



Resolution

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June 2025
FOI_7240

The following information was requested on 28 May 2025 and clarified on 29 May 2025:

[On 28 May 2025 you requested]

How much has been paid out by the NHS to settle outstanding claims of clinical negligence to people who have incurred injury or death from ADHD medications? Please review the period January 2021-December 2024.

ADHD medications include Elvanse (lisdexamfetamine), Ritalin (methylphenidate), Concerta (methylphenidate hydrochloride), Dexedrine (dextroamphetamine) and Strattera (atomoxetine).

Thank you in advance for the time it takes to collect this information.

[On 28 2025 May we sought clarification]

Thank you for your email. Before we can respond, I would like to clarify what information we do hold and are able to provide.

Please refer to our publication: [Guidance-note-Understanding-NHS-Resolution-data-updated](#) and a set of codes against which claims are logged: [CNST-Codes.xlsx \(live.com\)](#) (see the three tabs in the spreadsheet).

We do not have a code for ADHD medication and won't be able to extract this information.

We do have the following codes: Community Mental Health Services (Specialty code) Psychiatry/ Mental Health (Specialty code) Medication Errors (Cause code).

We hold information in Financial years.

Would you be interested in the above information?

Your request will be put on hold until we receive the clarification requested above.

[On 28 May 2025 you replied with]

Thanks for helping me refine this request. Yes, I am interested in the following codes: Community Mental Health Services (Specialty code) Psychiatry/ Mental Health (Specialty code) Medication Errors (Cause code).

Would it be possible to limit these codes to Elvanse (lisdexamfetamine), Ritalin (methylphenidate), Concerta (methylphenidate hydrochloride), Dexedrine (dextroamphetamine) and Strattera (atomoxetine) medication? If not, is there a different public body I could send this request to such as NHS England?

The financial years of interest are 2021-2024.

[On 29 May 2025 we replied with]

Thank you, we can provide the data for the codes below, but unfortunately, we are unable to break it down by the type of medication.

Our colleagues in Safety and Learning team suggested the following publication on medication error analysis may be of interest to you: <https://resolution.nhs.uk/2023/03/30/learning-from-medication-errors/>, although ADHD medications are not currently a theme that we see within our data.

I'm not sure what data NHS England would hold on the use of ADHD medication, but they would not have information about claims. Please see how you can make a FOI request to NHS England: [NHS England » Freedom of Information Act and Environmental Information Regulations](#).

[On 29 May 2025 you replied with]

In that case, please provide the data for the codes below.

Our Response

Please note we only hold the claims data for the NHS in England and not the rest of the UK. Please find attached the requested information we are able to provide.

NB: We have recently changed the way we report on our FOIs to align better with our published documents. Streamlining our reporting on FOIs with our annual published reports may mean a variation in snapshot dates. This means this data may not align with previous similar requests and it may not be possible for you to compare this information with a previous request. For further information, please refer to <https://resolution.nhs.uk/resources/understanding-nhs-resolution-data>.

Claims notified/received in any given year will often relate to incidents that have occurred many years prior. Due to the nature of clinical negligence claims and the level of investigation needed to bring them to a resolution, claims received and notified in a specific year may take years to settle and close. **They are not guaranteed to be settled and closed in the same year.** As such, there will be a time gap between incident and claim closure.

Due to the way in which data is extracted, it is also possible that the same claim may appear more than once in a dataset, across different year groups e.g. where the case has been closed (as nil damages payment), challenged, reopened and closed again at conclusion.

The data shows variation in numbers of cases received, closed per year and costs attributed to those claims. This is a reflection of the nature of individual claims received and resolved by NHS Resolution, which can vary significantly. As such, these fluctuations cannot be interpreted as trends.

The data provided covers our clinical negligence scheme. For more information about our clinical negligence scheme please visit our website here: [Clinical schemes - NHS Resolution](#).

Please find attached the following tables:

Table 1 shows: - Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2023/24 with a damages payment, where the Specialty is 'Psychiatry / Mental Health' or 'Community Mental Health Services' and the Primary Cause is 'Medication Errors'. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 2 shows: - Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2023/24 with a damages payment, where the Specialty is 'Psychiatry / Mental Health' or 'Community Mental Health Services' and the Primary Cause is 'Medication Errors'. Broken down by Primary Injury. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Low Numbers

Please note we have suppressed low figures as we believe that disclosure of information with this level of granularity is exempt under Section 40(2) by virtue of section 40(3A) (a) of the Freedom of Information Act, where disclosure to a member of the public would contravene one or more of the data protection principles. The data protection principles are set out in Article 5 of the General Data Protection Regulation.

In some instances, the low numbers of claims (fewer than 5) in each category, the likelihood exists that individuals who are the subject of this information may be identified either from this information alone, or in combination with other available information. In addition to this, as this information is considered to be sensitive personal data (the data subjects' medical condition); NHS Resolution believes it has a greater responsibility to protect those individuals' identities, as disclosure could potentially cause damage and/or distress to those involved. Where we are in the territory of such small numbers in the attached, we have used a '#' symbol in the relevant field. You should still be able to see aggregate/total details for higher-level fields containing this data.

Further to our obligations to provide advice and assistance, you may find it helpful to review the work of the [Getting It Right First Time team](#) with whom NHS Resolution has been working with to undertake in-depth analysis of our claims data. They have produced a number of [reports](#) from analysing our claims data which has been shared following approval of the confidentiality advisory group to the use of confidential patient information for this purpose.

If you would like to know how data is categorised in our Claims database please see the following link: [Glossary](#)

This concludes our response to your request.

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to [Joanne Appleby](#), Deputy Data Protection Officer for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

<https://ico.org.uk/>

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NB: Number of claims fewer than 5 (and any associated values, within the same row) are masked with a "#" (in accordance with Data Protection guidelines). Accordingly, some total values may also be approximated to prevent masked values to be deduced through reverse calculation.

Table 1: Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2023/24 with a damages payment, where the Specialty is 'Psychiatry / Mental Health' or 'Comm Mental Servs' and the Primary Cause is 'Medication Errors'. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 2: Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2023/24 with a damages payment, where the Specialty is 'Psychiatry / Mental Health' or 'Comm Mental Servs' and the Primary Cause is 'Medication Errors'. Broken down by Primary Injury. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

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ClosedSettled	Y
Claim_Outcome	Damages Paid

Year of Closure	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21	7	242,226	44,668	125,645	412,540
2021/22	9	301,647	60,736	232,476	594,860
2022/23	7	22,150	12,382	75,500	110,032
2023/24	5	149,043	26,727	163,625	339,395
Grand Total	28	715,066	144,513	597,247	1,456,826

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ClosedSettled	Y
Claim_Outcome	Damages Paid

Primary Injuries	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Unnecessary Pain	9	147,091	34,561	254,100	435,752
Psychiatric/Psychological Dmge	8	213,565	37,985	131,900	383,450
Tardive Dyskinesia	#	#	#	#	#
Anaphylact Shock/Allergic Shock/allergy	#	#	#	#	#
Bowel Damage/ Dysfunction	#	#	#	#	#
Bruising/ Extravasation	#	#	#	#	#
Renal Damage/ Failure	#	#	#	#	#
Other	#	#	#	#	#
Scarring	#	#	#	#	#
Not Specified	#	#	#	#	#
Nerve Damage	#	#	#	#	#
Grand Total	28	715,066	144,513	597,247	1,456,826