

Requesting a private referral for ADHD

Key points applicable to children and adolescents (5 - 17yrs)

- The Thames Valley Priorities Committee Commissioning Policy Statement (TVPC 36) - NHS prescribing following private consultation will be applied to all requests for prescribing following private consultation
- A prescribing request resulting from a private consultation will only be accepted if the request is in line with local/national arrangements for NHS patients
- A GP will consider a request to prescribe in line with our pathway* on NHS prescription only as part of a shared care arrangement with a specialist. A shared care arrangement incorporates review appointments and monitoring required which keep patients' safe
- Treatment for ADHD must be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD. Treatment must be monitored by the specialist until the dose is stable and effectiveness demonstrated. This can take up to 3m for each medication trialled and will be at the patients expense
- In line with national guidelines and the local shared care arrangement, the patient will be seen every 3 months, alternating between GP and private specialist. This means there will be two NHS monitoring appointments and two private specialist appointments each year - one of which will be the annual review with the specialist.
- NHS prescribing by your GP will cease and all care associated with ADHD will continue privately if any of the above requirements are not met
- Requests to transfer to the NHS service requires reassessment and waiting lists may be long
- After NHS reassessment, patients may not meet the treatment threshold required by the NHS service. Continued prescribing would be at the discretion of your GP with review appointments continued privately

* Medication choice for children 5 years and over and young people up to 17 years

- **1st line - offer methylphenidate**
- **2nd line - consider lisdexamfetamine** after 6 weeks trial of methylphenidate without adequate benefit. **Consider dexamfetamine** if symptoms are responding to lisdexamfetamine but the longer effect profile cannot be tolerated
- **3rd line - offer atomoxetine or guanfacine** if methylphenidate or lisdexamfetamine cannot be tolerated or symptoms have not responded to separate 6 week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses. N.B. In some areas, guanfacine is currently prescribed by specialist only where GPs will not share care for this medication. Please check with your GP.

Requesting a private referral for ADHD

Key points applicable to adults 18 years and over

- The Thames Valley Priorities Committee Commissioning Policy Statement (TVPC 36) - NHS prescribing following private consultation will be applied to all requests for prescribing following private consultation
- A prescribing request resulting from a private consultation will only be accepted if the request is in line with local/national arrangements for NHS patients
- A GP will consider a request to prescribe in line with our pathway** on NHS prescription only as part of a shared care arrangement with a specialist. A shared care arrangement incorporates review appointments and monitoring required which keep patients' safe
- Treatment for ADHD must be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD. Treatment must be monitored by the specialist until the dose is stable and effectiveness demonstrated. This can take up to 3m for each medication trialled and will be at the patients expense
- In line with national guidelines and the shared care arrangements, the patient will be seen every 6 months by the patient's NHS GP practice, which will include an annual medication review. If the patient's GP needs advice and / or guidance from the patients ADHD specialist, this will be requested from the patient's private specialist and may incur an additional cost to the patient.
- NHS prescribing by your GP will cease and all care associated with ADHD will continue privately if any of the above requirements are not met
- Requests to transfer to the NHS service requires reassessment and waiting lists may be long
- After NHS reassessment, patients may not meet the treatment threshold required by the NHS service. Continued prescribing would be at the discretion of your GP with review appointments continued privately

****Medication choice: adults 18 years and over**

- **1st line – offer lisdexamfetamine or methylphenidate.** (Consider switching to the other after 6 weeks trial without adequate benefit)
- **2nd line - consider dexamfetamine** if ADHD symptoms are responding to lisdexamfetamine but the longer effect profile cannot be tolerated
- **3rd line - offer atomoxetine** if methylphenidate or lisdexamfetamine cannot be tolerated or symptoms have not responded to separate 6 week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses