

Prescribing For ADHD at The Muswell Hill Practice

Recent years have seen a rapid increase in diagnosis of, and initiation of medication for ADHD in both adults and children.

Diagnosis is made by qualified specialists with advanced knowledge and understanding of this condition. Treatment with medication should only be initiated by qualified specialists and not by GPs, who are, by definition, generalists.

There are significant delays for diagnosis within the NHS. If the wait is longer than 18 weeks, the NHS provides patients the “right to choose” in which an NHS consultation can be sought with a Private Provider, in order to establish a diagnosis.

If a diagnosis of ADHD is made by a Private Provider, they may ask GPs to provide care under a “Shared Care Agreement”. The Private Provider initiates and stabilises the patient on medication, and then asks the GP to take over prescribing and monitoring but the Private Provider retains clinical responsibility for the treatment.

A GP cannot refuse to refer a patient under “right to choose” however GPs CAN retain the right not to agree to shared care if they feel the request is not clinically appropriate or if they do not feel clinically competent to do so.

The long wait for NHS ADHD diagnoses has led to a situation in which people who have been diagnosed in the Private sector are not being followed up there, and GPs are being asked to take on more clinical responsibility than they are trained for and competent to provide.

The aim of this policy is to ensure safe and clinically appropriate care for patients diagnosed with ADHD.

GPs cannot be responsible for long NHS waiting times and must continue to prescribe safely and within their clinical capabilities. GPs do, however, have a responsibility to ensure that patients are able to access appropriate treatment for conditions which could be significantly impacting their lives, and therefore will take on limited prescribing under a clear Shared Care Agreement Policy.

Policy for Management of ADHD at The Muswell Hill Practice

Patients with a suspected diagnosis of ADHD should be referred to NHS secondary care services for diagnosis where possible.

If the wait for diagnosis is longer than 18 weeks, patients may exercise their “right to choose” a Private Provider. GPs should signpost patients to Private Providers who follow NICE guidelines, are recognised NHS providers, and whose assessments are delivered by qualified, specialist clinicians. The clinics must be psychiatrist led.

If a diagnosis of ADHD is made, NHS and Private Providers may ask GPs to prescribe medication under a “Shared Care Agreement”

The diagnosing clinician should:

- Make the diagnosis in accordance with NICE guidelines

- Perform any initial tests they require – eg some providers require ECG, this is not the responsibility of the GP

- Initiate medication if appropriate and follow up the patient to ensure suitability and stability. The diagnosing clinician is responsible for stabilising the patient on medication and ensuring that there has been a response to treatment.

- Provide the GP with a comprehensive report detailing their diagnostic reasoning together with a full psychiatric assessment.

GPs should not take over prescribing until they are sure that the patient is stabilised and responding to treatment.

If after a minimum of 3 months the patient is stable and responding to treatment, with clear evidence of benefit in the form of a letter from the specialist, the GP may consider signing a “Shared Care Agreement”.

A “Shared Care Agreement” means that the diagnosing clinician in Secondary Care retains clinical responsibility for the prescribing and oversight of the patient including annual reviews for adults and six-monthly reviews for children.

The Shared Care Agreement should be signed by the Usual Doctor and returned to the Private Provider or Secondary Care, and a copy filed in the patient’s notes.

A copy of this policy should be sent to the patient at the time of signing the Shared Care Agreement.

If a patient has been diagnosed privately, but then subsequently wishes to have care under NHS Secondary Care services, they should be referred for review – wait times are shorter for patients who have already been diagnosed and who require “review”. All patients requesting NHS prescribing should ideally be referred to NHS secondary care, despite the lengthy waiting times. If a patient wishes to stay entirely in the Private Sector without NHS referral then they must be aware that inability to fund or attend ongoing private specialist reviews would break the terms of the Shared Care Agreement and their NHS prescriptions would have to be stopped.

If a patient has had a “treatment holiday” of more than three months but then wishes to restart treatment, they should be reviewed in Secondary Care or by their Private Provider before GP prescribing can continue.

Patients must ensure that their height, weight, BP and pulse are updated on their medical records every six months for children over 10 and adults, and every three months for children under 10. Failure to update this data should mean refusal of prescribing until the information is obtained.