

Date 10/02/2026
Your Ref
Our Ref 11005

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – ADHD

I write in response to your request for information in relation to ADHD.

Question:

1. Where a child receives a private diagnosis of ADHD or a similar neurodevelopmental condition, does NHS Lothian recognise that diagnosis for the purposes of NHS prescribing?
 - o Specifically, is the child or adult eligible for NHS prescriptions without requiring a repeat NHS assessment?

Answer:

If a child receives a private diagnosis of ADHD that assessment can be reviewed by CAMHS clinicians once the young person reaches the top of the ND assessment waiting list (or meets the criteria for expediting). If the assessment meets an appropriate standard the diagnosis will be recognised without an additional assessment, but only when their place in the waiting list is reached. People wait until they get to the top of the queue because prescribing involves input from specialist teams (as is set out by age).

Details of the NHS Lothian shared care agreements for AD(H)D medicines:

For patients under 6 years of age

- All of the care would be provided by specialist services including prescribing and they are not part of the shared care arrangements.

For patients over 6 but under 18

- The specialist team (usually CAMHS) is required to undertake, assessment, diagnosis, titration of medicine dosage **and all monitoring including – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term.**
- **Only prescribing is done by GPs** and then only if the CAMHS have confirmed that the ongoing monitoring is in place and supports continued prescribing of the medication.
- When the young person reaches 18 and is transferred to adult services the specialist team are required to facilitate this transfer.

Headquarters
Mainpoint
102 West Port
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
Lothian NHS Board is the common name of Lothian Health Board

Question:

2. Does NHS Lothian have a formal policy regarding shared-care arrangements following private diagnoses?
- If so, please provide a copy.
 - If not, is any such policy currently under development?

Answer:

Shared care arrangements for ADHD medications are detailed on the [East Region Formulary](#).

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002
- Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

Question:

3. Are GP practices within NHS Lothian required or encouraged to accept shared-care agreements for children diagnosed privately?
- If not, what guidance is provided to practices to support continuity of care?

Answer:

Independent GP practices (i.e. the majority of practices within Lothian) make their own decision about accepting shared care agreements and how to support continuity of care. Therefore, it is not appropriate for NHS Lothian to offer guidance.

Question:

4. Does NHS Lothian hold any information on which GP practices currently accept shared-care arrangements for private ADHD diagnoses?
- If such a list exists, please provide it.
 - If no list exists, what steps is the Board taking to improve transparency and communication for families seeking care?

Answer:

NHS Lothian does not hold a list of practices which accept shared care arrangements for private ADHD diagnoses. GP practices, as independent contractors, would need to be approached individually.

Question:

5. What action is NHS Lothian taking to ensure that children with private diagnoses are not left without access to medication or monitoring, particularly in cases where their GP practice is unable to prescribe?

Answer:

CAMHS will not be able to provide medication to children with private diagnoses which have not yet been reviewed by CAMHS. Where CAMHS have reviewed private diagnoses and agreed to prescribe, this will continue in the absence of GPs picking up shared care.

Question:

6. What policy advice has the Board received from the Scottish Government on this issue?

Answer:

We are not aware that we have received any policy advice. As per Section 17 of the Freedom of Information (Scotland) Act 2002 formally I must advise that we do not hold this information.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

ADHD and shared care with private providers

NHS Lothian has shared care agreements for some of the drugs used to treat ADHD in children and young people over 6 and adults. These agreements are between NHS Lothian specialist services and GP practices in Lothian. **These agreements are designed to support GPs and specialist teams in providing safe and accessible care for patients.** The agreements details what part of the care should be provided by specialist/hospital consultant teams and which parts are the responsibility of the General Practitioner and their team and are agreed by representatives of the specialist service, GPs, and pharmacists.

There are no similar agreements between GP practices and private providers. As independent contractors GP practices can choose to share care with private providers but there is no requirement to do so.

If a practice chooses to share care with a private provider, they will normally require the private provider to provide the same level of specialist input as the NHS specialist services; in other words, to follow the NHS Lothian shared care agreement. This is sensible as the shared care agreement is there to support safe and effective care.

Details of the NHS Lothian shared care agreements for AD(H)D medicines:

For patients under 6 years of age

- All of the care would be provided by specialist services including prescribing and they are not part of the shared care arrangements.

For patients over 6 but under 18

- The specialist team (usually CAMHS) is required to undertake, assessment, diagnosis, titration of medicine dosage **and all monitoring including – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term.**
- **Only prescribing is done by GPs** and then only if the CAMHS have confirmed that the ongoing monitoring is in place and supports continued prescribing of the medication.
- When the young person reaches 18 and is transferred to adult services the specialist team are required to facilitate this transfer.

For adult patients

- The specialist team (usually adult mental health teams) is required to undertake, assessment, diagnosis, titration of medicine dosage including - height, weight, and family history of cardiovascular disease at baseline and refer patient for ECG if required, monitor BP and pulse during dose titration.

- The specialist team are also responsible for a re-evaluation of continued need for medication beyond one year.
- The GP is responsible for 6 monthly monitoring of weight, pulse, and blood pressure every 6 months once the patient is stable and for prescribing. The GP would require the 12 months re-evaluation by a specialist to take place to continue the monitoring and prescribing in primary care.

Common issues that arise between GPs and private providers and difficulties for patients:

- Not all private providers are able to offer the monitoring required.
- Not all private providers offer the 12 months re-evaluation.
- It is often extremely expensive for patients and parents who need to pay for the private part of the care.
- There has been doubt cast on the validity of diagnoses made in the private sector. Many private providers are providing a high-quality service, but it is difficult for GP teams to identify concerns of this nature when they have such limited contact with the providers. This has led many GPs and GP practices to decline to enter into shared care arrangements with private providers.
- Recent publicity and some negative local experiences have increased this concern. The BMA, that represents doctors, has advised doctors not to enter into these arrangements and it is likely that the number of practices willing to do so will fall even further if the current difficult situation remains unchanged.
- Often private providers work across a number of regions of Scotland or indeed the UK where subtly different shared care agreements will be in place. This can cause confusion for patients, parents and the clinicians involved.

Waiting times in NHS Lothian for specialist assessment and care in this area are long and this is a pattern seen across the UK. Representatives of both specialist services and General Practitioners have argued that much greater resource is needed, in both sectors, for significant improvements in this situation to be made.

NHS Lothian, and the GP practices we work with, recognise the extreme challenges faced by patients and their families who are concerned about the possibility of an ADHD diagnosis. GP practices work very hard with colleagues in other specialist services using shared care agreements that have been carefully designed to provide high quality care, but do not have the capacity to enter into multiple bespoke arrangements with other providers. NHS Lothian is working hard to continue to improve the quality and accessibility of ADHD care but like other regions of Scotland and the UK is struggling with an unprecedented increase in need in this area.

Dr Jeremy Chowings
Deputy Medical Director Primary Care NHS Lothian
December 2025