

## Shared Care Agreement for ADHD Management with private ADHD clinic and Right to Choose providers (Child and Adult ADHD) with Bottisham Medical Practice

**Parties Involved:** Private ADHD Provider: Any private ADHD provider & NHS GP Surgery: Bottisham Medical Practice

### **Objective:**

To outline the responsibilities and expectations for the shared care of patients diagnosed with ADHD, ensuring safe and effective management.

### **1. Responsibilities of the Private ADHD Provider:**

- **Diagnosis and Initiation:**
  - Conduct a comprehensive assessment and diagnosis of ADHD. **This needs to involve a face to face review by a GMC registered medical doctor specialising in ADHD (either child psychiatrist or GPwSI in ADHD)**
  - The diagnosis of ADHD must only be made if the person meets the DSM-5 or ICD-10 criteria and be associated with at least moderate psychological, social or educational or occupational impairment and be pervasive in 2 or more settings (school, familial, social, occupational)
  - Initiate treatment and provide the first prescription and onward prescriptions for at least 6 months. Ask for transfer of prescribing to the NHS GP when treatment dose is stable and there are no side effects.
- **Stabilisation of treatment:** The patient needs to be on the medication and stable for at least 6 months before the NHS GP will take over prescribing. They need to have been reviewed by the private specialist within this time frame after starting the medication to ensure stabilisation of the medication.
- **Treatment Plan:**
  - Develop a detailed treatment plan, including medication, dosage, and monitoring requirements.
  - Drug treatment for children and young people should form part of a comprehensive treatment plan that includes psychological, behavioural and educational advice and interventions.
  - Medication is prescribed within its licensed indications. Unlicensed medications remain the responsibility of the private prescriber.
  - Assess for efficacy and adverse effects at the start of treatment and at least yearly monitoring height, weight, pulse and blood pressure at annual reviews
- **Communication:** Provide the GP surgery with a comprehensive report, including diagnosis, treatment plan, and any changes in medication or management. Respond to requests from the GP for information regarding side effects concerns or concerns regarding height, weight, blood pressure and pulse.
- **Follow-up:** Conduct regular follow-up appointments to assess treatment efficacy and make necessary adjustments. Regular follow ups at least annually with the private provider.
- **Transfer of care:** arrange transfer of care to an adult provider when required if patient is a child ADHD patient

### **2. Responsibilities of the NHS GP Surgery:**

- **Prescribing:** Continue prescribing medication as per the treatment plan provided by the private ADHD provider, once a shared care agreement is in place and the initiation and stabilisation phase is complete
- **Monitoring:** Conduct regular monitoring as outlined in the treatment plan, including any necessary tests or assessments. (Height, weight, BP, pulse at six monthly intervals – if more regular monitoring is required the patient is not considered stable).
- **Communication:** Inform the private ADHD provider of any concerns, side effects, or changes in the patient's condition.
- **Review:** Conduct periodic reviews to assess the patient's progress and adherence to the treatment plan.

### **3. Patient Involvement:**

- **Consent:** Ensure the patient is fully informed and consents to the shared care arrangement.
- **Education:** Provide the patient with information about their condition, treatment plan, and the roles of each provider.

#### **4. Communication and Review:**

- It is expected the private provider will write to Bottisham Medical Practice after each patient review. If there has been no annual reviewed shared care prescribing will stop.

#### **5. Termination of Agreement:**

- Either party may terminate the shared care agreement with appropriate notice if it is deemed in the best interest of the patient or if the arrangement is no longer feasible.

#### **6. Limitations:**

- This agreement does not obligate the NHS GP surgery to accept shared care if it is deemed inappropriate due to capacity, safety concerns, or lack of support.
- Signatures:

**This shared care agreement requires names and signatures of all 3 parties: patient, private provider, GP:**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature

Private ADHD Provider name: \_\_\_\_\_ Date: \_\_\_\_\_

Private ADHD Provider Signature:

Bottisham Medical Practice GP Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bottisham Medical Practice GP Signature