Public Petitions Committee
Thursday 19 November 2026
6th Meeting, 2026 (Session 7)

PE2267: Guarantee NHS Shared-Care Pathway for Accredited Private ADHD Diagnoses in Scotland

Introduction

Petitioner	Richard Kinnear
Petition Summary	Calling on the Scottish Parliament to urge the Scottish Government to create a national ADHD shared-care pathway.
Website	https://petitions.parliament.scot/petitions/PE2267

1. This is a new petition that was published on 30 September 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 446 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
November 2026

Annexe A: Summary of petition

PE2267: Guarantee NHS Shared-Care Pathway for Accredited Private ADHD Diagnoses in Scotland

Petitioner:

Richard Kinnear

Date published:

30 September 2026

Petition summary:

Calling on the Scottish Parliament to urge the Scottish Government to create a national ADHD shared-care pathway.

Background information:

People waiting years for NHS ADHD assessments are often forced to seek private diagnosis, but many struggle to return to NHS care due to inconsistent GP and health board policies.

ADHD assessment and treatment waiting times across Scotland have increased significantly, with some patients waiting years for diagnosis through NHS services. During this time, many experience worsening mental health, difficulties in education or employment, financial hardship, and reduced quality of life.

Because of these delays, many patients seek private ADHD assessments from qualified specialists. However, after diagnosis, many face difficulties accessing ongoing NHS care, including GP prescribing and shared-care arrangements. Policies vary between GP practices and NHS boards, creating inconsistency across Scotland.

We want a national ADHD shared-care pathway and clear guidance for NHS Scotland and GP practices allowing accredited private ADHD diagnoses to transfer safely into NHS treatment and prescribing across Scotland.

A national approach could reduce pressure on NHS waiting lists and improve continuity of care.

Annexe B: SPICe Briefing

Scottish Parliament Information Centre
Ionad Fiosrachaidh Pàrlamaid na h-Alba

Briefing for the Public Petitions Committee on petition PE2267: Guarantee NHS Shared-Care Pathway for Accredited Private ADHD Diagnoses in Scotland, lodged by Richard Kinnear

Brief overview of issues raised by the petition

Petition PE2267 calls on the Scottish Parliament to urge the Scottish Government to create a national attention deficit hyperactivity disorder (ADHD) shared care pathway. Additionally, the petition calls for clear guidance to support NHS Scotland and GP practices in accepting privately obtained ADHD diagnoses.

Attention deficit hyperactivity disorder (ADHD) in Scotland

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder, a condition arising from the functioning of the brain. It presents as a group of behavioural symptoms including hyperactivity, difficulty concentrating and paying attention, and impulsiveness. It is estimated that 5% of school-aged children and 2.5-4% of adults in Scotland are affected by ADHD.

ADHD is diagnosed by specialists such as psychiatrists or ADHD nurses, rather than GPs. A GP can refer a patient for assessment by a specialist if ADHD is suspected. Similarly, ADHD treatment is usually arranged by a specialist, although a patient's condition can be monitored by their GP.

ADHD can be treated using a combination of medication and therapy. Not everyone diagnosed with ADHD will choose to take medication. Some ADHD medications are first administered at a lower dosage, before being gradually increased to find the optimal dosage for the patient. This process is known as titration.

Long waits for ADHD assessment through NHS pathways have led a growing number of patients to seek private assessment and diagnosis. When a patient receives a prescription from a private specialist, and has completed titration of their ADHD medication to determine the appropriate dosage, they may wish to ask their NHS GP to prescribe their medication and monitor their condition, rather than continuing to pay privately for their treatment. This is known as a shared care agreement.

Shared care agreements for ADHD treatment

The decision to enter into a shared care agreement, for ADHD and other conditions, is made at the clinical discretion of a GP. These decisions are sometimes made at GP practice or local level, and can be informed by NHS Board policies.

GPs must consider shared care agreements carefully. They may have concerns about issues such as the quality and accuracy of private diagnoses, particularly

when a private diagnostic service is only assessing patients for one condition, and may therefore miss other potential conditions that could be causing or exacerbating the patient's symptoms. They may also wish to confirm with a specialist that the recommended medication would not interact with any other medications the patient is receiving. The medication monitoring processes followed by private diagnostic service providers may also differ from NHS recommendations, potentially creating a difficult professional situation for a GP.

As such, if a GP or practice has concerns about entering into a shared care agreement, they may decide to refer a patient to the relevant NHS pathway for ADHD diagnosis, and to ensure that any treatment prescribed is in accordance with NHS guidelines. The National Autism Implementation Team published guidance on considering entering into a shared care agreement to aid clinicians in this decision-making process.

Scottish Government actions

As the Scottish Government acknowledged in its written response to the petition, issues related to ADHD diagnosis and treatment were the subject of considerable scrutiny during the previous Parliamentary session. Some of the relevant work undertaken by the Scottish Parliament is outlined in the subsequent section of this briefing.

The Scottish Government's written response to the petition outlined its work to improve access to diagnosis and treatment for neurodivergent people. The response stated that the Scottish Government intends to publish its Adult Neurodevelopmental Route-Map in November 2026, and will work with relevant partners and stakeholders to support its implementation.

During Session 6 of the Parliament, the Scottish Government proposed a Learning Disabilities, Autism, and Neurodivergence Bill. However, the Government has since confirmed that this Bill will not be taken forward in Session 7. In a statement to the Parliament on 7 October 2026, the Minister for Mental Wellbeing, Public Health, Sport, Alcohol, and Drugs clarified that the Government had decided to take more immediate action to support neurodivergent people through policy reform, service improvement and targeted investment, rather than the introduction of new legislation.

Scottish Parliament actions

During Session 6 of the Scottish Parliament, the Health, Social Care, and Sport Committee held an inquiry into autism and ADHD assessment pathways. In its inquiry report, the Committee called on the Scottish Government to work with Healthcare Improvement Scotland, health boards and GPs to address problems with shared care agreements and to develop a more consistent approach to their use. The Committee's report also highlighted that the current long NHS waiting times risk creating a two-tier system, in which ADHD diagnosis and care is more accessible to those who can afford to pay for private care.

Similarly, the Session 6 Equalities, Human Rights, and Civil Justice Committee held an inquiry into neurodivergence in Scotland, and published its report in March 2026. The report echoed the Health, Social Care, and Sport Committee's calls for the Scottish Government to work with relevant partners to address the issues with

shared care agreements. The report also encouraged the Government to make swift progress with the creation of national guidelines to ensure a standardised approach to ADHD assessment across the public and private sector.

In its written response to the petition, the Scottish Government confirmed that the recommendations from both inquiries are informing its ongoing policy and improvement activity in this area.

Key Organisations and relevant links

- SPICe briefing on neurodevelopmental pathways and waiting times in Scotland
- The National Autism Implementation Team

8. ADHD Scot resource for patients on shared care agreements for ADHD

Sarah Swift
Researcher
3 November 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C: Written Submissions

PE2267/A: Guarantee NHS Shared-Care Pathway for Accredited Private ADHD Diagnoses in Scotland

Scottish Government written submission, 22 October 2026

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

Context

The Scottish Government recognises concerns about long waits for neurodevelopmental diagnostic assessment and support, including for ADHD. In recent years, there has been a significant growth in awareness of neurodevelopmental conditions, including ADHD. Demand for ADHD diagnosis, treatment and support has risen significantly, placing considerable pressure on services across Scotland.

We want all individuals with neurodevelopmental needs to be able to access support based on their individual needs, rather than having to wait for a diagnosis before help is available. Our aim is that people receive the right support at the right time, regardless of whether they have, are seeking or require a diagnosis. We recognise that, for some, diagnostic assessment is important, for example when medication is required to help manage an individual's ADHD. However, diagnosis is only one part of an individual's journey and should not be the sole route through which support can be accessed.

Shared-Care and Private Diagnoses

With regards to the specific issue raised by the petition, individuals who have received a private diagnosis of a neurodevelopmental condition – including ADHD- may seek ongoing care and medication through NHS services (often referred to as "Shared Care"). However, any decisions regarding ongoing treatment, including prescribing, remain matters for individual NHS clinicians following consideration of the individual's circumstances and relevant clinical information in each individual case. GPs are not obliged to follow the recommendations of a private provider, and decisions about prescribing remain a matter of clinical judgement, as part of NHS practitioners' overall responsibilities for ensuring patients receive appropriate care.

The Scottish Government works with stakeholders, including the National Autism Implementation Team (NAIT) and the Royal College of Psychiatrists, to consider how services can better meet the needs of people with neurodevelopmental conditions, including those who have sought private assessment. The Scottish Government also funds NAIT to do wider support work with NHS Boards and local partners to develop, enhance and redesign adult neurodevelopmental services. This is part of wider activity to improve neurodevelopmental services, as outlined in section 4 below.

What, if any, action is the Scottish Government currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

In line with the Scottish Government's Mental Health and Wellbeing Delivery Plan, we are working with partners to address issues where NHS services do not recognise a diagnosis of autism or ADHD from private providers to ensure everyone can access the care, support and appropriate interventions they need in a way that works for them.

The Scottish Government-funded NAIT team published guidance in 2022 on prescribing AHD medication to adults following a private sector diagnosis:

- Microsoft Word - NAIT Guidance Prescribing ADHD medication to adults following private sector diagnosis in Scotland 2022 FINALdocx.docx

We are taking forward a number of actions on neurodevelopmental support and services across all age ranges, in order to better meet the needs of neurodivergent people and expand the range of support capacity and capability available in the system so that individuals and families can get high quality, effective support without necessarily requiring a diagnosis of ADHD or autism; and so that we improve continuity of care and access to support based on need rather than diagnosis.

The Scottish Government published the National Neurodevelopmental Specification for Children and Young People in 2021. The Specification sets out the principles and standards expected across services and aims to ensure that children, young people and families receive timely assessment, support and access to services based on their needs, in line with the Getting it Right for Every Child (GIRFEC) approach. The Specification recognises that support should be available at the earliest appropriate opportunity and should not be dependent on a formal diagnosis.

In 2025, the Scottish Government and COSLA jointly published an implementation review of the National Neurodevelopmental Specification for Children and Young People. The review examined the impact and deliverability of the Specification, drawing on engagement with NHS Boards, local authorities, stakeholders and learning from early Tests of Change. It identified areas of good practice and learning, alongside ongoing and significant challenges in implementing the Specification, and ensuring timely access to support and services for neurodivergent children and their families.

Following the review, a cross-sector Taskforce was established to support the Scottish Government and COSLA in delivering the review's recommended actions. The Taskforce brings together expertise from health, education, local government and the third sector to support a coordinated, whole-system approach to improvement. This includes work to explore opportunities for further family support, develop a high-level descriptor of neurodevelopmental support to aide system change and communication, and promote greater consistency, partnership working and shared learning across services. An interim progress report will be published in late 2026.

The Scottish Government continues to invest in improving neurodevelopmental support across Scotland. In 2025-26, over £2.9 million was provided to projects

supporting people with neurodevelopmental needs. In addition, £7.6 million has been allocated through the 2026-27 Mental Health Budget to support improvements in neurodevelopmental support for children and young people. The funding is intended to support the development and expansion of neuro-affirming, needs-based supports for children, young people and families, including support that can be accessed regardless of diagnostic status.

The Scottish Government plans to publish the Adult Neurodevelopmental Route-Map in November, based on a model proposed by the Royal College of Psychiatrists in Scotland. We will work with NHS Boards, clinicians, people with lived experience and third sector partners to support its implementation. The model aims to provide earlier access to advice, support and interventions, while ensuring that specialist services are available for those who require them.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

The issues around neurodevelopmental support and services have been subject to significant parliamentary scrutiny in the previous parliament. In 2025, petition PE2156 'Improve access to ADHD diagnosis and treatment across Scotland' was referred for further consideration and informed the then Health, Social Care and Sport Committee's ADHD and Autism Pathways and Support Inquiry. The then Committee published its report in February 2026. The then Equalities, Human Rights and Civil Justice Committee also undertook an inquiry into Neurodivergence in Scotland, publishing its report in March 2026. Both committees examined the experiences of neurodivergent people and their families, including concerns relating to access to diagnostic assessment, support and services.

The Scottish Government responded to the recommendations arising from these inquiries and the findings will continue to inform ongoing policy and improvement activity, including our work to implement the National Neurodevelopmental Specification and deliver wider improvements to neurodevelopmental support.

In addition, the Scottish Parliament debated ADHD and autism diagnosis in June 2026, providing a further opportunity to consider the challenges associated with access to diagnostic assessment and support. The issues raised by this petition therefore sit within a broader programme of existing parliamentary, policy and system improvement activity that is already underway across Scotland.

On 7 October 2026, the Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs gave a statement to Parliament and took Members' questions on improving outcomes for neurodivergent people, autistic people and people with learning disabilities Meeting of the Parliament: 07/10/2026 | Scottish Parliament Website

The current Equalities, Human Rights and Civil Justice Committee, Public Audit Committee and Health, Care and Sport Committee have not to date published current or future plans to scrutinise specific issues around neurodevelopmental support and services.

Neurodevelopmental Policy Team

PE2267/B: Guarantee NHS Shared-Care Pathway for Accredited Private ADHD Diagnoses in Scotland

Petitioner written submission, 29 October 2026

Purpose and Response

I welcome the Scottish Government's acknowledgement of the difficulties surrounding private ADHD diagnoses and its commitment to improving neurodevelopmental support. However, PE2267/A does not identify a nationally consistent process for moving from an appropriately evidenced private diagnosis to NHS clinical review and, where appropriate, treatment. I ask the Committee to retain the petition for further consideration and seek specific evidence on this unresolved issue.

1. A clinically safe, consistent pathway

The petition does not seek automatic NHS prescribing or to override the professional judgement of GPs. Recognition of a diagnosis, acceptance of ongoing specialist responsibility and the decision to prescribe are distinct matters. I propose that NHS services recognise private ADHD diagnoses where the assessment demonstrably meets recognised clinical standards, without routinely requiring a second full assessment. Where there are substantiated clinical concerns or missing evidence, patients should have access to a defined NHS review process, with reasons for decisions and a route to further assessment. Clear responsibilities for specialist oversight, medication monitoring and communication with primary care must form part of that pathway. This would protect clinical discretion while reducing avoidable duplication and uncertainty.

2. A recommendation dating from 2022

The Scottish Government refers to the National Autism Implementation Team (NAIT) guidance of April 2022. That guidance explicitly welcomes national, standardised Scottish Government-led guidance where care moves from private to NHS services. It also calls for matched assessment standards and clear prescribing and monitoring arrangements. The Government's response does not explain what has happened to that recommendation in the intervening four years. I ask the Committee to seek a specific account of steps taken, obstacles identified and whether a national transition protocol is now planned.

3. A published deadline: summer 2027

The Scottish Government's Mental Health and Wellbeing Delivery Plan 2026, action 6.5 (page 43), commits it to work with partners to address circumstances where NHS services do not recognise private autism or ADHD diagnoses, by summer 2027. This is more specific than the general assurances in PE2267/A. I ask the Committee to clarify what action 6.5 will deliver by that date; which body is accountable; whether it covers assessment recognition, NHS review, prescribing and continuity of care; and what measurable indicators will demonstrate progress. A commitment to work with partners is welcome, but patients need to know what practical change will follow.

4. November Adult Neurodevelopmental Route-Map

The Government anticipates publication of an Adult Neurodevelopmental Route-Map in November 2026. I welcome this development but ask whether it will provide a defined route for adults who already hold private ADHD diagnoses and require clinical review or ongoing medication. If the Route-Map does not cover private-to-NHS transitions and shared-care arrangements, the Government should identify the separate policy mechanism that will. I suggest the Committee examine the published Route-Map before concluding that the petition's request has been addressed.

5. Fairness and continuity

My experience of seeking private assessment while also waiting for NHS services reflects a wider difficulty: obtaining a diagnosis does not necessarily resolve access to NHS care. Private assessment should not create an expectation of automatic prescribing, but nor should a clinically sound diagnosis leave someone facing indefinite uncertainty or private costs without a clear route to review. The Government should explain how it will minimise unwarranted variation between NHS Boards and GP practices while maintaining appropriate safeguards.

6. Specific requests to the Committee

I respectfully ask the Committee to: (1) request a supplementary Scottish Government response on the implementation of the 2022 NAIT recommendation and action 6.5 of the 2026 Delivery Plan; (2) seek views from NAIT and the Royal College of Psychiatrists in Scotland on feasible national standards, review arrangements and specialist/GP responsibilities; (3) establish what nationally appropriate review timescales, interim continuity arrangements and routes for reconsideration should apply; and (4) consider the November Route-Map and the summer 2027 commitment before determining next steps for PE2267.

Conclusion

The question is not whether every private diagnosis must trigger an NHS prescription. It is whether people can access a fair, transparent, nationally consistent and clinically governed decision-making pathway. The Government's own published commitments and the NAIT guidance provide a sound basis for further scrutiny. I respectfully request that PE2267 remain open while the Committee seeks clear actions, ownership, timescales and evidence of delivery.