

## Advice for primary care regarding prescribing requests following private ADHD diagnosis

General Practitioners and other prescribing clinicians in NHS Lanarkshire Primary Care settings may be asked to prescribe medicines for ADHD on a GP10 prescription, following a private ADHD diagnosis. When considering private recommendations for ADHD medicines, clinicians should be aware that it is their responsibility to ensure that diagnosis, pre-treatment and long-term medication monitoring was and is intended to be carried out in line with local and/or national guidance.<sup>1,2</sup>

To determine the appropriateness of the recommendation, it may be helpful to consider the following:

- Appropriate diagnosis has been carried out, in line with local and/or national guidance. A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, on the basis of:
  - a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life
  - a full developmental and psychiatric history
  - observer reports and assessment of the person's mental state<sup>1</sup>

It would be advisable to request diagnostic reports from the private clinician if these are not sent with the recommendation letter.

- Patient and close family medical history has been investigated to exclude contraindications to medication. Ensure a pre-treatment ECG has been carried out, if clinically indicated.<sup>2</sup>
- Any other co-morbidities, including tics and substance misuse, have been considered.
- Concurrent medication has been taken into account.
- Assurance has been given that the private clinician who made the ADHD diagnosis has carried out appropriate pre-treatment monitoring and is intending to continue ongoing monitoring in line with local and/or national guidance.<sup>1,2</sup> This includes monitoring of appropriate physical observations, ADHD symptoms, psychiatric status and potential for misuse and diversion of medication.
- If ongoing monitoring is at an additional cost to the patient, will they be prepared or able to continue to pay for this on a long-term basis.

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- Prescribing should be in line with [NHS Lanarkshire Joint Formulary](#).
- There is no facility for NHS Lanarkshire MHL or CAMH services to monitor patients prescribed ADHD medications unless they are referred to the service by standard referral processes. In these cases, MHL and CAMH services will need to confirm the patient meets criteria for ADHD treatment in order to recommend ADHD medication and provide ongoing monitoring.
- If a clinician decides to prescribe ADHD medications on the basis of assurances from a private clinic, but then receives no evidence of ongoing monitoring, the prescriber reserves the right to cease prescribing. This should be communicated to the patient and the private clinician at the time of agreeing to share care.
- For more information regarding NHS patients receiving healthcare services through private healthcare arrangements, official guidance can be found at: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2009\)private.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2009)private.pdf)
- In addition to this guidance, prescribers should follow their professional guidance for prescribing medicines.

**Reviewed and updated in July 2022 by;**  
**Naomi Booker, Advanced Clinical Pharmacist in CAMHS**  
**on behalf of NHS Lanarkshire's MHL Drug & Therapeutics Committee**  
**Approved by ADTC July 2022**

Original version written in November 2019 by;  
*Dr Tyra M Smyth, Medical Secretary Lanarkshire LMC Ltd*  
*& Lesley Dewar, Acting Chair NHSL ADHD Steering Group*

1. The NICE Guidelines for attention deficit hyperactivity disorder: diagnosis and management (NG87). Updated September 2019
2. NHSL Prescribing Guideline for the Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Children, Young People & Adults. June 2020