

ADHD Diagnosis and Medications

We have been receiving a large number of requests to prescribe ADHD medications in situations when it has not been possible to do so, and we therefore feel it necessary to have a policy on how the approach to specialist medicines such as these, impact on our ability to prescribe them.

Due to media and social media coverage of ADHD, there are many adults who believe they have undiagnosed ADHD and they are approaching their GP requesting a referral for an assessment.

We can appreciate why, for these patients, getting clarification and potentially a diagnosis of ADHD is important. However, as a result of the huge increase in adults who suspect they have ADHD, the waiting times for an NHS assessment have increased dramatically (up to four years in some areas of the country).

Understandably some patients are reverting to self-funding private assessments. Often this results in a request from private clinics for us to start prescribing stimulant ADHD medications on the NHS, but unfortunately, in the vast majority of cases, this is not possible.

Stimulant ADHD medicines are a controlled drug. They can also be associated with significant side-effects or exacerbate many underlying mental health conditions. They are also a specialist drug which can only be prescribed under an **approved shared care agreement** (SCA). Until a shared care agreement is in place all prescribing needs to occur in Secondary Care (within the specialist clinic). Once the patient is stable on medication the Psychiatrist can then write to the GP asking if they are able to enter into a shared care agreement through which (supported on an ongoing basis by the specialist) the practice can take over the prescribing.

Due to the long waiting lists on the NHS, a large number of independent providers offering ADHD assessments and treatment have appeared. While many are offering appropriate care and appropriately detailed assessments, there have been reports of patients being given an ADHD diagnosis and advised to commence treatment on the basis of inadequate assessments by these non-NHS providers.

In order for Bunbury Medical Practice to be able to enter into a Shared Care Agreement for the prescribing of ADHD medication, the following criteria will need to be met:

- The diagnosis of ADHD has been made by a Psychiatrist specialising in ADHD and in accordance with UK criteria (the diagnostic criteria in some countries is different) in order that we can be confident that the assessment has been a full/detailed one. **The Psychiatrist must also be on the approved Right to Choose list for Cheshire West.** The secretary or pharmacist at Bunbury will be able to check a Psychiatrist's status.
- The request to enter into a shared care agreement needs to come directly from the Psychiatrist. The Psychiatrist must be readily available for both the patient and GP should any issues or queries arise.
Patients should never be used as a conduit for informing the surgery that prescribing is to be transferred. Any requests to enter into a shared care agreement should come directly from the Psychiatrist to the surgery.
- The patient is to remain under the care of the diagnosing Psychiatrist for the entire period that treatment is occurring, and this continuity is not dependent on the patient being able to self-fund or private insurance (sometimes patients lose access to private care if in a work-scheme and sometimes insurance companies refuse to cover ongoing care). It is

obviously not possible to enter into a shared care agreement, when continuity of care by the Psychiatrist is not guaranteed.

- The Psychiatrist is recommending a treatment course in line with the local protocols and is happy to sign the local shared care agreement (which many private specialists are not).

We will obviously consider any request to take on prescribing responsibility.

In practice, however, these requirements mean that for the vast majority of cases, it will only be possible to routinely enter into (and prescribe under) a shared-care agreement when a patient is under the care of an NHS specialist ADHD team. In a situation in which the four points above are not met, it is highly unlikely that it will be possible to take over prescribing.

In many cases previously what was portrayed as “shared care” has in fact been a complete transfer of care into primary care (GP practice), leaving patients unwell and unsupported on potent medications and the surgery unsupported and prescribing contrary to local guidelines and, potentially, against the best interests of the patient.

Patients are free to obtain a private assessment. Private assessments tend to lean towards over-diagnosis and therefore if the provider feels ADHD is unlikely, patients may feel it is not worth waiting on the NHS for an assessment. If, however, the private providers feel a diagnosis of ADHD is indicated, then it may well be worth waiting for a confirmatory assessment/diagnosis on the NHS. Once the confirmatory assessment through the NHS has occurred we may well be able to enter into a shared care agreement under which we can prescribe. Until we can take on prescribing, however, it would need to be done by the private provider. Controlled drugs are typically only prescribed a month at a time and this may require multiple consultations with the private provider. Therefore patients that opt to pay for a private ADHD assessment and opt to commence treatment privately need to be aware (and accept) that prescribing through their NHS GP will usually only be possible once they are similarly under the care of a NHS ADHD specialist team and that prior prescribing would need to occur privately - either with the provider that made the initial diagnosis or an alternative private provider. Stimulant medicines used for ADHD are moderately expensive and the private provider may state that a consultation (and associated fee) is required for each prescription. This therefore amounts to a not insignificant financial commitment. **For many patients, therefore, it is not a viable option and we therefore strongly encourage our patients to view a private assessment as a screening process rather than something that will expedite treatment.**

For the same reasons patients that have had assessments abroad (whether private or through the relevant state healthcare system) will likely need to have been seen through an NHS ADHD service with ongoing input before it will be possible to enter into a shared care agreement and prescribe medication through the NHS. As above we will consider any request to take over prescribing however the four criteria stated above still need to be met and we therefore recommend patients registering whose care has been abroad, to ensure they have adequate supplies of their medication (or a mechanism to obtain more medication) pending transfer into a NHS ADHD specialist clinic. This includes that the diagnosis has been made by a Psychiatrist specialising in ADHD and in accordance with UK criteria and that we can be confident that the assessment has been a full / detailed one.

As mentioned, we have taken this position after careful consideration to have a clear and consistent approach that is based on quality, safety and equity.

- [ADHD: Private clinics exposed by BBC undercover investigation](#)

- [I don't have ADHD, but three private clinics say I do](#)

BBC Website (opens new window)

- [Private clinics are wrongly diagnosing patients with ADHD and offering powerful drugs 'following unreliable video call assessments', undercover investigation reveals](#)