

Patient Information: Right to Choose 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/ASD 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 local NHS ADHD/ASD 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 specialist service is responsible for prescribing them. They can request that your GP prescribes them under an agreement called a 'shared care agreement'. Any decisions for your GP to take over prescribing under a Shared Care Agreement is entirely at the discretion of the GP practice. This means that your GP is not required to accept shared care agreements and will consider factors such as clinical safety, local policies set by Integrated Care Boards before making any decisions.

If a Shared Care Agreement is not accepted, your GP will not be able to prescribe ADHD medication on behalf of the specialist provider. In this situation, you will need to continue receiving prescriptions and ongoing monitoring directly from your ADHD service provider. In some cases, you may wish to discuss a referral to a local NHS specialist service; however, waiting times for these services can vary. Patients are encouraged to discuss shared care agreements with their GP practice as early as possible to understand what options are available and to avoid any interruption to treatment

ADHD/ASD Right to Choose Referral

Please complete the following form-

Name	
DoB	
Address	
Email Address	
<p>Chosen ADHD/ASD Right to Choose Provider</p> <p>(You need to research the options and make the choice yourself. The number of RTC providers is large and each provider may have its own referral process and individual questionnaires to complete) For more information visit the link below:</p> <p>https://adhduk.co.uk/right-to-choose/</p> <p>https://www.autism.org.uk/</p>	<p>My chosen ADHD/ASD Right to Choose Provider is:</p>
<p>I have completed the appropriate self-assessment form.</p> <p>(Please complete and return the practice)</p> <p>ADHD- https://adhduk.co.uk/adult-adhd-screening-survey/</p> <p>ASD- AQ-10 Adult june 20th 2012.pptx</p>	<p><input type="checkbox"/> Yes</p> <p><u>For ADHD</u></p> <p>Part A score:</p> <p>Part B score:</p> <p><u>For ASD</u></p> <p>Score:</p>
<p>What are the symptoms, problems or experiences that lead you to suspect that you may have ADHD/ASD?</p>	
<p>How do these symptoms impact on your life (eg education/work/home)</p>	
<p>Do you have a family history of ADHD/ASD? (and if yes who has this diagnosis?)</p>	

Patient Declaration:

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.	
Name	
Signature	
Date	

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: