

Date: 13/05/2024
Your Ref:
Our Ref: 8671

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Dear

FREEDOM OF INFORMATION – GP SHARED CARE AGREEMENTS

I write in response to your request for information in relation to GP shared care agreements.

Context for shared care agreements:

NHS Lothian has shared care agreements for some of the drugs used to treat ADHD in children and young people over 6 and adults. These agreements are between NHS Lothian specialist services and GP practices in Lothian. These agreements are designed to support GPs and specialist teams in providing safe and accessible care for patients. The agreements detail what part of the care should be provided by specialist/hospital consultant teams and which parts are the responsibility of the General Practitioner and their team and are agreed by representatives of the specialist service, GPs, and pharmacists.

There are no similar agreements between GP practices and private providers. As independent contractors GP practices can choose to share care with private providers but there is no requirement to do so. Further detail is included in the attached document from the Deputy Medical Director Primary Care.

Question:

1. A copy of the applicable guidance (this should include the guidance from the local psychiatry leads, and any from LMC and Scottish Government which have informed or influenced the guidance provided by Drs Smith and Cooper which the GP implied was the justification for the practice's policy - or, if this is incorrect, the most relevant applicable policy

Answer:

- a. Published guidance available includes the following:
 - i. Scottish Office 1992 circular NHS circular 1992 (GEN) 11 - RESPONSIBILITY FOR PRESCRIBING BETWEEN HOSPITAL AND GPs - <https://www.publications.scot.nhs.uk/files/gen1992-11.pdf>
 - ii. NHS Lothian Procedure for the shared care of medicines - <https://policyonline.nhslothian.scot/wp-content/uploads/2023/03/Shared%20Care%20of%20Medicines.pdf>
 - iii. The General Medical Council - Good practice in prescribing and managing medicines and devices - <https://www.gmc-uk.org/professional->

[standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices](#)

- iv. The General Medical Council - Professional standards for doctors - <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors>
- v. The Scottish Government - Arrangements for NHS Patients receiving healthcare services through private healthcare arrangements' - <https://www.publications.scot.nhs.uk/files/cmo-2009-private.pdf>
- b. Guidance from the Local Medical Committee would need to be requested direct or obtained from the Lothian LMC website [Downloads & Helpful Resources – Lothian LMC](#)

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

Question:

- 2. Details of the remit of the guidance (in terms of time, place etc.), and any limitations or exceptions to its applicability, including the extent to which it is advisory, mandatory or conditional

Answer:

- a. Please see attached information below.

Question:

- 3. Details of the origin of the guidance, i.e. when it was introduced, under which authority/authorities, and the reasons for its introduction

Answer:

- i. Scottish Office 1992 circular NHS circular 1992 (GEN) 11 - RESPONSIBILITY FOR PRESCRIBING BETWEEN HOSPITAL AND GPs - <https://www.publications.scot.nhs.uk/files/gen1992-11.pdf>
- ii. NHS Lothian Procedure for the shared care of medicines - <https://policyonline.nhslothian.scot/wp-content/uploads/2023/03/Shared%20Care%20of%20Medicines.pdf>
- iii. The General Medical Council - Good practice in prescribing and managing medicines and devices - <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices>
- iv. The General Medical Council - Professional standards for doctors - <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors>
- v. The Scottish Government - Arrangements for NHS Patients receiving healthcare services through private healthcare arrangements' - <https://www.publications.scot.nhs.uk/files/cmo-2009-private.pdf>

Question:

4. Confirmation of whether or not the NHS Lothian 'Procedure for the shared care of medicines' (found online at <https://policyonline.nhslothian.scot/wp-content/uploads/2023/03/Shared%20Care%20of%20Medicines.pdf>) is still current, and, if there is perceived to be any conflict between the guidance referred to above and the Procedure, an explanation of any hierarchical precedence between the guidance and the Procedure.

Answer:

- a. The 'NHS Lothian Procedure for the shared care of medicines' is still current. Where amendments are required, these can be enacted through the Area Drug and Therapeutics Committee and the subcommittee, the General Practice Prescribing Committee.

Question:

5. Details, including appropriate correspondence details, of the "owner(s)" of the guidance, i.e. the individuals, organisational roles, bodies or mechanisms responsible for having produced the guidance, responsible for overseeing its application, and with ownership of the ability to introduce or withdraw such guidance.

Answer:

- a. The 'Procedure for the shared care of medicines' are owned and approved by NHS Lothian Area Drug and Therapeutic Committee. Committee members and minutes are published online - <https://org.nhslothian.scot/committees/area-drug-and-therapeutics-committee-adtc/>. They include medics, pharmacists and nurses with roles in general practice, hospital inpatient and outpatient areas, and medicines governance.
- b. The writing and reviewing of such guidance is conducted in collaboration with advisory forums and committees including the NHS Lothian Area Drug and Therapeutic Committee (ADTC), The General Practice Prescribing Committee (a subcommittee of ADTC), the Lothian Local Medical Council and the NHS Lothian Interface Group. Oversight remains with the ADTC.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing, Midwifery and AHPs
Cc: Chief Executive

ADHD and shared care with private providers

NHS Lothian has shared care agreements for some of the drugs used to treat ADHD in children and young people over 6 and adults. These agreements are between NHS Lothian specialist services and GP practices in Lothian. **These agreements are designed to support GPs and specialist teams in providing safe and accessible care for patients.** The agreements details what part of the care should be provided by specialist/hospital consultant teams and which parts are the responsibility of the General Practitioner and their team and are agreed by representatives of the specialist service, GPs, and pharmacists.

There are no similar agreements between GP practices and private providers. As independent contractors GP practices can choose to share care with private providers but there is no requirement to do so.

If a practice chooses to share care with a private provider, they will normally require the private provider to provide the same level of specialist input as the NHS specialist services; in other words, to follow the NHS Lothian shared care agreement. This is sensible as the shared care agreement is there to support safe and effective care.

Details of the NHS Lothian shared care agreements for AD(H)D medicines:

For patients under 6 years of age

- All of the care would be provided by specialist services including prescribing and they are not part of the shared care arrangements.

For patients over 6 but under 18

- The specialist team (usually CAMHS) is required to undertake, assessment, diagnosis, titration of medicine dosage **and all monitoring including – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term.**
- **Only prescribing is done by GPs** and then only if the CAMHS have confirmed that the ongoing monitoring is in place and supports continued prescribing of the medication.
- When the young person reaches 18 and is transferred to adult services the specialist team are required to facilitate this transfer.

For adult patients

- The specialist team (usually adult mental health teams) is required to undertake, assessment, diagnosis, titration of medicine dosage including - height, weight, and family history of cardiovascular disease at baseline and refer patient for ECG if required, monitor BP and pulse during dose titration.
- The specialist team are also responsible for a re-evaluation of continued need for medication beyond one year.
- The GP is responsible for 6 monthly monitoring of weight, pulse, and blood pressure every 6 months once the patient is stable and for prescribing. The GP would require the 12 months re -evaluation by a specialist to take place to continue the monitoring and prescribing in primary care.

Common issues that arise between GPs and private providers and difficulties for patients:

- Not all private providers are able to offer the monitoring required.
- Not all private providers offer the 12 months re -evaluation.
- It is often extremely expensive for patients and parents who need to pay for the private part of the care.
- There has been some doubt cast on the validity of diagnoses made in the private sector. Most private providers are providing a high-quality service, but it is difficult for GP teams to identify concerns of this nature when they have such limited contact with the providers. This has led some GPs and GP practices to decline to enter into shared care arrangements with private providers.
- Often private providers work across a number of regions of Scotland or indeed the UK where subtly different shared care agreements will be in place. This can cause confusion for patients, parents and the clinicians involved.

Waiting times in NHS Lothian for specialist assessment and care in this area are long and this is a pattern seen across the UK. Representatives of both specialist services and General Practitioners have argued that much greater resource is needed, in both sectors, for significant improvements in this situation to be made.

NHS Lothian, and the GP practices we work with, recognise the extreme challenges faced by patients and their families who are concerned about the possibility of an ADHD diagnosis. GP practices work very hard with colleagues in other specialist services using shared care agreements that have been carefully designed to provide high quality care, but do not have the capacity to enter into multiple bespoke arrangements with other providers. NHS Lothian is working hard to

continue to improve the quality and accessibility of ADHD care but like other regions of Scotland and the UK is struggling with an unprecedented increase in need in this area.

Dr Jeremy Chowings
Deputy Medical Director Primary Care NHS Lothian
May 2024