Bridge House Medical Centre

Practice Policy: Shared Care for ADHD Medication Initiated Outside NHS-Commissioned Local Pathways

Policy title	Shared Care for ADHD Initiated Outside NHS-Commissioned Local Pathways
Version	1.0 (draft for partner ratification)
Author	Dr Giles Hall, GP Partner
Ratified by	[Partners' meeting — date to be inserted]
Date ratified	[To be inserted]
Review date	[12 months from ratification, or sooner if national/ICB guidance changes]
Applies to	All clinicians and administrative staff at Bridge House Medical Centre

1. Purpose and scope

This policy sets out the practice's position on requests to enter into shared care arrangements for ADHD medication initiated by providers outside our local NHS-commissioned pathway. It applies to all clinicians and administrative staff involved in handling such requests.

It covers two distinct routes, which are handled differently under this policy: **fully private providers** (self-funded or insurance-funded care), and **NHS Right to Choose (RTC) providers** (independent providers delivering NHS-commissioned assessment and treatment).

2. General principles

- **Shared care is voluntary.** As per BMA and NHS England guidance, shared care is a non-core, voluntary activity. GPs are not obliged to enter into shared care arrangements and may decline on clinical or capacity grounds. Until a shared care agreement is formally accepted by the practice, prescribing and monitoring responsibility remains entirely with the initiating specialist provider.
- **Shared care is an NHS service.** It is normally arranged with NHS-commissioned specialist services under local arrangements, not ad hoc with private providers.
- **ADHD medicines carry a specific governance burden.** Most first-line ADHD medications (e.g. methylphenidate, lisdexamfetamine, dexamfetamine) are Schedule 2 controlled drugs requiring ongoing physical health monitoring (blood pressure, pulse, weight, and in children height/growth trajectory), cardiovascular risk assessment, and vigilance for diversion and misuse. Any decision to accept shared care must take account of this workload and risk profile, not simply the act of issuing a prescription.

Many NHS GP practices, including this practice, are unable to routinely undertake shared care with private ADHD providers due to:

- Significant capacity pressures in general practice
- Safety concerns, including variable standards of assessment, monitoring and communication
- Limited access to expert support when problems arise

- The risk that a provider ceases trading or loses its contract, leaving patients without specialist oversight mid-treatment
- The impact on our ability to provide care to patients we are contractually obliged to see within the NHS.

3. Private providers vs Right to Choose providers

Fully private providers. The practice will not routinely enter into shared care agreements with fully private ADHD providers. Requests will be considered only exceptionally, where all criteria in sections 4 and 5 are met, and the default position is to decline.

Right to Choose providers. RTC providers deliver NHS-commissioned care and are not private providers for the purposes of this policy. Requests from RTC providers will be considered on their individual merits against the criteria in sections 4 and 5. However, shared care remains voluntary in all cases, including RTC: the practice may decline where it does not consider the arrangement safe, clinically appropriate, or within its capacity, or where there is inadequate assurance of ongoing specialist support (including the risk of the provider ceasing to operate). Where an RTC request is declined, prescribing responsibility remains with the RTC provider under its NHS contract.

[**Note before ratification:** confirm whether Coventry & Warwickshire ICB has published a local position or approved shared care protocol covering RTC ADHD providers, and align this section with it if so.]

4. Requirement for a named GMC-registered specialist

Where a shared care arrangement is being considered, the following minimum criteria must be met:

- There must be a named GMC-registered specialist (e.g. consultant psychiatrist or paediatrician) responsible for the diagnosis and ongoing management of ADHD.
- The specialist's full name, GMC number, and contact details (including secure email and/or clinic address) must be clearly provided in writing.
- The named specialist must be directly involved in the patient's care, and able to:
    - Review and confirm the diagnosis and treatment plan
    - Provide clear written guidance on medication, monitoring and follow-up
    - Accept clinical responsibility for treatment decisions and be contactable for advice in a timely manner, including in the event of adverse effects or clinical deterioration.

If there is no clearly identified, contactable GMC-registered specialist, or if the provider operates via generic “clinic” letters without a named responsible clinician, this practice will not enter into a shared care agreement.

5. Other conditions for considering shared care

Even where a named GMC-registered specialist is provided, the practice will only consider shared care if:

- The patient is stabilised on treatment (dose titration complete) before transfer of prescribing is requested.
- The medication and monitoring requested are within normal general practice competence and consistent with local and national guidance (including NICE NG87).

- There is a formal written shared care agreement that:
  - Clearly defines the responsibilities of the specialist, the GP, and the patient
  - Includes arrangements for review, monitoring, management of side effects, and re-referral back to the specialist
  - Is acceptable to the practice and does not create unresourced workload transfer.
- The practice has sufficient capacity to undertake the additional monitoring and prescribing safely.

The decision to accept or decline shared care rests with the individual GP and the practice partners, and may vary between patients depending on clinical and workload factors.

6. When shared care is declined

If the above conditions are not met, or if the practice decides it is not clinically appropriate or safe to accept shared care, then:

- The practice will decline the shared care request in writing, using wording consistent with BMA guidance (e.g. stating lack of expertise, safety concerns, capacity, or that the service is not commissioned).
- The responsibility for prescribing and monitoring remains with the initiating provider (private or RTC).
- The patient may be advised that if they wish their ADHD care to be provided within the NHS, they should be referred to an NHS-commissioned ADHD service (or via Right to Choose where appropriate), and that any shared care would then be considered under local NHS arrangements.

Safety-netting on decline. Every written decline to a patient must include the following safety-netting advice:

- Who is responsible for their prescriptions and monitoring (the initiating provider), with that provider's contact details where known.
- What to do if they are running low on medication: contact the initiating provider in good time; the practice cannot issue interim prescriptions for medication it has not agreed to prescribe.
- Not to stop stimulant or other ADHD medication abruptly without clinical advice, and to contact their provider (or NHS 111 / their GP for urgent physical health concerns such as chest pain, palpitations or severe adverse effects) if their condition changes or deteriorates.

7. Existing shared care arrangements and provider failure

- Patients with a shared care agreement already accepted by the practice before the ratification date of this policy will continue under that agreement, subject to the specialist continuing to meet their obligations and the patient attending required monitoring. Existing agreements will be reviewed if the specialist ceases involvement, monitoring lapses, or safety concerns arise.
- If a provider ceases trading, loses its registration or NHS contract, or becomes uncontactable, the shared care agreement is treated as terminated because the specialist oversight underpinning it no longer exists. The practice will contact affected patients, advise on urgent safety issues (including the risks of abrupt cessation), and support referral into an NHS-commissioned ADHD service. Any interim prescribing decision in these circumstances is an

individual clinical judgement by the GP, made on patient safety grounds, and does not constitute acceptance of ongoing shared care.

- If monitoring requirements are repeatedly not met by the patient despite reminders, the practice may withdraw from the shared care agreement on safety grounds, with written notice to the patient and the specialist, and prescribing responsibility reverting to the specialist.

8. Communication with patients

Patients will be informed that:

- Shared care with private ADHD providers is not guaranteed and is often not possible; shared care with RTC providers is considered case by case and is also not guaranteed.
- The practice must prioritise core NHS work and patient safety.
- They remain free to seek private care, but the private provider is responsible for prescribing and monitoring unless and until an NHS service formally takes over or the practice formally accepts a shared care agreement.
- Before commissioning a private assessment, they should check with the provider how ongoing prescribing and monitoring will be arranged if the practice does not accept shared care.

9. Relevant guidance

- BMA: General practice responsibility in responding to private healthcare — https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare
- NHS England: Responsibility for prescribing between primary and secondary/tertiary care — https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/
- NICE NG87: Attention deficit hyperactivity disorder: diagnosis and management
- NHS England: Choice in mental health services (Right to Choose)
- [Coventry & Warwickshire ICB local shared care / RTC guidance — insert reference once confirmed]