

## **Shared Care Protocol for ADHD**

### **1. Purpose**

This protocol aims to clarify what we require in terms of responsibilities of consultants and Longtown Medical Practice GPs in the management of ADHD to be able to consider a Shared Care Agreement (SCA).

### **2. Scope**

This protocol demonstrates our expectations of all healthcare professionals involved in the diagnosis, treatment, and management of ADHD within the NHS and private sectors, if we are going to consider entering a SCA.

### **3. Diagnosis and Initial Management**

#### **Consultant Responsibilities:**

- A qualified and GMC-registered consultant must make the initial diagnosis of ADHD. This should be based on a comprehensive assessment, which may include clinical interviews, rating scales, and other diagnostic tools.
- If medicines are appropriate, before starting medicines for ADHD, complete and document a full pre-treatment baseline assessment and a baseline physical health review.
- Discuss information about ADHD, the anticipated benefits, harms and side effects of medicines, and the monitoring programme for ADHD, with patient and parents/carers. Provide patient information booklets/ leaflets relating to the prescribed medicines. Document these actions, and the patient's preferences and concerns.
- The consultant is responsible for initiating and titrating medication. This includes determining the appropriate medication and dosage for the patient.
- The consultant must provide ongoing reviews and assessments to monitor the patient's response to treatment and make necessary adjustments. To include patient's physical parameters and behaviour (height/ weight/ cardiovascular/ tics/ sexual dysfunction/ seizures/ sleep/ worsening behaviour), plus ensure monitoring of heart rate and blood pressure at a dose change and at least annually, when stable.

### **4. Shared Care Arrangements**

#### **Communication:**

- There must be clear and direct communication between the consultant and the GP regarding the diagnosis, treatment plan, and any changes in medication. Secondary care must inform the GP in writing if appointments are not kept.

- A formal shared care agreement should be established, outlining the responsibilities of each party. Such a shared care agreement is entirely voluntary on the part of the GP.

### **GP Responsibilities:**

- GPs may be asked to continue prescribing medication once the patient is stabilised. However, this is contingent upon a formal shared care agreement and the GP's willingness to accept clinical responsibility.
- We do not accept shared care arrangements with private providers due to the NHS Constitution principle of keeping as clear a separation as possible between NHS and private care. Shared Care is currently set up as an NHS service, and entering into a private shared care arrangement may have implications around governance and quality assurance, as well as promoting health inequalities. A private patient seeking access to shared care would therefore need to have their care completely transferred to the NHS. Shared care may be appropriate where private providers are providing commissioned NHS services and where appropriate shared care arrangements are in place.

### **5. Limitations of NHS Prescribing**

- Patients should be informed that if they choose to seek private treatment, they may need to continue obtaining prescriptions through the private provider.
- If they wish to receive NHS prescriptions, then the secondary care service must be an NHS commissioned provider, otherwise all care for the patient must be transferred to an NHS service. This referral will still need to go through the NHS waiting list.

### **6. Review and Monitoring**

- Regular reviews should be conducted by the consultant to ensure the effectiveness and safety of the treatment as above.
- The consultant should be readily available to the GP to answer any queries in relation to prescribing and monitoring. Promptly review patient, if necessary, at the request of the GP, when there are unmanageable side effects or deterioration in mental state
- Any concerns or adverse effects should be communicated promptly between the consultant and the GP.

### **7. Compliance**

- All parties involved must adhere to this protocol to ensure safe and effective management of ADHD.
- Non-compliance may result in the termination of the shared care arrangement.

## Information for parents

### Attention Deficit Hyperactivity Disorder (ADHD) Referrals and Medication

As a practice, we are committed to supporting patients with neurodevelopmental diagnoses, both children and adults.

We are mindful that pressures on NHS services have increased in recent years, and that often patients seek private diagnosis and treatment as a result. This policy sets out the practice's policy on acknowledging diagnosis and taking over treatment where requested.

Attention Deficit Hyperactivity Disorder (ADHD) can affect many aspects of a person's life. However, diagnosis is complex and requires a specialist, usually a consultant psychiatrist to do this. We expect it to be a GMC-registered consultant psychiatrist who makes the final diagnosis.

GPs are not able to make a diagnosis of ADHD and a referral is needed to an ADHD specialist. If an ADHD diagnosis is subsequently made by the specialist, they may choose to offer medications to help manage the symptoms. These medications are potentially dangerous and therefore require careful monitoring.

Once a diagnosis is made, the specialist is responsible for initiating medications, making any adjustments until the dose has been stabilised. The specialist will also remain responsible for arranging an annual review, which includes a review of your ADHD symptoms, your medication and a physical assessment. Once an established dose of the appropriate medication has been established, we may take on responsibility for on-going prescribing and monitoring under a shared care agreement with the NHS service specialist, however responsibility for prescribing and monitoring remains with the specialist.

Alternatively, patients can exercise their 'right to choose' and ask to be referred to a private provider who has an existing contract to provide NHS services. This may be because the wait times are shorter. Details of right of choose providers can be found at <https://adhduk.co.uk/right-to-choose>

You need to be aware that should you choose to be referred to a private provider, and a diagnosis is made, we will not be in a position to prescribe ADHD medication or arrange monitoring. This is because the private providers may not be able to offer the same follow-up or monitoring as NHS specialists. As a practice, we will not enter into a shared care agreement with a private provider. Getting the ADHD medication must all be done through the private provider and you should check on the costs of ongoing treatment including prescribing and yearly reviews.

Private providers each have their own referral process and you should refer to their websites for more information. We may need information from you in order to complete a referral to a private provider on your behalf. Failure to respond to a request for information about your referral in a timely manner, will result in your referral request being cancelled.

If a patient who has been diagnosed by a private service wishes to receive their ADHD treatment on the NHS from their GP, they will still need to be referred to an NHS mental health specialist for an assessment. This referral will still need to go through the NHS waiting list.

If the NHS mental health specialist feels the patient meets NHS criteria to start ADHD medication, a shared care agreement may then be agreed between the NHS specialist and GP.

We attach a copy of what our expectations are from any service providing ADHD care and patients or carers may like to share this with any service they are thinking of using to ensure it is acceptable, before proceeding through any assessment.

Prior to any possible referral being made, any patient will require assessment with a GP. They will also need to complete an ADHD rating scale (attached) for either children or adults. This can also be completed on-line and brought in. It is really helpful to provide us with some written information describing the difficulties a child or adult are having and how these impact upon their life. The criteria that need to be met for a referral to be accepted usually include:

- Evidence of 6 or more specific symptoms of ADHD (more information available on the NHS website)
- Evidence that the symptoms are causing moderate to severe impact on relationships, employment/education and daily life
- Evidence that the symptoms are present in home, educational/work, and social settings
- Symptoms have not improved when adaptations and environmental modifications have been implemented
- It is helpful to have a report from school, if this referral is for a school-aged child.



**ADHD Assessment Screening Pack for PARENTS to complete for a referral for a child.**

Young Persons Details Surname:		Forename:	
Date of Birth		Is your child	Looked after child <input type="checkbox"/> Adopted <input type="checkbox"/> Fostered <input type="checkbox"/> Special guardianship <input type="checkbox"/>
Religion		Ethnicity	
Name of person completing this form			
Relationship to child			
Contact number			
Email address			
Language spoken at home			

**Has your child previously been assessed in relation to ADHD?**

Yes       No

**If yes, please specify when, where and who by:**

**Sharing and gathering information about you**

As part of your assessment and treatment we gather information from other services, agencies and in combination with what you tell us about yourself, as this helps us to get a clear picture of your history and current needs, as well as any risk of harm to yourself or others.

The information gathering process will only relate to records that are relevant to your assessment and with the information you give us will be kept in your Health Record (written and computerised) to help us to provide you with the most appropriate care.

We have a duty to keep information about you private and confidential. However, in certain circumstances, there may be occasions where it is necessary to share information without your consent to protect you, or someone else, from harm. In these circumstances we will tell you that we are going to share information, what that information is and who we will share it with.

<b>Do you consent to us seeking and sharing information as part of your assessment and treatment?</b>		
<b>Yes</b>	<b>No</b>	
<b>Are there any people you do not want us to contact?</b>		
<b>Yes</b>	<b>No</b>	
<b>Name(s)</b>	<b>Address</b>	<b>Relationship</b>

<b>Statement of patient/parent/carer (only to be completed by parent/carer where the decision falls within the scope of parental responsibility or with the consent of a competent child/young person)</b>				
I give consent for ADHD services to access my/ my child's / young person's records				
<b>Print Name</b>		<b>Signature</b>		<b>Date</b>
<b>Relationship to young person</b>				

**To help us understand your child/ young person's needs, we need some additional information about family circumstances, developmental history, and the young person's difficulties. This information is personal and sensitive and will help us to process the referral and support the assessment process.**

Reason for Referral (what are you asking the ADHD team to do?)

Tell us about your child/young person's strengths

What are the biggest challenges for your child/young person right now?

When did you first have concerns and what was this about?

Tell us about any actions or approaches you use at home to support your child/young person

**Adults living at home**

Name	Date of Birth	Relationship to the child	Contact Details	Parental responsibility
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Where parents are separated, what are contact arrangements:

**Siblings**

Name	Date of Birth	School	Any health/ learning needs	Living at home
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical History

Pregnancy details

Pregnancy details	Yes/No	Please explain further
Any previous miscarriages or stillbirths?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Did biological mother have any fever or infection during pregnancy	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Did biological mother have medical or mental health difficulties during the pregnancy?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Did biological mother require medication during the pregnancy e.g. sodium valproate, gentamicin)	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Did biological mother smoke or drink alcohol during the pregnancy?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Did biological mother use street drugs during the pregnancy?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Were there any concerns about the baby's growth or health from antenatal scans?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Did biological mother experience any traumatic events during the pregnancy?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	

**Birth Details**

Birth details	Please explain further
Were there any complications during pregnancy?	
Was baby born at full term of pregnancy?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If not, how early or late were they?	
Was the delivery:	<b>Normal</b> <input type="checkbox"/> <b>Forceps</b> <input type="checkbox"/> <b>Vacuum</b> <input type="checkbox"/> <b>C-Section</b> <input type="checkbox"/>
Were there any complications during birth?	
Did the mother have a difficult labour?	
How long was labour?	
Birth weight:	
Please give details of any difficulties after birth:	
Did the baby require special neonatal care / support?	If yes, for how long:
Did mother have any postnatal depression?	

**Child Development**

Please state at what approximate age your child did the following:	Age	Comments
Crawling:		
Walking alone without support:		
Speaking:		
Smiling freely and appropriately towards you and others:		
Showing you things by pointing at them and looking back at you:		
Playing games like peek-a-boo:		
Playing with objects by pretending to talk/imaginative play: (e.g., talking on the phone/feeding a doll/flying a toy aeroplane etc.)		
Staying dry during the day:		
Staying dry during the night:		
Did the health visitor have any concerns about your child's development in early years?		
Did your child have speech and language assessments or therapy?		

**Child's Health**

Has your child	Yes/No	Please explain further
Ever been admitted to hospital?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Ever had any seizures, fits, faints, or other loss of consciousness?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Any other medical conditions or problems?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Ever had a head injury?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Had a hearing test?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Had a vision test?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Any medication/food allergies?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Are immunisations/vaccinations all up to date?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Are any prescribed or over-the-counter medications taken regularly?		

Concerns

Concern	Please explain further
<p><b>Appetite and/or diet?</b> e.g., limited diet, love of particular foods, eating habits</p>	
<p><b>Sleep?</b> e.g., short periods of sleep, difficulties with napping/settling, difficulty going to bed, waking up during the night</p>	
<p><b>Coordination and balance?</b> e.g., appear clumsy, bumps into things, struggles with hand-eye coordination, difficulty riding a bike</p>	
<p><b>Use of self-care skills?</b> (e.g., eating / feeding / dressing / using cutlery / toileting)</p>	
<p><b>Unusual sensitivity to noise / taste / texture / pain?</b></p>	
<p><b>Tics</b> e.g., involuntary body movements, noises</p>	

<p><b>Obsessions / compulsions?</b> e.g., something that the individual needs to do (e.g., a routine they must follow)</p>	
<p><b>Repetitive or unusual behaviours?</b> e.g., rocking, pencil tapping, fidgeting, leg shaking</p>	
<p><b>Problems with mood and/or self – esteem?</b> e.g., difficulty understating their own mood and that of others, low opinion of themselves, worry about things wrong</p>	
<p><b>Specific fears/phobias?</b></p>	
<p><b>Has your child had any extra help at previous school or nursery with their learning, behaviour, or other issues?</b></p>	

**SNAP-IV**

In answering the following questions, please consider whether the behaviour has persisted **for at least 6 months**

<b>For each item, select the box that best describes this child. Put only one check per item.</b>	Not at all 0	Just a Little 1	Quite a Bit 2	Very Much 3
1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organising tasks and activities				
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)				
7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is “on the go” or often acts if “driven by a motor”				
15. Often talks excessively				

16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g., butts into conversations/games)				

What is the young person's behaviour like at home? Please give specific examples:

Does the young person often find it difficult to give close attention to details; or makes careless mistakes with his/her homework, or struggles to understand tasks and instructions?

Please give specific examples:

Does the young person often have difficulties sustaining attention with tasks and play activities?

Please give specific examples:

Does the young person often not seem to listen when spoken to directly, for example their mind seems elsewhere?

Please give specific examples:

Does the young person follow through with instructions?

Please give specific examples:

Does the young person have difficulties organising tasks and activities?

Please give specific examples:

Does the young person get distracted easily and can they get organised for a task?

If yes give examples:

**Communication**

Communication	Please explain further
Do they understand and use nonverbal ways of communicating (e.g., pointing, gestures, facial expressions, body language)?	
Can they take turns and listen in conversations?	
Do they initiate conversations with others?	
Do they understand when you ask them to do something?	
Do they understand idioms (e.g., Better Late Than Never) metaphors (e.g., Has a Heart of Gold), sarcasm etc?	

**Relationships with peers**

Relationships with peers	Please explain further
Friendships (can they approach others, join in, respond appropriately, allow others to take the lead in a game etc)?	
How do they manage fall outs with friends?	
Can they work with others? (e.g., cooperate, understand others perspectives, listen to different viewpoints, take turns)?	
Can they understand other's thoughts and feelings and respond appropriately/ (Empathy)?	

**Routines**

<b>Routines</b>	<b>Please explain further</b>
<p>Do they like to have routines? How do they respond if this change?</p>	
<p>How do they respond to rules? How do they respond to other people not following rules?</p>	
<p>What are their interests?</p>	
<p>How do they manage with unstructured times (such as break times in school or times at home if there is not a plan/routine set up)?</p>	
<p>What are there play skills like? Do they/did they play imaginatively? Are they creative? Do they let others join their games?</p>	

**Sensory Needs**

Are you aware of any sensory needs? Our senses include:

- Vision
- Hearing
- Taste
- Smell
- Touch
- Balance (vestibular)
- Body awareness (Proprioception – where our body is in space)
- Internal sense (Interception – do we feel hungry, hot, cold, poorly etc)

<b>Sensory needs</b>	<b>Please explain further</b>
Are they over or under sensitive?	
Do they lack sensitivity to pain?	
Do they know how much pressure they are using when playing physical games?	
Do they know if they are hot/cold/hungry etc.?	
Do they show interest in features of their environments such as the lights, the smells etc?	

