The De Parys Group

Policy for private ADHD prescribing, after 12 months stability

Created by: Caroline Prentice, Project Lead Access & Governance
Created on: 14th May '24
Review period: 12 monthly

Introduction

This policy is an addendum to the "Policy for not entering into Shared Care with Private Providers".

The practice policy remains that we will not enter into shared care agreements with private providers.

However, we recognise the significant gap within the NHS service provision, and that the requirement for ongoing monitoring will cease once the medication regime has stabilised. As such, the practice will not be entering into a shared care arrangement for the provision of this medication at this point, but will be accepting a stable patient with no monitoring requirements.

Approach

After a period of 12 months of being stable, on a consistent medication regime, the responsibility for prescribing can transfer from the private provider to the GP.

The requirements for the GP to accept this prescribing responsibility from the private provider are a letter that advises:

- Confirmation of diagnosis, that has been made by a GMC registered professional
- Confirmation of medication and dosage
- Confirmation of period of stability
- Confirmation that all monitoring has been completed

The practice will need the patient to be in the referral system for the NHS team, so that should there be any titration requirements that these can be met by the appropriate team.

Restrictions

The GP practice will not titrate this medication. This is specialist prescribing, and the knowledge and experience is not held by the GPs to be able to safely titrate this medication.

If the patient believes, after a period of stability (recognising that the practice will take on responsibility after 12 months of stability) that a change is required, this change will need to be made be a specialist. That specialist is either an NHS consultant, or a private consultant.

Recommendations for change will only be accepted from a GMC registered professional (i.e. has clear prescribing rights).

Where a dose is changed, there are potential implications for monitoring, these are the responsibility of secondary care providers or the private provider. This monitoring will not be provided by the GP practice.

Where a dose is being changed more frequently, after a period of stability, a view will need to be taken as to whether this is reasonable for the practice to prescribe or not. It is anticipated that this will be highly unlikely, given that the objective is for patients to stabilise prior to transferring prescribing to the practice. Should this situation occur, this decision will be referred to the Clinical Governance committee.