

Barwell & Hollycroft Medical Centres



Referrals and Shared Care Agreements for Autism Spectrum Disorder & Attention Deficit Hyperactivity Disorder Policy

Creation and Implementation:

Version:	Created:	Created by:	Approved by:	Review date:	Comments:
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Review of Policy:

Version:	Review date:	Edited by:	Approved by:	Comments:

Purpose:

To establish a clear protocol for referring patients for assessment, diagnosis and management of Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD).

To establish a clear protocol for the review and acceptance/rejection of Shared Care Agreements (including Right To Choose on the NHS), for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), ensuring adherence to BMA guidelines and NHS duty of care principles.

Scope:

This protocol applies to all NHS and non-NHS shared care agreement (including Right To Choose on the NHS) requests for ASD / ADHD medications received by the GP practice.

Referrals:

Currently, there is an excess of 3 year waiting list for patients to be seen (from the time of referral) to local NHS services that are providing assessment, diagnosis and management of ASD / ADHD. Patients understandably feel that this long wait is unacceptable (which the practice fully agrees with) and therefore may chose to seek alternative provided including private, non-NHS or Right to Choose under the NHS.

For patients requesting a local NHS referral, this can be done by visiting our practice website and following the instructions provided. You do not need to book an appointment with a GP to discuss this. Local NHS providers stipulate that certain questionnaires are required or reports from schools / educational settings prior to a referral. These will need to be done by the patient/parent/carer/guardian/school before the referral can be sent off.

If the Right to Choose or private provider suggests that a patient commence or be prescribed medication, then they will request that the practice prescribe the medication for the patient. This will usually be in the form of a written document called a Shared Care Agreement which will be sent to the practice.

If the provider is a non-NHS provider Right to Choose or a private provider then currently, the practice is not able to enter into a Shared Care Agreement for anyone who has been referred after the 1st September 2024.

Therefore, if the patient chooses to go down this route for assessment and if treatment is recommended, then the patient must fund this privately. In addition, any monitoring and tests required whilst on medication will also need to be funded privately and will not be performed at the practice.

Rationale for refusing non-NHS providers, Right to Choose or private providers:

The practice is committed to providing comprehensive and equitable healthcare to all our patients. Our decision to implement this policy and prescribing practices stems from a conscientious effort to align with the latest guidance. Therefore, in accordance with guidance (listed below), the practice has made the decision to no longer accept Shared Care Agreements outside of the local NHS system. This adjustment ensures that all patients receive consistent and standardised care, regardless of their route to diagnosis or treatment.

It is crucial to recognise that the management of many conditions, particularly through medication, necessitates regular monitoring and a specialist oversight. While we remain dedicated to delivering high-quality care to our patients, our resources and capabilities may not extend to providing the specialised monitoring required for patients diagnosed and treated through non-NHS providers.

British Medical Association Guidelines:

The British Medical Association's guidance on shared care agreements, states that GPs may decline participation in Shared Care Agreements if they consider it inappropriate or if it falls outside their contractual obligations. We are not contractually obligated to accept Shared Care Agreements from non-NHS providers (Right to Choose / private) and also have the right to reject Shared Care Agreements from NHS providers.

NHS Duty of Care:

The NHS's duty of care is to provide the best possible care to patients. Several non-NHS providers do not appear to follow NHS guidelines with regards to the management of patients requiring specialist medication. This includes the non-NHS provider not following the same standards of care for patient safety or providing the same quality of care that a patient would receive on the NHS.

Right to Choose or private providers to Local NHS Service Referrals:

For patients who have seen Right to Choose or private providers, the practice will support a referral to the local NHS service. Please bear in mind that as stated above, the current wait time for the local service is over 3 years. During this time, the patient will still need to fund any monitoring / medications privately if applicable.

For patients requesting a local NHS referral, this can be done through the practice, and information about how to obtain this is available on our practice website. Local NHS providers stipulate that certain questionnaires are required or reports are needed from schools / educational settings prior to a referral. These will need to be done by the patient before the referral can be sent off.

Patients will need to bear in mind that the local NHS service may not accept the diagnosis provided by Right to Choose or private providers and therefore there is a risk that the patient will need to undergo further assessments and investigations.

Documentation of Diagnoses / Treatment:

All patients who are referred to local NHS services, will have the diagnosis added to their medical records at the practice.

For patients under the age of 18 years (at the time of diagnosis) who have been referred to Right to Choose or private providers, the practice will not add the diagnosis to their medical records. All letters sent to the practice will be added to the patients' medical records which can be used as supporting documentation for parents/carers as needed.

For patients aged 18 years and older (at the time of diagnosis) who have been referred to Right to Choose or private providers, the practice will only add the diagnosis to their medical records. All letters sent to practice will be added to the patients' medical records which can be used as supporting documentation as needed.

Anyone who has been referred prior to 1 September 2024 and not yet diagnosed or stabilised on medication - we will consider accepting the Shared Care Agreement when the request is received but we cannot guarantee acceptance.

For all referrals after the 1st September 2024, the practice will not accept any Shared Care Agreements with Right to Choose or private providers.

Review and Update:

This protocol will be reviewed at least annually to ensure compliance with updated guidelines and best practices. Any changes to guidelines from the British Medical Association or NHS prior to the formal review date will also trigger a review and update.

Compliance:

All staff must adhere to this protocol to ensure consistent and safe handling of NHS and non-NHS shared care agreements.