**ADHD Referral FAQs & Letter Templates**

1. **We have made the decision to only refer potential ADHD patients to routine NHS services**. **Is that acceptable?** The issue with this is that the patients actually have a legal right to use the Right to Choose Pathway. However, the process is that a clinical decision is made to refer the patients for ADHD assessments. This is clearly the consulting GP’s decision and not the patient’s. If you do not feel an assessment is warranted, the patient cannot demand a referral. Once the decision has been made to refer via the NHS service, **IF** the patient decides that the wait is too long, they can then request a Right to Choose Referral and unfortunately the GP cannot refuse at this point.
2. **How many contractors are available for patients to choose from**.
	* This link has details of the various Providers   [Right to Choose - ADHD UK](https://adhduk.co.uk/right-to-choose/) .
	* [Diagnosis pathways for Adult ADHD | ADHD UK](https://adhduk.co.uk/diagnosis-pathways/)    You will see that there is a Pathway for patients to follow, including ‘What your GP should do’ sections. This unfortunately is creating false expectations because GPs are not obliged to provide specialist treatment post diagnosis.
	* The ADHD RTC website offers a letter to patients to take to their GP if they are refused referral. Please be aware that this letter does not affect your right as a GP to make the clinical decision to refer a patient for further assessment. [ADHD-UK-Letter-to-GPs-on-Right-to-Choose-v2.pdf (adhduk.co.uk)](https://adhduk.co.uk/wp-content/uploads/2021/04/ADHD-UK-Letter-to-GPs-on-Right-to-Choose-v2.pdf)
3. **Following a diagnosis should the GP take on a shared Care Agreement to monitor?** As you know, once the patient is given the diagnosis, they may well choose not to do anything other than ‘know’ they are diagnosed. It is at this point that a Private or NHS Provider may request the GP to monitor and in some cases, prescribe medication. This is where the situation can become challenging. The GP is able to refuse to treat, monitor and prescribe. Obviously if the GP chose to accept the request a shared care agreement would be necessary, but as a GP it is not core work and refusal to enter into any shared care agreement or monitoring is acceptable and recommended by the LMC.
4. **Does the LMC have any templates GPs can forward to Private/NHS Providers and Patients?** Yes

[**Managing Inappropriate Workload | Consortium of Lancashire & Cumbria LMCs**](https://nwlmcs.org/guidance/workload)

[**Inappropriate Workload Transfer Response to Secondary Care**](https://nwlmcs.org/files/download/documents/Work%20transfer%20-%20template%20response%20letter%20to%20secondary%20care%20-1-%20-1-%2051224.docx)

[**ADHD Rejection Letter to Private Provider**](https://nwlmcs.org/files/download/documents/ADHD%20Provider%20Letter%20Rejection%20-%20Private%20Requests.docx)

[**BMA Template Letters**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.bma.org.uk%2Fmedia%2Fco5dpvlr%2Fbma-safe-working-template-letters.docx&wdOrigin=BROWSELINK)