**Right to Choose (RTC) for ADHD and ASD Assessment and/or Treatment**

Right to Choose is a system that allows patients in England to choose their mental health provider. Some of our patients use this if they feel the local waiting list is too long. This is available to our patients who wish to have assessments for ADHD +/- ASD and can include assessment and treatment, providing you are not already under an NHS team being treated for the same condition.

We cannot recommend which service you should choose so please have a good look at the providers websites. Relevant questions to ask would be:

* Whether your provider sees your age group (Adult/ Children)
* Whether they offer the assessment(s) you want to have ADHD/ASD/BOTH
* Whether they offer in person or online/phone review
* Whether they are willing to enter into Shared Care with your GP if they/you wish to start on medication. They must:
  + Offer an annual review (some services charge the patient for this after the initial assessment)
  + Offer advice to the GP during the year if there is a problem with your medication (again some services charge the patient for this follow up)
  + Be willing to sign up to our local Shared Care Agreement (see attached below)
* How they wish to receive a referral. NHS GPs are not required to fill in lengthy forms when referring patients (to any specialty). Our GPs will send a standardised referral letter which covers all the important points required for referral but will NOT log in to providers online systems to fill in their individual forms. If you choose a provider who will only accept their version of online forms, we will still send them our standardised letter.



Below is a list of Right to Choose providers that we currently believe are providing services that fit the criteria above. You may find details of other providers online, but we cannot guarantee they will accept our referral or provide Shared Care for medications:

**Autism Assessment Only**

Psychiatry UK (Adults and Children)

Clinical Partners (Children)

Skylight Psychiatry (Adults)

**ADHD Assessment**

Psychiatry UK (Adults and Children)

Dr J and Colleagues (Adults)

Important Note

Due to the nature of these companies being private providers, we can provide no guarantee that their business would not stop trading or have their NHS contract removed (which means they are no longer allowed to provide care under Right to Choose). If this occurred and they could not provide your annual review and supervision of medications, we would have to stop prescribing your medication and refer you to local services. While on the local waiting list you would be without medication. The only way to guarantee avoiding this happening would be to remain in the system that is commissioned locally in our area. If you would like to be referred into the local system, please send a triage in to request this via the practice website.

Referral

If you decide you would like to proceed with the above, please fill in the tables below.

|  |
| --- |
| YOUR CHOSEN RIGHT TO CHOOSE PROVIDER |
|  |
| Patient Details (Name, DOB, Address, Contact number, Email address) |
|  |

|  |  |
| --- | --- |
| What are the symptoms, problems or experiences that lead you to suspect that you may have ADHD? | |
|  | |
| How do these symptoms impact on your life (eg education/work/home) | |
|  | |
| Do you have a family history of ADHD? (and if yes who has this diagnosis?) | |
|  | |
| I have attached the relevant forms (see website for forms): | |
| ASQ10 form for Autism  ASRS form for ADHD | |
| 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. | |
| Patient name |  |
| Date |  |