

DUNELM MEDICAL PRACTICE

POLICY FOR NON-NHS PROVIDER / PATIENT REQUESTS FOR ADHD SHARE CARE PRESCRIBING AGREEMENTS

This policy was developed due to concerns over the robustness and reliability of shared care agreements related to certain private providers of ADHD services.

ADHD medications are Schedule 2 controlled drugs (CD) and have the potential to cause significant side effects as well as providing benefits. Specialist oversight is therefore crucial for their safe and effective use.

The practice is also aware of the delays and lack of resources that occur in NHS mental health services when it comes to ADHD diagnosis and treatment, so are willing under the right circumstances, to consider taking on shared care prescribing agreements with private providers.

However, all the following criteria/requirements need to be met before the practice will consider taking on such an arrangement:

-the provider must be based/registered in the UK.

-the provider must be affiliated with the NHS (i.e Right to Choose).

-the diagnosing clinician/specialist **OR** supervising clinician/specialist must have the requisite qualifications (both GMC registration and RCPsych) to be able to make such diagnosis and prescribe treatment.

-any request for a shared care arrangement must be formal and in writing from the diagnosing/supervising clinician/specialist.

-the shared care agreement must be detailed and comprehensive, covering the following points:

*the responsibilities of both parties are clearly outlined.

*any monitoring requirements (and their frequency) if shared care is agreed are clearly outlined.

*detailed information about when the parameters of such monitoring would be considered abnormal and what actions would be required as a result is clearly outlined.

*the frequency of specialist review is clearly outlined.

*contact details of the specialist (should concerns arise) are clearly outlined.

-the practice **WILL NOT** undertake any physical examination, ECG or blood investigations prior to agreeing to take on shared care prescribing (this is the responsibility of the private provider to organise).

-the ADHD medications being used are in keeping with medication that would be normally used in a NHS service.

-the practice will not be involved in the initiation or titration of ADHD medication.

-the practice will only consider taking on shared care prescribing once the patient has been fully established on a stable dose of medication.

The practice will terminate the shared care agreement (and cease prescribing medications) if it becomes clear specialist review appointments are not occurring (either because of lack of provision of appointments or patient non compliance).

Policy agreed by the partnership May 2024
For review May 2026

Compliance checklist for shared care to be considered:

Criteria	Yes / No
1. The provider must be based/registered in the UK.	Yes / No
2. The provider must be affiliated with the NHS (i.e Right to Choose).	Yes / No
3. The diagnosing clinician/specialist **OR** supervising clinician/specialist must have the requisite qualifications (both GMC registration and RCPsych) to be able to make such diagnosis and prescribe treatment	Yes / No
4. Any request for a shared care arrangement must be formal and in writing from the diagnosing/supervising clinician/specialist	Yes / No
5. The shared care agreement must be detailed and comprehensive, covering the following points:	Yes / No
➢ the responsibilities of both parties are clearly outlined	Yes / No
➢ any monitoring requirements and their frequency, if shared care is agreed, are clearly outlined	Yes / No
➢ detailed information about when the parameters of such monitoring would be considered abnormal and what actions would be required as a result is clearly outlined	Yes / No
➢ the frequency of specialist review is clearly outlined	Yes / No
➢ contact details of the specialist are clearly outlined	Yes / No
The practice will terminate the shared care agreement and cease prescribing medications if it becomes clear specialist review appointments are not occurring, either because of lack of provision of appointments or patient noncompliance.	