**T H E P A R K R O A D S U R G E R Y**

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**Practice policy – ADHD shared care**

# Introduction and sources

As a practice we are committed to supporting patients with neurodevelopmental diagnoses, both children and adults.

We are mindful that pressures on NHS services have increased in recent years, and that often patients seek private diagnosis and treatment as a result. This policy sets out the practice’s policy on acknowledging diagnosis and taking over treatment where requested.

This document is based on national and local guidance, specifically as of August 2022 on [NICE guidance](https://www.nice.org.uk/guidance/ng87), and the South-West London [Shared Care Prescribing guidance](https://swlimo.swlondonccg.nhs.uk/policies/shared-care-prescribing-guidelines-and-transfer-of-care-agreements/). The individual forms for children and adults [can be downloaded from the SWLSTG website](mailto:https://www.swlstg.nhs.uk/publications/healthcare-professionals/guidelines-and-protocols).

# Diagnosis

The diagnosis of ADHD should be in line with NICE guidance, and before we code it in a patient’s records we look for evidence in specialist letters that the appropriate assessments have been carried out. These are outlined in the NICE guidance linked above.

# Medication

Initiation of medication for ADHD must be by a specialist, after they have carried out the appropriate baseline physical checks (per section 1.7.4 of NICE guidance), specifically:

* a review to confirm they continue to meet the criteria for ADHD and need treatment
* a review of mental health and social circumstances, including:
  + presence of coexisting mental health and neurodevelopmental conditions
  + current educational or employment circumstances
  + risk assessment for substance misuse and drug diversion
  + care needs
* a review of physical health, including:
  + a medical history, taking into account conditions that may be contraindications for specific medicines
  + current medication
  + height and weight (measured and recorded against the normal range for age, height and sex)
  + baseline pulse and blood pressure (measured with an appropriately sized cuff and compared with the normal range for age)
  + a cardiovascular assessment (an electrocardiogram (ECG) is not needed before starting stimulants, atomoxetine or guanfacine, unless the person has any of the features in recommendation 1.7.5, or a co-existing condition that is being treated with a medicine that may pose an increased cardiac risk.)

Additionally, some patients may need a cardiac or paediatric assessment under specific circumstances.

The practice do not organise any of the above physical checks nor onward referrals, as these are explicitly for the specialist initiating medication to undertake. This is specified both in NICE and SWL guidance, and as a practice we apply the same rules to private as to NHS providers. We are of course happy to provide information on your medical history if requested; this should be by way of the consultant writing directly to us, not asking the patient to obtain information for them.

This means that if you see any specialist, NHS or private, who:

* doesn’t undertake these checks before prescribing, or
* asks us as your GP to do them on their behalf, or
* asks us to make an onward referral

Then we will not do these, and we will consequently not consider taking over shared care.

Similarly, before we will take over shared care:

* the patient needs to be stable on a given dose of medication
* the relevant NHS shared care form linked to above needs to have been fully completed
  + we do not accept private providers’ own forms, as this introduces variation between NHS and private provision for our patients
* the patient needs to have annual follow-up with an ADHD service going forward
  + We are happy to refer from private to an NHS service to support this

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