

Dear Patients,

This letter is to help explain the situation with regards to ADHD<sup>i</sup> and Oxfordshire NHS services, whilst being mindful of the distress that the current situation is causing many of our patients. This is a complex area which is often misunderstood.

The NHS ADHD service in Oxfordshire is provided by Oxford Health NHS Foundation Trust and they are overwhelmed.

Guidance and advice from our Local Medical Committee has been used in writing this letter and we thank them for their clear guidance.

### **Adults**

The NHS Adult ADHD service have stopped accepting any new referrals from GPs as their current waiting list exceeds three years.

As of May 2024, the adult service is assessing patients referred in May 2021 (except for referrals from SEND<sup>ii</sup> services, or patients who have now entered adulthood and are very newly diagnosed by CAMHS<sup>iii</sup>).

### **Children**

The NHS Children's ADHD service is also provided by Oxford Health NHS Foundation Trust, but referrals are made through the child's school – teachers / SENCO<sup>iv</sup>s complete the initial referral, not the GP.

As of May 2024, they are still accepting new referrals but the waiting time for assessment was around 6 years.

### **What should happen?**

A patient's GP (or school in the case of a child) should refer the patient to the NHS ADHD service where the patient is then assessed.

The NHS ADHD service is commissioned to assess, diagnose, start medication, titrate medication and provide post-diagnostic reviews.

Once a patient is stable on their medication, the NHS ADHD specialist enters into a 'shared care agreement' (SCA) with the NHS GP in order for ongoing prescribing to take place.

Multiple SCAs exist between GPs and hospital specialists (not just for ADHD). They are usually a carefully crafted, well-established and pre-arranged agreement with defined responsibilities for both the NHS specialist and NHS GP.

This is essential as it provides the NHS GP with prompt access to a specialist in the event of any concerns or problems.

### **The current adult shared care agreement**

The LMC<sup>v</sup> has advised us that the current shared care agreement between NHS GPs and the NHS Adult ADHD service "falls short of national expectations". This is because, within the SCA, is the statement that patients "are discharged back to primary care once stable", which means there is no ongoing specialist oversight; this is not shared care.

The long-term prescribing of psychostimulants for adults with ADHD, in the absence of ongoing specialist oversight, can be seen as falling outside of the relevant product licences, NICE and MHRA guidance.

As a Practice, we have discussed this carefully and thoroughly. Whilst we entirely agree with the LMC, we have agreed to continue prescribing ADHD medication for patients already established on it long-term, to reduce the risks associated with discontinuing the medication.

We will not extend this to new patients until such time as the LMC approve a new SCA with the NHS specialist.

### **The current children's shared care agreement**

The current SCA for children will continue as it does now.

### **What is happening now with referrals?**

We understand that, often in desperation and because of a lack of local NHS provision, patients are seeking assessment from either private providers or 'Right-to-Choose' (RtC) providers.

### **Private providers.**

We advise patients to comprehensively research the full costs of assessment AND treatment within the private sector, as this often becomes unaffordable over the long term. We will not take over prescribing of these medications.

### **What is the NHS 'Right-to-Choose' (RtC) scheme?**

Under NHS England's 'Right to Choose' legislation, patients can exercise their right to see any appropriate health service provider. This provider can be anywhere in England, as long as the provider holds any NHS commissioning contract in England – it does not have to be in Oxfordshire.

In our experience, the RtC provider only offers an assessment/diagnosis (often done remotely) and then discharges the patient back to their NHS GP or tries to enter into a SCA with the GP. This SCA has not been pre-agreed with the GP and so will not be entered in to by us.

### **What about a 'post diagnostic review' (PDR) on the NHS?**

Oxford Health NHS Foundation Trust is also commissioned to provide PDRs. Please note that the term 'PDR' may change in the future.

A PDR can be used in 2 situations:

1. Where patients already diagnosed with ADHD, who initially did not want to trial medication, now wish to be explore medication. Patients can be referred to the NHS ADHD service for them to consider initiating medication - what the service calls a 'post diagnostic titration service' [but that service does not offer on-going prescribing].
2. Patients previously diagnosed with ADHD and previously successful titrated onto one medication, but where the patient no longer feels that their medication is continuing to be effective, or they're having side effects, and the patient wants to explore a change of medication. In these circumstances the PDR acts as a titration service for a different medication [but that service does not offer ongoing prescribing].

As of May 2024, the waiting list for a PDR is around 3 years for adults and 2 years for children.

This is also a difficult area as there can be complications in these cases which normally arise out of the quality of the diagnostic report. It is common for diagnostic reports from other countries to fail to meet the minimum NHS requirements, thus requiring the patient to be re-assessed before consideration of medication.

**Where does that leave us?**

Whilst some private or RtC specialists try to unilaterally impose a SCA on the NHS GP, none have been pre-arranged with CNHC<sup>vi</sup>.

GPs cannot be expected to take on additional medico-legal risk because of a lack of NHS specialist provision, and patients should not be left without the care they need due to a lack of comprehensive NHS funding.

Everyone at CNHC is sympathetic to the plight of our patients who have been forced down a private or ‘right-to-choose’ route because of the situation in Oxfordshire.

However, we have all carefully discussed the situation, weighed up the needs of all our patients and concluded that, with regret, we cannot absorb more unfunded work because of the failings of other parts of the NHS service.

**To that end, we will not be entering into any new SCAs with the Oxfordshire NHS Adult ADHD service. Neither will we be taking over the prescribing of ADHD medications from, or entering into a SCA with, any private or RtC providers.**

**We will continue to enter into Shared Care Agreements with the Oxfordshire Children’s ADHD service.**

**To summarise:**

	<b>Shared Care Agreements with NHS Oxon Services</b>	<b>Shared Care Agreements with private providers</b>	<b>Shared Care Agreements with RtC providers</b>
<b>Adult</b>	Pre-existing patients only; no new patients	None	None
<b>Children</b>	Pre-existing and new patients	None	None

We understand that this will be upsetting for those concerned but with the current state of primary care it is an inevitability for which we apologise.

This is our final decision, and further complaints should be made to your Member of Parliament or the BOB ICB<sup>vii</sup> 'planned care team': [bobicb.plannedcare@nhs.net](mailto:bobicb.plannedcare@nhs.net)

Everyone at CNHC sincerely hope that the local services commissioned to provide ADHD care are improved as soon as possible.

**Kind regards,**

**General Practitioners: Dr W Hall\*, Dr S Hlaing\*, Dr F Lewis\*, Dr C Hanan\*, Dr R Eyles, Dr C MacGregor, Dr C Benjamin-Smith, Dr A Kelly, Dr C Hu, Dr E Mulraine, Dr M Palmer, Dr D Wright, Dr D Carter, Dr S Symes, Dr D Kariyawasam, Dr R Goonetilleke & Dr C Chasser.**

**Clinical Pharmacists: Mr L Fernandez Orgado\*, Ms A Blaga, Mr J Barnard.**

**Advanced Clinical Practitioners: Ms F Bloor, Mr J LeBaigue, Mr N Broom, Ms D Munday, Ms K Bilan.**

**Chipping Norton Health Centre.**

---

<sup>i</sup> ADHD – Attention Deficit Hyperactivity Disorder

<sup>ii</sup> SEND – Special Education Needs & Disability

<sup>iii</sup> CAMHS – Child & Adolescent Mental Health Services

<sup>iv</sup> SENCO – Special Education Needs Co-ordinator

<sup>v</sup> LMC – Local Medical Committee

<sup>vi</sup> CNHC – Chipping Norton Health Centre

<sup>vii</sup> BOB ICB – Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board

\* Partner, CNHC

Author	DC
Approved by	The Partners
Version 1	June 2024
Updated v4	August 2024
Next Review date	August 2025