

To: Bradford, Airedale, Wharfedale & Craven GPs & Practice Managers

20<sup>th</sup> January 2023

Dear colleagues

### **ADHD and Autism Shared Care Requests Q&A**

As you will be aware the number of requests for referral for assessment of ADHD and Autism is increasing significantly, not just to CAMHS and BANDS, our locally commissioned NHS providers, but also to private providers such as Psychiatry UK, ADHD360 and Clinical Partners Ltd, under the NHS 'Right to Choose' regulations. There is also the added complication of physical health checks and investigations being requested by providers then an expectation that General Practice will enter into a shared care agreement and provide prescriptions.

#### **If a patient or their family requests a referral to a private provider under the NHS 'Right to Choose' regulations, am I obliged to refer them to their chosen provider?**

**Yes** – provided the service is led by a named consultant or named healthcare professional and as long as the provider has a commissioning contract with any former Clinical Commissioning Group (CCG) or NHS England for the required service, then you can refer the patient or in the case of some providers they can self-refer.

#### **Is Commissioner approval required for a referral under 'Right to Choose'?**

**No** – no prior Commissioner approval is required if they meet the above criteria.

#### **The private provider is asking me to organise a physical health check, am I obliged to do this?**

**No** – this is their responsibility, many of the providers are not seeing the patient F2F hence their request.

#### **The private provider is asking me to organise investigations such as blood tests and ECGs, am I obliged to do this?**

**No** – this is their responsibility. They need to organise any investigations they feel are necessary.

#### **The private provider is asking me to provide NHS prescriptions for the patient, am I obliged to do this?**

**No** – it is their responsibility to initiate, titrate and stabilise the patient on any medication. It is likely that they will need to provide the patient with a private prescription as the commissioners will not provide them with a facility to provide NHS prescriptions.

**The private provider have stabilised the patient on medication and have asked me to enter into a shared care agreement and take over prescribing, am I obliged to do so?**

**No** – it is your decision whether you enter into a shared care agreement for prescribing with the private provider, it is not the private providers decision or the patient's decision, it is yours. As GPs we are pressurised to prescribe by both the provider and the patient, but it is solely our decision whether we do so.

**What is a shared care agreement?**

A shared care agreement is an agreement between secondary care and the GP, the patient remains under the care of secondary care and is seen at least yearly by them and sooner on request, the GP provides prescriptions, review and any monitoring required as stipulated in the shared care agreement.

A patient cannot be 'discharged to shared care' they must remain under the care of secondary care.

The shared care agreements presently recommended are from South West Yorkshire Area Prescribing Committee (SWYAPC), these are absolutely specific on the responsibilities of secondary care and the responsibilities of General Practice. It is likely that the SWYAPC shared care agreements will be updated and adopted by the WY ICS.

The SWYAPC shared care agreements for Methylphenidate, Dexamphetamine and Lisdexamphetamine are attached at **Appendix 1**.

**Is there any information I can give to patients and the private provider to outline what I am prepared to do?**

**Yes** – see attached letters at **Appendixes 2 and 3** to use or modify.

**CAMHS and BANDS are asking me to perform a physical health check, arrange blood tests and an ECG, am I obliged to do this?**

**No** – as with the private prescribers it is CAMHS and BANDS responsibility to organise these.

**CAMHS and BANDS are asking me to prescribe medication before the patient has been stabilised on medication, am I obliged to do this?**

**No** – it is their responsibility to provide prescriptions for initiation, titration and stabilisation then ask the GP if they are prepared to take over prescribing under a shared care agreement.

**Am I obliged to enter into a shared care agreement with CAMHS and BANDS once the patient is stabilised?**

**No** – as with the private providers it is your decision whether to enter into a shared care agreement.

**What happens if CAMHS, BANDS or the private provider stop providing their services?**

CAMHS and BANDS are our NHS locally commissioned services for ADHD and Autism, if they were to stop providing these services then the former CCG would commission an alternative service to manage these patients so they would continue under shared care.

If a private provider stops providing the service then the GP would be left managing the patient outside a shared care agreement and would need to refer the patient to the locally commissioned NHS provider to request they see the patient and provide the secondary care aspect of shared care.

**Where do Clinical Partners Ltd fit into the system?**

Clinical Partners Ltd provide a private service for assessments so the above Q&A apply for their private services.

To complicate matters BANDS and CAMHS have subcontracted a number of NHS assessments to Clinical Partners Ltd. Their responsibility to assess, arrange physical health checks and

investigations remains unchanged, they should not ask the GP to do this. They have been provided with a facility to prescribe medication by BDCFT so they should not ask the GP to prescribe until the patient has been stabilised. Once they have been stabilised, we have asked that the request to share care comes from CAMHS or BANDS, so the shared care agreement is with them and not Clinical Partners Ltd. It is still the GP's decision whether to agree to sharing care.

With best wishes



Dr Steve Patterson  
YORLMC Bradford & Airedale Branch Chair

## Appendix 1 – SWYAPC Shared Care Guidelines

- [Dexamfetamine and Lisdexamfetamine Shared Care Guideline for Attention Deficit Hyperactivity Disorder \(ADHD\) in school-aged children, adolescents and adults](#)
- [Methylphenidate Shared Care Guideline for Attention Deficit Hyperactivity Disorder \(ADHD\) in school-aged children, adolescents and adults](#)

## **Appendix 2 – Suggested wording for ‘ADHD/ Autism Information for Provider’**

This patient has requested referral for an ADHD or Autism assessment under the NHS ‘Right to Choose’ rules.

We can confirm that as long as you have a commissioning contract with any Clinical Commissioning Group (CCG) or NHS England for the required service, then the commissioner will pay for assessment and diagnosis under Right to Choose. No prior commissioner approval is required provided the service is led by a named consultant or named healthcare professional. They will not fund subsequent non NHS prescribing costs. You should indicate on invoices whether the patient is adult or child and that the assessment is for Autism, or ADHD, or both.

For the avoidance of doubt, we would not be prepared to perform any investigations, physical health checks or ongoing monitoring on your behalf, this is your responsibility. Also, we would not be prepared to enter into any prescribing agreement with you, either initiation and titration of medication or ongoing shared care prescribing, again this is your responsibility.

For your information the commissioner of this service is Walter O’Neill, Assistant Director Contract Relationships, Scorex House (West), 1 Bolton Road, Bradford, BD1 4AS.

### **Appendix 3 – Suggested wording for ‘ADHD/ Autism Referral Letter to Patients’**

You have requested referral for an ADHD or Autism assessment under the NHS ‘Right to Choose’ rules.

We can confirm that as long as the provider has a commissioning contract with any Clinical Commissioning Group (CCG) or NHS England for the required service, then you can go ahead and arrange an appointment, or we can refer you. No prior commissioner approval is required provided the service is led by a named consultant or named healthcare professional.

For the avoidance of doubt, we would not be able to perform any investigations, physical health checks or ongoing monitoring on behalf of the provider, this is their responsibility. Also, we would not be prepared to enter into any prescribing agreement with the provider, either initiation and titration of medication or ongoing shared care prescribing, again this is the providers responsibility.

Please ensure that the provider has a copy of this letter, if you go ahead with your assessment, so that they are fully informed. For your provider’s information the commissioner of this service is Walter O’Neill, Assistant Director Contract Relationships, Scorex House (West), 1 Bolton Road, Bradford, BD1 4AS.