

Question

Under FOIA, please provide information held by the Department of Health relating to adult ADHD referrals and how these are recorded across HSC Trusts.

1. Referral volume data held centrally
Please provide any centrally held reports/returns/spreadsheets/dashboards showing the number of adult ADHD (or suspected ADHD) referrals made from primary care to each HSC Trust by financial year for 2022/23, 2023/24 and 2024/25.
2. Collection and reporting of referral volumes
If the Department does not hold referral volume figures by Trust, please confirm:
 - whether the Department/Regional ADHD Oversight Group collects or receives this data from Trusts, and
 - if not, confirm it is not collected centrally.
3. Waiting list definition and recording rules
Please provide any documents held that define how adult ADHD referrals should be recorded in circumstances where Trusts are not commissioned to provide an adult ADHD service, including:
 - guidance on whether such referrals should be placed on a waiting list
 - guidance on outcomes used (e.g., rejected, returned, redirected)
 - any instructions relating to recording, categorising, or reporting such referrals
4. Regional oversight papers
Please provide minutes, agenda papers, decision logs, or action logs from the last 12 months relating to adult ADHD referral handling, waiting list recording, and Trust variation.

Question 1:

Referral volume data held centrally

Please provide any centrally held reports/returns/spreadsheets/dashboards showing the number of adult ADHD (or suspected ADHD) referrals made from primary care to each HSC Trust by financial year for 2022/23, 2023/24 and 2024/25.

Question 2:

Collection and reporting of referral volumes

If the Department does not hold referral volume figures by Trust, please confirm: whether the Department/Regional ADHD Oversight Group collects or receives this data from Trusts, and if not, confirm it is not collected centrally.

Answer:

I can confirm the Department does not hold the information you have asked for. There is no commissioned service for adult ADHD, so we do not hold the data, but individual Health and Social Care Trusts may be able to provide some information.

For context, a time-bound ADHD Oversight Group was established to provide strategic direction for the completion of an ADHD Needs Assessment. The Terms of Reference for the group sets out the scope and a copy is provided later in this response.

Question 3:

Waiting list definition and recording rules

Please provide any documents held that define how adult ADHD referrals should be recorded in circumstances where Trusts are not commissioned to provide an adult ADHD service, including:

- guidance on whether such referrals should be placed on a waiting list
- guidance on outcomes used (e.g., rejected, returned, redirected)
- any instructions relating to recording, categorising, or reporting such referrals

Waiting list recording position (regional guidance)

Please provide any regional guidance or position statement held by the Department/Oversight Group that sets out how adult ADHD referrals should be handled and recorded where a Trust states there is no commissioned adult ADHD service, including whether referrals should:

- be rejected/returned to the GP
- be redirected to other secondary care services
- be placed on any form of waiting list (formal or informal)

This includes any document defining what counts as an adult ADHD “waiting list” for reporting purposes.

Answer:

I can confirm the Department does not hold the information requested. The Department of Health has not developed or issued regional guidance that sets out how adult ADHD referrals should be handled and recorded where a Trust states there is no commissioned adult ADHD service. The five Health and Social Care Trusts may be able to assist with this aspect of the request

Question 4:

Regional oversight papers

Please provide minutes, agenda papers, decision logs, or action logs from the last 12 months relating to adult ADHD referral handling, waiting list recording, and Trust variation.

Oversight Group records (most recent only)

Please provide:

1. The current Terms of Reference for the Regional ADHD Oversight Group.
2. The minutes/notes and action log for the most recent two meetings where adult ADHD referrals, adult ADHD service provision, waiting lists, pilots, or pathways were discussed.

(If adult ADHD was not discussed in the most recent two meetings, please provide the most recent two meetings where it was discussed.)

Answer:

I can advise a PDF copy of the Terms of Reference for the ADHD Oversight Group is attached to this response.

I can also confirm the Department does hold relevant agendas and notes/minutes of meetings, however, this information is exempt from disclosure under:

- Section 35(1)(a) – formulation or development of government policy; and
- Section 22(1) – information intended for future publication

These exemptions apply because the material forms part of ongoing policy development and is scheduled for publication at a later date.

These exemptions require a Public Interest Test which has been applied as shown in the tables below:

Section 35(1)(a) – formulation or development of government policy

Factors in Favour of Disclosure	Factors in Favour of Withholding
<ul style="list-style-type: none">• Disclosure could help the public understand how policy decisions are made and ensure government accountability.• Early access to policy discussions may allow informed public debate on issues of significant importance.• Demonstrates that decisions are evidence-based and subject to scrutiny.	<ul style="list-style-type: none">• Officials and ministers need a protected environment to discuss options candidly without fear of premature external pressure.• Disclosure could deter frank advice and weaken the quality of future policy discussions.• Preserving confidentiality supports the principle of collective ministerial responsibility.• Releasing information before decisions are finalised could mislead

	the public and undermine the integrity of the process.
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Balance of Public Interest

While transparency is important, the public interest in maintaining a safe space for robust policy development outweighs the interest in early disclosure. Premature release would harm the quality and effectiveness of government decision-making. Therefore, the exemption under Section 35(1)(a) has been applied, and the relevant information will be withheld.

Section 22(1) – information intended for future publication

Factors in Favour of Disclosure	Factors in Favour of Withholding
<ul style="list-style-type: none"> • Immediate disclosure could enhance public trust by showing progress and openness in decision-making. • Early access may allow stakeholders to contribute views before final decisions are made. • The subject matter may be of significant current interest; withholding could be perceived as delaying important information. 	<ul style="list-style-type: none"> • Premature release could undermine the planned publication strategy and confuse stakeholders with incomplete or evolving findings. • The interim report may contain provisional data or recommendations that could mislead the public if taken as final. • Responding to queries and managing misinterpretation of draft content could divert resources from completing the final report. • Disclosure at this stage could inhibit frank discussion and decision-making within the process leading to the final report.

Balance of Public Interest

While there is a strong public interest in transparency, this is outweighed at present by the need to maintain an orderly and accurate publication process and protect the integrity of ongoing policy development. Releasing incomplete information could mislead the public and disrupt the planned approach. Therefore, the exemption under Section 22 is upheld, and the interim report will not be disclosed at this stage. The final report is currently under consideration and is intended to be published in early 2026.

NHSCT adult ADHD pilot – papers submitted to the Oversight Group
Northern Health and Social Care Trust (NHSCT) has confirmed it operated a small unfunded adult ADHD pilot and that the processes/approaches were directed to the Regional ADHD Oversight Group chaired by the Department. Please provide the most recent final paper(s) held by the Department/Oversight Group relating to the NHSCT adult ADHD pilot, including any documents describing:

- ***the pilot model and process***
- ***the pre-screening approach (“high likelihood” criteria)***
- ***capacity/demand pressures and waiting times (if recorded)***
- ***pilot continuation/discontinuation (if recorded)***

I can confirm the Department does not hold the information requested. The ADHD Oversight Group, chaired by the Department, was established to provide strategic direction for a time-bound ADHD needs assessment and the pilot you refer to sits outside of the scope of this group.

Date response issued 11 Feb 2026

Reference Number DOH/2026/0016