NHS Devon ICB Right to Choose Provider ADHD Assessment and Treatment Tariff

1. Adult NHS Devon Right to Choose ADHD Tariff

1.1 Devon ADHD Assessment Tariff with no onward medication treatment pathway

The below tariff is for an ADHD assessment and Psychoeducation with no onward medication treatment pathway:

Activity/Appointment Type	
ADHD Assessment Triage of referral Administration costs Psychoeducation ADHD Diagnostic Assessment and Outcome Report Discharge of patient Appointment DNA/engagement	
Modality	**Price**
Face to face assessment	**£850**
Virtual assessment	**£700**

Invoices for payment will be made following discharge after the Outcome Report has been completed and sent to the referrer, or when the patient is being transferred to the medication stage of the pathway. No payment to be made for patients who do not complete the pathway to the point of diagnostic assessment and outcome report.

The tariff has been determined so that the price for completed episodes of assessment is at a sufficient level to compensate for incomplete episodes where a charge cannot be applied and to minimise invoicing. In recognition of this, **payment of DNAs is not supported as a separate charge**

1.2 Initiation & stabilisation of ADHD Medication Treatment Pathway

The below tariff is for initiation of ADHD medication following a positive diagnosis:

Activity	Price
Titration, physical health monitoring and prescribing	**£400**

Invoices for payment will be made following stabilisation on medication and the patient is moved onto ongoing pathway management. No payment to be made for patients who do not complete the episode. The price has been determined using incomplete episodes costs added to the completed episodes to minimise invoicing. In recognition of this, payment of DNAs is not supported

as a separate charge, nor are any other charges incurred for clinically appropriate medication initiation.

If a patient that has been stable for at least 12 months requires clinically significant changes to their medication, it may be appropriate to undergo a complete re-titration, in which case it would be appropriate to charge for this element again.

1.3 Annual Review where Shared Care has been accepted

The below tariff is for an ADHD annual review where Shared Care has been accepted

Activity / Appointment Type	Price
Provider Annual Review	**£150**

Invoices for payment will be made at the end of the year of care following initial stabilisation on medication. No payment to be made for patients who do not complete the episode. The price has been determined using incomplete episodes costs added to the completed episodes to minimise invoicing. In recognition of this, **payment of DNAs is not supported as a separate charge**

1.4 Annual Review and ongoing medication pathway where Shared Care has not been accepted.

The below tariff is for ongoing medication management and annual review where shared care has not been accepted in Primary Care.

In the event that a GP or other Primary Care provider has not accepted shared care for a patient, the Provider may charge the ICB (and the ICB shall pay) an annual fee of **£265.00** for on-going medication services and annual review in relation to that patient on the basis as set out below (the "Annual Fee").

The Provider may charge the ICB for the Annual Fee only if all of the following requirements have been satisfied in relation to the relevant patient (the "Conditions"):

1. that the patient is deemed (in the reasonable opinion of the Provider) to be stable, following initiation of medication and titration, to establish a stable dose of medication and that the Provider has sent a letter to the patient's GP (or other primary care provider) requesting shared care for the relevant patient (the "Shared Care Letter");
2. that, following sending of the Shared Care Letter by Provider, the GP or other Primary Care provider has either: (i) refused or indicated they will refuse shared care in respect of the patient; or (ii) that 21 days has passed since the sending of the Shared Care Letter by the Provider without any response from the GP or other Primary Care provider;
3. that the Provider is willing to accept the relevant patient into its on-going medication services pathway.

The relevant patient shall be deemed for these purposes to be under the ongoing medication services of the Provider from the date that the Conditions have been satisfied in respect of the relevant patient (each being, a "Medication Services Commencement Date").

The Annual Fee shall become due and payable by the ICB in respect of each patient upon the Medication Services Commencement Date, and the provider may invoice the ICB accordingly.

A reconciliation of the Annual Fee shall be performed on the following basis (the "Reconciliation"):

1. within 13 months from the Medication Services Commencement Date, the Provider shall provide the ICB with data on the number and timing of medication prescriptions and annual review for the relevant patient in respect of the 12-month period from the Medication Services Commencement Date; and
2. if the data provided reasonably evidences that the relevant patient was either: (i) accepted into Shared Care by the patients' GP or other Primary Care provider; (ii) discharged by the Provider; or (iii) had no prescriptions or review sessions (including an annual review) in the 6-month period ending on the anniversary of the Medication Services Commencement Date,

a refund to the Annual Fee shall be paid by the provider to the ICB in respect of the relevant patient, equal to an amount of £100.00 per relevant patient (the "Refund"). The Refund shall be payable within 45 days of the Provider and the ICB having agreed in writing the Reconciliation. The Parties may choose to perform the Reconciliation on such periodic basis as mutually agreed.

The Annual Fee and the Refund (if any) shall be invoiced or paid (as the case may be) to Devon ICB separately from all other fees under this Contract, in order to support activity and financial monitoring.

Activity / Appointment Type	Price
Provider Annual review and 11 prescriptions, including scripts for monitoring and oversight of medication management.	**£265**

2. CYP NHS Devon Right to Choose ADHD Tariff (age 8-18 years)

2.1 ADHD Assessment Tariff with no onward medication treatment pathway

The below tariff is for an ADHD assessment with no onward medication treatment pathway:

Activity/Appointment Type	
ADHD Assessment Triage of referral Administration costs Psychoeducation ADHD Diagnostic Assessment and Outcome Report Discharge of patient Appointment DNA/engagement	
Modality	**Price**
Face to face assessment	**£950**
Virtual assessment	**£850**

Invoices for payment will be made following discharge after the Outcome Report has been completed and sent to the referrer, or when the patient is being transferred to the medication stage of the pathway. No payment to be made for patients who do not complete the pathway to the point of diagnostic assessment and outcome report.

The tariff has been determined so that the price for completed episodes of assessment is at a sufficient level to compensate for incomplete episodes where a charge cannot be applied and to minimise invoicing. In recognition of this, **payment of DNAs is not supported as a separate charge.**

2.2 Initiation & stabilisation of ADHD Medication Treatment Pathway

The below tariff is for initiation of ADHD medication following a positive diagnosis:

Activity	Price
Titration, physical health monitoring and prescribing	**£400**

Invoices for payment will be made following stabilisation on medication and the patient is moved onto ongoing pathway management. No payment to be made for patients who do not complete the episode. The price has been determined using incomplete episodes costs added to the completed episodes to minimise invoicing. In recognition of this, payment of DNAs is not supported as a separate charge, nor are any other charges incurred for clinically appropriate medication initiation.

If a patient that has been stable for at least 12 months requires clinically significant changes to their medication, it may be appropriate to undergo a complete re-titration, in which case it would be appropriate to charge for this element again.

2.3 Review where Shared Care has been accepted

The below tariff is for review where Shared Care has been accepted:

	Price (total)	
	Face to Face	**Virtual**
Year 1 (4 appointments) £100 per appointment	**£400**	**£400**
Year 2 onwards (2 appointments) £100 per appointment	**£200**	**£200**

Invoices for payment will be made at the end of the 3 months of care following initial stabilisation on medication. No payment to be made for patients who do not complete the episode. The local price has been determined using incomplete episodes costs added to the completed episodes to minimise invoicing. In recognition of this, **payment of DNAs is not supported as a separate charge**

2.4 Review and ongoing medication pathway where Shared Care has not been accepted.

The below tariff is for ongoing medication management and review where Shared Care has not been accepted in Primary Care.

	Price (total)	
	Face to Face	**Virtual**
Year 1 (4 appointments) £110 per appointment Plus £10 for prescription charging for non-review appointment months (8 in total)	**£110x 4 = £440** **£10x 8 = £80** **Total= £520**	**£110x 4 = £440** **£10x 8 = £80** **Total= £520**

Year 2 onwards (2 appointments) £110 per appointment Plus £10 for prescription charging for non-review appointment months (10 in total)	**£110x 2 = £220** **£10x 10 = £100** **TOTAL = £320**	**£110x 2 = £220** **£10x 10 = £100** **TOTAL = £320**