

Specification for a Local Supplementary Service for Adult Attention Deficit Hyperactivity Disorder (ADHD)

1. Introduction

All practices are expected to provide essential services and those additional/supplementary services they are contracted to provide to all their patients under the GMS contract. The specification of this service therefore outlines the general and more specialised service to be provided that is beyond the scope of *Unified* (core) services. No part of the specification by commission, omission or implication defines or redefines Unified services.

The overall aim of this specification is for GP practices to be able to monitor and review Adult ADHD patients in collaboration with Cwm Taf Morgannwg University Health Board (CTMUHB) Adult ADHD Team and should be read alongside the Shared Care Protocols <http://ctuwb-intranet/dir/ResourcePortal/ES/LES/ADHD/ADHD%20Medicines%20Shared%20Care%20Protocol%20Adults%20CTM%2002.pdf>

2. Background

Attention Deficit Hyperactivity Disorder (ADHD) is a common yet treatable neurodevelopmental condition. Historically, ADHD was considered a childhood disorder, usually resolved by late adolescence and early adulthood. However, it is now recognised that ADHD can continue into adulthood, with some studies have indicated that symptoms may continue into adulthood in as many as 70-80% of those diagnosed with ADHD as children.

ADHD in adults is characterised by impairment in multiple domains across the lifespan, and when diagnosed correctly, it may be successfully managed and treated. The clinical presentation of ADHD in adults may vary between individuals and can be divided into the following subtypes, depending upon the nature of the symptoms:

- Primarily inattentive;
- Primarily hyperactive-impulsive;
- Combined type.

Meta-analyses indicate that inattention is more strongly associated with academic impairment, low self-esteem, adverse occupational outcomes and lower overall adaptive functioning. In addition, hyperactive-impulsive symptoms are associated with peer rejection, aggression, risky driving behaviours, and accidental injuries. Prevalence rates in the adult population are estimated to be between 2.5% and 4.7% (Young et al., 2020); when applied to the CTMUHB population, this equates to between 11,000-22,000 individuals who may have ADHD, including both diagnosed and undiagnosed. Unmanaged ADHD can carry a high social, health, and economic burden on individuals, families and broader society.

Below are some of the significant consequences of untreated ADHD:

- Decreased quality of life.
- Increased incidence of substance use disorder.
- Increased incidence of impulsive behaviours, e.g., unprotected sex, gambling, teenage pregnancies, and eating disorders.
- Accidental injury, including road traffic accidents.
- Increased incidence of criminal offences.
- Increased incidence of suicide and self-harm.

Pharmacological treatment has been demonstrated to reduce accidental injuries, substance use, educational or occupational underachievement, sexually transmitted infections, depression, suicide, criminal activity, and teenage pregnancies.

ADHD has high rates of co-morbidities. As much as 80% of individuals with ADHD will have a co-morbid condition, including substance use, anxiety, depression, and other neurodevelopmental conditions. The high prevalence of co-morbidities means that adults with ADHD will present to other services, both within primary and secondary care. Untreated ADHD in adulthood is more likely to lead to a lack of engagement with other services and potentially a lack of adherence to treatments provided by them. People with ADHD being appropriately managed will therefore offer benefits to broader healthcare services within the health board, in addition to the target patient population.

This Local Supplementary Service is designed to assist the Adult ADHD Service to support adult patients (aged 18 years and over) to prescribe and monitor medications in a safe and supported way.

3. Delivery

This Local Supplementary Service will be offered to each GMS contractor (in relation to the registered patients of that GMS contractor).

It is the responsibility of the contractor to ensure that each Health Care Professional undertaking this Local Supplementary Service has the necessary skills, training, competence and experience in order to provide the service.

4. Service Objectives

The objectives of this Local Supplementary Service are to:

- Provide ongoing repeat prescription of methylphenidate, lisdexamfetamine or atomoxetine, for ADHD to adults who have been established and stabilised on ADHD medications by the Adult ADHD Service.
- Perform ongoing monitoring for patients prescribed methylphenidate, lisdexamfetamine or atomoxetine as appropriate for each drug. This would consist of 12-monthly monitoring of blood pressure, pulse and weight. These elements of monitoring beyond the standard requirements of unified services are supported by this *Local Supplementary Service*.
- Perform annual reviews for those prescribed methylphenidate, lisdexamfetamine and atomoxetine, as recommended by [NICE guidelines](#).
- Refer back to the Adult ADHD Service as appropriate, in the event of any clinical issues or concerns relating to ongoing prescribing of methylphenidate, lisdexamfetamine and atomoxetine e.g., significant adverse effects, medication requiring optimising etc.

5. Service Scope

The service applies to all adults within Cwm Taf Morgannwg University Health Board diagnosed with ADHD. The service will apply to adults who have been established and stabilised on medication by, or in agreement with, the CTMUHB Adult ADHD Service. Patients moving to the area on treatment, or those initiated on treatment by private healthcare providers need to be assessed by the CTMUHB Adult ADHD Service for them to be eligible for care under this LSS.

6. Service Description

This Local Supplementary Service will support the ongoing care of patients by commissioning GMS contractors to:

- **Prescribe** the maintenance treatment(s) as requested by the Adult ADHD Service prescribing team.
- **Be vigilant** for potential drug interactions or adverse reactions and report via the yellow card scheme if necessary - it is the responsibility of all prescribers to report all serious reactions to the MHRA via the Yellow Card Scheme.
- **Stop Treatment** on specialist advice or immediately if any urgent need arises.
- **Notify** the Adult ADHD Team of any changes to the patient's circumstances that might affect their treatment.
- **Monitor** blood pressure, pulse and weight as part of an annual medication review as per NICE guidelines. The Adult ADHD service will provide a review in the mid-year between the annual reviews in primary care as part of a programme of shared care.

This Local Supplementary Service will fund the elements of shared care monitoring beyond that expected as part of core services and prescribing service for patients with a diagnosis of ADHD in respect of the following specified drugs only:

- Atomoxetine
- Lisdexamfetamine
- Methylphenidate

To ensure all practices are up to the basic level required for this service, the contractor must:

- i. Produce and maintain an up-to-date register of all shared care drug monitoring service patients.
- ii. Ensure a systematic call and recall of patients on this register is taking place and have in place the means to identify and follow up patients in default.
- iii. Ensure that all newly diagnosed/treated patients (and/or their carers when appropriate) receive appropriate education and advice.
- iv. Ensure that all patients (and/or their carers and support staff where appropriate) are informed of how to access appropriate and relevant information.
- v. Work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.
- vi. Ensure that all staff involved in providing any aspect of care under this scheme have the necessary skills and training to do so.
- vii. Perform an annual review.

7. Audit

Each commissioned GMS contractor will perform an annual audit of the care of their ADHD patients. This should include the proportion of patients who have been monitored successfully under the LSS.

8. Payments

Each commissioned GMS contractor will be able to claim an annual payment of £45 for providing and appropriately monitoring the prescriptions.

9. About the Adult ADHD Service

Referrals to the Adult ADHD Service are via the [Community Mental Health Teams](#).

TO BE COMPLETED BY PRACTICE

NAME OF PRACTICE: _____

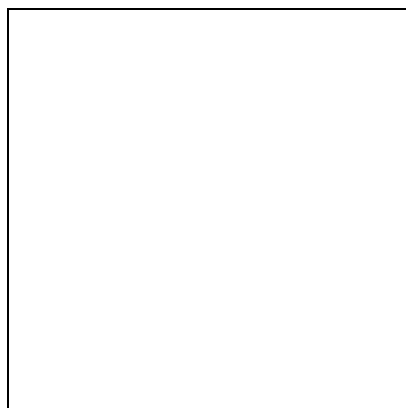
I/we seek approval for our practice to be included in the list of practices which may provide the Local Supplementary Service for Adult Deficit Hyperactivity Disorder.

I/we, the Contractor has understood the terms of the scheme, and agree to comply with (and provide the service in accordance with) the terms of the scheme.

Authorised Signature: _____ Date: _____
(on behalf of the practice)

Name: _____

Practice Stamp:



Please submit this form to redacted s40(2)@wales.nhs.uk

Appendix

[Interim advice for primary care clinicians on request to prescribe drugs with shared care protocols from private providers](#)