

24/06/2026

NN-ICB/26-1635

Dear Requestor

Re: Freedom of Information Request

Thank you for your request for information, received on 28 May 2026, regarding ADHD Shared Care Agreements and Private Provider Prescribing (ADHD medication prescribing). We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we partially hold the information requested.

Please find below our response to your request:

Question 1 — Patients Receiving Privately-Initiated ADHD Treatment Without NHS Shared Care

Please provide the following information, as at the most recent date for which data is held, or for the most recent complete financial year:

1. The total number of patients registered with a GP within your ICB area who are currently receiving treatment for ADHD, where a shared care agreement with their NHS GP has been declined, has not been established, or has lapsed.

[The ICB does not hold this information.](#)

2. Of the figure provided at 1(a) above, please break this down by whether the patient is currently receiving ongoing prescriptions from: (i) the private provider; (ii) no prescriber (i.e. treatment has been interrupted); or (iii) another arrangement. If this breakdown is not held, please confirm that.

[The ICB does not hold this information.](#)

3. Please indicate whether the figures above are drawn from a central ICB dataset, aggregated GP-level data, or another source, and confirm the reference date or period.

[The ICB does not hold this information.](#)

Clarification — what we mean by 'shared care declined or not established'

This includes situations where: (a) a GP practice has formally refused to enter a shared care agreement; (b) an LMC or PCN has issued guidance discouraging or prohibiting entry into shared care agreements with private providers and the GP practice has adopted that policy; or (c) a shared care agreement was never sought because local policy made it clear it would not be accepted. It does not include patients where shared care is in place and functioning, nor patients on an NHS waiting list.

Question 2 — Reasons Recorded for Absence of Shared Care Agreement

If your ICB or its constituent GP practices hold data on the reasons recorded for declining or not entering into a shared care agreement for ADHD medication prescribed by a provider, please provide:

4. A breakdown of the reasons recorded, using whatever categories are held (for example: GP practice policy; LMC or PCN guidance; clinical concerns regarding the private diagnosis; capacity grounds; lack of familiarity with the private provider; no reason recorded).

The ICB does not hold this information.

5. The number or proportion of cases falling into each category, even if approximate.

The ICB does not hold this information.

6. If no structured reason data is held, please confirm this and indicate whether any qualitative information (such as correspondence, GP feedback, or patient complaints logged with the ICB) is held that might speak to the reasons for refusal.

The ICB does not hold structured data recording the reasons for declining or not entering into shared care agreements for ADHD medication, either at ICB level or across GP practices.

The ICB does not hold information on the number or proportion of cases falling into specific categories of reasons for refusal, as this information is not recorded in a structured or reportable format.

The ICB does, however, hold limited qualitative information within Patient Experience Team (PET) complaints and enquiry records. A review of contacts received between April 2025 and March 2026 identified a small number of cases relating to ADHD shared care.

Where reasons are recorded within these records, they most commonly relate to GP practice policy not to enter into shared care arrangements with private providers, and the general position that shared care agreements are not mandatory under the GP contract and remain at the discretion of individual practices. In some cases, patients are advised that prescribing may need to transfer to NHS-commissioned services before shared care can be established. There are also isolated references to local practice decisions or changes to existing arrangements.

In a number of cases, no explicit reason for refusal is recorded beyond general advice that participation in shared care is voluntary. This information is held in free text within individual complaint and enquiry records and cannot be reliably categorised or quantified.

For completeness, the ICB does not hold data on the GP's reasons for shared care refusals.

Question 3 — ICB Policy or Guidance on GP Participation in Shared Care Agreements

Please confirm whether your ICB holds, has issued, or has adopted any of the following:

7. A formal written policy governing GP participation in shared care agreements with ADHD prescribers (including whether GPs are permitted, encouraged, or discouraged from entering such agreements).

All shared care protocols and guidance on management of shared care prescribing requests following private initiation, and Right to Choose guidance can be found on the APC website: [Shared Care Protocols - Nottinghamshire Area Prescribing Committee](#).

8. Any formal or informal guidance issued to GP practices, Primary Care Networks, or Local Medical Committees within your ICB area regarding shared care for ADHD medication initiated by private providers.

Please see response to question 7.

9. Any correspondence between the ICB and Local Medical Committee(s) in your area relating to shared care agreements for ADHD.

Please see response to question 7. The LMC would be signposted to the APC website.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Director of Corporate Governance and Assurance via lucy.branson@nhs.net or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/for-the-public/>.

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via <https://ico.org.uk/concerns/>.

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board nnicb-nn.foi@nhs.net

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the license conditions must be met. You must not re-use any previously unreleased information without having the consent of NHS Nottingham and Nottinghamshire Integrated Care Board. Should you wish to re-use previously unreleased information then you must make your request in writing (email will suffice) to the FOI Lead via nnicb-nn.foi@nhs.net. All requests for re-use will be responded to within 20 working days of receipt.