

City and Hackney Adult ADHD Services Case Study and Transformation Summary

Disclaimer: Please note that Takeda has provided support to the organisation represented within this write-up.

Executive Summary

In 2024, East London Foundation Trust's (ELFT) Adult ADHD service experienced a backlog of over 2,000 cases, with some patients facing waiting times of more than 11 years. To address this, the ELFT ICB clinical lead recommended that GP's temporarily halt referrals to the service and consider using Right to Choose providers where appropriate. In response, City and Hackney Integrated Primary Care (C&H IPC), ELFT, and the ELFT ICB worked together on a comprehensive system redesign, introducing new care pathways, enhanced training, and innovative workforce solutions.

System-Wide Redesign Initiatives

- Funded ADHD Annual Reviews were introduced in Primary Care, with GP practices incentivised to carry out up to 425 reviews (including medication reviews) in 2024–25
- A Clinical Effectiveness Group (CEG) EMIS template was developed to support structured documentation of these annual reviews
- Additional resources were created to enhance the quality of ADHD diagnoses and ongoing care management

Training and Support

- In July 24, Q&A sessions and webinars were held to address GP concerns, with ELFT pharmacists delivering training on conducting annual ADHD reviews using EMIS templates
- Clinicians were offered in-depth training delivered by Takeda's Medical Affairs Clinical Nurse Educator team, alongside self-directed online learning hosted on the Royal College of General Practitioners (RCGP) website
- Of the 38 City and Hackney clinicians who responded to the training survey, 18 completed the Takeda programme
- A checklist was introduced to support the evaluation of private ADHD diagnoses.
- A weekly Advice & Guidance (A&G) email service was launched, providing GPs with a clear pathway for support on medication and diagnostic queries

Workforce Innovation

- A 12-month pilot introduced two GPs with Extended Roles (GPwERs) in ADHD, employed through Integrated Primary Care (IPC).
- The role aim is to deliver assessment and diagnosis within primary care, oversee medication management and titration, and provide expert support to the broader GP network.
- During the first year, GPwERs will receive referrals directly from the ELFT waiting list.

Quantitative Outcomes

- All GP practices are now prescribing ADHD medication and conducting annual reviews in primary care, with over 750 reviews completed during the 2024/25 period.
- While private referrals remain high, they are now more effectively managed within the system

Qualitative Outcomes

- Primary care has grown more confident in managing ADHD, including straightforward diagnoses and medication titration.
- Collaboration between primary care and specialist services has been significantly strengthened.
- A more holistic approach to care has emerged, incorporating both lifestyle support and medication management resources.
- The ADHD patient population is now better supported across the system.

Before vs. After Comparison

Metric	March 2024	July 2025
Wait Time for Assessment	11+ years	6+ years
ADHD annual reviews completed in Primary Care	0	750+ (April 24-March 25) 180 (April 25-July 25)
Referral Pathways	Unclear	Structured pathway, Advice & Guidance service implemented, Optimised Private Provider service alignment

Model Vision and Forward Planning Implemented to Date:

- Funded ADHD annual reviews are now established in primary care, with increased investment planned for 2025/26 to meet growing demand.
- ADHD-specific training has been delivered to both GPs and pharmacists.
- An Advice & Guidance infrastructure is in place to support clinical decision-making.
- Two GPwERs in ADHD began their roles in July 2025, supporting assessment and care delivery in primary care.

In Progress and Future Opportunities

- Expand the GPwER model to include a dedicated ADHD Pharmacist role.
- Develop neurodevelopmental support roles within the ARRS framework.
- Progress toward integrated all-age ADHD and ASD services.
- Integrate AI and standardised tools within expert clinics to enhance assessment and care.
- Provide training for educational psychologists to support diagnostic assessments for children.

Key Learnings

- Begin with small, strategic changes to drive wider system transformation.
- Prioritise investment in training and build trust with GPs.
- Fund annual reviews even without targets—ongoing ICB commitment is essential.
- Equip primary care with clear tools, guidance, and defined care pathways.
- Focus on delivering practical care rather than engaging in philosophical debates.
- Recognise that lifestyle support is just as important as medication in ADHD care.

Key contacts

Amaia Portelli, Joint Director of Contracting & Performance, City & Hackney Integrated Primary Care CIC (IPC) amaia.portelli@nhs.net
 Dr Karthika Vijayatharan, City & Hackney Integrated Primary Care CIC (IPC) Mental Health Clinical Lead k.vijayatharan2@nhs.net
 Hayley Burgess, Service Development Manager, Takeda UK hayley.burgess@takeda.com

