# Request for Shared Care agreement between private specialist and Nottingham and Nottinghamshire GP (NHS) for

# on-going management of ADHD medication – to be completed by the private healthcare provider making the diagnosis and submitted to the patients’ GP for consideration.

# **Please ensure you complete the patient expectation section below and share the patient leaflet with your patient/parent. We will return this form if the patient expectation section is not complete – this may delay the decision-making process.**

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| **Patient expectation** | **Please check to confirm** |
| By submitting this form, you are confirming that you have reviewed this request in line with [NICE NG87](https://www.nice.org.uk/guidance/ng87) and believe the patients diagnosis and your proposed treatment plan is in line with this guidance. |  |
| You have further explained to the patient, parent, or guardian that the GP is under no obligation to prescribe their medication on the NHS and that they may need to continue to self-fund their treatment on a private basis  [Frequently asked Questions about Shared Care for Patients and Carers](https://www.nottsapc.nhs.uk/media/skijzbkq/shared-care-faq-for-patients.pdf) [NHS/private interface resources](https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/primary-care-prescribing-guidance/nhs-private-interface/)  NB the first prescription(s) should always be provided on a private basis until the treatment regimen is stable. |  |
| Please confirm that you are happy to follow the [Nottingham Area Prescribing Committee Shared Care](https://www.nottsapc.nhs.uk/shared-care/shared-care-protocols/) protocols (SCP) and accept the on-going specialist responsibilities outlined within these. Please include a copy of the relevant SCP with this request form. |  |
| You have explained to the patient that they will need to self-fund their on-going specialist reviews with yourself on an annual basis. Non-attendance of this review will break the agreement of the SCP and the GP may therefore refuse to provide any further NHS prescriptions. Prescribing responsibility will pass back to yourself for the patient to obtain on a private basis |  |

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| **Patient Name and Address:** |  | **Patient Date of Birth:** |  | **Specialist contact details:** |  |
| **Private Healthcare Provider:** |  | **Specialist requesting treatment (print name):** |  | **Specialist professional qualification:** |  |

Recommendations for prescribing will only be accepted from an appropriately trained UK registered healthcare professional.

**Please confirm that the patients’ diagnosis is in line with NICE/Local guidance as below**: **Please tick/provide information**

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| A diagnosis of ADHD **should only** be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD and include: |  |
| A full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life |  |
| AND a full developmental and psychiatric history |  |
| AND observer reports and assessment of the person's mental state. |  |
|  |  |
| A diagnosis of ADHD **should not** be made solely on the basis of rating scale or observational data. For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should: | |
| Meet the diagnostic criteria in DSM‑5 or ICD‑11 (hyperkinetic disorder; but exclusion based on a pervasive developmental disorder, or an uncertain time of onset is not recommended)  AND Cause at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings | Provide information: |
| AND be pervasive, occurring in 2 or more important settings including social, familial, educational and/or occupational settings. |

**Please confirm that the patients’ treatment choice is in line with NICE/Local guidance as below**:

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| Recommended treatment should follow [NICE NG87](https://www.nice.org.uk/guidance/ng87). Where treatment recommendations are not in-line with NICE or the local [joint formulary](https://www.nottinghamshireformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=4&SubSectionRef=04.04&SubSectionID=A100&drugmatch=1135#1135) and [shared care protocol,](https://www.nottsapc.nhs.uk/shared-care/shared-care-protocols/) the specialist should provide clear clinical rationale to the GP. If the GP is not satisfied with this rationale, they should refuse to continue the prescribing.  Offer **methylphenidate or** **lisdexamfetamine (adults)** as first-line pharmacological treatment for patients with ADHD. |

**Medication and dose requested……………………………..………………………………………………………………….**

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| **Rationale for alternative choice** |

Any changes to medication should be managed by the specialist, treatment choices which deviate from NICE/local guidance may be refused by the GP and prescribing responsibility will be handed back to the private healthcare provider.

**Please confirm that on-going specialist review will be conducted in line with NICE/Local guidance as below:**

**Please tick to**

**Confirm**

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| As per [NICE NG87](https://www.nice.org.uk/guidance/ng87):  A healthcare professional with training and expertise in managing ADHD should review ADHD medication at least once a year and discuss with the person with ADHD (and their families and carers as appropriate) whether medication should be continued. The review should include a comprehensive assessment of the:  • person with ADHD (and their family or carers as appropriate)  • benefits, including how well the current treatment is working throughout the day  • adverse effects of prescribed medication  • clinical need and whether medication has been optimised  • impact on education and employment  • effects of missed doses, planned dose reductions and periods of no treatment  • effect of medication on existing or new mental health, physical health or neurodevelopmental conditions  • need for support and type of support (for example, psychological, educational, social) if medication has been optimised but ADHD symptoms continue to cause a significant impairment. |  |
| You will communicate to the patients GP after each annual review with details of any changes required as well as any monitoring conducted |  |

The patient should be made aware that annual specialist follow up with the private healthcare provider will need to be self-funded. Non-attendance of this review will break the agreement of the SCP and the GP may therefore refuse to provide any further NHS prescriptions. Prescribing responsibility will pass back to yourself for the patient to obtain on a private basis.

**Form Completed by:**

**Email:**

**Date of completion:**