KES@NORTHGATE

Letter from the Partners at KES@Northgate about ADHD care for adults and children in Oxfordshire

We hope you find the following helpful and it may answer some questions for you. If, after reading this, you still have further questions or queries, please contact the surgery for further information.

ADHD is a specialist field and not considered to be part of the usual core NHS GP work. There has therefore recently been a significant change in the NHS provision for ADHD due to clinical safety and limited NHS capacity. Given the hugely difficult current circumstances, the Partners at KES@Northgate have given much consideration to what we can offer that is possible, safe and equitable within our limited NHS capacity. We are having to change our practice to stay aligned with the new NHS guidance and prescribing policies but are pleased to be able to offer continued shared care agreements with NHS RTC providers.

CHILDREN UNDER 16 YEARS

- **NHS:** the best referral to CAMHS for a diagnosis of ADHD is through the school. This is because the teachers see the child every day and the combination of reports from the school and parents are the most comprehensive for assessment. The wait is long for assessment but there is at least a service at the end of it.

- **PRIVATE CARE & SHARED CARE AGREEMENTS*: If you chose to go privately to have a diagnosis, please be aware that we do not enter into private shared care agreements for prescribing ADHD medication for children under 16. This has to be through CAMHS.*** Your private provider may be able to refer you into CAMHS for consideration of medication once you have your diagnosis. However, please be aware that National guidelines stipulate that ADHD medication should only be considered for those people with moderate-severe symptoms of ADHD, and this should be used alongside appropriate support and adjustments at home and school. For CAMHS (and subsequently us under a shared-care agreement with them) to consider prescribing for you, you will have to confirm the following:
  · Parental engagement with psychoeducation about ADHD (and autism if appropriate)
  . Evidence of at least 6 months of consistent, appropriate support and adaptation for your child's needs within home and school, and that ADHD symptoms are still not adequately managed.
  This information is still required if your child has already commenced ADHD medication privately.

ADULTS OVER 16 YEARS

As from 1.4.26 new access criteria for all adult ADHD diagnosis including local and Right to Choose has been introduced by Thames Valley ICB. Strict new criteria now exist which will need to be met in order to be referred. Please see the link: ADHD Access criteria for adult referral
We will only be providing shared care agreements with patients who are under the NHS RTC Services and we will no longer be able to engage in shared care agreements with independent provide providers. Those who historically have a shared care agreement in place with a private provider will be notified that these agreements will end in September 2027 and will be given the opportunity to be referred into the NHS if they meet the criteria.

PRIVATE CARE

A few pointers if you are thinking of going to a private provider:

a) National and local guidance make it very clear that, for reasons for safety and equity, the private and NHS sectors should be kept separated as much as possible and that it cannot be assumed possible to 'pick and mix' parts of care from each (e.g. NHS prescriptions while being seen in the private sector)
b) If you choose to go privately this means that you should not rely on the NHS sharing care (and costs) at any future date. So please do consider from the outset that you may need to be paying all private costs into the long term.
c) You can directly self-refer to a private provider; you will not need the questionnaires.

SHARED CARE

If/ when you are finally diagnosed with ADHD through your NHS RTC provider, you may hear about 'shared care' of this specialist area with your GP. If appropriate for you, this is based on a tight and specific shared care agreement that your consultant, you and your GP sign.
After stabilisation on medication, it may allow your GP to:

(i) support the specialist by providing physical monitoring data to assess and advise regarding ongoing care
(ii) issue the monthly NHS prescriptions under the specialist guidance

Shared care will only be entered into once you have been stabilised by the person making the diagnosis.

Medication will not be issued via a shared care agreement if individuals do not attend for regular monitoring (6 monthly at GP surgery and annually with specialist)

OUTSIDE UK

We no longer enter into shared care agreements with Overseas Providers. If your diagnosis was made outside of the UK and you would like prescriptions on the NHS then you will need to evidence that you meet the new criteria for referral into the NHS for diagnosis and consideration of medication.

Limited ADHD provision in Oxfordshire is a very difficult situation over which your GP has no control. We ask please, that rather than directing your understandable frustrations to your GP and staff, help us instead by directing them to the commissioners and your MP.

Regards,



Dr Naomi Drury Dr MaryKate Kirkaldy Dr Emily MacKeith