NHS
Hampshire and Isle of Wight

Reference: **FOI 51776 HIOW QRL**

Subject: **Indicative Activity Plans under Right to Choose work**

I can confirm that the ICB have now completed the search for the information requested, please see responses below:

<table>
<tr><th>QUESTION</th><th>RESPONSE</th></tr>
<tr><td colspan="2">I am making this request under the Freedom of Information Act 2000 in relation to the use of Indicative Activity Plans (IAPs) in connection with Right to Choose (RtC) referrals for Autism and ADHD assessments.

For the purposes of this request, “IAPs” refers to any indicative activity plans, caps, ceilings or similar mechanisms used to control, limit or manage the volume of RtC activity for particular Autism and/or ADHD assessment providers.</td></tr>
<tr><td>1. Please confirm whether your ICB has introduced, applied, discussed or is planning to introduce any IAPs (or equivalent arrangements) that affect, directly or indirectly, the number or flow of RtC referrals for Autism and/or ADHD assessments to specific providers. If so, please identify which providers these arrangements apply to and the date on which they were first introduced or agreed.</td><td>Yes, NHS Hampshire and Isle of Wight ICB have introduced IAPs with Right to Choose providers for ADHD and Autism services provided under Right to Choose. The table below provides the list of providers and when the IAP was first set.

<table>
<tr><th>Right to Choose Provider</th><th>Date IAP initially set</th></tr>
<tr><td>Axia ADHD</td><td>15/08/2025</td></tr>
<tr><td>ADHD 360</td><td>19/08/2025</td></tr>
<tr><td>Clinical Partners</td><td>15/08/2025</td></tr>
<tr><td>Evolve Psychology</td><td>15/08/2025</td></tr>
<tr><td>Harrow Health</td><td>15/08/2025</td></tr>
<tr><td>Mind Professionals</td><td>15/08/2025</td></tr>
<tr><td>Jajawi and Asker</td><td>15/08/2025</td></tr>
<tr><td>Care ADHD</td><td>27/08/2025</td></tr>
<tr><td>Provide Wellbeing</td><td>20/08/2025</td></tr>
<tr><td>Psicon</td><td>19/08/2025</td></tr>
<tr><td>Psychiatry UK</td><td>15/08/2025</td></tr>
<tr><td>Skylight Psychiatry</td><td>20/08/2025</td></tr>
<tr><td>Problem Shared</td><td>12/09/2025</td></tr>
<tr><td>RTN Solutions</td><td>22/08/2025</td></tr>
<tr><td>RTN Medical</td><td>22/08/2025</td></tr>
<tr><td>Holistic ADHD Solutions</td><td>25/07/2025</td></tr>
<tr><td>Paloma Health</td><td>26/08/2025</td></tr>
<tr><td>Kirksop Taylor</td><td>12/09/2025</td></tr>
</table>
</td></tr>
</table>

2. If such IAPs (or similar mechanisms) have been introduced, proposed or discussed, please provide all documentation relating to their introduction, development and governance. This should include, but not be limited to, meeting agendas, minutes, action notes, internal correspondence (including emails), briefing papers, slide decks, business cases and any other relevant records. **Please also provide any documents setting out the legal basis or policy justification for using IAPs in this way, including any legal advice (internal or external), NHS England or DHSC guidance relied upon, and any internal legal or governance papers explaining how these IAPs are considered compatible with the NHS Constitution and with NHS Choice / Right to Choose regulations and guidance. Please further provide any correspondence with NHS England (including regional teams) concerning the permissibility, design or operation of such IAPs in the context of RtC for Autism and ADHD.**	***Governance papers explaining how these IAPs are considered compatible with the NHS Constitution and with NHS Choice / Right to Choose regulations and guidance*** • QIA (redacted) 2025-07-24 QIA Right to Choose IAP T • Action and Decision log from Mental Health and Children's care Senior Leadership Team Meeting SLT 2025 SLT Business Meeting action tracke 2025 SLT Business Meeting decision log I ***Communications - Letters to RTC providers, public and GPs.*** GP Comms - ADHD and Autism Diagnosti Patient Comms - ADHD and Autism Dia RtC provider Comms - ADHD and Autism D Information is also published on the ICB website https://www.hantsiow.icb.nhs.uk/your-health/mental-health-services/autism-and-adhd-assessment-services ***Communications to providers regarding establishing Indicative activity plans:*** Letters to individual providers are commercial in confidence. We have provided below the generic content for correspondence issued to providers regarding establishing indicative activity plans: "*This is an indicative plan and allows flexibility for how you phase appointments within the overall activity allocation, noting you need to make changes to your automated bookings and appointment allocation processes. We also appreciate at this stage medication titration and associated reviews are based on best guess forecasts and may vary throughout the remainder of the financial year.* *In reaching this decision the ICB has been mindful of the NHSE technical guidance and contract and is setting an IAP following engagement with providers which has led to a revised approach to ensure patients in treatment continue to receive the appropriate care and medications throughout 25/26. The IAP set reflects commissioner affordability and the requirement for the NHS to stay within planned expenditure levels.* *The plan, set out above, is an indication of the volume of activity that HIOW ICB wishes to commission to meet the needs of Hampshire and Isle of Wight population, forecasting*

	activity to end of March 2026 whilst considering the impact on waits, and the level of activity that the ICB can afford. *We have reached this difficult decision having regard to the below principles:* • *The legal requirement for ICB's to achieve financial balance over the year 2025/26 and to set affordable Indicative Activity Plans (IAPs) accordingly.* • *Understanding, through meetings with providers, the impact these decisions will have on waiting lists and patient risk and working collaboratively to mitigate risks* • *Continuing to keep under review, through regular dialogue and data and information flows and where necessary setting an Activity Management Plan (AMP) to keep the activity and annual values under review.* • *An expectation that productivity will run at a pace to align with the IAP offered* • *Reviewing the system transformation plan to ensure it supports the reduction of waiting lists and patient risk in the longer term.* • *Putting in place good communications to clarify the position for providers, referrers and patients.* • *Keeping new developments under review and revisiting this decision should there be any material changes* *The ICB will fund all activity undertaken in the year to date, up to and including 31st August 2025.* *The ICB will fund all ongoing medication activity associated with patients in active treatment (who are already being prescribed medication following assessment or are identified as requiring medication following their assessment up to and including 31 August 2025) for the full duration of 2025/26.* *Below are 2 scenarios where the above approach will apply* *Scenario 1: If the above activities exceed the proposed 2025-2026 indicative activity plan financial envelope communicated within our letter to you on 26 June 2025, no further activity beyond 31 August 2025 for the remainder of the financial year will be funded.* *Scenario 2: If the above activities do not exceed the proposed 2025-2026 indicative activity plan financial envelope communicated within our letter to you on 26 June 2025, please plan for activity beyond 31 August 2025 until this financial envelope is reached."* **Legal advice (internal or external)** – no legal advice sought or received **Legal basis or policy justification for using IAPs in this way -** The contractual basis for NHS Right to Choose Indicative Activity Plans (IAPs) is outlined in the NHS Standard Contract 2025/26, which grants Integrated Care Boards (ICBs) authority to set Indicative Activity Plans This is also set out in Frequently Asked Questions available on the ICB website**:** https://www.hantsiow.icb.nhs.uk/your-health/mental-health-services/autism-and-adhd-assessment-services/right-choose-adhd-and-autism-frequently-asked-questions

	NHS England or DHSC guidance relied upon: Guidance is published by the NHSE and DHSC and is publicly available **Please further provide any correspondence with NHS England (including regional teams) concerning the permissibility, design or operation of such IAPs in the context of RtC for Autism and ADHD.** The following correspondence is attached relating to the escalation determination responses from NHSE. Three providers used the NHSE escalation process in relation to IAP setting. Provider 1 - no further action is required by the Commissioner point of escalation Provider1 email_redacted.pdf Provider 2 - no further action is required by the Commissioner point of escalation Provider 2 Email_redacted.pdf Provider 3 – actions requested were completed and no further action required. Provider 3 email_redacted.pdf The requestor will need to contact NHS England for any correspondence they may have issued.
3. **Please provide copies of any impact assessments carried out in relation to the introduction or operation of IAPs affecting RTC Autism/ADHD providers. This includes Equality Impact Assessments, Quality Impact Assessments or any similar assessments. Please also provide any analysis, reports or reviews showing how these IAPs have affected waiting lists for Autism and ADHD assessments (for example, changes in waiting times, backlog, or access patterns), and any documentation setting out how the ICB has assured itself that these arrangements do not compromise patient safety, do not unlawfully restrict patients' RtC, and do not worsen health inequalities or inequities of access.**	**Copies of any impact assessments carried out in relation to the introduction or operation of IAPs affecting RTC Autism/ADHD providers.** Quality Impact Assessment has been included in question 2 **Please also provide any analysis, reports or reviews showing how these IAPs have affected waiting lists for Autism and ADHD assessments (for example, changes in waiting times, backlog, or access patterns)** Patient Experience: • Since the introduction of these IAPs we have received 4 formal complaints. • As IAPs have been put in place since August 2025 with Right to Choose providers it it's too early to assess how IAPs have affected waiting times at an ICB level. To inform 2026/27 planning we are currently working with these providers to understand

	the continued demand for these services to set appropriate plans for next year. • Nationally available information suggests waiting times for RTC assessment remains significantly below our locally commissioned providers (however it is important to note this information is not bespoke to our ICB population). Patient Safety: • No patient safety incidents have been reported by our RTC providers to us following the establishment of IAPs. **Documentation setting out how the ICB has assured itself that these arrangements do not compromise patient safety, do not unlawfully restrict patients' RtC, and do not worsen health inequalities or inequities of access.** Guidance has been set out to Right to Choose providers to ensure no adverse impact on patient safety including prioritisation criteria. Please see attached correspondence sent to all providers. RtC provider Comms - ADHD and Autism D This has been reiterated during meetings with Right to Choose providers, ensuring patients with high clinical need are seen quickly, and no patients in active treatment are interrupted.
4. There is significant public concern that activity caps or similar mechanisms may be used to constrain RtC access in a way that was not endorsed nationally. I refer to the campaign described here: https://adhduk.co.uk/nhs-right-to-choose-changes/, which highlights that caps on RTC were not approved as part of the 2025/26 NHS consultation and planning process. In that context, please provide any internal discussion papers, briefing notes or emails which consider this national position and explain how your ICB's use (or proposed use) of IAPs is considered compatible with the outcome of that consultation and with national RtC policy. Please also provide any documents that consider whether the use of IAPs could in practice operate as a de facto cap or restriction on RtC access for Autism/ADHD, and how that risk has been addressed or mitigated.	Please see documents attached in response to question 2: Quality Impact Assessment, action log and decision log. The contractual basis for NHS Right to Choose Indicative Activity Plans (IAPs) is outlined in the NHS Standard Contract 2025/26, which grants Integrated Care Boards (ICBs) authority to set Indicative Activity Plans This is also set out in Frequently Asked Questions available on the ICB website: https://www.hantsiow.icb.nhs.uk/your-health/mental-health-services/autism-and-adhd-assessment-services/right-choose-adhd-and-autism-frequently-asked-questions Four providers exercised the NHSE escalation process in relation to our IAP setting of which one provider missed the deadline and was not heard. NHSE deemed no further action was required on two of these occasions and advised us to make ourselves available to meet with one provider before confirming the IAP.

Unless otherwise stated, please treat this request as covering the period from the earliest discussions about such IAPs up to the date of your response. I would be grateful to receive the information in electronic form (such as PDF or other commonly used formats). If you believe any part of this request exceeds the appropriate cost limit, please provide as much as you can within the limit and advise how I might refine the request to bring the remainder within scope.

The information provided in this response is accurate as of 10 December 2025 and has been authorised for release by Hampshire and Isle of Wight ICB.