From: {REDACTED}
Sent: 18 February 2022 16:36
To: {REDACTED}
Cc: {REDACTED}
Subject: Prescribing ADHD medication to adults following private sector diagnosis in Scotland NAIT Guidance Draft 18.02.22

Hi

We were approached recently by SG about the issues around non NHS ADHD diagnosis and prescribing. It is also an issue for pilot sites and local areas are trying to write their policies – hopefully this will assist them and support consistency of messaging across the country.

We have consulted with the psychiatrists around Scotland and drafted this information (attached).

We plan to seek views of the Royal college of GPs and some of our neurodivergent partners before finalising this

I am sharing to keep you in the loop as it is a hot topic and in case there is anyone you think we should invite to review the content?

Kind regards

{REDACTED}

From: {REDACTED}
Sent: 14 April 2022 14:40
To: {REDACTED}
Cc: {REDACTED}
Subject: Re: NAIT Guidance - Prescribing ADHD medication following private sector diagnosis

Hi {REDACTED}

Thanks very much – these are very helpful comments and ways of expressing principles. We will discuss amendments to the document before making it public.

Can I check that NHS England guidance fits fully with NHS Scotland on these issues?

Kind regards

{REDACTED}

From: {REDACTED}
Date: Thursday, 14 April 2022 at 12:30
To: {REDACTED}
Subject: FW: NAIT Guidance - Prescribing ADHD medication following private sector diagnosis

[EXTERNAL]
Hi,

Please see below comments on the guidance from our professional advisor. Happy to discuss or set up a meeting if needed.

Thanks,

{REDACTED}
Learning Disability and Autism Team Leader

Autism and Learning Disabilities Team, Mental Health Directorate, 3ER St Andrew's House
{REDACTED}

{REDACTED}

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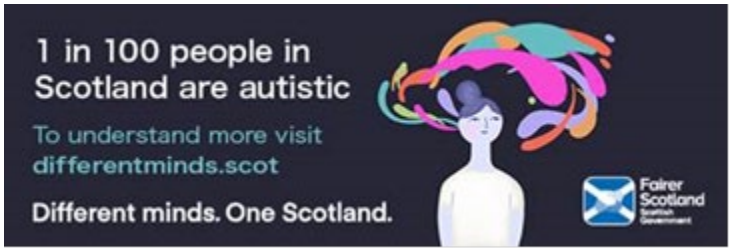

My working day may not be your working day. I work flexibly and don't expect you to read, respond to, or action this email outside your own working hours.

From: {REDACTED}
Sent: 14 April 2022 11:57
To: {REDACTED}
Subject: RE: NAIT Guidance - Prescribing ADHD medication following private sector diagnosis

Hi {REDACTED}

Firstly great to see this getting this done.

In reviewing the guidance, I did also look at the Nottingham NHS & Private Interface Prescribing Guidance and have highlighted few points from that document below for possible consideration/addition?
They start with
' It is a fundamental principal of the NHS that " there should be as clear a separation as possible between private and NHS care" Guidance on NHS patients who wish to pay for additional care (point 2.4) They make clear the shared care is an NHS service therefore a 'private patient seeking access to shared care should therefore have their care completely transferred to the NHS.'

The Nottingham guidance also states explicitly that
' A recommendation from a private specialist for that medicine does not entitle the patient to NHS prescriptions for that medicine. Recommendations from specialists for ongoing prescribing on the NHS need to be made at an NHS consultation with an NHS specialist.' (This suggests consultant to consultant (wondered about ANPs etc) with recommendations them made to GP). The NAIT Guidance refers to' diagnostic teams' and while this is pc I think in guidance we need to be very clear where liability lies. (This would be relevant for both CAHMS and Mental Health Teams sections. Colleagues may have further comments to add here.

Their guidance also makes explicit the responsibilities of GP's to consider the following before prescribing (and I wonder if it is worth including a bit on that given the guidance is about prescribing?(medication section) It is standard, but sometimes may not/does not happen)
Reviewing the patient's medical records to ascertain medical history
Assessment of the clinical need for the prescription
The clinical responsibility and legal liability for prescribing remains with the prescriber (i.e. the person signing the prescription, thinking medics, ANPs etc).

The prescriber must ensure familiarity and knowledge of the medicine to be prescribed including the side effect profile, drug interactions and requirement for monitoring.
As with requests from NHS consultants GPs should not take on prescribing if there is a need for specialist knowledge or monitoring and it is therefore felt to be beyond the scope of their clinical practice unless there are shared care arrangements in place.

The Nottingham guidance also includes guidance on the conditions under which a GP can refuse to prescribe (e.g. 'off license or unnecessary) which comes up in practice and therefore may be helpful ?
Thanks
{REDACTED}

From: {REDACTED}
Sent: 06 April 2022 12:06
To: {REDACTED}
Subject: FW: NAIT Guidance - Prescribing ADHD medication following private sector diagnosis

Hi,

Grateful for any views on the attached before it is published.

Thanks,

{REDACTED}
Learning Disability and Autism Team Leader

Autism and Learning Disabilities Team, Mental Health Directorate, 3ER St Andrew's House
{REDACTED}

{REDACTED}

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From: {REDACTED}
Sent: 05 April 2022 18:49
To: {REDACTED}
Cc: {REDACTED}
Subject: NAIT Guidance - Prescribing ADHD medication following private sector diagnosis

Dear all,
We have written the attached guidance because of an issue raised by the Adult ND pilot site teams, people with ADHD and Daniel Johnson (MSP).

We are aware it is a ‘hot topic’ and we wanted to let you see and review the guide before we make it available publicly.

BW

{REDACTED}

{REDACTED}

Autism and Learning Disabilities Team, Mental Health Directorate, 3ER St Andrew's House
{REDACTED}

{REDACTED}

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gov.scot

Scottish Government, St Andrew's House, Regent Road, Edinburgh EH1 3DG

From: *{REDACTED}*
Sent: 18 February 2025 11:49
To: *{REDACTED}*
Cc: *{REDACTED}*

Subject: Re: Shared Care Queries

Hi *{REDACTED}*

Thanks for your query regarding Shared Care. I am responding to your request as {REDACTED} is on Annual Leave this week. Our link Psychiatrist *{REDACTED}* has provided much of the information below and I have copied her into this email in case anything needs further clarification.

Background information
Please find attached:

- NHS Nottinghamshire Shared Care FAQs
- NHS Lothian ADHD Pathway

What is shared care?
Shared care guidelines are designed to outline the role and responsibilities of the patient, the GP and the specialist in prescribing medication that would not normally be prescribed in primary care. A shared care guideline should describe the responsibilities expected of the GP with regards to monitoring, side effects and drug interaction. The patient continues to be under regular follow up in secondary care, where overall response to treatment and the future need for treatment will be monitored.

The attached Nottinghamshire guide has been developed by a UK service outlining responsibilities. There is also GMC guidance for doctors about shared care.

Shared Care is usually arranged at a service level within Health Boards and with the Local Negotiation Committee and would normally be between public sector services at secondary care and primary care levels.

This link outlines the private healthcare arrangements in Scotland Private healthcare in Scotland FAQs – SPICe Spotlight | Solas air SPICe

Medication from a private prescription can sometimes be provided by the NHS under shared care arrangements. There is currently no NHS policy regarding adopting shared care arrangements; instead, this decision is at the clinical discretion of the GP, and the decision is sometimes made at practice or local NHS Board level.

Your questions

1. *We have been referring to the situation whereby someone receives a private diagnosis of ADHD and then seeks to receive support and medication via the NHS as happening under a Shared Care Agreement. Is this correct: would a Shared Care Agreement be in place between the private provider of the diagnosis and the local GP?*

Medication from a private prescription can sometimes be provided by the NHS under shared care arrangements. There is currently no NHS policy regarding adopting shared care arrangements; instead, this decision is at the clinical discretion of the GP, and the decision is sometimes made at practice or local NHS Board level.

It likely would depend on the standard of the information provided, the quality of assessment, the professional background of the assessor and the confidence of the prescriber in managing ADHD medications.

2. *If not, then what is the mechanism whereby the above scenario (private diagnosis followed by prescribing in the NHS) is arranged and played out? What legislations and/or guidance covers it?*

If the GP is not happy to prescribe, and the GP would be responsible for the prescription as they sign it. Then they have two options:

- Ask for further information from the private provider
- Or refer to NHS services for advice

The patient then can either seek ongoing prescriptions from the private clinic or wait for the NHS service.

3. *The NAIT guidance on prescribing following a private diagnosis refers to Shared Care Agreements as being between a patient, GP, and specialist service. Does this include specialist services within the NHS, or is it restricted to private providers?*

Here is the section of the NAIT guidance that outlines this:
If the private provider is not willing to continue to provide shared care, or the patient is moving to the NHS for prescribing, then the patient may need to wait for an NHS specialist appointment before the GP feels able to take on that prescription.

- A recommendation from a private specialist for a particular medicine does not entitle the patient to NHS prescriptions for that medicine. Recommendations from specialists for ongoing prescribing on the NHS need to be made at an NHS consultation with an NHS specialist.
- GPs sometimes face pressure to prescribe when the assessment is sufficient, but the patient is moving to the NHS and has not yet been accepted into the NHS psychiatry side of the SCA. If the monitoring requirements made by a private provider differ from the NHS recommendations that can also leave the GP prescriber in a difficult, and potentially unsafe situation, and lead to

lengthy discussions with patients to explain the reasons for delays in prescribing.
- It also requires the GP to know that the private provider is giving adequate ongoing care with which the patient is engaging and that monitoring is taking place with clear agreements around clinical responsibilities for this, again requiring time and attention going forward.

Shared care is usually between NHS services.
If it is with a private provider and a GP then it is an individual arrangement.
This guidance was written given this increasing practice in Scotland and to support GPs and patients.
The private specialist service would need to commit to keep the patient open and the GP would need to feel confident that the assessment was comprehensive and that they had sufficient knowledge and skills.
Local Health Boards would have their own shared care guidance in place for management of ADHD in children and in some areas for adults in addition.

The full NAIT Guidance can be found here:
https://www.thirdspace.scot/wp-content/uploads/2022/05/NAIT-Guidance-Prescribing-ADHD-medication-to-adults-following-private-sector-diagnosis-in-Scotland-2022.pdf

4. *Our focus has largely been on ADHD, but are Shared Care Agreements and the sharing of responsibilities between NHS and private providers also used in relation to people whose only diagnosis is autism? If so, what do those commonly look like?*

Shared care agreements are for prescribing. There is no specific prescribing for autism. If there is a co-occurring mental health condition such as anxiety/ depression then this would fall into the standard shared care prescribing guidelines.

5. *Would you be able to break down the patient journey of securing a Shared Care Agreement and/or the process of undergoing private diagnosis and then moving to the NHS for further support and prescribing? We are looking to develop a visual process map to aid both our understanding and that of those with whom we engage as we work through current challenges regarding diagnosis and prescribing.*

We think the Frequently Asked Questions attached explains this well.
For the private assessed patients though there is no service wide agreement so individual GPs would need to be approached and there is not likely to be a consistent response.

Specialists responsibilities
- Confirm the diagnosis and start prescribing the medicine.
- Provide the patient with written and spoken information about the medicine.
- Prescribe and monitor the medicine until the dose is stable.
- Explain shared care to the patient, answer any questions and discuss any concerns.
- Write to the GP and request shared care when the condition and medicine are stable.
- Prescribe and monitor the medicine while waiting for the GP to decide about shared care.

- Provide advice to the GP if this is asked for.
- Review the medicine at regular intervals to make sure it is still safe and effective.

GP responsibilities

Review specialist requests for shared care of medicines promptly.

- If the GP doesn't agree to shared care, they will write to the specialist within 14 days, giving reasons.
- If accepting shared care, prescribe and monitor the medicine as set out in the specialist's instructions and in the shared care agreement.
- Report any serious side effects to the specialist.
- Make sure the patient is given appointments for monitoring the medicine.

For private assessed patients if the GP does not accept the share care s/he could write to their local services for advice. Here it may be that the private assessment is considered and advice given or the patient is put on a list for assessment dependent on the service thresholds for inclusion. The quality of the assessment will impact and the inclusion criteria for the local mental health specialist services.

Let us know if you require any further information.

Best wishes
{REDACTED}

{REDACTED}
National Autism Implementation Team (NAIT)

Queen Margaret University
Queen Margaret University Drive
Musselburgh, East Lothian EH21 6UU, UK

From: *{REDACTED}*
Sent: 14 February 2025 15:54
To: *{REDACTED}*
Cc: *{REDACTED}*

Subject: Shared Care Queries

[EXTERNAL]
Hi *{REDACTED}*

Hope all's well with you.

A few queries following recent discussions with *{REDACTED}:*

- We have been referring to the situation whereby someone receives a private diagnosis of ADHD and then seeks to receive support and medication via the NHS as happening under a Shared Care Agreement. Is this correct: would a Shared Care Agreement be in place between the private provider of the diagnosis and the local GP?
- If not, then what is the mechanism whereby the above scenario (private diagnosis followed by prescribing in the NHS) is arranged and played out? What legislations and/or guidance covers it?
- The NAIT guidance on prescribing following a private diagnosis refers to Shared Care Agreements as being between a patient, GP, and specialist service. Does this include specialist services within the NHS, or is it restricted to private providers?
- Our focus has largely been on ADHD, but are Shared Care Agreements and the sharing of responsibilities between NHS and private providers also used in relation to people whose only diagnosis is autism? If so, what do those commonly look like?
- Would you be able to break down the patient journey of securing a Shared Care Agreement and/or the process of undergoing private diagnosis and then moving to the NHS for further support and prescribing? We are looking to develop a visual process map to aid both our understanding and that of those with whom we engage as we work through current challenges regarding diagnosis and prescribing.

Thanks and all good things,

{REDACTED}

Directorate for Mental Health and Social Care

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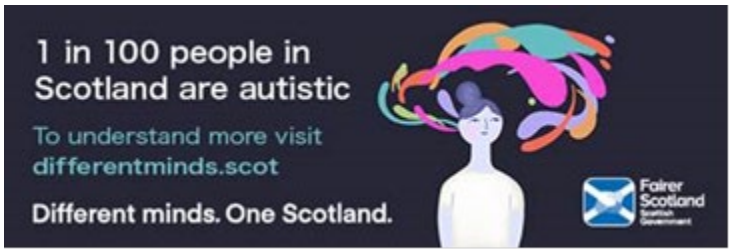

Please note our consultation on a proposed Learning Disabilities, Autism and Neurodivergence Bill has now closed; if you need to contact us regarding this please email LDAN.Bill@gov.scot.

🕐 *My working day may not be your working day. I work flexibly and don't expect you to read, respond to, or action this email outside your own working hours.*

Royal College of General Practitioners (Scotland)
Tel: 020 3188 7730 | infoscotland@rcgp.org.uk | rcgp.org.uk
Scottish Charity Number: SC040430 | Patron: His Majesty King Charles III

{REDACTED}
General Practice Policy Division, Directorate for Primary Care
Area 1ER, St Andrew's House
1 Regent Road
Edinburgh
EH1 3DG

Via email: {REDACTED}

8 April 2025

Dear {REDACTED}
Thank you for your letter to {REDACTED}regarding ADHD voluntary agreements. We are glad that you have highlighted the NAIT guidance, as this is relevant to the questions you have asked. We also note that NAIT guidance is referenced in treatment pathways that are currently undergoing redesign.

Why would a GP lack assurance about the quality and accuracy of diagnostic decisions made by private providers?

We would refer you to an article in the BJGP, dated August 2023, which looks at this issue, "The challenge for GPs will be deciding, based on the evidence provided by each provider, that they are satisfied that the prescription is needed, and that the assessment complies with National Institute of Clinical Excellence (NICE) guidelines."

It is currently the case that some private providers offer assessments "from the comfort of your home". Furthermore, Healthcare Improvement Scotland (HIS) does not provide any specific assurances around private services offering ADHD assessment and diagnosis. As such, it is understandable that some GPs lack assurance that private providers offer high quality diagnostic services.

Are there any other barriers to entering into voluntary agreements, where private providers are known to provide appropriate diagnosis? What can be done to address this?

Shared care agreements for ADHD would not simply involve a diagnosis, but also ongoing input from specialist services. Recommendations of medication by private providers may not meet guidance, such as NHS Lanarkshire's: "ADHD medication is only indicated in patients whose ADHD symptoms continue to cause a persistent, significant impairment in at least one setting after environmental modifications have been implemented and reviewed. ADHD medication should only be initiated by specialist services and should be used in conjunction with environmental modifications and, where appropriate, non-pharmacological interventions."

We note that NHS Lanarkshire's guidance is in keeping with SMC decisions, such as, "Treatment with methylphenidate should be part of a comprehensive treatment programme for attention-deficit hyperactivity disorder (ADHD) when remedial measures alone prove insufficient (under specialist supervision)."

The Scottish Government could address barriers to entering into voluntary agreements by commissioning HIS to inspect private providers of ADHD diagnostics to provide assurance of their qualifications, assessments, and treatment recommendations.

Where GPs have concerns about the quality and accuracy of diagnostic decisions made by private providers, is there a way of expediting NHS assessment where there may be adverse impacts on patients if medication that is already being provided is stopped?

It is our understanding that GPs can include copies of paperwork from private providers as part of a referral for NHS care, with documents being uploaded via SCI-GW.

Where patients do not attend follow up appointments, prescriptions would not be issued on an ongoing basis owing to the need to monitor patients on ADHD medication.

What are the reasons for the termination of existing voluntary agreements? What can be done to address this?

If there is not a shared understanding of the division of responsibilities, then an agreement does not exist.

The Scottish Government could provide a template agreement to set out what would be reasonably expected of both parties. A transfer of care to the NHS could be supported through an enhanced service, especially where general practice is being asked to undertake work that goes beyond general medical services.

Additionally, the Scottish Government may wish to write to all existing private providers to highlight the risk of general practitioners not entering into a shared care agreement, or indeed withdrawing from one, and asking that they acknowledge this and incorporate this consideration into the advice they give their customers.
Have your members found that voluntary agreements do not work for them in the sense that the agreements make demands on their capacity beyond what could have been predicted?

Ultimately, shared care agreements result in general practice taking on additional responsibilities at a time when the profession is under significant pressure. We fear that multiple private providers will not be familiar with good practice guidance in Scotland and may lack the ability to arrange any necessary follow up checks locally.

It is possible that the patient may not have been offered or advised to travel to in-person assessments with a specialist, or indeed that the patient may have chosen a specialist based far away having anticipated remote assessment may suffice.

We hope this information is of use.

Kind regards
{REDACTED}

RCGP Scotland {REDACTED}