Patient advice Right to Choose Service Referral and Medications

You have asked your GP to refer you for an ADHD or ASD assessment and/or treatment service provider under your ‘Right to Choose’ (RTC). Your GP will write the referral and provide it to you, or send it directly to your nominated provider at your request. If you have any queries about the appointment, please contact the provider directly.

Right to Choose Providers are usually private provider companies that hold an NHS contract with one or more NHS commissioners. When choosing a Right to Choose Provider it is important to consider the following points

Choice

Your GP cannot choose for you. You need to research the options and make the choice yourself then contact your GP to inform them of your chosen provider and they will advise you on how to proceed. One point of reference for RTC providers is ADHD UK: <https://adhduk.co.uk/>

Referral

The number of RTC providers is large and each provider may have its own referral process. It is not practical for your GP to complete a different referral process for every patient who chooses a different provider. Most providers need a core set of information so your GP may ask you to complete a questionnaire, and an ADHD self-assessment score as part of a standardised referral. If the provider needs additional information, they can request it from the practice or by asking you directly

Diagnosis and follow-up

Most RTC providers exclusively perform remote and/or online assessments and the local NHS ADHD services may not have sufficient confidence in these diagnostic processes to accept their diagnoses. They may not take over your care unless they have completed their own assessment and diagnostic process. Therefore, your diagnosis may not be universally accepted, and you may find you cannot seek treatment and follow-up directly with local services following an RTC diagnosis.

Prescriptions

If you are diagnosed with ADHD the RTC provider may suggest medications for you. The medications used for ADHD are restricted so that GPs cannot routinely prescribe them. The specialist service is responsible for prescribing them. They can request that your GP prescribes them under an agreement called a ‘shared care agreement’ but it is unlikely that your GP will be able to enter into this agreement for reasons of patient safety and resources. It is not safe for GPs to try to keep up with so many providers, each with their own contact details and processes when prescribing such safety critical medications.

Due to the nature of RTC providers, if the business stops trading for any reason or if they have their NHS contract removed then their care, and any prescriptions would more than likely cease which is another reason your GP may not feel it is safe, or good practice to enter into an agreement to prescribe for them.

When you are choosing your RTC provider you may find it useful to use this information to support your decision making and also to share with your chosen provider so that they are aware that their duty in prescribing, in particular, is unlikely to be taken over by your GP.

**ADHD/ASD Right to Choose Referral form**

Dear provider,

This is a referral for the below named patient under their right to choose their NHS provider

The patient details and reasons for the referral are set out below. Due to the large range of providers and their different referral mechanisms this practice is unable to complete any specific referral process or forms that you may usually use and instead presents the information below as a contractually valid referral. If you are unable to accept the information in this format please advise the patient who can consider their choice of provider and inform the practice.

Please find enclosed the patient questionnaire that they have completed, to inform this referral and the patient information leaflet used to counsel them when choosing a provider. Please note that for reasons of patient safety a shared care prescribing request from you is not likely to be accepted so prescribing of any SCP designated drugs will remain your responsibility.

PATIENT CHOSEN RTC PROVIDER:

Email of RTC provider to send the referral to:

[Patient Details]

[Practice Details]

[Funding ICB]

ICB email/contact details for invoicing:

**Patient ADHD/ASD referral questionnaire:**

What are the symptoms, problems or experiences that lead you to suspect that you may have ADHD?

How do these symptoms impact on your life (eg education/work/home)

Do you have a family history of ADHD? (and if yes who has this diagnosis?)

(IF referral for ADHD)

ADHD self assessment score:

<https://adhduk.co.uk/adult-adhd-screening-survey/>

Part A score:

Part B score:

Patient Declaration:

By submitting this form I confirm I have read the guidance associated with this referral document and I consent to the referral to the RTC provider named above. I am happy for my GP to email this along with a summary of my medical records to the RTC provider.

Patient name

Date