

*Aylesbury Vale Clinical Commissioning Group  
Bracknell and Ascot Clinical Commissioning Group  
Chiltern Clinical Commissioning Group  
Newbury and District Clinical Commissioning Group  
North and West Reading Clinical Commissioning Group  
Oxfordshire Clinical Commissioning Group  
South Reading Clinical Commissioning Group  
Slough Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical Commissioning Group  
Wokingham Clinical Commissioning Group*

## **Thames Valley Priorities Committee Commissioning Policy Statement**

<b>Policy 178c (TVPC71)</b>	<b>Treatment pathway for adults with attention deficit hyperactivity disorder (ADHD)</b>
<b>Recommendation made by the Priorities Committee:</b>	September 2017
<b>Agreed by OCCG</b>	<b>1<sup>st</sup> February 2018</b>
<b>Date of issue:</b>	<b>Aug 2010, Aug 2016, Updated February 2018</b>

Thames Valley Priorities Committee has considered the evidence for attention deficit hyperactivity disorder (ADHD) in adults. Symptoms of ADHD may coexist or overlap with symptoms of other mental health disorders. Providing care within general adult mental health services facilitates full assessment including consideration of differential diagnoses and is likely to optimise management of any comorbidity.

Adult mental health services should offer transitional arrangements for young people moving out of Child and Adolescent Mental Health Service (CAMHS) who still require assessment and treatment for ADHD symptoms. They should also be able to offer assessment, diagnosis and treatment to adults who were not diagnosed with ADHD in childhood and for those who have 'fallen out' of contact with services after previous diagnosis and treatment.

Adults with symptoms of ADHD should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD:

- where there is evidence of moderate or severe psychological, social and/or educational or occupational impairment
- AND
- in accordance with local shared care arrangements

Where the diagnosis of ADHD has been given abroad, [the patient must satisfy NHS diagnostic criteria in order to access NHS treatment](#). The NHS will support the patient to do so.

Where a diagnosis of ADHD has been given in private clinical practice, this policy should be considered in conjunction with **Policy 67 (TVPC35)**

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>