

Advice for primary care regarding prescribing requests following private ADHD or ASD diagnosis.

General Practitioners and other prescribing clinicians in primary care settings may be asked to prescribe medicines for ADHD or ASD on a FP10 prescription, following a private ADHD or ASD diagnosis.

There are 2 scenarios which may be encountered:

- Where a GP has made a referral to a private provider who has an NHS contract with an NHS commissioner under the patient's "Right to Choose".
- Where a patient has made the referral themselves to a private provider without involvement of their GP.

When considering recommendations from a private provider for ADHD or ASD 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.^{1,2}

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

- An appropriate diagnosis has been carried out, in line with local and/or national guidance. A diagnosis of ADHD or ASD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD or ASD, 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 state¹

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.²
- Any other co-morbidities, including tics and substance misuse, have been considered.
- Concurrent medication has been considered.

- 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.^{1,2} This includes monitoring of appropriate physical observations, ADHD symptoms, psychiatric status and potential for misuse and diversion of medication.
- If the patient made their own referral to a private provider ongoing monitoring, therapy or counselling may be an additional cost to the patient (if recommendations outside of the agreed shared care guideline are made), will they be prepared or able to continue to pay for this on a long-term basis.
- “The NHS should never subsidise private care with public money, which would breach core NHS principles”³. An individual who has chosen to pay privately for an element of their care is entitled to access other elements of care through the NHS, provided the patient meets NHS commissioning criteria for that treatment. However, at the point that the patient seeks to transfer back to NHS care, the patient should not be given any preferential treatment by having accessed part of their care privately and be subject to standard NHS waiting times as they need to be reassessed by an NHS clinician. Private providers should be transparent regarding costs to the patient/ patient representative prior to diagnosis/ initiating treatment.
- The Right-to-Choose rules do not allow for swapping between providers mid-treatment. For patients who have sought a private diagnosis there is no facility for NHS Dorset CAHMS teams, paediatrics and CMHT services to monitor patients prescribed ADHD or ASD medications unless they are referred to the service by standard referral processes. In these cases, CAHMS teams, paediatrics or CMHT services will need to complete the standard assessment process and can only provide treatment if the patient is found to meet the services criteria.
- Prescribing should be in line with [NHS Dorset Formulary](#).
- If a clinician decides to prescribe ADHD or ASD 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, please see local guidance: [Private Prescribing in Primary Care NHSD.pdf \(nhsdorset.nhs.uk\)](#), and national guidance [Guidance on NHS patients who wish to pay for additional private care \(publishing.service.gov.uk\)](#)
- For more information regarding “Right to Choose”: [Your choices in the NHS - NHS \(www.nhs.uk\)](#)

- In addition to this guidance, prescribers should follow their professional guidance for prescribing medicines.

References:

1. Adapted from NHS Lanarkshire : nhs.uk/guidelines/scot.nhs.uk/media/2131/advice-for-pc-and-adhd-prescribing-following-private-diagnosis-jul22.pdf
2. The NICE Guidelines for attention deficit hyperactivity disorder: diagnosis and management (NG87). Updated September 2019
3. Department of Health: Guidance on NHS patients who wish to pay for additional private care 2009