

## Barking and Dagenham PCT

# Local Enhanced Service for the provision of Attention Deficit and Hyperactivity Disorder Care and Maintenance in General Practice

LES39

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## Financial Details

This agreement is to cover the 12 months commencing 1 April 2008.

On agreeing a service plan with the PCT for the 12 months commencing 1 April 2008 practices will receive:-

	<b>Quarterly price per patient</b>
<b>Level 1</b> Repeat prescribing & monitoring stable patients	£8.56
<b>Level 2</b> Repeat prescriptions & shared care management of ADHD patients	£85

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF PRACTICE SIGNATURE SHEET AND PERFORMANCE MONITORING RETURNS**

## Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this national enhanced service.

The practice will be providing a Level 1 ADHD service   
(signature sheet only required)

The practice will be providing a Level 2 ADHD service   
(please sign and return with the attached practice plan)

### Principle Signature on behalf of the Practice:

Signature	Name	Date

### Signature on behalf of the PCT:

Signature	Name	Date

## Service Aims

Attention deficit hyperactivity disorder (ADHD) is a condition characterised by a set of behavioural difficulties associated with brain dysfunctions. The estimated prevalence is around 5% of school-aged children. Not all children who might meet the diagnostic criteria for ADHD are diagnosed.

The treatment of ADHD is increasingly reliant on drugs that, while clinically effective, need regular monitoring. This is due to the potentially serious side-effects that these drugs can occasionally cause. It has been shown that the incidence of side-effects can be reduced significantly if monitoring is carried out in a well organised way, close to the patient's home.

NICE recommends that continued prescribing and monitoring of drug therapy may be performed by GPs under shared care arrangements.

The aim of this LES scheme is to increase primary care shared care for children with ADHD. A local enhanced service specification has been developed to include two levels of service with a planned commencement date of July 2008:

**Level 1** Repeat prescribing & monitoring stable patients

**Level 2** Repeat prescriptions & shared care management of ADHD patients

The specification has been developed along with a shared care protocol, by colleagues in CAMHS and commissioning. The Primary Care Contracting Group and Medicines Management Committee support this enhanced service development.

**A more details service specification and shared care protocol are attached...  
See Annexes 1-3**

## Criteria

The Local Enhanced Service Specification requires practices to provide details against the following criteria. On aspiring to this service practices are required to submit plans under each of these items to the PCT.

- (i) the development and maintenance of a register
- (ii) call and recall
- (iii) professional links
- (iv) referral policies
- (v) education of newly diagnosed patients and parents/carers
- (vi) individual management plans
- (vii) clinical procedures & medication review
- (viii) record-keeping
- (ix) audit
- (x) training
- (xi) review

## Criteria One : register

### Details

- the development and maintenance of a register. Practices should be able to produce an up-to-date register of all children and adolescents with Attention Deficit Hyperactivity Disorder, indicating patient name, date of birth along with details of the completed 'checking' and 'therapeutic' tasks detailed in the attached specification.

### Practice Plans for Year 08/09

(please detail below your practice's plans for this criteria)

Patient ID	Drug Name and Dosage	Date commenced	drug	Date of 6 monthly Review

### Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

## Criteria Two: call and recall

### Details

- To ensure that systematic call and recall of patients on this register is taking place either in a general practice setting.

### Practice Plans for Year 08/09

(please detail below your practice's process for this criteria)

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Three: professional links

### Details

- To work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained

### Practice Plans for Year 08/09

(please detail below your other professionals involved in the monitoring of these patients)

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Four : referral policies

### Details

- When appropriate to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

### Practice Plans for Year 08/09

*(please detail below your practice's referral policy for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

**Criteria Five : education of newly diagnosed patients and their parents/carers**

**Details**

- To ensure that all newly diagnosed patients (and/or their carers and support staff when appropriate) receive appropriate management of, and prevention of, secondary complications of their condition including the provision of patient-held booklet

**Practice Plans for Year 08/09**  
**(please detail below your practice's plans for this criteria)**

**Practice Evaluation at end of Year / results**  
**(at the end of the year please detail below the practice's results for this criteria)**

## Criteria Six : individual management plans

### Details

- To discuss and agree with NELMET specialists and with the patient an individual management plan, which gives the diagnosis, planned duration and therapeutic range to be obtained

### Practice Plans for Year 08/09 (please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

## Criteria Seven : clinical procedures

### Details

- To ensure that at least annually an appropriate review of the patient's general health is carried out including checks for potential complications and, as necessary, a review of the patient's own monitoring records. To ensure that all clinical information related to this LES is recorded in the patient's own GP held lifelong record.

### Practice Plans for Year 08/09 (please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

## Criteria Eight: record-keeping

### Details

- To maintain adequate records of the performance and result of the service provided, incorporating appropriate known information, as appropriate.

### Practice Plans for Year 08/09 (please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

## Criteria Nine: audit

### Details

- To carry out clinical audit of the care of patients against the above criteria, including untoward incidents. This should also review the success of the practice's ability to manage attention deficit hyperactivity disorder in a practice setting.

### Practice Plans for Year 08/09

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Ten: training

### Details

- Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so.

### Practice Plans for Year 08/09 (please detail below training attended and dates)

### Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

## Criteria Eleven: review

### Details

- All practices involved in this scheme should perform an annual review which could include:
  - (a) information on the number of patients being monitored, the indications of Attention Deficit Hyperactivity Disorder (ADHD) and the quality of information recorded on the practice system.
  - (b) brief details as to arrangements for each of the aspects highlighted above
  - (c) details of any equipment used and arrangements for internal and external quality assurance
  - (d) details of training and education relevant to the ADHD monitoring service received by practitioners and staff
  - (e) details of the national standards and NICE guidance used for the management of ADHD

### Practice Plans for Year 08/09 (please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

## **Clinical Governance Arrangements**

It is a condition of participation in this LES that practitioners will give notification to the PCO of:

- all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition.

These must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations with regards to clinical governance arrangements set out in nGMS, PMS, APMS and SPMS contracts.

## **Accreditation**

Those doctors who had previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

## **Ongoing Measurement & Evaluation**

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

# Annex 1

## Local Enhanced Service for the provision of Attention Deficit and Hyperactivity Disorder Care and Maintenance in General Practice

### Background

NICE has now reported on drug treatment for attention deficit hyperactivity disorder (ADHD) twice, in 2001 and 2006. The latter report endorsed methylphenidate, atomoxetine and dexamfetamine as treatments for ADHD in children and adolescents. It recommended that whilst drug treatment should only be initiated by a specialist, i.e. child psychiatrist or paediatrician, continued prescribing and monitoring may be performed by general practitioners under shared care arrangements.

Following the 2001 NICE report a shared care agreement was negotiated with NELMHT whereby GPs could offer repeat prescriptions if they wished. Since then the level of prescribing for ADHD has increased to become a central part of child mental health practice. NELMHT child psychiatrists are now spending a good deal of time writing repeat prescriptions and monitoring stable patients. It is therefore proposed that GPs take over routine follow-up and prescribing as an enhanced service, with support from NELMHT.

This Local Enhanced Service Specification requires practices to provide details against the following criteria. On aspiring to this service practices are required to submit plans under each of these items set out in the SLA template.

- (i) the development and maintenance of a register
- (ii) call and recall
  
- (iii) professional links
  
- (iv) referral policies
  
- (v) education of newly diagnosed patients and parents/carers
  
- (vi) individual management plans
  
- (vii) clinical procedures & medication review
  
- (viii) record-keeping
  
- (ix) audit
  
- (x) training
  
- (xi) review

## **Entry to enhanced service**

Diagnostic assessment and initiation of medication and other treatment will continue to be a specialist responsibility. Once drug efficacy and dose are established, routine drug monitoring will be taken over by the GP offering the enhanced service.

## **Frequency of appointments**

Appointments every 6 months if stable.

More frequent in minority of cases if dose changed, adverse effects or concerns about mental state.

## **Duration of appointments**

Generally 30 minutes.

## **Minimum Checking tasks**

1. General progress home and school
2. Efficacy
3. Adherence
4. Screening for comorbid problems, eg depression, substance abuse
5. Height, weight, growth chart
6. Pulse, blood pressure
7. Blood tests and other investigations not routinely done

## **Minimum Therapeutic tasks**

1. Review dose
2. Prescribe
3. Brief behavioural management advice as required
4. Liaison with other services as necessary, eg school, social services.

## **Repeat prescriptions**

Required at 30 day intervals. Clinical monitoring is not required for each prescription.

## **Referral and advice**

Rapid access to CAMHS tier 3 service to discuss dose changes, adverse effects or other problems. These cases would bypass the usual CAMHS referral system and would be seen by a CAMHS specialist as required. Referral to other services may be required, eg counselling, behavioural management groups, depending on case and local availability.

Access to other health professionals and advice services including health visiting, school nursing, child protection, voluntary and community organisations.

## **Training**

NELMHT will offer initial training and annual updates which should be attended by all GPs offering Levels 1 and 2 enhanced services.

## **Monitoring and Audit**

Ongoing measurement of this service is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

The PCT will review the effectiveness of shared management arrangements. NELMET will be invited to provide feedback on individual practitioner performance and ongoing training requirements which will be fed into GP appraisal. To ensure that adequate shared care management and comprehensive health assessment is undertaken, the PCT may request audit information on individual care episodes.

## **Annex 2**

### **Shared Care Protocol for the Use of Stimulant Drugs in Children and Adolescents with Attention Deficit Hyperactivity Disorder (ADHD) revised June 2006**

#### **Criteria for Transferring Care to GP**

- The agreement of the GP will be sought in every case before the patient is informed or referred.
- The consultant must obtain agreement with the GP for each patient requiring shared care under this guideline.
- All patients will have been started on medication. The efficacy and optimal dose will have been established.
- Stimulants are long term interventions, and it is rarely possible to specify the expected duration of treatment at the beginning.
- Before transfer of care the consultant will give the patient information on the drug.
- Consultant will send a full referral letter giving details of the child's problems, their response to therapy, investigations and further interventions planned.

#### **Hospital's Responsibility**

- Ensuring patients understand reasons for and duration of treatment by providing a shared care patient information form.
- Providing comprehensive referral letter to the GP/Practise Nurse.
- Providing clinical review and medication monitoring at intervals of not more than six months. This should include:
  - Confirmation of efficacy
  - Confirmation of adherence
  - Monitoring of growth
  - Monitoring of pulse and blood pressure
  - Checking for other adverse effects
  - Referral for other mental health interventions as required
- Reviewing the patient at the end of treatment or before if deemed necessary by the GP.
- Providing full details of any necessary tests, investigations or other interventions.
- Ensure that appropriate procedures are in place to accept referrals.

#### **GP's Responsibility**

- Provision of repeat prescriptions
- To act on concerns about lack of efficacy or adverse effects if they are reported.
- Referral back to specialist if there are concerns about adverse effects, drug interactions, lack of efficacy or other psychological problems.

#### **Responsibilities of the Patient's Carers**

- To report any adverse effects to the GP and/or specialist
- To ensure they have a clear understanding of their treatment

## Responsibilities of the Primary Care Trust

- To provide feedback to Trusts via the Drugs and Therapeutics Committee.
- To advise and support GP in relation to accepting clinical responsibility for prescribing and effects on their prescribing budget.
- Through the prescribing strategy group to support Trusts in resolving issues that may arise as a result of implementing shared care arrangements.

## Drug Names

Methylphenidate, dexamfetamine

### Preparations Used:

Immediate release, short acting preparations take effect after about 30minutes and last for approximately 4 hours. They are:

Methylphenidate; 10mg tablets  
Ritalin; 10mg tablets  
Equasym; 5, 10 and 20mg tablets

Sustained release, once daily preparations include:

Concerta; 18, 36mg tablets,  
Equasym XL; 10, 20 and 30mg tablets,  
Ritalin slow release; 20mg tablets.

Dexamfetamine (Dexedrine) 5mg tablets.

## Indication

Stimulants are licensed for the treatment of ADHD in children from the age of 6 to 18. There is a large body of research supporting their efficacy and safety. The National Institute of Clinical Excellence (NICE) has endorsed their use, with reviewed guidelines in March 2006. NICE recommends that stimulants should be initiated by 'an appropriately qualified healthcare professional with expertise in ADHD', which in most cases will mean a child psychiatrist or community paediatrician. It goes on to say that 'continued prescribing and monitoring of drug therapy may be performed by general practitioners under shared care arrangements.' The drugs are unlicensed for children under the age of six, although are sometimes prescribed. Assessment can be more difficult in preschoolers, efficacy is less well proven and there may be more adverse effects. Although stimulants are not licensed in adults, there is a growing literature documenting their efficacy and safety in adult ADHD.

## Dosage and Administration

The duration of action of immediate release methylphenidate is approximately four hours. It is given in the morning before school, at lunchtime and in the late afternoon. Some children do not take an evening dose or only have medication on school days. Dexamfetamine's duration of action is about six hours, and it is given once or twice daily. Sustained release preparations are given once daily in the morning. The duration of Concerta and Equasym XL are twelve and eight hours respectively. Ritalin slow release has been replaced by the newer preparations. The absorption of Equasym XL is slowed by food and it is best given before breakfast. Food does not affect the pharmacokinetics of Concerta. Immediate release tablets may be halved. Concerta

must be swallowed whole. Equasym XL is licensed to be swallowed whole in the UK, but opening the capsules and administering in apple sauce does not change its pharmacodynamics and is a licensed mode of administration in the USA. Dose varies according to individual response and bears limited relation to body weight. Normal practise is to begin with a low dose and to titrate upwards until the optimum benefit is achieved. The maximum licensed dose for immediate release methylphenidate is 60mgs daily (20mgs tds), for Concerta 54mgs, for Equasym XL 60mgs and for Dexamfetamine 20mgs. Specialists often prescribe more than the licensed maximum dose.

## Important contraindications

The manufacturers recommend that stimulants are not used for children with marked anxiety, agitation or tension, symptoms or family history of tics or Tourette's syndrome, hyperthyroidism, hypertension, angina, cardiac arrhythmia, glaucoma or drug dependence.

Concerns about cardiac adverse effects peaked in 2005, with reports of sudden death in patients taking Adderal, a preparation of dexamfetamine. Further investigation showed that the patients concerned largely had pre-existing cardiac abnormalities and in any case the rate of sudden death for patients taking dexamfetamine was no higher than that of the general population. Specialist opinion should be sought before prescribing to a child with a heart problem. Some clinicians would see a family history of early sudden death as a contraindication.

The research regarding stimulants and tics is contradictory. Methylphenidate can cause tics and make pre existing ones worse. On the other hand there is evidence that it can be used safely even in severe tic disorders. If medication is considered in such situations the risks and benefits should be discussed with parents, the dose should be titrated more slowly and monitoring should be closer.

Methylphenidate can lower the seizure threshold and although there is little evidence that this is clinically important, dexamfetamine is often used instead in children with epilepsy. Stimulants should be used cautiously in children with autistic spectrum disorders and rigid or repetitive behaviours, although it can be very beneficial.

## Important Interactions

Serious drug interactions with stimulants are rare, but the possibility of problems should always be considered before a second drug is prescribed.

Antidepressants:	Stimulants may increase plasma levels of antidepressants. They should not be administered within two weeks of monoamine oxidase inhibitors (MAOIs)
Clonidine:	This combination can increase heart rate and should be used cautiously.
Anticonvulsants:	Stimulants may slow the metabolism and increase plasma levels of phenytoin, phenobarbitone and primidone.
Anticoagulants:	The effect of anticoagulants may be increased.
Vasopressor agents:	Vasopressor agents may be potentiated.
Halogenated anaesthetics:	There is a risk of hypertension during surgery, and stimulants are best avoided on that day.
Methysergide:	Stimulants make adverse effects more likely.
Alcohol:	Alcohol may worsen psychological adverse effects of stimulants, as with other psychoactive drugs.

## Important Undesirable Side Effects

Methylphenidate and dexamphetamine has been given to millions of children over many years. They are safe drugs and serious problems are rare.

**Headache and Abdominal Pain:** Many children experience these early in treatment but rarely need to come off medication.

**Appetite and Growth Problems:** Stimulants suppress appetite and can reduce growth, although the effects are not significant in most children. Growth should be monitored and medication occasionally needs to be reduced or stopped. A big breakfast and a supper late at night can reduce this problem.

**Tics:** Tics are repetitive voluntary movements or noises seen in ten percent of children anyway. Stimulants can cause tics or make existing ones worse and are therefore used cautiously when there is a personal or family history. If tics develop in a child taking stimulants, consideration should be given to reducing the dose or stopping.

**Psychological Problems:** In the early days of treatment some children become unusually sensitive or tearful. This usually resolves quickly. Large doses can reduce academic performance, although in normal clinical use the drug is more likely to enhance thinking ability and ability to focus on school work. Anxious children can become more anxious. Obsessive and repetitive behaviour can get worse and the drugs are therefore used cautiously in autistic children.

**Sleep:** Stimulants can cause insomnia, but have usually lost their effect by bedtime. Sometimes a late evening dose may settle a hyperactive child and help them to sleep.

**Pulse and Blood Pressure:** Both are increased slightly, but not significantly. For example, classroom trials of Concerta increased diastolic and systolic blood pressure by an average of 1 - 4 mm of Hg and heart rate by 2 - 6 bpm. Pulse rate and blood pressure should be monitored. There may be patients who show a greater increase or who are more vulnerable due to heart disease or hypertension.

**Epilepsy:** Methylphenidate may reduce the seizure threshold, although this is very rarely a problem in practice, dexamphetamine tends to be used instead in children with epilepsy.

**Glaucoma:** Stimulants should not be given to children with glaucoma.

**Abuse and Addiction:** In clinical use stimulants do not cause euphoria or addiction. Long term studies suggest that children with ADHD treated with methylphenidate are less likely to develop substance abuse problems. However, the drugs do have the potential to be misused, with the risk of addiction, disturbed behaviour and paranoia. For this reason, stimulants should always be under adult control and caution is required when prescribing if there are drug abuse problems in the family.

Rare Problems: There are rare reports of allergic rashes, hair loss, anaemia and jaundice. Whilst the manufacturers recommend periodic full blood counts, the consensus among child psychiatrists is that this is not necessary.

Further Information: Methylphenidate and dexamfetamine are controlled drugs. Prescribing rules are being changed over the summer of 2006. GP prescriptions need a prescriber identification number. Private prescribers must use a specific form (FP10 PCD) and a private prescriber identification number. Some pharmacists may insist on seeing the prescriber's GMC number, although the GMC itself does not specify this. Only the signature must be in the prescriber's own handwriting. Prescriptions must detail the form and strength of the preparation, and the route of administration. The total quantity to be prescribed should be written in words and figures. In normal circumstances only thirty days' supply may be prescribed at any time and prescriptions are only valid for twenty eight days. Pharmacists are entitled to ask for proof of identity before dispensing a controlled drug. Parents, carers and schools should be reminded to keep the tablets securely. The tablets should not be in a child's possession.

### **Availability of Advice**

Redbridge CAMHS (Loxford Hall)	Tel: 020 8478 7211
Barking & Dagenham CAMHS (Woodward Road)	Tel: 020 8592 4445
Waltham Forest CAMHS (Shernhall Street)	Tel: 020 8509 0424
Havering CAMHS (Raphael House)	Tel: 01708 796800

Pharmacy Medical Information:	Tel: 01708 345533
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# Annex 3

## Sample Request to Undertake Shared Care Of Patient Taking Stimulant Medication for ADHD

Dear Doctor

**Re:**

This patient is taking stimulant medication for attention deficit hyperactivity disorder (ADHD). We would like to request that you offer repeat prescriptions in accordance with the local shared care guidelines (copy enclosed). CAMHS staff will continue to offer follow up appointments and are available for further advice on request.

Medication:

Dose:

Frequency:

Patient's Consultant:

You will be informed in writing of any proposed changes in the medication.

If you wish to provide prescriptions according to the shared care guidelines, please sign the form at the bottom of the page and fax a copy to 0208 593 9834 or send back to the above address.

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I will/will not provide prescriptions of stimulant medication to the above child according to the shared care guidelines.

Signed .....

Practice .....

Name .....

Contact No.....

## METHYLPHENIDATE REVIEW

Name \_\_\_\_\_ date \_\_\_\_\_

Dose \_\_\_\_\_ started \_\_\_\_\_

Efficacy \_\_\_\_\_

School info. \_\_\_\_\_

Adherence \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Adverse effects \_\_\_\_\_

- growth
- general health
- headache
- abdominal pain
- appetite
- sleep
- tics / odd movements
- withdrawal / anxiety / dysphoria
- obsessions / compulsions
- skin
- abuse of medication
- other

Current issues \_\_\_\_\_

Observations \_\_\_\_\_

Dose \_\_\_\_\_ Duration prescribed \_\_\_\_\_

Tasks next time \_\_\_\_\_

Next Review: \_\_\_\_\_ Signed \_\_\_\_\_