

Question 1: What role/limits do Primary Care services have in dealing with neurodiverse patients?

Response: Firstly, I think it is really important to note that Primary Care services as do all, have a duty to the Equality Act 2010 (Disability) Regulations 2010 which at its core seeks to address discrimination arising from disability when a disabled person is treated unfavourably because of something connected with their disability and the unfavourable treatment cannot be justified. The act discusses the need for reasonable adjustments whereby we are required to make changes, where needed. The Act presents a legal requirement to make reasonable changes to the way things are done, many ND patients are in scope of this.

Additionally, the NHS requires all CQC registered health providers undergo Oliver McGowan training on Learning Disability and Autism as a mandatory training requirement.

Primary Care have a role in identifying the potential symptoms of neurodiversity and where it is suspected and undiagnosed, making referrals for formal assessment, we would also ask that whilst this is being considered the available help and support (most of which is available without a diagnosis) is signposted, details can be found on our webpage: [Neurodiversity » Joined Up Care Derbyshire](#)

If a patient is diagnosed and chooses a pharmacological route for the treatment of symptoms there is an expectation that if requested, Primary Care agree to shared care arrangements with the diagnosing provider. There is national NHSE guidance on this but the referring GP should be mindful of the arrangements that apply to the provider chosen.

Question 2: How are GPs funded? What are their income streams, which if any are optional and how do they vary ie I understand that there are weightings to per patient payments based on things like areas of deprivation?

Response: Please view this link which provides a detailed explanation of this: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/gp-funding-and-contracts-explained>

Question 3: Our Practice Manager has made me aware that from the 2026/27 GP contract onwards, the BMA set to lose exclusive GP contract negotiating role in England. Importantly the patient voice is going to be part of the negotiations for 2026/27 onwards, plus others such as Healthwatch. From what I have read so far, an organisation called National Voices and Healthwatch (soon to disappear?) seem to be the only patient representative bodies. Has the PCQT (or our Healthwatch colleagues if attending) got any further information regarding this move and in particular how the patient voice, perhaps from a group like ours could be fed into these negotiations?

Response: Thank you for your interest in the 2026/27 GP contract consultation. We appreciate your engagement and commitment to ensuring that the patient voice is heard throughout this important process. We understand from NHS England that the consultation is being conducted with input from a small number of additional primary care stakeholders, including patient and public representatives, to make sure that the views and experiences of patients are fully considered as decisions are made. As I'm sure you will appreciate, is it not possible to engage with every representative group, but NHS England and DHSC have taken steps to ensure that patient perspectives are included in the consultation process.

