



The Empowerment Project - Stronger Voices for Fairer Futures

Note on Ministerial Evidence Session - Follow Up Questions

3 March 2026

Key Message

Following the Minister’s evidence to Committee, and in the context of recent correspondence received by STAND from the Minister, we urge the Committee to seek clarity on whether the Minister has confidence in the existing regulatory framework for health care services in Scotland, particularly the role of Healthcare Improvement Scotland.

If he has concerns, we hope there is a sense of urgency in addressing them. If he has not, we seek reassurance from the Minister that he is confident in the existing system.

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Introduction

We wished to provide a brief follow-up note to the Committee following the evidence given by the Minister for Social Care and Wellbeing and his medical adviser, Mr Robby Steel on 24 February 2026.

We provide this update to add the benefit of our lived experience in this area. We are concerned about a potential disconnect between the information that is apparently being shared with the Scottish Government by professionals and professional bodies, and the information which we are privy to during discussions with parents and carers (and as neurodivergent people ourselves). We are also confused as to the Scottish Government’s position on quality assurance for health care services in Scotland.

Shared Care & “Queue Jumping”

One concern relates to comments made about queue jumping and ongoing monitoring as part of shared care arrangements following private ADHD diagnosis. For example, Mr Steel stated:

- *“...the argument being that those who can afford a private assessment will get the opportunity to jump the queue because of the strain on the shared care protocol.”*
- *“For example, once medicine has been prescribed for ADHD, a person’s blood pressure needs to be monitored and repeated assessment is needed to see whether they are still benefiting from it or whether it is causing more harm than good—that particularly applies to children, because it has an effect on growth potential. If people who can afford a private assessment jump into that limited resource for follow-up, they can inadvertently end up blocking those who cannot afford it”.*

Similarly, the Minister stated:

- *“...there is also the point about the ongoing need for monitoring in cases where medication is prescribed.”*

We wish to make clear that in all the proposed shared care agreements we have seen so far, the private provider makes clear to the GP that they intend to maintain responsibility for all the ongoing monitoring, with the GP’s responsibility being to prescribe the medication after having been updated as to the outcome of such monitoring.

Therefore, in such cases, there is no expectation that NHS resources for monitoring (whether they be GP resources or CAMHS resources) will be under strain. The “queue” for CAMHS services will not be “jumped”. If anything, it will be shortened.

Quality Assurance

We wrote to the Cabinet Secretary for Health and Social Care in September 2025 to ask, amongst other things, whether he accepted the assertion that the existing regulatory framework for private providers of ADHD medication is inadequate.

On 3 March 2026, the Minister for Social Care and Mental Wellbeing replied to that letter. He answered our question about the regulatory frameworks as follows:

6. If the Scottish Government accepts the concerns of some GP practices that private initiation of ADHD medication carries inherent risks, does SG accept that this implies inadequacy in the existing regulatory frameworks for private providers (e.g. Healthcare Improvement Scotland)?

I acknowledge that some GPs have raised concerns about private diagnosis and initiation of ADHD medication, and similar points were highlighted during the Health, Social Care and Sport Committee’s Inquiry. We draw no conclusions and make no assessment about whether those concerns are well-founded.

You will note that the Minister draws no conclusions and makes no assessment about whether those concerns are well-founded. This is extremely interesting, given that the Minister flagged these concerns in the evidence session on 24 February 2026.

For example, the Minister made the following statements:

- *“Committee members will be familiar with the issue of assurance in relation to any assessments that are undertaken outwith the NHS, because of the evidence that I imagine will come from your casework.”*
- *“I reiterate the point about situations in which assessment and diagnosis are undertaken by someone acting in a private capacity who also works in the NHS naturally leading to the kind of comments that you very reasonably put forward. I will also offer the balancing point about assessments that are not undertaken in a way that we would regard as robust and so cannot provide that assurance.”*
- *“It is a complex area, and I assure the committee that we are giving it serious consideration.”*

STAND’s Message

We urge the Committee to seek clarification from the Minister and Mr Steel about these comments. In particular:

1. What does the Minister mean by the *“issue of assurance in relation to any assessments that are undertaken outwith the NHS”*, given that he does not appear to have concluded that such an issue exists. Presumably, therefore, he is talking of the issue of the perceived or alleged issue of assurance?
2. When the Minister mentions the *“balancing point”* about assessments which are not undertaken in a way which he would regard as robust, can he provide examples of such assessments and explain why he has not regarded them as robust?
3. When the Minister states that is giving is *“serious consideration”* to the matter, what does this consist of? How does this fit in with the paragraph in his letter that he *“makes no assessment of whether those concerns are well-founded”*?

We understand the limitations on the ability to convey detail and nuance to a sufficient degree during a relatively brief Committee evidence session. Therefore, we hope that clarification on the points above will be useful to inform the Committee further on what we see as a huge issue for the neurodivergent children and families who we support.

It would be disappointing if the opportunity to bottom this issue out during the Neurodivergence Inquiry was missed, particularly given the fact that we have been raising this issue with the Scottish Government for over two years.