

# Adult ADHD Consultation INTERIM UPDATE: Week 2

## Meeting Expectations.

- This meeting is confidential as we are working through these things together.
- We want you to feel free to contribute honestly, so we will not use names as part of our minutes; all your contributions will be anonymous unless previously discussed and agreed.
- To maintain your anonymity, this meeting is only recorded with your consent for the purpose of the minutes and is deleted afterwards. Please do not record the meeting for your own purposes unless you first discuss it with us.
- Only humans (and your lovely pets) are invited to these meetings. To make sure that everyone is human, we ask that you say hi at the beginning of the meeting, either through the chat, by waving or verbally.
- Any documents that we share are in draft and still being worked on, so please don't share them wider.

# Welcome, Introductions, Apologies and Declarations of Interest

# Agenda

Item No.	Timings	Subject
1.	17:00	Welcome, Introductions, Apologies and Declarations of Interest
2.	17:05	Interim Weekly Update <i>Scott Williams, Engagement Manager, NHS GM</i>
3.	17:30	Daily Planner and Your involvement moving forward <i>Amanda Rafferty</i>
4.	17:45	<i>Discussions and Feedback</i>
5.	17:55	Get involved Platform <i>Scott Williams, Engagement Manager, NHS GM</i>
6.	18:00	Close meeting

## Overview

- This report is correct as of 12:30 on 7<sup>th</sup> May 2025.
- This is day 14 of 56 days of consultation.
- So far there have been 342 responses online and 271 people who have engaged through focus groups or face-to-face engagement. This is a total of 612 engaged so far.
- We have held 3 engagement activities this week, and 6 in total so far.

# Locality reach

Locality	Survey responses	Engagement activities	Face-to-face engagement
Bolton	28	1	48
Bury*	28	1	23
Manchester*	54	-	-
Oldham*	13	1	47
Rochdale*	21	2	58
Salford	41	-	-
Stockport	41	-	-
Tameside	25	-	-
Trafford	38	-	-
Wigan	42	1	78
GM	-	7	1

\*Target localities

## Target group reach (1/2)

Group	Activities undertaken	Activities planned
Women	Westwood & Coldhurst Women's Association event – 1 <sup>st</sup> May	-
Men	-	Dad Matters – Date TBC Targeted paid socials
LGBTQQIA+ communities	-	Rainbow Noir – 29 <sup>th</sup> May LGBT Foundation Staff Engagement, Date TBC
Deprived communities	Phoenix Centre, Heywood – 48 Bolton Wanderers Wellbeing Centre – 3 <sup>rd</sup> May	Pendleton Gateway – 14 <sup>th</sup> May Talk English event – 15 <sup>th</sup> May
People in the criminal justice system	Engagement with CJS workers	Discussions underway

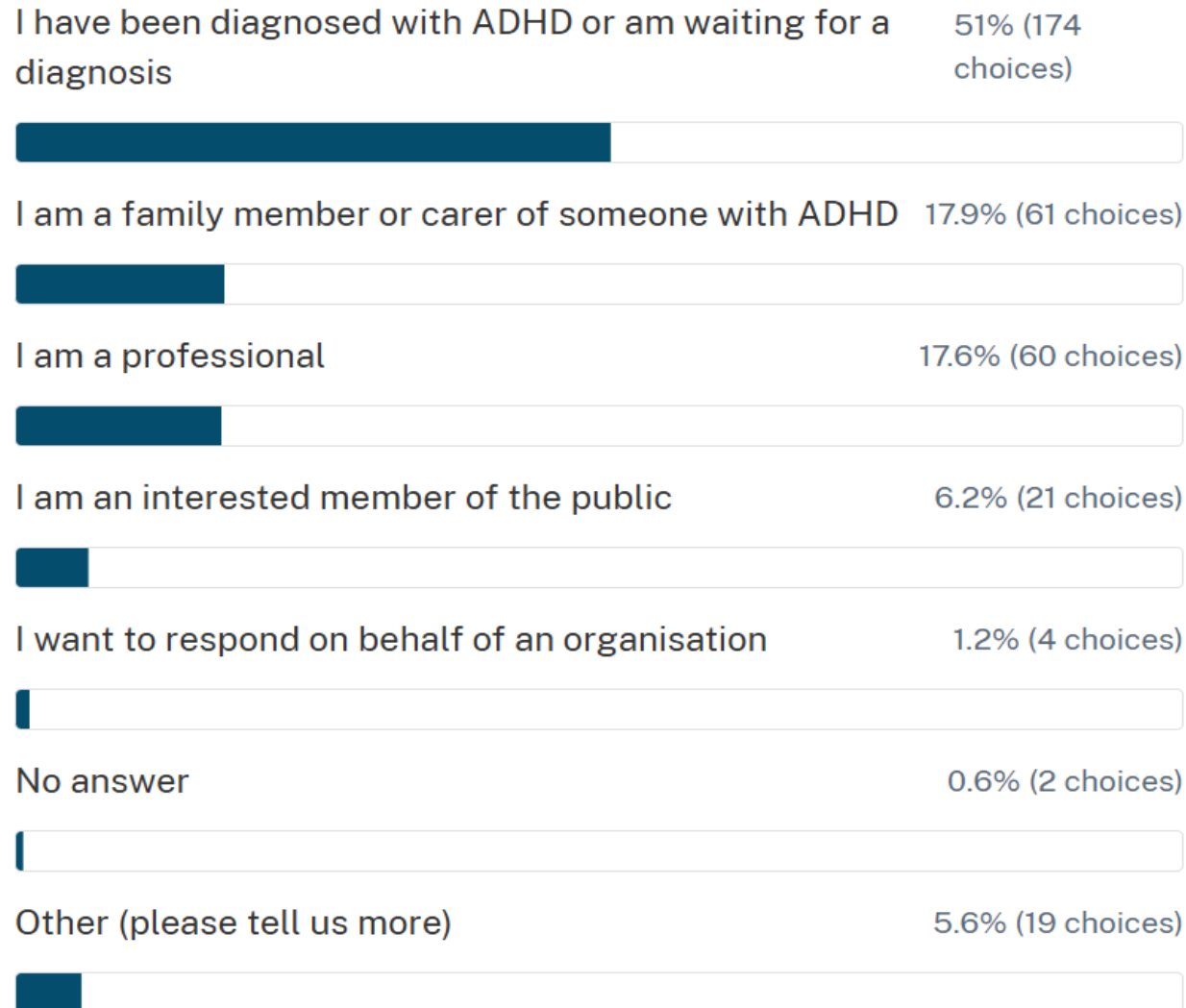
## Target group reach (2/2)

Group	Activities undertaken	Activities planned
Drug and alcohol users	-	Drug and Alcohol services (Kaleidoscope) Salford – 15 <sup>th</sup> May
People with learning disabilities	Wigan SEND Local Offer Live Event – 78 people – 28 <sup>th</sup> April	Discussions underway
Mums in their 30s	Bolton Wanderers Wellbeing Centre – 3 <sup>rd</sup> May	Targeted paid socials

# Survey responses\*

\*please note these are interim survey findings and subject to change

# What best describes you?\*



\*Survey data only

# Feedback on the principles\*

	1- Strongly disagree	2- Disagree	3- Neutral	4- Agree	5- Strongly agree
Everyone with symptoms of ADHD should get support quickly.	5.61%	5.3%	9.35%	41.12%	38.63%
The people who are having the most difficulties should get help first.	4.81%	6.09%	13.14%	31.09%	44.87%
It is more important to help those most in need, than make sure that everyone gets support quickly	5.21%	20.52%	23.13%	28.99%	22.15%

\*Survey data only

# Thoughts on Option A\*

	1- Strongly disagree	2- Disagree	3- Neutral	4- Agree	5- Strongly agree
Option A will mean that patients get help more quickly.	6.35%	12.37%	13.71%	38.8%	28.76%
Option A means that people who need help most will be seen first	7.46%	11.53%	13.9%	37.63%	29.49%
Option A will mean people get more support	5.37%	12.08%	15.1%	37.58%	29.87%
Option A will improve adult ADHD services	6.44%	8.47%	21.36%	30.51%	33.22%

\*Survey data only

## Summary of feedback on Option A\* (1/2)

Many respondents expressed strong concerns about the adequacy of resources and staffing to meet the current and future demand for adult ADHD assessment and support. There is widespread scepticism that proposed changes (such as triage or new referral processes) will actually reduce waiting times or improve access, especially without significant additional funding and properly trained staff. Many feel that unless resources are increased, any new system will simply create new bottlenecks or backlogs.

A recurring theme is distrust in triage processes and concerns that they may exclude people in need from full assessment or support, particularly those who do not present as “most in need” or who mask symptoms (notably women, non-binary people, and minority ethnic groups). There is also concern that those with chaotic lives may miss appointments and be further disadvantaged.

Several respondents highlighted the lack of knowledge and consistency among GPs and other referrers, leading to delays or misdiagnosis. Some suggested that referral and triage should be handled by professionals with specific ADHD expertise.

There is a strong call for holistic, therapist-led approaches rather than purely medical or psychiatric models. Respondents want bio-psycho-social support, including help with lifestyle changes, mental health, and practical strategies—not just medication. Many feel that signposting to self-help materials is inadequate for people with ADHD, who may struggle to use such resources without more active support.

## Summary of feedback on Option A\* (2/2)

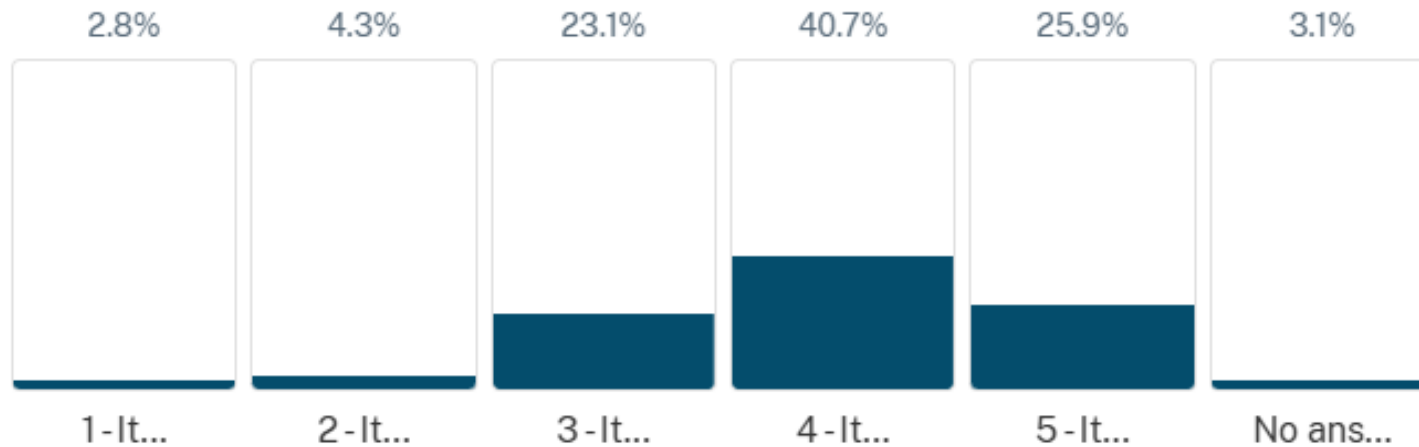
The long waiting lists are a major source of distress for patients and families, leading some to seek expensive private assessments. There is concern that current proposals do not address the backlog or provide sufficient interim support for those waiting.

Some respondents questioned the fairness and transparency of the consultation process itself, feeling that questions were leading or that proposals focus too much on crisis management rather than prevention and wellbeing .

Other points raised include the need for better transition support from child to adult services , the importance of face-to-face triage over remote methods , and suggestions for more robust pre-referral screening tools .

Overall, the dominant trends are concerns about under-resourcing, exclusion through triage, lack of appropriate support (especially for those not “in crisis”), insufficient expertise among referrers, and a desire for more holistic and accessible care pathways.

# Impact of Option A compared to the current service\*



1 = It would be significantly worse than the current service

2 = It would be worse than the current service

3 = It wouldn't be better or worse than the current service

4 = It would be better than the current service

5 = It would be significantly better than the current service

\*Survey data only

# Thoughts on Option B\*

	1- Strongly disagree	2- Disagree	3- Neutral	4- Agree	5- Strongly agree
Option B will mean that patients get help more quickly.	26.71%	34.2%	17.59%	14.01%	7.49%
Option B means that people who need help most will be seen first	27.72%	38.28%	15.84%	13.86%	4.29%
Option B will mean people get more support	26.64%	30.92%	17.43%	17.11%	7.89%
Option B will improve adult ADHD services	32.01%	29.37%	18.48%	12.54%	7.59%

\*Survey data only

# Summary of feedback on Option B\* (1/2)

Most respondents strongly oppose the idea of requiring adults seeking ADHD assessment to first access support tools or services before being referred for diagnosis. The main themes and concerns raised are:

- **Delays and Barriers to Diagnosis:** The overwhelming majority feel this approach would create additional hurdles, delaying access to diagnosis and treatment. Many point out that people with ADHD already struggle to seek help, and extra steps will deter or prevent the most vulnerable from accessing support.
- **Most Have Already Tried Self-help:** Respondents repeatedly state that by the time adults approach their GP, they have usually already tried available self-help resources, online advice, and support tools without success. Forcing them to repeat these steps is seen as patronising and unhelpful.
- **Executive Dysfunction and Engagement Issues:** Many highlight that the very nature of ADHD (executive dysfunction, forgetfulness, overwhelm) makes it hard for people to engage with or follow through on self-directed support or multiple appointments. This approach risks people disengaging entirely from the process , .
- **Need for Diagnosis:** Diagnosis is viewed as crucial for accessing appropriate support (including medication), workplace/school adjustments, and for personal understanding and validation. Delaying diagnosis is seen as harmful and invalidating.
- **Concerns About GP Role and Service Capacity:** Many doubt GPs' ability to effectively triage or support ADHD due to lack of training and time , , . There is concern that this model increases GP workload and simply shifts the burden rather than solving underlying capacity issues.

\*Survey data only – AI generated summary

[164] responses

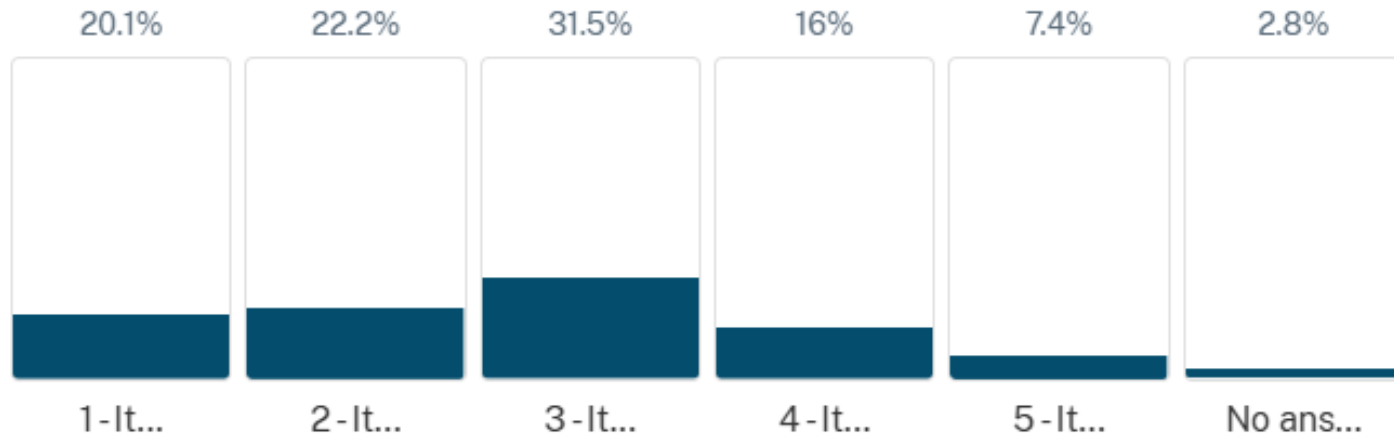
## Summary of feedback on Option B\* (2/2)

- **Support Services Often Inadequate or Non-existent:** Respondents are sceptical about the quality and availability of support services, with many saying these are already overstretched or not tailored to ADHD. There is a fear that people will be “signposted” to generic or ineffective resources .
- **Risk of Worsening Inequalities:** Several mention that those most able to advocate for themselves will push through the system, while the most vulnerable will be left behind or “screened out” , .

A minority see some merit in offering support before assessment—mainly as a way to reduce unnecessary referrals or provide help to those unsure if they have ADHD. However, even these respondents stress the need for proper triage, tailored support, and safeguarding against people falling through the cracks.

In summary, most respondents believe this approach would worsen access to diagnosis and treatment for adults with ADHD, add unnecessary barriers, and risk leaving the most vulnerable unsupported. There is a strong call for direct access to assessment by qualified professionals and investment in specialist services rather than deflecting demand onto generic or self-help resources.

# Impact of Option B compared to the current service\*



1 = It would be significantly worse than the current service

2 = It would be worse than the current service

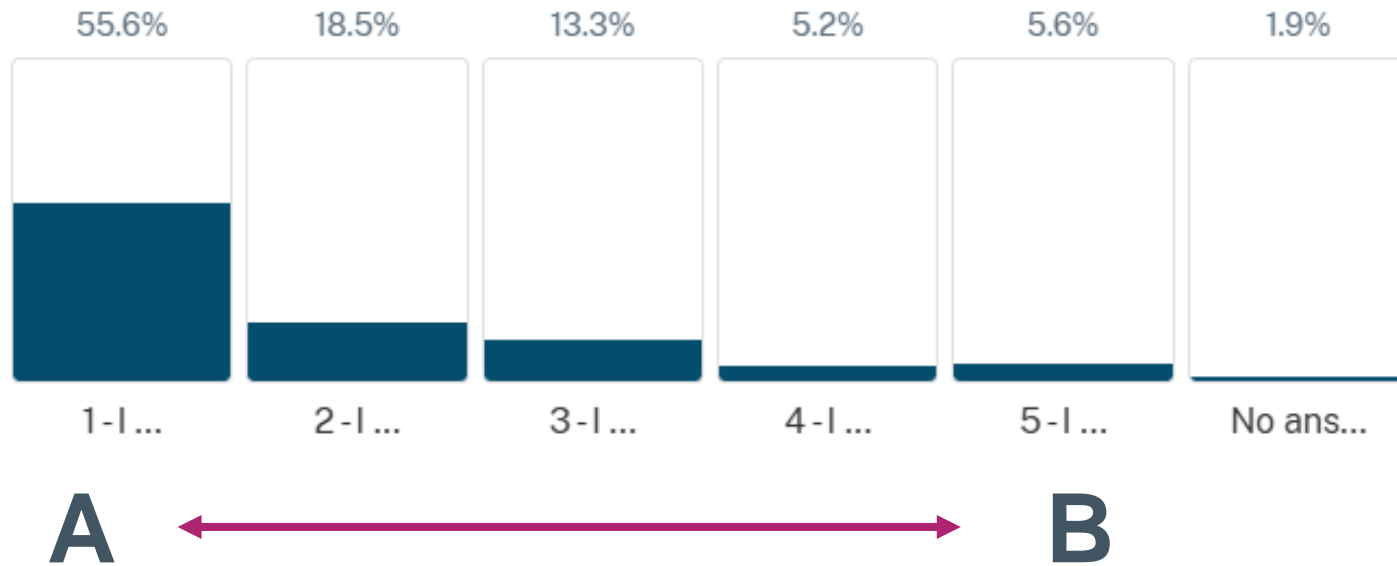
3 = It wouldn't be better or worse than the current service

4 = It would be better than the current service

5 = It would be significantly better than the current service

\*Survey data only

# Preferred option\*



1 = I definitely prefer Option A

2 = I mostly prefer Option A

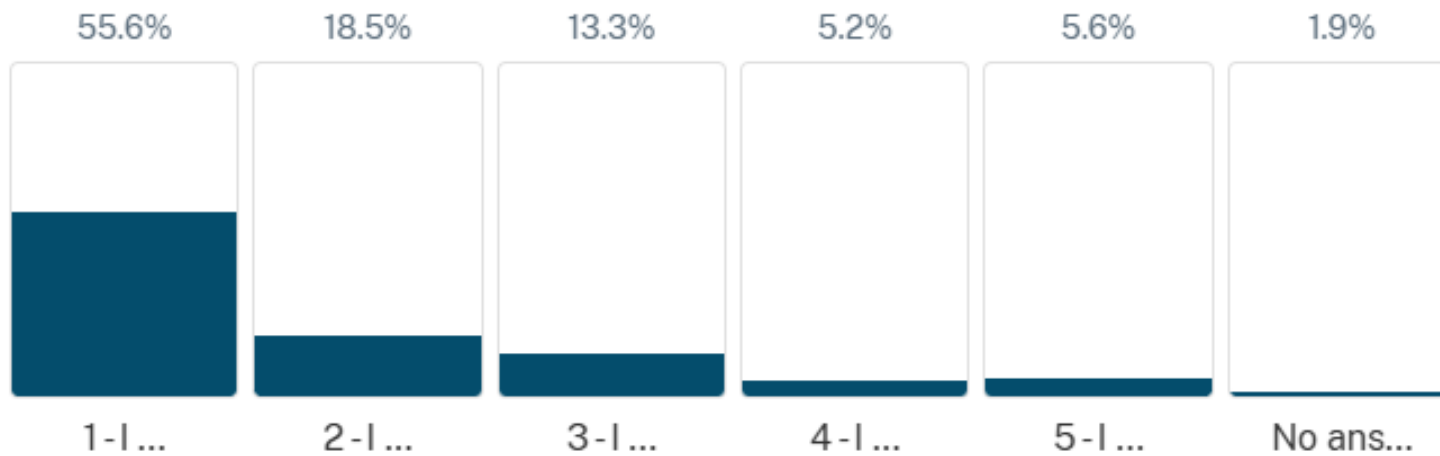
3 = I don't have a preference

4 = I mostly prefer Option B

5 = I definitely prefer Option B

\*Survey data only

# Agreement with referral criteria\*



1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree

\*Survey data only

# Summary of feedback on referral criteria\* (1/2)

Many respondents expressed strong concerns about the criteria requiring “other severe mental or physical health problems” for ADHD assessment or referral. This was widely criticised as potentially excluding people who need support but do not have additional severe conditions, risking late intervention and worsening outcomes. Many felt this approach was unfair, could be unlawful, and contradicted the preventative aims of healthcare.

There was repeated concern that criteria focusing on hyperactivity and impulsiveness risk missing those with inattentive ADHD, especially women and AFAB (assigned female at birth) individuals, who often present differently and are more likely to mask symptoms. Many called for criteria to be updated to reflect the full range of ADHD presentations and to avoid gender bias.

Masking and coping strategies were frequently mentioned as reasons why symptoms may not be obvious or may not have been identified in childhood. Respondents highlighted that adults (especially women) may have developed ways to hide their difficulties or may not recognise their own symptoms due to family neurodiversity or lack of awareness. This means that requiring evidence of symptoms in multiple life areas or since childhood could unfairly disadvantage some people.

There was significant concern about the criterion “symptoms can’t be explained by another mental health condition.” Many respondents pointed out that ADHD is often comorbid with other conditions (such as anxiety, depression, autism), and that misdiagnosis is common—especially for women. There was a strong feeling that this criterion could be used as a “cop out” to deny assessment and would lead to diagnostic overshadowing.

# Summary of feedback on referral criteria\* (2/2)

Many respondents stressed the need for assessors to be highly trained and for the process to be trauma-informed and sensitive to neurodiversity. There were calls for more nuanced criteria and for lived experience (including masking and coping) to be considered.

Some respondents supported standardised or evidence-based criteria for consistency and fairness but many felt the current criteria are too rigid or male-focused .

Several highlighted practical barriers: difficulties recalling childhood symptoms (especially for older adults), lack of family support or records, and the risk of excluding those who function well in some areas but struggle in others.

A minority felt that screening should be robust to avoid over-referral due to increased awareness from social media , but most emphasised the risk of under-diagnosis and exclusion.

## **In summary:**

Most respondents want criteria that are inclusive of inattentive ADHD and sensitive to gender differences and masking. There is widespread opposition to requiring additional severe health problems for referral. Many are concerned about misdiagnosis due to comorbidities and masking. Calls for trauma-informed, nuanced assessment by trained professionals are common. Standardisation is supported if it does not exclude those who need help.

# Support offer\*



Greater Manchester

Help for my mental health 19.1% (265 choices)



Help with anxiety 18.8% (260 choices)



Help with my sleep 16.8% (233 choices)



Help with eating 11.3% (156 choices)



Help to drink less alcohol 7.7% (106 choices)



Help to get me off drugs 6.4% (89 choices)



Help to manage gambling 5.9% (82 choices)



Help for sexual health 5.6% (78 choices)



No answer 1.1% (15 choices)



Other 7.3% (101 choices)



\*Survey data only

# Support access\*

Through an NHS service 21.4% (221 choices)



Through a face-to-face local community support group of people with the same experiences as me 16.6% (171 choices)



Through an app on my phone 15.3% (158 choices)



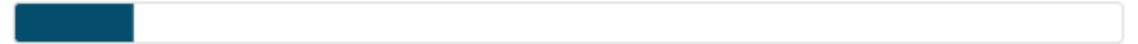
Through an online local community support group of people with the same experiences as me 13.9% (143 choices)



Face to face community groups 11.8% (122 choices)



Through a website on my phone or computer 10.7% (110 choices)



On social media, like Facebook, Instagram or TikTok 6.1% (63 choices)



No answer 1.6% (17 choices)



Other 2.6% (27 choices)



\*Survey data only

# Daily Planner Update, Upcoming Events/Focus Groups

# Discussion and Feedback

# Get Involved Platform

# Consultation and Lived Experience Group



**Adult ADHD Services**  
Tell us what you think



**Adult ADHD Services**  
Tell us what you think

## Adult ADHD Consultation

### Get involved

We want to improve services for Adults with ADHD across Greater Manchester and are running a consultation about how we can do that. The consultation will run until 17th June 2025.

Your thoughts and feedback are important and we need you to get involved in this consultation to help us to make the right decisions about the future of adult ADHD services.

[Take the online survey](#)

[See the list of events](#)

### Why we are consulting on ADHD services for adults

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



## Adult ADHD Lived Experience Group

[Submit your idea](#)



This project is closed to the public and can only be seen by the members of the lived experience and advisory group.

This is a space to share thoughts, ideas and challenges where appropriate.

We will share documents on here and ask for comments and your support in ensuring that the consultation phases reaches a diverse community across Greater Manchester.

● LESS THAN A DAY LEFT

[Submit your idea](#) →

### Phases

1	2	3	4	5	6	7	8	9	10
Options	Previous in-	LEAG Meeting	LEAG Meeting	LEAG Meeting	LEAG Meeting	LEAG Meeting	LEAG Meeting	LEAG Meeting	LEAG Meeting
raisal	formation from	18th February	4th March 2025	18th March	1st April 2025	15th April 2025	29th April 2025	13th May 2025	27 May 2025
en	the engage-...	2025		2025					