

**Policy on Shared Care Agreements with Private ADHD
Assessment Providers**



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1. Purpose

As a practice, we are committed to supporting patients with neurodevelopmental diagnosis. We are mindful that pressures on NHS services have increased in recent years, and that often patients seek private diagnosis and treatment as a result. The purpose of this policy is to outline the reasons why Avon Medical Practice has made the difficult decision to no longer offer to enter into shared care agreements with private providers offering ADHD assessments. This decision ensures that patient safety, quality of care, and adherence to NHS guidelines are maintained while also promoting clinical accountability in the management of Attention Deficit Hyperactivity Disorder (ADHD).

2. Background

ADHD is a complex neurodevelopmental disorder that requires a comprehensive, multidisciplinary approach to diagnosis and treatment. GPs cannot make this diagnosis. While private assessments for ADHD are becoming increasingly common, there are concerns regarding the quality, consistency, and clinical oversight of these private services. Shared care agreements between private providers and general practices have traditionally allowed GPs to prescribe medication for ADHD following a private diagnosis. Avon Medical Practice has decided to cease entering into shared care arrangements with private ADHD assessment providers. The reasons for this decision are outlined below.

3. Scope

This policy applies to all patients who present with a diagnosis of ADHD from a private assessment provider and request ongoing medication management or shared care agreements through Avon Medical Practice.

4. Rationale for no longer entering into shared care agreements

Avon Medical Practice has reviewed and considered various factors that may compromise the quality of care provided to patients with ADHD. The following are the key reasons for not entering into shared care agreements with private ADHD assessment providers:

- **Inconsistent Diagnosis and Assessment Standards**

Private ADHD assessments may not always adhere to NHS diagnostic criteria or the latest evidence-based guidelines (e.g., NICE guidelines for ADHD). There may be variations in the quality and thoroughness of private assessments, which makes it difficult for GPs to be confident in the diagnosis. As such, a diagnosis made by a

private provider may not always meet the standard required for effective treatment under NHS care.

- **Lack of Comprehensive Documentation**

Many private ADHD assessments lack sufficient and detailed documentation. This includes inadequate histories, incomplete symptom assessments, or missing evidence of co-morbidities, all of which are essential for forming a complete clinical picture. Without this comprehensive information, GPs are unable to make informed decisions regarding medication management and are unable to ensure the best care for the patient.

- **Medication Prescription Concerns**

ADHD medication, such as stimulants (e.g., methylphenidate) or non-stimulants (e.g., atomoxetine), can have significant side effects and require careful monitoring. When medications are prescribed following a private ADHD diagnosis, there may be insufficient follow-up or guidance on how to manage and monitor these medications. This can lead to safety concerns regarding medication management, especially if the private provider is not involved in ongoing care.

- **Inadequate Care Coordination**

Effective ADHD treatment involves coordination between multiple health professionals, including specialists, GPs, and psychologists. In some cases, private providers do not engage in the level of coordination necessary to ensure that treatment is well-rounded and continuously monitored. Without proper communication between the private provider and the GP, the patient's treatment may lack cohesiveness, leading to potential treatment gaps or duplicative care.

- **Failure to Meet NHS Guidelines for Ongoing Care**

Shared care agreements require clear, structured management plans and continuous monitoring. In some cases, private providers do not offer the level of post-assessment care recommended by NHS guidelines, including follow-up appointments, psychological support, or detailed management plans. The absence of such plans makes it difficult for GPs to assume responsibility for prescribing and monitoring medication under a shared care arrangement.

- **Ethical and Clinical Responsibility**

As healthcare professionals, GPs are responsible for the clinical safety and well-being of their patients. Inadequate documentation, a lack of evidence supporting the diagnosis, or concerns about medication safety undermine the ability of GPs to fulfil their professional responsibilities. Without adequate assurance that the ADHD diagnosis is accurate and that treatment is appropriate, the practice is unable to provide the standard of care required.

5. Alternative Care Pathways

While Avon Medical Practice is no longer entering into shared care agreements with private providers, we remain committed to supporting patients with ADHD. The following alternative care pathways are available:

- **Referral to NHS ADHD Services**

Patients can be referred to NHS adult ADHD services, where they will undergo a thorough assessment by qualified specialists. This ensures that all aspects of the diagnosis and treatment plan meet NHS standards. If you have already had a private ADHD assessment the full details of this can be sent on to local NHS services. Any

GP referrals of a child requiring assessment for ADHD are required to have a school report and current guidance is that school originated referrals are preferable to those made by general practitioners. If you think your child may have ADHD you must first speak to the local school and enquire about their assessment and referral process.

- **Ongoing Support and Monitoring**

If you have received a private diagnosis and are currently prescribed medication relating to an ADHD diagnosis the practice will continue to honour current shared care arrangements, providing you are registered with the practice at the date of this review [4 March 2025] and the terms of the shared care agreement are fulfilled by all parties.

6. Communication with Patients

When informing patients of this policy, the practice should:

- Provide a clear and compassionate explanation of the reasons why shared care agreements are no longer being entered into with private ADHD assessment providers.
- Offer patients the opportunity to discuss their concerns and explain the available alternatives for diagnosis and treatment including the preferable school led referral process for children aged 5+.
- Ensure that patients have access to relevant information regarding NHS services and any necessary referrals.
- Address any questions or anxieties regarding the management of ADHD symptoms in the interim period while the patient seeks further assessment or treatment. Please follow the link to NHS Lanarkshire Neurodevelopmental service resources for children and young people:
<https://www.nhslanarkshire.scot.nhs.uk/services/neurodevelopmental-service-for-children-and-young-people/>

8. Review and Policy Updates

This policy will be reviewed every three years, or sooner if circumstances necessitate it, to ensure it reflects the latest NHS guidelines, regulatory standards, and best practices for the management of ADHD. Any changes or updates will be communicated to staff and patients as appropriate.