

## 360 Treatment Tools & Tips

An ADHD 360 3T's paper

# ADHD & Right to Choose

You have a right to choose, in life, in your hobbies, but importantly, in terms of your healthcare. In terms of ADHD, patient choice, now often referred to as Right to Choose, offers a pathway to care, and to the treatment you can access.

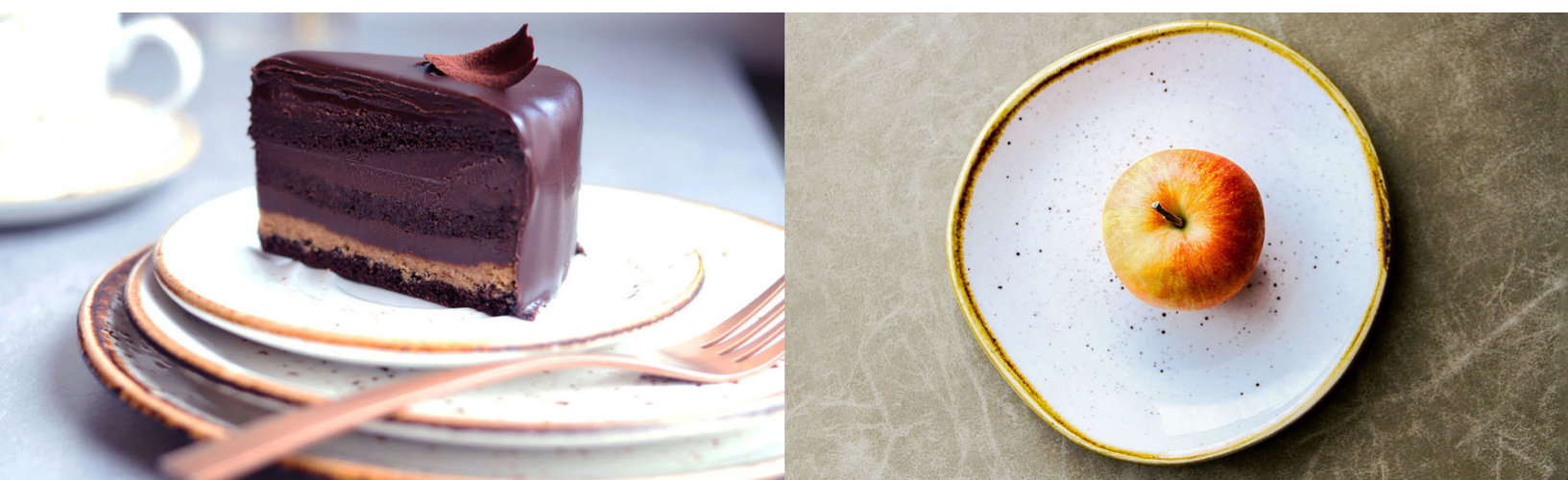
To quote the NHS Patient Choice Guidance:

*"The changes in law that have given patients with mental health conditions the same legal rights as they have had in physical health services are significant steps towards parity. They are part of the more significant shift to increase the direct control patients have over their care and every one of us working in mental health has a part to play to help implement these rights and make them work well for patients."*

The very essence of the NHS is to offer free healthcare at the point of need, and sadly, for many reasons, ADHD has been overlooked and not truly planned for in terms of commissioning healthcare. Our nation just hasn't appreciated the nature, the impact and the demand for services correlated to ADHD.

However, the availability of choice was formally adopted in England by the NHS in 2014. This affords you some opportunities that you may not be aware of:

- ▶ It allows you to choose where you attend your first appointment as an outpatient (Section 3, NHS Choice Framework) and for that to be funded by the NHS
- ▶ You can request to change your healthcare provider if the original provider you have chosen or have been referred to locally has a waiting list longer than the maximum legislated waiting time; this is usually 18 weeks (Section 4, NHS Choice Framework)
- ▶ It is expected that you will also receive the rest of your outpatient treatment through your chosen provider following that initial outpatient appointment



Choice is also a consideration in multiple priorities within the NHS in terms of long-term planning and elective care recovery as a result of the COVID-19 outpatient and elective care backlog; Choice is a principle, a value, and is covered by promises and pledges within the NHS Constitution.

There are some important criteria that **MUST** be qualified for a Right to Choose referral to be appropriate:

- 1. It is an elective referral for an outpatient appointment**
- 2. You must be referred by your GP**
- 3. The referral is clinically appropriate**
- 4. The service you choose MUST be led by a suitably qualified medical, mental healthcare (in the case of ADHD) professional**
- 5. The provider you choose has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service**

As we explore those rights in this short paper, it is important to inform you that ADHD 360 are:

- ▶ A licensed provider of services to the NHS for ADHD; this satisfies the requirement at point 5
- ▶ Regulated by the national health and social care regulator, the CQC
- ▶ Holders of many relevant contracts to deliver assessment, diagnosis and treatment for ADHD to the NHS in England
- ▶ Led by suitably qualified mental healthcare professionals



Searching the term 'Right to Choose' on the internet returns around 14,570,000,000 results, and even trying to narrow this search down by searching 'Right to Choose ADHD', still returns approximately 88,100,000 results on Google. This is reflected in the search trends since the Choice based referral pathway was introduced in 2014. Google Trends ranks search terms in 'Interest Over Time' which is ranked as 0 to 100 (100 being 'peak popularity' for a searched phrase). In August 2014 'Right to Choose' was ranked at 17, in June and July 2024, its most popular months, it ranked at 100.

The rise of information through the internet, yes there was life before the internet and social media, has given more and more people information and awareness. We need to ensure that information, as it is processed into 'fact', is based on truth and an appropriate reality.

We have prepared this simple list to help you understand what the entitlement to your choice is:

**Inclusion criteria for initial right to choose referrals. You do have a legal entitlement to choose your ADHD provider if...**

- ▶ The referral is sent by a primary care provider, your GP and their team
- ▶ You can be referred to services outside of your local ICB area if the service meets the criteria to be considered a choice for your referral
- ▶ Some services are only contracted to deliver services in specific location(s), however remote services are eligible to be a legal right of choice (e.g. ADHD assessments are specifically noted)
- ▶ Your GP is responsible for deciding if your referral is clinically appropriate. This involves a clinical judgement about the best clinical interest for you, as well as working within the NICE guidelines and other relevant guidelines and specifications – if you have positive age-appropriate screening, this is a factual and objective way to validate your referral
- ▶ Referrers (your GP) may seek support from other clinicians and commissioners when deciding on appropriateness (without impeding on patient choice, and without seeking prior funding/approval – this is not required for patient choice referrals)
- ▶ Commissioner's prior approval/funding is not needed when you exercise your legal right to choice, and processes such as Clinical Assessment Services, Single Point of Access, Individual Funding Requests and Referral Management Centres should not obstruct your rights



- ▶ It is expected that the chosen provider will treat you for your entire episode of care, before referring you back to your GP (unless your diagnosis changes significantly or there are other clinical reasons to change provider)
- ▶ Before referring, your GP should discuss ongoing care and its effects to you (for example, shared care), once your chosen provider has treated you and you are stable and optimised on your ADHD medication
- ▶ Some localities have a list of accredited providers, take great care, you can use this list to help you make a choice, but you are not obligated to, and it is **your choice** that matters
- ▶ Patients are encouraged to use e-RS/the NHS App to choose their provider – but this is not mandatory, and patients **can** choose providers not on e-RS, providers such as ADHD 360 must make 'reasonable endeavours' to list their services publicly, our service details and necessary forms are on our website: [www.adhd-360.com/right-to-choose](http://www.adhd-360.com/right-to-choose)

There are some exclusions to your eligibility for your ADHD based Right to Choose. These are important. **You do not have the legal entitlement to make an ADHD provider choice if you are...**

- ▶ Already receiving mental health care following an elective referral for the same condition
- ▶ Referred to a service that is:
  - » Accessing urgent or emergency (crisis) care
  - » Accessing services delivered through a primary care contract
- ▶ In high secure psychiatric services
- ▶ Detained under the Mental Health Act 1983
- ▶ Detained in a secure setting. This includes people in or on temporary release from prisons, courts, secure children's homes, certain secure training centres, immigration removal centres or young offender institutions
- ▶ Serving as a member of the armed forces (family members in England have the same rights as other residents of England)



## How to negotiate your Right to Choose Referral

ADHD 360 has a dedicated, specialist team who are trained to help with all incoming Right to Choose referrals and enquiries.

This team also supports our team of clinicians to ensure that our patients receive the appropriate, specialist support and advice. The RtC team's main responsibilities are:

- ▶ Administration of all incoming referrals
- ▶ Advising GP's (or patients) of missing documentation/information to ensure the referral is appropriate
- ▶ The processing of referrals and inviting patients to their own patient portal
- ▶ Guiding patients to complete their onboarding 'To Do List' and book their assessments
- ▶ Answering new patient, professional, and other Right to Choose queries
- ▶ Supporting existing Right to Choose and private patients with transitions of care and other general queries along their patient journey
- ▶ Ensuring internal and legislative compliance to Right to Choose/Patient Choice requirements

In the autumn of 2024, ADHD 360 will be available on the NHS E-Referral Service, in the interim we have made 'all reasonable endeavours' to ensure that our services are available under the RtC pathway and are advertised fully and accessible on our dedicated Right to Choose web page ([www.adhd-360.com/right-to-choose](http://www.adhd-360.com/right-to-choose)).

Here you can also download our referral documents to present to your GP when requesting a referral. These include an age-appropriate screening tool that can inform the validity of the referral, (SNAP-IV for those 15 and under, and ASRS for those 16 and over), and a waiting list risk assessment to ensure we are aware of any mental health and lifestyle information.

You complete the screening and waiting list risk assessment, and your GP completes the remainder of the referral form/checklist. Your GP surgery is then responsible for sending the documents to ADHD 360. They **MUST** come from your GP, otherwise we are unable to accept the referral. **Please check that they have sent your referral a few days after you visit or make the request of your GP.**

Proudly, ADHD 360 focuses on maintaining a maximum of 18 weeks between your referral being received and your onboarding invitation being sent. You will be contacted by text message and, if provided, by email to complete the onboarding questionnaires and To Do list which will allow you to book the most convenient assessment date for you, once completed.



This assessment preparation generally takes under an hour. However, we recommend doing this with a close friend, partner, or family member, and setting aside that hour or so to complete the exercise. You will be asked to fill out a set of questions with answers about your health, symptoms, your motivation to be assessed, your family health record, your sleep pattern (this is more important than people realise!), your mood, and your dietary and lifestyle habits. We will send you a blood pressure machine for you to keep, and exclusively for you to use. We ask that you use it regularly to upload your blood pressure (BP) and pulse into your portal; before your initial assessment, and at each follow-up appointment, should you receive a positive diagnosis. We will also ask for details of your height and weight, as it is important that we monitor your physical health as we treat you.

That may all sound like a lot, but we want to reassure you that we have put all of our efforts into making sure it isn't. We have received frequent praise from our patients for the simplicity of this prep' phase using our portal. Please recognise the importance of these prep' questionnaires, and it is confirmation that your assessment for your ADHD is finally on its way, and things, after all this time, are moving for you.



## ADHD 360 Mobile & Desktop App

The ADHD 360 app is designed to help you keep yourself and your clinical team up to date with your ADHD symptoms and includes many useful tools.

It's free on the Apple App Store for mobile and desktop.



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