult services.

The referral criteria currently used elsewhere in the country that we are considering includes:

- ☑ There has been at least six months of experiencing five or more symptoms of hyperactivity and impulsiveness that are included in the standard Adult ADHD Self-Reporting Scale (ASRS).
- ☑ Some of the symptoms have been experienced since a young age, before the age of 12
- ☑ The symptoms are affecting at least two parts of life, for example, in education and work, or work and social situations, or education and social situations.
- ☑ There is evidence that some of the symptoms are making it hard for them to cope and function in work, education or normal social situations.
- ☑ The symptoms can't be explained by another mental health condition.
- ☑ They have other severe mental or physical health problems

We want feedback through the consultation on these criteria, so please give it some

consideration.

A new triage team

Under the new model all referrals from GPs will go to a triage team of specialist, trained health professionals.

Their job will be to apply the clinical need referral criteria to all the referrals.

This will be done through face-to-face appointments.

The patients who meet the criteria will be sent on for NHS-funded assessment, diagnosis and treatment – as they currently are.

Those who do not will be signposted to a range of tools and support services that may help them to manage their condition.

The triage team will also prioritise the waiting list so those who are at most risk of coming to harm because of accompanying clinical needs and whose symptoms are most severe are seen fastest.

Treatment and support

Evidence from across the country and through engagement with local communities has shown that when people have less severe symptoms of ADHD and no accompanying clinical needs, a medical approach to neurodiversity with the only treatment or offer only being strong medication can be the wrong approach.

Instead, we want to help people to access support that will help them to manage their symptoms so they can lead their life more easily.

This means that, those not prioritised or referred for assessment, would be signposted to self-help, peer support, online resources and existing services that are relevant to their symptoms.

We will also signpost people to tools and support whilst they are waiting for their triage appointment or assessment, so people aren’t left to cope without help or advice.

For those who are diagnosed, medication will still be offered should it be the most appropriate treatment, but wider services to help them manage their symptoms will also be offered.

We are keen to hear what support people would find helpful, so please share your ideas.

Impact on patients

We recognise that the introduction of referral criteria and triage is likely to have a considerable impact on patients – especially those already on the waiting list who are expecting to go straight for assessment.

However, in considering the suitability of such a model, we need to balance this against the very clear patient benefits:

- Shorter waiting times.
- Care based on need and risk with people who experience the most severe symptoms

being prioritised for diagnosis and treatment, meaning that they will be seen more quickly. development of a wider offer of non-medical support to help people manage symptoms.

- The avoidance of over-medicalising and over-prescribing for neurodiversity.

What are the options for the future

We considered all the different ways we could improve ADHD services across Greater Manchester, meeting the new model of care and reducing waiting times, making it quicker for those who need it most to get support and treatment. Each of these ways was called an option.

8 potential options were originally identified and they are set out below.

Option 1: **Do nothing and make no change**

Make no changes to the service which currently exists.

Option 2**: A face-to-face review against referral criteria with support only offered for those diagnosed**

Introduce referral criteria that people must meet to get assessed for diagnosis and offered treatment and support. With:

- People who meet the criteria go forward for assessment, diagnosis and treatment
- People who don't meet the criteria get discharged with no further support

Option 3: **Everyone with potential symptoms is referred for a face-to-face triage against referral criteria and then offered an appropriate level of support.**

Introduce referral criteria that people must meet to get assessed for diagnosis and offered treatment and support. With:

- People who meet the criteria go forward for assessment, diagnosis and treatment
- People who don't meet the criteria get signposted to tools, peer support groups and services to help them manage their symptoms

Option 4: **Everyone with potential symptoms is first signposted to support tools and services. If these don't help, they will then be referred for a face-to-face triage against the referral criteria and get offered an appropriate level of support.**

Everyone who is referred is first signposted to tools, peer support groups and services to help them to manage their symptoms. If this support doesn't help, people then get triaged against the referral criteria for assessment for diagnosis and treatment. As in Option 3:

- People who meet the criteria go forward for assessment, diagnosis and treatment
- People who don't meet the criteria get signposted to tools, peer support groups and services to help them manage their symptoms

Option 5: **An online self-assessment review against referral criteria with support for just**

those diagnosed

Introduce referral criteria with an online referral criteria tool that people complete by themselves that people must meet to get assessed for diagnosis and offered treatment and support. With:

- People who meet the criteria go forward for assessment, diagnosis and treatment
- People who don't meet the criteria get discharged with no further support

Option 6: **An online self-assessment review against referral criteria with support for everyone**

Introduce referral criteria with an online referral criteria tool that people complete by themselves that people must meet to get assessed for diagnosis and offered treatment and support. With:

- People who meet the criteria go forward for assessment, diagnosis and treatment
- People who don't meet the criteria get signposted to tools, peer support groups and services to help them manage their symptoms

Option 7: **Fund a bigger service**

Fund additional staff/teams to be able to clear the waiting list and offer diagnosis to everyone going forward.

Option 8: **Stop the service**

No longer fund adult ADHD services and stop the service completely.

Evaluating the options

These 8 options were evaluated against a list of standards (criteria) to understand if they were viable and could be delivered. The standards included creating a safe service, being affordable, offering a consistent service across GM, creating an accessible service, and having enough staff to deliver it, amongst other things.

There are 2 sets of standards that options were evaluated against: gateway standards that every option must meet; and evaluation standards of important things that we want to consider the options against, but they aren't required to meet to be viable.

The standards were developed by the Lived Experience Advisory Group and the Project Group and the full list with more detail can be found in tables 1 and 2.

Table 1: The gateway standards and the evidence considered

Standard	Description	Evidence considered
Affordability	Whether the option could be delivered within the same cost as the current service.	The estimated service cost under the option.
Safety of patients	Whether the option would create a safe service for patients and reduce waiting times	Waiting lists Patient safety hub evidence Concerns raised by GP practices and coroner's courts
Equal access across Greater Manchester	Whether the option would provide the same access to NHS services across every area in Greater Manchester.	Service offer across Greater Manchester under each option

Table 2: The evaluation standards and the evidence considered

Standard	Description	Evidence considered
Workforce	Whether there are enough staff to deliver the option.	Estimated workforce requirements compared to the current service
Support for all	Whether the option provides an offer of support for all patients who are referred.	Level of support will be available for people who are referred
NICE guidelines	Whether the option meets the NICE guidelines.	The NICE guidelines
Health inequalities	Whether the option will reduce health inequalities.	Equality impact assessment

More information about the standards and the evidence that we used can be found on our website.

Following this evaluation and a final review through governance, the outcome for each of the options can be found in table 2.

Table 2: The outcomes of review for the options

#	Option	What happened	Outcome
1	Do nothing and make no change	This option was ruled out because it does not create an equal service across Greater Manchester.	☒
2	A face-to-face review against referral criteria with support for just those diagnosed	This option was ruled out because it was not considered a safe service if people who don't meet the criteria wouldn't get offered any support.	☒
3	A face-to-face review against referral criteria with support for everyone	This option met all the standards and so is part of this consultation.	☑
4	Support for everyone with a face-to-face review against referral criteria and triage for assessment only undertaken after the support doesn't work	This option met all the standards and so is part of this consultation.	☑
5	An online self-assessment review against referral criteria with support for just those diagnosed	This option was ruled out because it was not considered safe to have self-assessment online without a professional and because people who don't meet the criteria wouldn't get offered any support.	☒
6	An online self-assessment review against referral criteria with support for everyone	This option was ruled out because it was not considered safe to have self-assessment online without a professional.	☒
7	Fund a bigger service	This option was ruled out because we can't afford to fund a bigger service.	☒
8	Stop the service	This option is ruled out because it not the intention of NHS Greater Manchester to stop all access to ADHD services.	☒

More information about the outcome of the evaluation can be found on our website.

Options for consultation

As a result of the review of the options, the options we are consulting on are:

Option A (our preferred option): Everyone with potential symptoms is referred for a face-to-face triage against referral criteria and then offered an appropriate level of support.

And

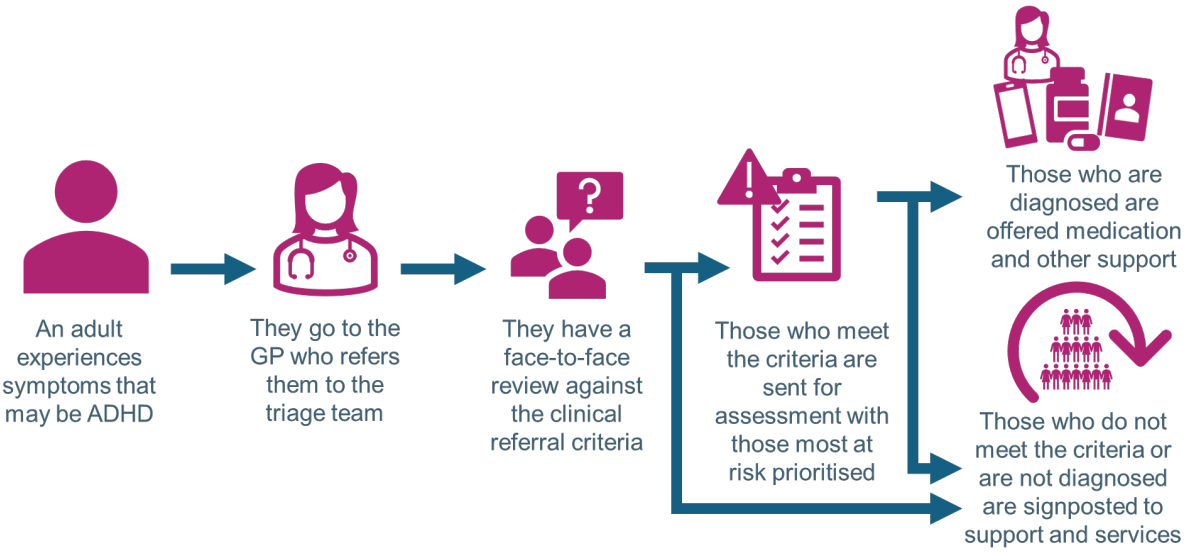
Option B: Everyone with potential symptoms is first signposted to support tools and services. If these don't help, they will then be referred for a face-to-face triage against the referral criteria and get offered an appropriate level of support.

There is more information about each of these options below, and information about how the options compared against the standards can be found in table 3.

What do the options mean?

OPTION A (our preferred option): Everyone with potential symptoms is referred for a face-to-face triage against referral criteria and then offered an appropriate level of support.

Image 3. The service under option A



In this option, an adult who is experiencing symptoms that might be ADHD will go to their GP.

Their GP will then refer them to an expert ADHD triage team.

The team will invite them to a face-to-face appointment where they will talk with them and explore their symptoms, experiences and health.

This will then be reviewed against clinical referral criteria.

If they meet the criteria they will be sent for assessment and diagnosis for ADHD.

Those who are experiencing the worst symptoms will be prioritised for assessment and will be seen faster.

If the adult is then diagnosed, they will be offered medication or other services and support to help them manage their symptoms.

If the adult doesn't meet the referral criteria, or isn't diagnosed after assessment, they will be signposted to support like self-help tools, apps, peer support groups, and other relevant services for their symptoms. I.

It is expected that about 20-30% of people who are reviewed against the criteria will go on to be assessed and diagnosed.

Table 4: Risks and benefits of this option

Benefits	Risks
• This option prioritises those in greatest clinical need and who need the service most. • It meets the NICE guidelines • This option should improve the service quality. • It will create a safer service with those who urgently need help getting it. • There will be lower waiting times and reduced risks for the people on the waiting list. • Long term it will save money once everyone on the waiting list has been triaged. • There will be an equal offer for people across Greater Manchester with everyone having access to an NHS triage.	• This will take some time to get set up and implement. • The referral criteria will reduce the number of people who go forward for a potential diagnosis. • Some people who do not meet the threshold following triage may go on to use a private service. • For those who meet the criteria, different localities will have different providers in place to deliver the assessment and diagnosis service (or the patient would have Right to Choose).

Preferred option

This option is our preferred option for the future of adult ADHD services. This is because people who are at risk of harm will be reviewed faster in this option than in option B, meaning that they will get the help they need more quickly.

OPTION B: Everyone with potential symptoms is first signposted to support tools and services. If these don't help, they will then be referred for a face-to-face triage against the referral criteria and get offered an appropriate level of support.

Image 4. The service under option B

In this option, an adult who is experiencing symptoms that might be ADHD will go to their GP.

Their GP will then signpost them to support like self-help tools, apps, peer support groups, and other services like talking therapies. This is to help them manage their symptoms.

Most people are expected to find that this helps them live a better quality of life, but if they are still experiencing challenges, they can go back to their GP.

Their GP will then refer them to an expert ADHD triage team.

The team will invite them to a face-to-face appointment where they will talk with them and explore their symptoms, experiences and health.

This will then be reviewed against clinical referral criteria.

If they meet the criteria they will be sent for assessment and diagnosis for ADHD. Those who are experiencing the worst symptoms will be prioritised for assessment and will be seen faster.

If the adult is then diagnosed, they will be offered medication or other services and support to help them manage their symptoms.

If the adult doesn't meet the referral criteria, or isn't diagnosed after assessment, they will be signposted to support like self-help tools, apps, peer support groups, and other services like talking therapies.

It is difficult to know for this model, but it is still expected that about 20-30% of people who are reviewed against the criteria will go on to be assessed and diagnosed.

Table 4: Risks and benefits of this option

Benefits	Risks
• Fast support offered to everyone without waiting. • This option prioritises those in greatest clinical need and who need the service most, although only after trying the initial support offer. • It meets the NICE guidelines. • This option should improve the service quality. • This is likely to reduce the waiting times more as some people will get the help they need without needing to be reviewed or assessed. • Long term it will save money once everyone on the waiting list has been triaged. • There will be an equal offer for people across Greater Manchester with everyone having access to an NHS triage.	• This will take some time to get set up and implement. • This process could make the journey to accessing diagnosis a longer one, therefore increasing the risk of harm for those need higher levels of support more quickly – although the service is expected to be quicker for people waiting than the current service. • This option will be more expensive than the previous option as everyone will go through the support offer first. • Some people may not be happy with the support offer and push for the next stage without trying it. • The referral criteria will reduce the number of people who go forward for a potential diagnosis. • Some people who do not meet the threshold following triage may go on to use a private service. • For those who meet the criteria, different localities will have different providers in place to deliver the assessment and diagnosis service (or the patient would have Right to Choose).

Reviewing the options against the standards

Table 3: Overview of the options for consultation

Option	Option A: A face-to-face review against referral criteria with support for everyone	Option B: Support for everyone with a face-to-face review against referral criteria and triage for assessment only undertaken after the support doesn't work
Affordability (The current service costs approximately £15million)	It will cost approximately £4.5million to set up the triage team and do assessments for everyone on the waiting list. It will then cost approximately £1.6million every year after that to run the service. These costs do not include any funding for additional support offers, but the saving on the current service will provide money for this.	It will cost approximately £4.5million to set up and triage team and do assessments for everyone on the waiting list. It will then cost approximately £1.6million every year after that to run the service. These costs do not include any funding for additional support offers, but the saving on the current service will provide money for this.
Safety of patients	Will reduce waiting times and prioritises those who need the service most but offers support for everyone.	Will reduce waiting times and offers support for everyone quickly but would potentially create a delay on prioritising those most in need.
Equal access across Greater Manchester	Creates an equal service across GM	Creates an equal service across GM
Workforce	Long term this will use the existing staff, but in a different way, but at first will need a new small team to clear the waiting list.	Long term this will use the existing staff, but in a different way, but at first will need a new small team to clear the waiting list.

Support for all	About 20-30% will get a diagnosis and treatment, but everyone will be offered support.	It is more difficult to tell how many will go forward for a diagnosis and treatment in this option, because some are eligible for diagnosis might still find the support helps them enough and don't come forward for assessment. However, overall, it is still expected to be about 20-30% of people going forward for diagnosis and treatment.
NICE guidelines	Meets the NICE guidelines.	Meets the NICE guidelines.
Health inequalities	It is expected that this will reduce health inequalities by making the service more accessible and consistent.	It is expected that this will reduce health inequalities by making the service more accessible and consistent.

Which option will we choose?

Whilst we have a preferred option, we don't yet know which option we will choose because we need more feedback – that is why we are running this consultation.

We are holding the consultation to understand whether this is the right decision, and whether there is any information and impacts that we haven't yet considered.

We also need to understand if you think there is another option for the future of the practices that we haven't considered.

The feedback you give us will inform our decision and help us to make the right choice.

Next steps

After the consultation has closed, time will be taken to consider all the feedback and information given to us. A report will be produced and published online.

This report, alongside further evidence and a recommendation, will be taken through our governance process, with the NHS Greater Manchester Board taking the final decision. This meeting will be held in public.

After this, we will work with GP practices and service providers to implement the agreed option.

Why you should respond

It is very important that we understand what is important to everybody who has an interest in the future of adult ADHD services. We can only decide based on the information we have. If you have some thoughts, some things you wish us to consider, you need to let us know so that we can take them in to account.

You can also tell us if you think there is another option that we haven't considered.

The feedback you give us will inform our decision and help us to make the right choice.

How to get involved

We have worked closely with professionals, services, patients and other key stakeholders to get to this stage.

We now want to hear from more from our communities, in particular people with experience or an interest in adult ADHD services and professionals to understand what you think about our plans.

There are several ways in which you can have your say, all options will allow you to share your thoughts and experiences, feel free to use one or more of the options:

- Complete the survey:
- Attend one of our focus groups, contact us or visit our website for dates:
- Contact us by email to share your thoughts/experience on gmhscp.engagement@nhs.net.
- Contact us by phone, text of WhatsApp on 07786 673762.

We look forward to hearing from you.

How will the feedback be used?

After the consultation we will review all the information and feedback given to us and a report will be published on our website.

We will also update the Equality Impact Assessment (EIA), so we can be sure that we have a good understanding of the impact of any changes on different communities and demographics.

The EIA, the report and all the feedback will be used to inform the decision on how many cycles we should be offering across Greater Manchester.

The decision will be taken by NHS GM's Board or an appropriate committee. It is their job to consider the impact of any changes on people who need them, the staff who deliver them, and the impact on the quality of the service and the costs.

Further information

There is a lot more information on our website for you to look at if you wish and we have referenced some in several places in the document. If you would like hard copies of any information on our website, or you would like it in any alternative formats or languages, please get in touch with us; our contact details are at the beginning of the document.

Glossary

ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

Consultation

A public consultation offers patients, people and communities a formal opportunity to comment and influence plans to change services in the NHS. This consultation is about NHS-funded IVF cycles.

Clinicians

Doctors, nurses, consultants, or any other health care worker who treats patients directly.

Health inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

NHS Greater Manchester

NHS Greater Manchester are responsible for commissioning most health services across Greater Manchester, including hospital, community and mental health services, GP practices, dentists, optometrists, and pharmacists. This means that they are responsible for managing the contracts, making sure they deliver good quality care, and paying for the NHS services that they deliver.

NICE

The National Institute for Health and Clinical Excellence (NICE) provides national guidance and advice to improve health and social care.

Accessibility & translations

If you would like this information in another format, or translated into a different language, please email gmhscp.engagement@nhs.net

如果您希望以其他格式获得此信息，或将其翻译成其他语言，请发送电子邮 件至 gmhscp.engagement@nhs.net

Jeżeli chciał(a)byś otrzymać te informacje w innym formacie lub w innej wersji językowej, prześlij wiadomość na adres gmhscp.engagement@nhs.net

Pour obtenir ces informations dans un autre format ou dans une autre langue, veuillez adresser un e-mail à gmhscp.engagement@nhs.net

إذا كنت ترغب في هذه المعلومات بتنسيق آخر، أو مترجمة إلى لغة أخرى، يرجى إرسال gmhscp.engagement@nhs.net إلى االلكتروني بالبريد رسالة

ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ gmhscp.engagement@nhs.net 'ਤੇ ਈਮੇਲ ਕਰੋ

اگر کسی اور فارمیٹ، میں یا کسی اور زبان میں ترجمہ شدہ آپ کو یہ معلومات چاہیے، تو براہ کرم پر ای میل gmhscp.engagement@nhs.net

Haddii aad rabto in aad macluumaadkan ku hesho qaab kale, ama lagu soo turjumo luqad kale, fadlan farriin iimayl u dir gmhscp.engagement@nhs.net

Dacă doriţi aceste informaţii în alt format sau traduse într-o altă limbă, vă rugăm să trimiteţi un e-mail la gmhscp.engagement@nhs.net

আপনি যদি এই তথ্যটি অন্য ফর্ম্যাটে বা অন্য ভাষায় অনুবাদ করতে চান, তাহলে অনুগ্রহ করে এখানে ইমেল করুন gmhscp.engagement@nhs.net

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