GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Joint Health Scrutiny Committee

Date: 11 November 2025

Subject: Update on ICB Programme for Improving Adult Attention deficit hyperactivity disorder (ADHD) services in Greater Manchester (including Consultation Outcomes on Options for Change and related changes to All-Age Neurodevelopmental Care Pathways)

Report of: Sandy Bering, Strategic Lead Clinical Commissioner/Consultant (Mental Health & Disabilities) and Claire Connor, Director or Communications and Engagement, NHS Greater Manchester

Purpose of Report

To update the Greater Manchester Joint Health Scrutiny Committee on the improvement work and public consultation and next steps in the plans to improve adults ADHD services in Greater Manchester (including related evidence-based changes to All-Age Neurodevelopmental Care Pathways to reduce waiting times for those in most clinical need and support required ICB sustainability plans).

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Comment on the level of consultation undertaken by NHS Greater Manchester in relation to adults ADHD services and options for change.
2. Note the plans to proceed through NHS Greater Manchester's governance with recommended option for change and aligned work to direct the limited resources (workforce and finance) to changed all-age pathways of support.

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Equalities Impact, Carbon and Sustainability Assessment:

A full equalities impact assessment has been developed in respect of these plans.

Risk Management

This report is to support the risk management of this proposal, ensuring that JHSC has opportunities to review and comment on planned service improvements.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

Financial Consequences – Revenue

This proposal seeks to ensure appropriate use of resource in Greater Manchester.

Financial Consequences – Capital Not applicable

Number of attachments to the report: 2 – Consultation Report and Equality Impact Assessment

Comments/recommendations from Overview & Scrutiny Committee

Not applicable

Background Papers Not applicable

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution?

No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency? No

1. Introduction/Background

NHS Greater Manchester is implementing a transformation programme to create a new, needs-led model, focusing on early support prioritising those with the highest clinical need, and ensuring equitable access across all pathways, including Right to Choose.

NHS Greater Manchester will be implementing redesigned pathways for the assessment and support of children, young people, and adults with ADHD and autism.

The implementation will follow a clinically prioritised approach, ensuring that resources are focused on individuals with the greatest level of need and that assessments and interventions are delivered in person.

This approach supports timely, high-quality care, reduces variation in service delivery, and ensures equitable access for those with the most complex or urgent needs.

Referrals for Autism and ADHD assessments have surged nationally, with over 25,000+ adults and 18,000+ children and young people now on NHS GM diagnostic assessment waiting lists.

This rise is reflected locally and nationally, whereby Adult ADHD referrals have increased by more than 400% - including in Greater Manchester from approximately 2,700 in 2022 to over 11,000 in 2024.

Similar growth has been seen in Autism referrals for adults, as well as ADHD and Autism assessments for children and young people.

This is in line with a better understanding of neurodivergence in the wider population – where it is now recognised that 1 in 5 of the population could assessed as such – although a much smaller number in this group would present with clinical needs warranting expensive specialist NHS-funded diagnostic assessments.

It is positive that we all increasingly recognise that people may have cognitive differences as part of normal human variation.

The neurodiversity movement now emphasises recognising strengths not deficits from these differences for many and so has led to the need for a new paradigm and approach where these differences may also cause barriers to people – and so require ‘reasonable adjustments – but this does not always warrant an NHS-funded specialist professional diagnostic assessment.

This has been captured in the report from the National Task Force first report described below

NHSE ADHD Taskforce Best Practice Guidance

- There is robust evidence **that ADHD is not the remit of health alone.** Policies, budgets, spending, service plans and the collection of routine data need to span departments and agencies across all levels from government to locality.
- **Support for ADHD and neurodivergence should begin early.** This should be needs-led, begin in preschool or school and not rely on or require clinician provided diagnosis.
- **An entirely specialist, single diagnosis model is not sustainable, or evidence informed.** Given the established adverse outcomes and costs of unsupported ADHD, there is an urgent need to address early determinants of adverse outcomes and reduce waiting times in cost-effective, evidence-supported ways. ADHD NHS waiting times will continue to escalate, so cannot be ignored. We recommend a holistic, stepped, joined-up, generalist approach, with adequality resourced primary care and secondary health care, local authorities and the voluntary/community sector to enable both initial needs-led holistic support and the fast-tracking of those with severe ADHD or whose functioning does not improve with first line non pharmacological intervention to high quality clinical diagnostic assessment and medication.
- **ADHD services need to be digitised and data improved.** We urge government to include ADHD services in its 10-year plan for digitisation to make processes efficient. Data need to be systematically gathered across sectors to inform service planning and monitor quality (under and over diagnosis). We also recommend that NICE (National Institute for Health and Care Excellence) prioritise rapid assessment of digital products for clinical effectiveness and value.

Our work has been previously been shared through public Greater Manchester Joint Health and Scrutiny Committees (*GMCA Part A CYP Report Template*, *GMCA Part A Adult Report Template*) other ICB Governance forums (including the Tackling Inequalities Board and Involvement Assurance Group) and NHSE Regional Service Change/Reconfiguration

Gateway Panels working in line with national requirements (*NHSE Planning-assuring-delivering-service-change-v6-1.pdf*) from 2024 onwards.

This work has continued to be supported by updated Equality and Quality Impact Assessments – also shared through Public Boards originally in 2024 and subsequently with accompanying Risk Assessments – thereby ensuring addressing the 4 key Government tests of any service change:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners.

Public information relating to this work can be found through the following links:

- *Project: Adult ADHD Consultation | Greater Manchester Integrated Care Partnership*
- *Children's ADHD Services | Greater Manchester Integrated Care Partnership*
- *ADHD and Autism Assessments | Greater Manchester Integrated Care Partnership*.

We have also worked with multiple Lived Experience and wider stakeholder groups throughout this continuing change programme and held targeted sessions at particular vulnerable groups in and across localities in Greater Manchester.

This also built on relevant previous work establishing core standards for Autism assessment and post-diagnostic support *GM Autism Post Diagnosis Standards - GMAC*

Following positive feedback from NHS England Gateway panels and approval from NHS Greater Manchester Integrated Care Board (ICB) on Wednesday 26 March 2025 an eight-week consultation was launched to consult on proposed improvements to adults ADHD services across Greater Manchester.

The consultation took place between 23 April 2025 and 17 June 2025 to inform the review of adults ADHD services and focused on designing a new model of care to reduce waiting times, prioritise clinical need and improve access to ADHD support services. This included two potential options for delivery and a preferred option.

The aim of the consultation was to:

- Gather feedback from individuals with lived experience, families, and professionals
- Ensure the proposed model meets the needs of GM’s diverse communities
- Refine implementation plans based on stakeholder insights.

Why are we reviewing adult ADHD service?

Adults ADHD services are being reviewed for a number of reasons including the need to reduce waiting times which are getting longer and associated costs spiralling.

This is because a lot more people are now being referred for medical help than the services were originally designed for. It means some people are really struggling and are not getting support while they are waiting.

There is currently no single waiting list in Greater Manchester for adults waiting for ADHD services, but we previously estimated 25,000 people are waiting for an assessment, and this has grown every day over the past several years.

If we do not act, many people could be waiting over seven years for assessment and diagnosis and some could experience a wait of even longer so more than 10 years.

And if demand continues at current levels, it would also cost the NHS in Greater Manchester at least £30 million a year to fund current levels of Right to Choose Diagnostic Assessment services requests alone, with not enough staff to see people quickly. Given limitations in the available clinical workforce (both in the NHS and private providers) average waiting times have now also now grown exponentially - ranging from 18 months to more than 7 years, with demand continuing to outpace the capacity of local NHS commissioned services.

NHS GM began work in response to this challenge on changing Autism and ADHD care pathways more than 2 years ago. This followed several serious individual case/provider care failures (including subsequent coronial hearings and multiple patient/GP complaints) as well as an unsustainable rise in demand/cost.

For these reasons adult ADHD services in Greater Manchester urgently need to change so they can better support the people who need them.

2. Public Consultation and feedback

We shared the consultation information as widely as we could to encourage people to get involved. In total, our social media activity was seen over 180,000 times and we reached over 30,000 people through our other communications. This included information in local newspapers across Greater Manchester, communications across our networks and posters across Greater Manchester promoting both local engagement opportunities and the consultation more generally.

To enable us to reach as many people as possible to have their say, we reached out to lots of organisations and contacts. We provided information in numerous ways including a facilitator pack to deliver own sessions to engage, one to one conversations, presentations and generic emails.

Over 2,500 people engaged with us in lots of different ways:

- ✓ 1038 people completed the survey. Surveys were completed online, over the phone and on paper.
- ✓ 5 focus groups were held, 2 online and 3 face to face. 168 people took part in the focus groups
- ✓ We visited 7 community groups to reach diverse communities
- ✓ We went out to each locality in Greater Manchester and interacted with over 1300 people in lots of different places such as shopping centres, hospitals and libraries
- ✓ We attended meetings with colleagues and organisations across Greater Manchester to tell them about the consultation and encourage them to get involved.

What people told us

Overall, we heard that there is a need for a better, more caring service that supports everyone with ADHD symptoms, regardless of whether they are diagnosed.

People want ADHD-friendly services with faster access to triage, diagnosis and more practical help along the way with issues around shared care resolved.

They want to be involved in the design of the service to make sure it is competent to support people with neurodiversity.

We also learnt:

- People strongly agree with the principles of the proposed model which include quicker access to support and prioritisation of those most in need.
- People want services to be provided by the NHS, but value Right to Choose offers.
- People value diagnosis as it helps them understand themselves and offers validation; it is also important to getting them access to support, particularly in the workplace.
- Option A is the most popular. People see it as fairer and more likely to get help to those who need it most and quicker.

- The majority agree or mostly agree with the referral criteria. However, some have concerns mainly due to inattentive presentations, masking, gender differences, and the requirement for severe comorbidities.
- Overall people agreed with the proposed support offer, and feel that support for mental health, anxiety and sleep are the most important. However, people thought that some elements were missing and made additional suggestions such as support with employment, life skills and understanding ADHD.
- Professionals including GPs, triage teams and those working with vulnerable people need appropriate skills to understand, recognise and support and refer people with ADHD.

Alternative models

We received a small number of alternative proposals through the consultation for consideration. Some of these were quite detailed, whilst others were more general.

Key considerations from the consultation

A number of considerations from the findings have been identified to support NHS GM to understand how best to improve and implement changes to adult ADHD services below:

Overall:

- The service needs to be designed to be ADHD by involving people with ADHD in the process.
- Waiting times are the biggest priority problem for people with experience of the service.

Model:

- When reviewing the model consider the needs of diverse and at-risk groups to ensure inequalities are not widened.
- Not everyone wants or needs to access services in the same way, and consideration needs to be given to a range of ways to access them.
- Consider how we ensure that professionals such as GPs, triage teams and those working with people with potential ADHD, particularly those who are also vulnerable, are supported and trained to have the skills, knowledge and expertise to recognise, support and refer individuals for appropriate help.

Preferred option:

- Option A is the preferred option, but there are still some concerns raised about it that need to be reviewed and considered carefully.
- Carefully review all the alternative proposals put forward against the evidence to see whether they would be appropriate for implementation and preferred against the options consulted on.

Referral criteria:

- Consider the feedback on the referral criteria and review whether it needs updating in light of the feedback given on both the process and the individual criteria, particularly with regards to the health inequalities and the needs of identified ‘at risk’ groups.

Support:

- When reviewing the support package, consider the suggestions and feedback on support across the whole pathway – including both when the support is accessed, how it is accessed, how long it is available, and what is offered.
- People felt very strongly about support being tailored to individual needs and not ‘one size fits all’; allow for flexible, needs based and culturally sensitive support.
- When designing support options consider how you can work with the VCFSE sector to understand capacity and whether further funding would be required.

Wider points:

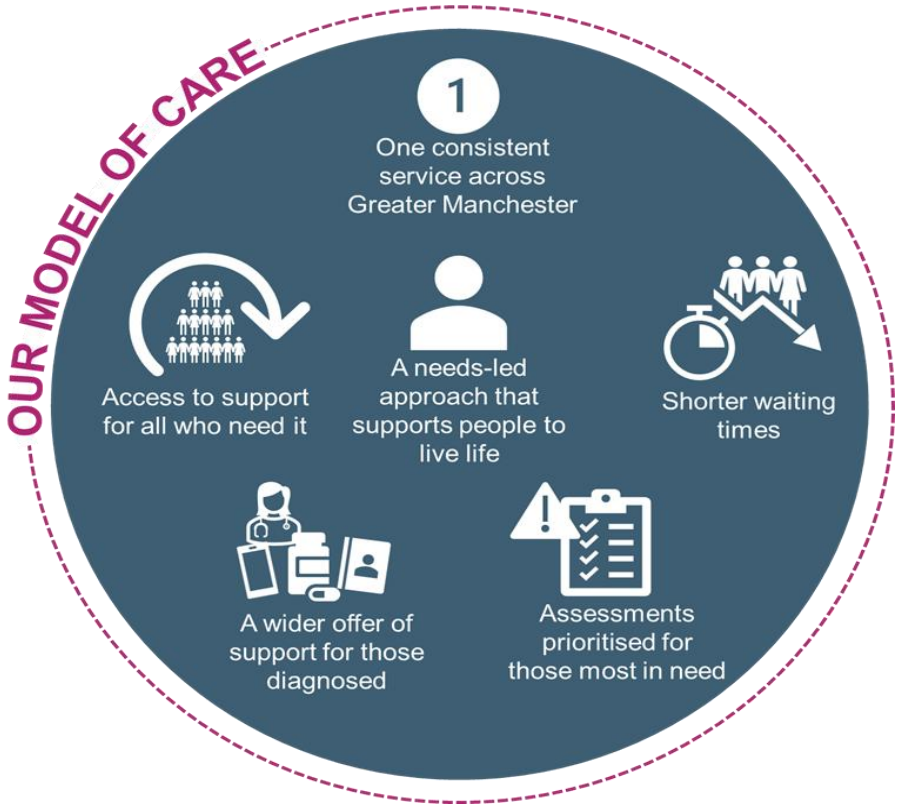
- Consider how to incorporate the feedback into the Equality Impact Assessment and including any mitigations that need to be implemented.
- Stigma and misinformation impact negatively on people with ADHD and we should consider how the NHS could help with this.

The Consultation Report (appendix A) contains the full findings and has been shared widely with the public and key stakeholders.

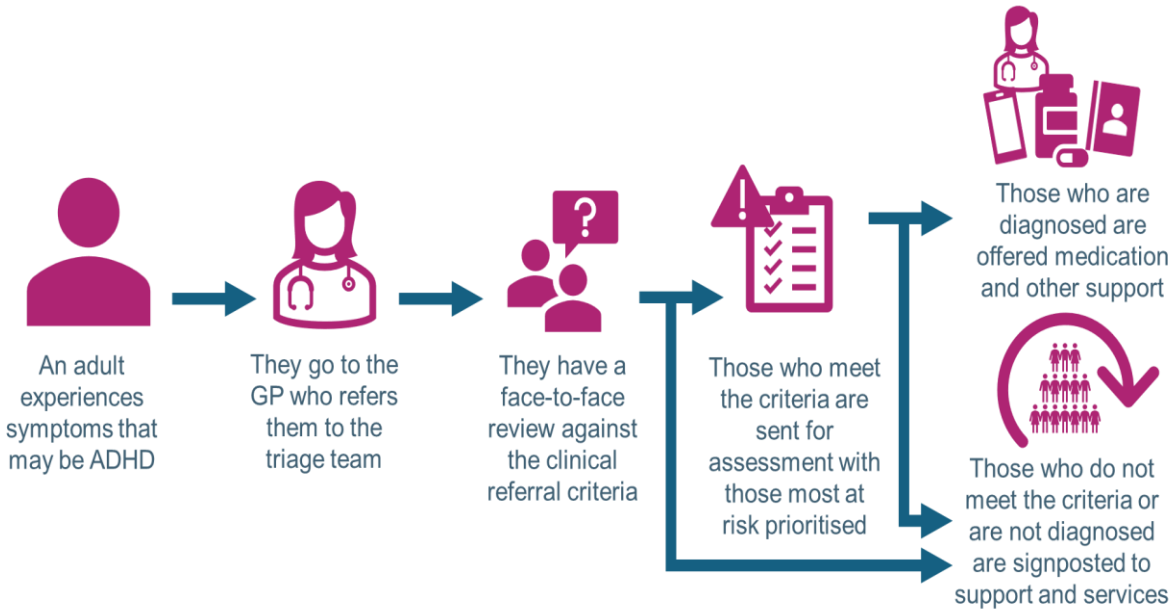
3. Commissioning response to consultation (including recent introduction of Indicative Activity Plans for Right to Choose Providers)

Feedback from the consultation has been reviewed alongside clinical and best practice service evidence to inform the final decision on how adult ADHD services will be improved in line with the agreed model of care that is summarised below. Findings have also been used to update the Equality Impact Assessment (appendix B, currently going through governance) and identify any mitigating actions to promote equality and fairness.

The GM Model of care



Option A summarised below was supported through the Consultation feedback as the best way forward in Greater Manchester **for improved and changed Adult ADHD care pathways**



This work is further supported by the National Commissioning Model priorities to enable the commissioning of high-quality and cost-effective services across the ADHD pathway and accelerate spread of innovation

NHS Greater Manchester is already working with localities, providers, and partners to develop a fair and sustainable long-term approach to meet this rising demand, supported by the development of new models of needs-led support.

We are also increasing investment in community-based services, self-help resources, digital solutions, coaching and peer support groups, so that people can access practical help and advice while waiting for assessment or support.

Importantly all our work complies fully with recent information shared by the NHE Advice to service systems (*NHS England » ADHD service delivery and prioritisation – advice to systems*) that includes direction on the use of the new NHS Standard Contract Activity Management provisions to ensure that each provider delivers the right level of activity by agreeing or setting an Indicative Activity Plan with each provider (whether contracted or non-contract activity) and to manage this activity target by reference to that plan using the contractual Activity Management process.

Within Greater Manchester, prioritisation will be applied which will:

- Ensure individuals with complex needs, safeguarding risks, or significant functional impairment are escalated to diagnostic services.
- A prioritisation of face-to-face delivery for both assessment and physical health check completion in line with NICE guidelines NG87.

Local monitoring will track outcomes to ensure the pathway remains fair, equitable, and clinically appropriate.

We will also ensure our work is in line with the following implementation principles

- **Equity and Inclusion:** All materials will be provided in accessible formats (plain English, easy read, translated versions, BSL) and the pathway will incorporate reasonable adjustments for people with disabilities, neurodiversity, or language needs.
- **Support for All Referrals:** Every person referred will receive information and advice, regardless of whether they progress to assessment.
- **Clinical Prioritisation:** Progression to full assessment will be based on level of need, functional impairment, and clinical risk.
- **Carer and Family Support:** Carers will be offered appropriate guidance and resources, with particular attention to transition from child to adult services.
- **Service Scope:** GM will **not commission assessment and diagnosis services only**; providers must ensure appropriate pre-assessment, physical health checks, and post-diagnostic support are included.

Face-to-face delivery is critical to the safe and effective operation of the pathway. This requirement is based on several factors:

- **Risk of Over-Diagnosis and Misdiagnosis:** Remote-only assessments have been associated with potential over-diagnosis and the masking of other clinical presentations, leading to concerns around diagnostic accuracy. A study by University College London (UCL) found significant discrepancies in autism diagnosis rates across NHS centres in England, highlighting the need for precise, face-to-face assessment.
- **Learning from Serious Incidents:** A Learning from Death report highlighted patient safety risks when physical health checks were completed remotely, emphasizing the need for in-person assessment.
- **Clinical Robustness:** In-person assessment provides opportunities for richer observation, better safeguarding assessment, and more accurate evaluation of co-occurring conditions. Remote assessment may be used only as a reasonable adjustment for exceptional circumstances. Evidence reports that clinicians identified significant challenges in reliably assessing social communication and complex presentations remotely, highlighting the importance of in-person assessments.

NHS Greater Manchester has also recently temporarily paused new non-urgent Right to Choose autism and ADHD assessments while we work with providers to ensure services remain safe, sustainable and clinically prioritised.

NHS Greater Manchester can confirm that assessments of patient urgency are being undertaken on a case-by-case basis, informed by clinical judgement and individual need. Decisions are guided by established clinical criteria to ensure that people with the most urgent or complex needs continue to be prioritised when demand for ADHD and Autism diagnostic assessments exceeds available resources nationally and locally in terms of workforce and funding.

Prioritisation ensures that those with the most clinical needs are assessed and treated first, improving outcomes for those most at risk. While this approach remains firmly needs-led, detailed information on the specific measures or criteria used is not being made publicly available. Suffice to say due consideration of each case will consider key factors related to severity of symptoms, risk and vulnerability factors.

Activity continues as normal with our other locally commissioned services - where block contracts for activity and cost are already in place.

This recent action is not a removal of the Right to Choose offer, but a temporary prioritisation process in response to significant increases in demand across both adult and children's autism and ADHD services in Greater Manchester. We continue to prioritise those with the most urgent clinical needs and those already in the system, including people who have an assessment booked, are part-way through, or are already receiving medication or post-diagnostic support.

Patients on existing waiting lists will retain their place and their original referral date. We expect non-urgent appointments to resume when the new financial year begins, subject to budget confirmation.

Across the country, and here in Greater Manchester, demand for autism and ADHD assessments has risen sharply over recent years. The number of children and adults waiting has increased year on year and the rate of referrals continues to exceed available capacity. This creates very long waits, which we know are difficult for individuals and families. We recognise how challenging this situation is for families and are committed to improving the timeliness, quality and accessibility of neurodevelopmental services across Greater Manchester through this work.

4. Decision making and next steps

A paper summarising this work to date and commissioning plans for future improved care pathways across Greater Manchester will be presented to the ICB Public Board. on 17th November 2025. This follows updates previously provided to the GM Mental Health System Partnership Board and Chief Officers meetings throughout the past year as well as the ICB Finance Committee on 7th October 2025).

The final paper for the ICB Board will incorporate any feedback from the Greater Manchester Joint Health and Scrutiny Committee discussion.

5. Recommendation

The Joint Health Scrutiny Committee is requested to:

- Approve the level of consultation undertaken by NHD Greater Manchester in relation to adults ADHD services and supported options for change that mean the implementation of new pathways for the assessment and support of adults with ADHD (as well as children and young people with ADHD and autism). The implementation will follow a clinically prioritised approach, ensuring that resources are focused on individuals with the greatest level of need and that assessments and interventions are delivered in person. This approach will support timely, high-quality care, reduces variation in service delivery, and ensures equitable access for those with the most complex or urgent needs.
- Note the plans to proceed through NHS Greater Manchester's governance with the recommended option for change and aligned work to direct the limited resources (workforce and finance) to changed all-age pathways of support.