Coastal West Sussex Clinical Commissioning Group

WORKING IN PARTNERSHIP WITH

Sussex Community NHS Foundation Trust

Sussex Partnership NHS Foundation Trust

Western Sussex Hospitals NHS Foundation Trust

EFFECTIVE SHARED CARE AGREEMENT (ESCA) – PART B

DRUG NAME: LICENSED MEDICATIONS FOR ADHD

INDICATION/S COVERED: Attention Deficit Hyperactivity Disorder (ADHD) in Children and Adults

(Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate)

Coastal West Sussex traffic light system classification: Amber

To be read in conjunction with PART A - CWS ESCA Core Documentation V1

Agreement for transfer of prescribing to GENERAL PRACTITIONER

Drug name and dose (standard or expected dose or dose range): <insert drug name and dosing>

The following tests and investigations have been carried out: <insert details of tests>:

Date treatment initiated: <insert date>

At the last patient review the drug appeared to be effectively controlling symptoms / providing benefit: Yes/No

The patient has now demonstrated tolerability and effective clinical response on a dose of: <insert dose>

I will arrange to review this patient regularly. Date of next clinic appointment: <insert date>

Patient details	
Name:	
Address:	
Date of Birth:	
NHS number:	
Hospital No:	
Consultant details	
Name:	
Address:	
Email:	
Contact number:	
GP details	
Name:	
Address:	
Email:	
Contact number:	
Main Carer (if applicable):	
Name:	
Contact number:	
Key worker (if applicable):	
Name:	
Contact number:	

In the absence of written refusal within 14 days of shared care request, it will be assumed that prescribing responsibility will transfer and shared care arrangements commence.

The responsible Consultant and where differing, the requesting Health Care Professional must be informed in writing within 14 days of the initial request for shared care should the decline of the transfer of prescribing responsibility to the General Practitioner be necessary. The primary care prescriber has the right to refuse to agree to shared care, in such an event the total clinical responsibility will remain with the consultant.

Consultant / Specialist responsibilities
1. Confirmation of diagnosis and identification of suitable patients following full assessment
2. Initiation of appropriate therapy, and once stable request agreement of shared care with primary care prescriber
3. Discussion of risks and benefits with patients, outline possible side effects and explain their roles
4. To undertake a complete history, documenting: concomitant medicines; past and present medical and psychiatric disorders or symptoms; family history of sudden cardiac death, unexplained death, or malignant arrhythmia
5. To undertake a physical examination for the presence of heart disease.
6. To assess baseline cardiovascular status, including blood pressure and heart rate before prescribing and get specialist cardiac advice if appropriate.
7. Issuing initial prescription(s) until the patient is stabilised (minimum of one month) on treatment
8. To provide a copy of this information sheet to the patient to ensure that they are familiar with all roles and responsibilities
9. To review the patient and monitor the following (if relevant to specific drug) usually on a six monthly basis (though well-established adolescents may be seen annually. A move to annual monitoring must be communicated to the primary care prescriber), act on the results appropriately and communicate these results to the primary care prescriber: • Blood pressure and pulse, recorded at baseline, following dosage adjustments and 6 monthly. • Do not offer routine blood tests (including liver function tests) or ECGs to people taking medication for ADHD unless there is a clinical indication. • To refer patients who develop symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea, or other symptoms suggestive of heart disease for prompt specialist cardiac evaluation. • The development of new or worsening of pre-existing, psychiatric symptoms (also following dose adjustments and at every visit) **In addition to the above, for patients under 18 years of age, the following also apply:** • Height and appetite, recorded at baseline, following dosage changes & 6 monthly. Recorded on a growth centile chart. • Weight recorded at baseline and every 3 months for children 10 years and under. Recorded on a growth centile chart. • Measure weight at 3 and 6 months after starting treatment in children over 10 years and under 18s, and every 6 months thereafter, or more often if concerns arise. Recorded on a growth centile chart. • As stimulant medications are controlled drugs, **the specialist of under 18s** or parents should inform the school concerning any medication for these indications. In order to assess the effects of the drug on the child's emotional, physical or behavioural states the specialist should request further information from the school about the child's behaviour. • Ensure that there are appropriate services in place so that patients under 18 years of age are seamlessly transitioned from CAMHS to adult services upon reaching 18, if treatment is to continue.
10. For guanfacine only: • Parents /carers and patients must be reminded to report missing more than one consecutive dose to the prescriber. In the event of more than one consecutive dose being missed, re-titration is recommended • During the first year of treatment a patient should be assessed at least every 3 months for: - Signs and symptoms of somnolence & sedation, hypotension and bradycardia - Weight increase/risk of obesity
11. Notify the GP of the patient's failure to attend for clinical review or drug monitoring and give advice on stopping the medication.
12. When stimulant medication is being used, to look out for signs of diversion (transfer of the medicine from the individual for whom it was prescribed to one for whom it is not prescribed), misuse, and abuse.
13. If prescribing M/R methylphenidate this must be by 'Brand' to avoid the risk of the wrong formulation being dispensed.
14. Ensure that all newly treated patients (and/or their carers) receive appropriate education and advice regarding their drug therapy and shared care arrangements. This should include written information where appropriate
15. Providing primary care prescriber with clinic letter stating planned introduction and reviews and additional advice if appropriate
16. Provide outpatient reviews, monitor effectiveness/side effects
17. To liaise and advise primary care prescriber to interrupt treatment at least annually to assess ongoing need.
18. To take responsibility for stopping the drug and organizing medication breaks.
General Practitioner (GP) or Primary Care Prescriber responsibilities
1. Subsequent prescribing of at the dose recommended.
2. To inform the consultant if unwilling to enter into shared-care arrangements at the time of initial referral.
3. To provide repeat prescriptions of the ADHD medication at the dose recommended and the patient is stabilised (not before initial one month stabilisation period). A demonstrable system should be in place to ensure that prescribing is reviewed by the primary care prescriber if there is no record of the fact that monitoring has taken place within the agreed time scales. Prescriptions for stimulants should be restricted to a 30 day supply and are only valid for 28 days from the date of signature, as stimulant medications are controlled drugs subject to safe custody and specific regulations for prescribing.

4.	To record any changes in therapy in the prescribing record on receipt of such communication from secondary care and to act upon these.
5.	To monitor prescribing rate of ADHD medications for individual patients. Additional requests for stimulants may indicate abuse or diversion. Some patients may only be taking stimulants on days when at school/college so may not be collecting monthly scripts. Both atomoxetine and guanfacine however need to be taken continuously and pick up of less than monthly may indicate non-adherence. Any concerns should be discussed with the specialist.
6.	To contact consultant / specialist if deterioration in behaviour.
7.	To report adverse drug reactions or interactions to consultant / specialist.
8.	To refer patients who develop symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea, or other symptoms suggestive of heart disease for prompt specialist cardiac evaluation.
9.	To monitor patients overall health and well-being.
10.	Liaise with consultant / specialist if any cause for concern or drug discontinued.
11.	If prescribing modified release methylphenidate this must be by 'Brand' to avoid the risk of the wrong formulation being dispensed.
12.	Be aware of titration requirements when the patient or carer report more than one consecutive dose has been missed for those patients taking guanfacine

Patient / Carer role	
1.	Ask the consultant / specialist or GP or Primary Care Prescriber for information, if he or she does not have a clear understanding of the treatment.
2.	Share any concerns in relation to treatment with any medication covered by this agreement
3.	Tell the consultant / specialist or primary care prescriber of any other medication being taken, including over-the-counter products.
4.	Inform the prescriber if more than one consecutive missed dose by patient, for those patients taking guanfacine.
5.	Read the patient information leaflet included with your medication and report any side effects or concerns you have to the consultant / specialist or primary care prescriber.
6.	To attend appointments.
7.	Arrange blood tests as per consultant / specialist request
8.	To be aware of side effects and report to their consultant / specialist or primary care prescriber any relevant symptoms such as: palpitations, exertional chest pain, unexplained fainting, shortness of breath, development of new or worsening of pre-existing psychiatric symptoms.

BACK-UP ADVICE AND SUPPORT

	Name / position	**Telephone**	**Email**
Specialist / Consultant:	Dr. Ann-Marie Skarstam (Lead Medical Clinician)	See below	See below
Alternative specialist (e.g. departmental contact):	Worthing CAMHS Chichester CAMHS	01903 205111, ext 5698 01243 813405	N/A
Hospital Pharmacy:	Worthing Hospital St Richards Hospital	01903 205 111, ext 85698 01243 788 122, ext	pharmacy@wsht.nhs.uk
Out of hours (e.g. medical team on call):	On call physicians	N/A	N/A

Version History			
Document Name:		Effective Shared Care Agreement (ESCA) **PART B** – Effective Shared Care Agreement (ESCA) for Licensed Medications for Attention Deficit Hyperactivity Disorder (ADHD) in Children	
Document Type:		Effective Shared Care Agreement	
Relevant to:		All GPs working within CWS and all relevant clinicians at WSfHT. SPfT / SCfT	
Version	Date	Author of original development or review	Details of document development

1	11/18	Ray Lyon – SPfT Chief Pharmacist	Original development (through combination of separate adult and childrens ESCAs)

Approval for organisational use	
ESCA authorised for use in Coastal West Sussex by	**Specialist/Consultant: Dr Ann-Marie Skarstam, Lead Medical Clinician, Sussex CAMHS.** **Coastal West Sussex Area Prescribing Committee (APC): November 2018**