

## Appendix A – Public Questions

### Cambridge & Peterborough ICB

#### 1. Question (submitted anonymously)

What is, or should be, the protocol for continuing to prescribe ADHD (Attention Deficit Hyperactivity Disorder) medication for adult patients who have recently moved from another Integrated Care System, but are awaiting an annual review? Should additional guidance be developed and disseminated to avoid poor outcomes where medication is denied because an annual review was delayed under the originating ICS, despite the existence of a valid shared care agreement?

#### Answer, read out by Dr. Fiona Head, Executive Clinical Director Utilisation Management

Thank you for letting us know about your experience about moving and your ADHD treatment. We're glad to hear you've registered with a new GP and received your prescription.

Here are some important things to know about ADHD care:

#### Shared Care

- Your GP can work with specialist services to manage your treatment, even if they're in a different area.
- However, your GP does not have to prescribe medication if it goes against their usual clinical practice. If they do prescribe, they take responsibility for your treatment and monitoring.
- Before prescribing, your GP must have all the information they need to do this safely, including assurance that any responsibilities that the specialist service should undertake to ensure that the treatment the GP is prescribing is still safe for you, have been completed and are up to date. This would include completion of the specialist annual review.

#### Stopping Medication

- If your medication needs to be stopped, this should always be done by a specialist—not by your GP alone.

#### Moving to a New Area or GP

- When you change GP or move to a new area, a new shared care agreement should be set up. This could be with the specialist you saw previously (we have assumed that the specialist you had been seeing for the management of your ADHD was funded by the NHS and not privately funded by yourself), or you may choose to transfer to another NHS funded specialist within the new area.
- Your specialist should be told about any changes to your GP or contact details.

#### Guideline Updates

Our local ADHD care guidelines are being updated to align to national principles. These updates should be ready early in 2026.

Your feedback is really helpful and will improve the process for patients moving between areas. If you have more suggestions or questions, please let us know—we want this to be as clear and supportive as possible for you.

## Hertfordshire and West Essex ICB

### 1. Question from Andrew Smith

This question is about the future of local services for attention deficit hyperactivity disorder (“ADHD”) and related neuro-developmental conditions. On 20 June 2025 the NHS Independent ADHD Task Force published a report recommending comprehensive changes to ADHD services. Amongst other things the report recommends that ADHD be considered part of a spectrum of disorders that require common treatment provision (appropriate medication and/or psychological therapy, besides support in school and at home). Appropriate treatment should commence once it is evident that it is needed, rather than be postponed to diagnosis of a specific disorder such as ADHD, which may take years for lack of staff. This requires that the present ADHD specialist service model be replaced by a more general provision including all statutory services, e.g. education, health, social services and justice working in common.

Does the Board agree with the report? How will it follow its recommendations in co-operation with other statutory services? Is action taking place in the current planning process for services commissioned in the financial year commencing 1 April 2026? Does the Board intend to increase staffing for ADHD assessment in the short term to reduce the assessment backlog?

I’m fairly sure that planning of services for FY 2026 hasn’t yet gone into detail. Accordingly, the Board may wish to give a general answer on 26 September and a more detailed one at the meeting in public in November. If however no additional information is available in November I could ask for an update in the New Year.

### Answer, read out by Dr. Fiona Head, Executive Clinical Director Utilisation Management

Thank you for your question about the future of ADHD and related neuro development conditions. The ICB welcomes the first [Report of the independent ADHD Taskforce](#) and the breadth of issues it raises and the acknowledgment of the impact on people who are waiting for assessment.

The report pointed to the increasing demand, waiting times, and under diagnosis nationally and the challenges this poses to both people and services which we see reflected in our ICB area. The report proposes a graded needs led approach with those with severe ADHD and other co-occurring conditions being seen by specialists, and a generalist approach for those who do not fit these criteria.

The ICB had started to scope what a generalist pathway to diagnosis and support could look like in future for adults and children, including which interventions may benefit people. It is however, expected that the next report from the Taskforce will be published in the coming months and provide further guidance on a national response and what a variety of assessment and treatment interventions might look like. It is also important to recognise that not all interventions will be commissioned by the NHS and planning for such a significant change requires work and planning across a wide number of agencies.

In the meantime, it may be useful to highlight the existing arrangements and some key highlights from the current work programme, which has a strong focus on improving services for children and young people and supports the direction of travel set out by the initial report.

Work is ongoing with partners to support a process of transformation in ASD and ADHD diagnostic pathways and the delivery of pre/post diagnostic support, for children in Hertfordshire this is being led by the MHLDA Health Care Partnership. In Essex the West Essex children’s and young people’s team are working to deliver the Essex wide work programme for their local population.

Key actions in the current work plan include:

- a significant increase in the number of Right to Choose and Patient Choice activity from residents and the ICB is actively progressing a local accreditation policy.

- for Children and Young People there is a dedicated programme to reduce waiting times for both ADHD and Autism assessments which has received additional funding in this financial year. Although the continued increase in referrals and requests for assessment is impacting on the impact this investment is having in terms of reducing waiting times.
- working with partners to support children, young people, their families and carers to access support without a formal diagnosis via the support hub.

Last month the operational planning guidance for 2026/27 was published and we are now working through the planning for next year. We are also expecting the final report of the independent task force shortly. This is an area of work which has been flagged in the transition plans for the new ICB clusters as requiring additional work and investment.

## **2. Question from Justin Jewitt**

What specific plans are there for contact and involvement, over the next 3 months of the PPG (Patient Participation Groups) network as the representatives of patients, for their views and ideas going into the Central East ICB?

### **Answer, read out by Kate Vaughton, Executive Director for Neighbourhood Health, Place and Partnerships**

The ICB fully appreciates the vital role that PPGs play in engaging with patients in our area. We will work with PPG networks as a new People and Communities Strategy is developed over the coming months that will guide the overarching approach to engagement and involvement for the future Central East ICB. We are committed to developing an approach that builds on effective engagement networks, takes on board a wide range of patients' experiences and draws on the best practice from each of our three ICBs.

As part of the new Central East ICB from April onwards, we will have a place based primary care team within each of our combined authority/former ICB footprints and a dedicated Director of Neighbourhood, Place and Partnerships, with primary care within their portfolio. This will help to ensure we maintain a strong voice for Primary Care and the residents it serves, back into the newly formed ICB Cluster Board. We will therefore continue to work with our local PPG members to ensure residents' voices play a key part in our strategic commissioning model going forward.

Once we have completed recruitment into local teams, we can facilitate a meeting with local PPG representatives and the newly appointed teams.

## **3. Question from Lesley and Neal Davison**

In July 2024 you received a Regulation 28 Report from Herts Coroner Alison McCormick expressing concerns that provision for T1DE (Type 1 diabetes with Disordered Eating) sufferers in your area was unfit for purpose. What actions are proposed or have been put in place to ensure that services have been standardised across the entire area, and that the unmet needs of T1DE sufferers will be met?

### **Answer, read out by Dr. Fiona Head, Executive Clinical Director Utilisation Management**

Thank you for the question, I wanted to note that all PFD (prevent future death) notices Regulation 28 reports relate to tragic deaths. We need to acknowledge the impact that has on all those who are impacted. It is important that as an ICB we work with our partners to make sure we do all we can to learn from these tragic deaths and implement changes.

We will be providing direct to the inquirer, a written response and also putting it on our website so it is in the public domain. In terms of specific services for those with diabetes and eating disorders, there is, since the Regulation 28 was sent through in July 2024, a new integrated diabetes service model which is delivered by East and North Hertfordshire Healthcare Partnership. It has pathways

for complex management, including pathways for people with diabetes who have complex mental health needs, such as an eating disorder or a serious mental illness. The multidisciplinary team also will include psychiatric support. The healthcare partnership is in an early stage of developing and implementing the mode but there is psychological provision under development.

I also wanted to take this opportunity to comment to the Board on the importance of these Regulation 28 notices and as we proceed to become one ICB, making sure we do all we can to learn from them. I'd also like to propose that I bring back to the Board at a future date, the mechanism assurance about how we are identifying and taking forward actions as a result of these notices, both in the work we do as commissioners and how we work with our providers.