NHS Sussex Partnership NHS Foundation Trust

NHS Hastings and Rother Clinical Commissioning Group

NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group

EFFECTIVE SHARED CARE AGREEMENT (ESCA)

DRUG NAME: LICENSED MEDICATIONS FOR ADHD

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

East Sussex CCGs Formulary traffic light system classification: AMBER

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 (delete as appropriate).

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 share care and in such an event the total clinical responsibility will remain with the consultant.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities
1. Confirmation of diagnosis and identification of suitable patients following full assessment. For East Sussex new referrals are via ATS triage and referred to neurodevelopmental team. For existing patients under the care of Sussex Partnership, these will remain under the care of neurodevelopmental team (see advice and support for contact details).
2. Initiation of appropriate therapy, and once stable request agreement of shared care with primary care prescriber including any relevant details around care plan
3. Discussion of risks and benefits with patients, outline possible side effects and explain their roles
4. Prior to accepting GP will need to confirm patient physical co-morbidities, including cardiac risk factors. Consultant / specialist to reconcile patient 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 assess baseline cardiovascular status from GP referral, including blood pressure and heart rate before prescribing and get GP or specialist cardiac advice if appropriate.
6. Issuing initial prescription(s) until the patient is stabilised (minimum of one month) on treatment
7. To provide a copy of this information sheet to the patient to ensure that they are familiar with all roles and responsibilities
8. To review the patient and monitor the following (if relevant to specific drug) usually on a six monthly basis (though well established adolescents & adults 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: **a. For children & Adolescents:** • 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 young people, and every 6 months thereafter, or more often if concerns arise. Recorded on a growth centile chart. • Blood pressure and pulse for all age groups, recorded at baseline, following dosage adjustments and 6 monthly. • Do not conduct blood tests (e.g. LFTs) or ECGs on people taking medication for ADHD unless there is a clinical indication. • As stimulant medications are controlled drugs, the specialist 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. • Patients to be counselled on side effects to be aware of & when to seek help as a result. If serious side effects such as palpitations, exertional chest pain, unexplained syncope, dyspnoea, or other symptoms suggestive of heart disease for cardiac evaluation send to A&E. • The development of new or worsening of pre-existing, psychiatric symptoms (also following dose changes and at every visit). **b. For adults** • Height & weight do not need to be monitored post 18 years old. • Blood pressure and pulse for all age groups, recorded at baseline, following dosage adjustments and 6 monthly. • Do not conduct blood tests (e.g. LFTs) or ECGs on people taking medication for ADHD unless there is a clinical indication. • Patients to be counselled on side effects to be aware of & when to seek help as a result. If serious side effects such as palpitations, exertional chest pain, unexplained syncope, dyspnoea, or other symptoms suggestive of heart disease for cardiac evaluation send to A&E. • The development of new or worsening of pre-existing, psychiatric symptoms (also following dose changes and at every visit).
9. For guanfacine only (in under 18 year olds): a. 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 b. 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 **Note:** NICE advises that guanfacine should only be initiated in adults by a tertiary centre, however those young people initiated on this prior to their 18th birthday and doing well on this medication should continue on this.
10. Many patients who are taking stimulants will be able and prefer to take such medications on school / college / work days only. If this is the case, ensure the GP is informed on suitable quantity to prescribe.
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. **Branded Generic versions of Concerta XL are available and information is overleaf for brands suitable to switch to** If prescribing lis-dexamfetamine (Elvanse) ensure that "Elvanse" brand is prescribed for children adolescents <18 years old and "Elvanse Adult" brand is prescribed for adults.
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 on interrupting treatment. This should be at least annually to assess ongoing need for treatment.
18. To take responsibility for stopping the drug and organizing medication treatment breaks.

General Practitioner (GP) or Primary Care Prescriber responsibilities
1. To provide patient physical co-morbidities including cardiac risk factors on referral. Referrals for new patients via ATS Triage. Existing patients via Neurodevelopmental team (see contact details).
2. To inform the consultant if unwilling to enter into shared-care arrangements at the time of initial referral.
3. Subsequent prescribing of at the dose recommended.
4. 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.
5. Record prescribing changes on receipt of such communication from secondary care and to act upon these.
6. 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.
7. To contact consultant / specialist if deterioration in behaviour and to report adverse drug reactions or interactions to the 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. Liaise with consultant / specialist if any cause for concern or drug discontinued.
10. If prescribing M/R methylphenidate this must be by 'Brand' to avoid the risk of the wrong formulation being dispensed. **Branded Generic versions of Concerta XL are available and information is below for brands suitable to switch to**

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 specialist or primary care prescriber of any other medication being taken, including over-the-counter products.
4. Inform the specialist of 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 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.

Branded Concerta XL Generics – all are considered by MHRA as bioequivalent to Concerta XL preparation

Branded Generic	Doses Available
Xaggitin XL	18mg, 27mg, 36mg & 54mg
Delmosart XL	18mg, 27mg, 36mg & 54mg
Matoride XL	18mg, 36mg & 54mg
Xenidate XL	18mg, 27mg, 36mg & 54mg

Note: SPfT endorses Xaggitin XL as a suitable 12 hour MPH option for new patients and for switching appropriate existing Concerta XL patients due to its cost effectiveness, same doses available and pilot studies suggesting ease of switching.

ADVICE and SUPPORT

	Telephone No.	Email address:
Specialist (CAMHS) Hailsham CAMHS	01323 446070	N/A
Hastings CAMHS	01424 758905	N/A
Specialist (Adult) Neurodevelopmental Team	0300 304 0089	N/A
Specialist Pharmacist (CAMHS): Graham Brown	Via switchboard	graham.brown@sussexpartnership.nhs.uk
Specialist Pharmacist (Adult): Daniel Brooks	Via switchboard	Daniel.Brooks@sussexpartnership.nhs.uk
Other: (Out of hours): On call physicians	Via Switchboard	N/A

This information sheet does not replace the SPCs, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF. The GP or 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 / specialist.

Document History			
Document Name:		Attention Deficit Hyperactivity Disorder (ADHD) in Children and Adults	
Document Type:		Effective Shared Care Agreement	
Relevant to:		All GPs working within East Sussex CCGs and all relevant clinicians at SPfT.	
Version	Date	Author of original development or review	Details of document development
1	06/18	Jed Hewitt – Chief Pharmacist (Governance & Professional Practice)	Original document
2	9/19	James Atkinson – Deputy Chief Pharmacist Graham Brown – Lead Pharmacist CAMHS	Revised document for adult & CAMHs.
3	11/20	James Atkinson – Deputy Chief Pharmacist	Revisions from East Sussex CDS
Approval for organisational use			
ESCA authorised for use in East Sussex by:		**Specialist/Consultant: Dr Ann-Marie Skarstam, Lead Medical Clinician, Sussex CAMHS.** **East Sussex Clinical Delivery Service: July 2020** **East Sussex Area Prescribing Committee (APC): August 2020**	