

Buckden & Little Paxton Surgery

Shared Care Agreement for ADHD Medication Prescribing in Primary Care

This agreement is designed to ensure safe and effective prescribing of ADHD medication following a diagnosis of ADHD, whether made via NHS or private services. The role of Buckden & Little Paxton Surgeries is to manage the ongoing prescribing of ADHD medication, while specific ADHD monitoring and medication adjustments will remain under the responsibility of the specialist clinic.

1. Conditions for Ongoing Prescription: The practice will continue to prescribe ADHD medication under the following conditions:

- **Annual Review with Specialist:** The patient must have an annual review with a specialist, which can be with a private clinic while awaiting an NHS review. This review is essential to assess the continued appropriateness of the medication.
- **Six-Monthly Monitoring:** The practice will ensure that the patient undergoes the following monitoring every 6 months:
 - Blood pressure (BP)
 - Pulse
 - Weight
 - Height
 - Any additional monitoring as advised by the specialist clinic
- **No Dose Alteration by Practice:** The practice will not alter the dose of the ADHD medication. Any changes to the medication dosage or regimen will remain the responsibility of the specialist clinic.

2. Cessation of Prescription: ADHD medication prescribing will cease if:

- The patient fails to attend the required annual review with the specialist or
- The patient fails to complete the 6-monthly monitoring as outlined above.

3. Acknowledgment and Consent: By signing below, the patient (or parent/guardian) acknowledges and agrees to the conditions outlined in this shared care agreement. The patient understands that the primary care practice will only continue prescribing ADHD medication if the conditions are met, and any failure to comply with the monitoring or review requirements will result in the cessation of medication prescribing.

Patient (or Parent/Guardian) Consent:

- **Patient Name:** _____
- **Date of Birth:** _____

- **Signature of Patient/Parent/Guardian:** _____
- **Date:** _____

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On Behalf of the Practice:

- **Practice Name:** _____
- **GP/Practice Representative:** _____

- **Signature:** _____
- **Date:** _____

This document is intended to promote safe and effective management of ADHD treatment through collaboration between primary care and specialist services. Both the patient and the practice agree to adhere to the stipulations for continued prescribing and monitoring.