Frimley Integrated Care Board (ICB)

Guanfacine AMBER shared care protocol for Children and Young People aged 6 – 17 years
For use between Frimley ICB Primary Care and any Right to Choose (RTC) or Private Provider

Approved by Medicines Optimisation Group	December 2024
Ratified by Medicines Optimisation Board	January 2025
Date of issue:	January 2025
Date of last review:	n/a
Date of planned review	January 2027

Guanfacine

Guanfacine is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6-17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective.

Guanfacine must be used as a part of a comprehensive ADHD treatment programme. A comprehensive treatment programme typically includes psychological, educational and social measures and is aimed at stabilising patients with a behavioural syndrome characterised by symptoms which may include chronic history of short attention span, distractibility, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning may or may not be impaired.

Treatment must be under the supervision of a specialist in childhood behavioural disorders. Diagnosis should be made according to DSM criteria or the guidelines in ICD-10 and should be based on a complete history and evaluation of the patient. Diagnosis cannot be made solely on the presence of one or more symptom.

Pharmacological treatment is not indicated in all patients with this syndrome and the decision to use the medicinal product must be based on a very thorough assessment of the severity of the patient's symptoms and impairment in relation to the patient's age and the persistence of symptoms.

The use of guanfacine should always be used according to the licensed indication and according to prescribing/ diagnostic guidelines.

Specialist responsibilities

- Assess the patient and provide diagnosis; ensure that this diagnosis is within scope of this shared care protocol (section 2) and communicated to primary care.
- Use a shared decision making approach; discuss the benefits and risks of the treatment with the patient and provide the appropriate counselling (see section 11) to enable the patient to reach an informed decision. Obtain and document patient consent. Provide an appropriate patient information leaflet.
- Ensure the patient and/or their carer understands that treatment may be stopped if they do not attend for monitoring and treatment review
- Assess for contraindications and cautions (see section 4) and interactions (see section 7).
- Conduct required baseline investigations and initial monitoring (see section 8).
- Initiate and optimise treatment as outlined in section 5.
- Transfer to primary care is normally after the patient has been treated at the maintenance dose for 2 months and with satisfactory investigation results for at least 4 weeks. Prescribe sufficient medication (one month's supply) to enable transfer to primary care, including where there are unforeseen delays to transfer of care. Check product details for pack sizes as most products manufactured in boxes of 28 dose units.
- Prescribe in line with controlled drug prescription requirements (section 6).
- Once treatment is optimised, complete the shared care documentation and send a request to prescribe to patient's GP practice detailing the diagnosis, current and ongoing dose, baseline and most recent test results, confirm the monitoring schedule and when the next monitoring is required. Include contact information (section 13).
- Conduct the scheduled reviews and required monitoring in section 8 and communicate the results to primary care. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 9 remains appropriate.
- Reassume prescribing responsibilities if the patient becomes or wishes to become pregnant.
- If the patient develops a concurrent mental health or neurodevelopmental condition requiring specialist care where their ADHD is best managed by the specialist service, reassume prescribing responsibilities, or inform the patient's GP that a referral to an alternative provider is required in order to properly support the patient.
- Provide advice to primary care on the management of adverse effects if required.
- Advise primary care if treatment should be discontinued. Trial discontinuations can be supported by the specialist.

Primary care responsibilities

- Respond to the request from the specialist for shared care in writing. It is asked that this be undertaken within 14 days of the request being made, where possible.
- If accepted, prescribe ongoing treatment as detailed in the specialists request and as per section 5 taking into any account potential drug interactions in section 7.
- Adjust the dose of guanfacine prescribed as advised by the specialist.
- Conduct the required monitoring as outlined in section 9.
- Assess for possible interactions with guanfacine when starting new medicines (section 7).
- Manage any adverse effects as detailed in section 10 and discuss with specialist team when required.
- Stop guanfacine and discuss urgently with the specialist if bone marrow suppression is suspected.
- Discuss other adverse effects with the specialist team as clinically appropriate (section 10).
- Refer the management back to the specialist if the patient becomes or plans to become pregnant.
- Stop treatment as advised by the specialist. Trial discontinuations should be managed by the specialist.

Patient and/or carer responsibilities

- Take guanfacine as prescribed and do not stop taking it without speaking to their primary care prescriber or specialist.
- Tell anyone who prescribes them a medicine that they are taking guanfacine.
- Patients, their family or carer should store guanfacine safely and securely. It must not be shared with anyone else. Note that where a child (under 16) presents to a pharmacy to collect their medication,

pharmacists will need to decide whether to provide it to them, or request that a family member or carer collects the medicine, based on the individual circumstances.
- Attend regularly for monitoring and review appointments with primary care and specialist. Be aware that medicines may be stopped if they do not attend appointments.
- Report adverse effects to their primary care prescriber. Seek immediate medical attention if they develop any symptoms as detailed in section 11
- Report the use of any over the counter medications to their GP and be aware they should discuss the use of guanfacine with their pharmacist before purchasing any OTC medicines.
- People of child-bearing potential should inform the specialist or GP immediately If they suspect they may be pregnant, or are planning a pregnancy

1. Background

Back to top

Guanfacine is a centrally acting adrenergic medicine indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents. It may be recommended for children aged 5 years and over and young people if they cannot tolerate methylphenidate or lisdexamfetamine or their symptoms have not responded to separate 6-week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses (see NICE Guidance NG87 Attention deficit hyperactivity disorder: diagnosis and management).

NICE recommends that people with ADHD have a comprehensive, holistic shared treatment plan that addresses psychological, behavioural and occupational or educational needs.

Long-term usefulness of guanfacine for extended periods (over 12 months) should be periodically re-evaluated for the individual patient. Consider trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate.

Where a person with ADHD is approaching their 18th birthday, it is expected that the provider will refer to the appropriate adult service if a need for ongoing treatment is anticipated. NICE Guidance NG43 Transition from children's to adults' services for young people using health or social care services should be followed.

2. Indications

- Attention deficit hyperactivity disorder (ADHD) in children aged 6 years and over when response to previous methylphenidate or lisdexamfetamine treatment is considered clinically inadequate, or not tolerated.

3. Locally agreed off-label use

This shared care protocol only supports use of guanfacine within its licensed indication. The following information should be provided in correspondence to support prescribing in line with this shared care.

- Dosing specific to the indication
- Relevant interaction information
- Any additional monitoring requirements over and above the shared care.
- Duration of treatment
- Frequency of review.
- Specific features of adverse effects or deterioration pertinent to the specific indication for which it is used

4. Contraindications and cautions

This information does not replace the Summary of Product Characteristics (SPC), and should be read in conjunction with it. Please see BNF & SPC for comprehensive information.

Contraindications:

- Hypersensitivity to guanfacine or to any of the excipients
- Hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption.

Cautions:

- Risk factors for torsades de pointes: bradycardia, heart block, hypokalaemia, history of QT interval prolongation, concomitant use of other medicines which may prolong the QT interval.
- History of cardiovascular disease, hypotension, orthostatic hypotension, or syncope.
- Family history of cardiac or unexplained death.
- Dehydration (may increase risk of syncope).
- Alcohol consumption (not recommended during treatment).
- Concomitant treatment with centrally acting depressants or antihypertensives (section 7).
- Suicidal ideation or behaviour.
- Prescribing in the elderly is potentially inappropriate. See BNF information on prescribing in the elderly.

5. Initiation and ongoing dose regimen

- Transfer of monitoring and prescribing to primary care is normally between 8 - 12 weeks, and when the patient's dose has been optimised and with satisfactory investigation results for at least 4 weeks.
- The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.
- All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.
- Termination of treatment will be the responsibility of the specialist.

Initial stabilisation:

1 mg once daily, adjusted in increments of not more than 1 mg every week, if necessary and tolerated.

The initial stabilisation period must be prescribed by the initiating specialist.

Maintenance dose (following initial stabilisation): 0.05-0.12 mg/kg/day. Maximum dose 7 mg daily.

The initial maintenance dose must be prescribed by the initiating specialist.

Adults who have shown clear benefit from guanfacine in childhood or adolescence may continue treatment into adulthood at the same daily dose.

Conditions requiring dose adjustment:

Hepatic or renal insufficiency: Dose reduction may be required in patients with hepatic impairment, severe renal impairment (GFR 29-15 mL/min), end stage renal disease (GFR <15 mL/min) or in patients requiring dialysis.

Patients taking CYP3A inhibitors or inducers: A 50% reduction in guanfacine dose is recommended, and further dose titration may be required.

6. Pharmaceutical aspects

Route of administration	Oral
Formulation	Guanfacine hydrochloride (Intuniv®▼) Prolonged-release tablets: 1 mg, 2 mg, 3 mg, 4 mg
Administration details	Guanfacine can be taken with or without food, but should not be given with high fat meals due to increased exposure. Tablets should be swallowed whole and not split, crushed or chewed. Guanfacine should be taken once daily in the morning or evening. If a dose is missed, the next scheduled dose should be taken as usual; a double dose should not be taken to make up for a missed dose. If two or more consecutive doses are missed, re-titration is recommended, a lower starting dose may be required based on the patient's tolerance to guanfacine. Discuss with the specialist team or HCP with expertise in ADHD who conducts the annual review for advice on re-titrating guanfacine.
Other important information	Grapefruit juice should be avoided during treatment with guanfacine. Due to risk of blood pressure increase upon discontinuation, guanfacine should be gradually tapered at a rate of no more than 1 mg every 3 to 7 days. Blood pressure and pulse should be monitored when discontinuing treatment. Discontinuation should be managed by the specialist team or healthcare professional with expertise in ADHD who conducts the annual review.

7. Significant medicine interactions

The following list is not exhaustive. Please see BNF or SPC for comprehensive information and recommended management.

- Drugs which prolong the QT interval. Concomitant use with guanfacine is not recommended.
- **CYP3A4 and CYP3A5 inhibitors**, e.g. ketoconazole, clarithromycin, erythromycin, ciprofloxacin, diltiazem, fluconazole, verapamil, grapefruit juice, ritonavir: increased exposure to guanfacine. Dose reduction may be required, see section 5.
- **CYP3A4 inducers**, e.g. carbamazepine, modafinil, phenytoin, rifampicin, St John's wort: reduced exposure to guanfacine. Dose increase may be required.
- **Valproic acid**: concomitant use may increase concentrations of valproic acid
- **Antihypertensive medicines**: risk of additive effects, e.g. hypotension, syncope
- **CNS depressants**, e.g. alcohol, sedatives, hypnotics, benzodiazepines, barbiturates, antipsychotics: risk of additive effects, e.g. sedation, somnolence
- Administration with high fat meals: increased exposure to guanfacine.

8. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist

Monitoring at baseline and during initiation is the responsibility of the specialist; only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future, will a transfer to primary care for prescribing and monitoring occur.

Pre-treatment (specialist):

- A medical history and cardiovascular assessment, taking into account conditions that may be contraindications, risk of pregnancy (where applicable), and to ensure the patient meets the criteria for ADHD and that pharmacological treatment is required
- Pulse, BP
- Weight, Height, (use centiles in children), Appetite
- Psychiatric symptoms
- ECG (if history of congenital heart disease or previous cardiac surgery, sudden death in a first-degree relative under 40 years suggesting a cardiac disease, family history of CVD or arrhythmia, shortness of breath on exertion compared with peers, fainting on exertion or in response to fright or noise, palpitations, chest pain suggestive of cardiac origin, signs of heart failure, heart murmur or hypertension, current treatment with a medicine that may increase cardiac risk)

Initial monitoring (specialist):

- Assess heart rate and blood pressure after every change of dose. Monitoring of heart rate and blood pressure parameters should continue on a weekly basis during dose titration and stabilisation and at least every 3 months for the first year, taking into consideration clinical judgement. 6 monthly monitoring should follow thereafter, with more frequent monitoring following any dose adjustment.
- Weight and height (using centiles as per NICE)
- Assessment for new or worsening psychiatric symptoms following every change of dose
- Assessment of symptom improvement. Discontinue if no improvement is observed after one month.

Ongoing monitoring (ADHD):

Ensure the patient receives a review at least annually with a healthcare professional with training and expertise in managing ADHD. This will be by the specialist, as per local arrangements, and should include a review of ADHD medication, including patient preferences, benefits, adverse effects, and ongoing clinical need. Consider trial periods of stopping medication or reducing the

dose when assessment of the overall balance of benefits and harms suggests this may be appropriate. If continuing medication, document the reasons why.

Review outcomes should be communicated to the primary care prescriber in writing, with any urgent changes also communicated by telephone.

9. Ongoing monitoring requirements to be undertaken by primary care

See section 10 for further guidance on management of adverse effects/responding to monitoring results. Specialist clinician will monitor until primary care prescriber has agreed to take over prescribing.

Monitoring and actions	Frequency
Maintenance: • Height and weight and plot on a growth chart • Blood pressure and heart rate, and assessment for cardiovascular signs or symptoms • Assessment for new or worsening psychiatric and neurological signs or symptoms • Somnolence and sedation • In people of child-bearing potential, assess whether there is a risk of pregnancy. Consider pregnancy testing where appropriate • Review of ADHD medication, including preferences of the patient, their family or carer, benefits, adverse effects, and ongoing clinical need. Consider trial period off medication	• measure height every 6 months in children and young people • measure weight every 3 months in children 10 years and under • measure weight at 3 and 6 months after starting treatment in children over 10 years and young people, and every 6 months thereafter, or more often if concerns arise Monitor heart rate and blood pressure and compare with the normal range for age before and after each dose change and every 6 months. The specialist clinician will carry out the annual review and any necessary additional monitoring not provided in primary care (detailed above). Do not offer routine blood tests (including liver function tests) or ECGs to people taking medication for ADHD unless there is a clinical indication.
If dose change when on maintenance: • Pulse, BP • Weight, Height, (use centiles), Appetite • Psychiatric symptoms	Specialist clinician responsibility

If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care.

10. Adverse effects and other management

Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme. Visit www.mhra.gov.uk/yellowcard

For information on incidence of ADRs see relevant summaries of product characteristics

Result		Action for primary care
As well as responding to absolute values in laboratory tests, a rapid change or a consistent trend in any value should prompt caution and extra vigilance		
Cardiovascular	Symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea or other signs or symptoms suggestive of cardiac disease	Refer for urgent specialist cardiac evaluation
	Marked decrease from baseline in heart rate	Discuss with specialist team; dose reduction or cardiac evaluation may be required
	Hypotension or orthostatic hypotension	Give lifestyle advice (e.g. drinking plenty of fluids, getting up slowly from standing or sitting) and repeat monitoring.
Weight or BMI	Outside healthy range or falling off centiles, anorexia or weight loss	Provide appropriate support on multicomponent interventions to increase physical activity levels, improve eating behaviour and quality of diet. Discuss with specialist if difficulty persists; dose reduction, or treatment break, or change of medicine may be required.
Psychiatric disorders	Suicidal ideation or behaviour	Review patient and exclude other causes. Refer urgently for psychiatric assessment and notify the ADHD specialist team.
Nervous system disorders	Sedation and somnolence	Sedation and somnolence typically occur during the start of treatment and with dose increases. Review timing of dose; guanfacine may be taken in the morning or evening. Review lifestyle factors, and reinforce that alcohol should be avoided. Seek specialist advice if sedation persists. Dose reduction or discontinuation may be indicated.

11. Advice to patients and carers

The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.

The patient should be advised to report any of the following signs or symptoms to their primary care prescriber without delay:

- New or worsening psychiatric symptoms, such as suicidal ideation or behaviour
- Signs and symptoms of bradycardia or hypotension, e.g. fatigue, dizziness, palpitations, feeling faint or fainting

The patient should be advised:

- To drink plenty of fluids; dehydration can increase the risk of falls or fainting.
- Not to drive, cycle, or operate machines if guanfacine affects their ability to do so safely, e.g. by causing dizziness or drowsiness, and to inform the DVLA if their ability to drive safely is affected. See https://www.gov.uk/adhd-and-driving
- Avoid alcohol while taking guanfacine, as it may make side effects worse.
- Avoid grapefruit juice while taking guanfacine.
- Not to stop taking guanfacine without talking to their doctor. Due to risk of side effects, it is important to gradually reduce the dose of guanfacine under medical supervision.

Patient information:

- NHS – attention deficit hyperactivity disorder. https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/
- Choice and medication: Prescribing information | Attention deficit hyperactivity disorder | CKS | NICE

12. Pregnancy, paternal exposure and breast feeding

It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review, but the ongoing responsibility for providing this advice rests with both the primary care prescriber and the specialist.

Pregnancy:

Guanfacine is not recommended for use during pregnancy. There are no or limited data from the use of guanfacine in pregnant women, and animal studies have shown reproductive toxicity.

Patients who become pregnant while taking guanfacine, or who plan a pregnancy, should be referred to the specialist team for review.

Breastfeeding:

There is no published evidence on the safety of guanfacine in breastfeeding. Decisions on whether to use while breastfeeding should be made on a case-by-case basis with specialist input e.g. UKTIS, taking into account the risks to the infant and benefits of therapy. The long half-life increases the risk of accumulation in breastfed infants. It may interfere with lactation, as guanfacine decreases prolactin levels in the mother. Infants should be monitored for decreased appetite/weight

gain, sleep disturbances, gastrointestinal symptoms (e.g. pain, vomiting, constipation), although some of these may be difficult to detect.

Information for healthcare professionals: https://www.sps.nhs.uk/medicines/guanfacine/

Paternal exposure:

No evidence regarding adverse outcomes following paternal exposure was identified

13. Specialist contact information

Add name of specialist(s) responsible for patient assessment, diagnosis & prescribing recommendation.

1. Name 1 (add qualification)
2. Name 2 (add qualification)
3. Name 3 (add qualification)

Add email address:

Add any alternative contacts:

Add contact phone number:

Add contact days / hours available:

Out of hours contact details: Consider emergency services

If a patient requires additional support, which is not related to their ADHD treatment, then referral via a health, education or social care practitioner, would normally be required.

14. Additional information

Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed. Ensure that the specialist is informed in writing of any changes to the patient's GP or their contact details.

15. References

- eBNF. Guanfacine. Accessed via https://bnf.nice.org.uk/drug/guanfacine.html on 01/09/2021
- Guanfacine hydrochloride 1 mg prolonged-release tablets (Intuniv®). Date of revision of the text 25/06/20. Accessed via https://www.medicines.org.uk/emc/product/5099 on 03/06/2021
- NICE NG87: Attention deficit hyperactivity disorder: diagnosis and management. Last updated September 2019. Accessed via https://www.nice.org.uk/guidance/ng87/ on 04/06/2021
- NICE NG43: Transition from children's to adults' services for young people using health or social care services. Last updated February 2016. Accessed via https://www.nice.org.uk/guidance/ng43/ on 01/09/21

- Guanfacine risk minimisation materials. Updated November 2017. Accessed via https://www.medicines.org.uk/emc/product/5099/rmms on 03/06/21.
- Specialist Pharmacy Service. Safety in Lactation: Drugs for ADHD. Last updated October 2020. Accessed via https://www.sps.nhs.uk/articles/safety-in-lactation-drugs-for-adhd/ on 26/05/2021
- Specialist Pharmacy Service. Guanfacine Lactation Safety Information. Last updated January 2018. Accessed via https://www.sps.nhs.uk/medicines/guanfacine/ on 03/06/2021

16. Other relevant national guidance

- Shared Care for Medicines Guidance – A Standard Approach (RMOC). Available from https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/
- NHSE guidance – Responsibility for prescribing between primary & secondary/tertiary care. Available from https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/
- General Medical Council. Good practice in prescribing and managing medicines and devices. Shared care. Available from https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care
- NICE NG197: Shared decision making. Last updated June 2021. https://www.nice.org.uk/guidance/ng197/

17. Local arrangements for referral

Define the referral procedure from specialist to primary care prescriber & route of return should the patient's condition change.

- Specialist contacts patient's GP requesting transfer of prescribing and monitoring responsibility as detailed within this shared care. Note: The request to prescribe must be accompanied by sufficient clinical information in order for the patient's GP to be able to consider the appropriateness of the request to prescribe in response to the details of the assessment, diagnosis and medication initiation and stabilisation. Full details can be found here Frimley ICB Policy Statements: Request to prescribe following referral to a young person's ADHD service.

- Specialist completes and signs Appendix 1 & sends to patient's GP (GP may need to forward a copy of shared care document to provider – available here Frimley ICB Shared Care Documents).

- GP completes Appendix 2 or Appendix 3 as appropriate to confirm their decision and sends to provider.

- GP either takes over prescribing responsibility & monitoring under the shared care arrangements, or if declined, the provider is responsible for ongoing prescribing and monitoring for the individual.

- When seeking specialist advice relating to the management of ADHD for an individual continuing with shared care, see section 13 for contact details.

- If the patient develops a concurrent mental health or neurodevelopmental condition requiring specialist care where their ADHD is best managed by the specialist service, reassume prescribing responsibilities, or inform the patient's GP that a referral to an alternative provider is required in order to properly support the patient's change in condition.

Appendix 1: Shared Care Request letter (Specialist to Primary Care Prescriber)

Dear *[insert Primary Care Prescriber's name]*

Patient name: *[insert patient's name]*
Date of birth: *[insert date of birth]*
NHS Number*:* *[insert NHS Number]*
Diagnosis: *[insert diagnosis]*

As per the agreed **Frimley ICB shared care protocol** for *[insert medicine name]* for the treatment of *[insert indication],* this patient is now suitable for prescribing to move to primary care.

The patient fulfils criteria for shared care, and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out. I can confirm that the following has happened with regard to this treatment:

	Specialist to complete
The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:	
Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory	*Yes / No*
The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care	*Yes / No*
The risks and benefits of treatment have been explained to the patient	*Yes / No*
The roles of the specialist/specialist team/ Primary Care Prescriber / Patient and pharmacist have been explained and agreed	*Yes / No*
The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments	*Yes / No*
I have enclosed a copy of the shared care protocol which covers this treatment	*Yes / No*
I have included with the letter, copies of the information the patient has received	*Yes / No*
I have provided the patient with sufficient medication to last until	
I have arranged a follow up with this patient in the following timescale	

Treatment was started on *[insert date started]* and the current dose is *[insert dose and frequency]*.

If you are in agreement, please undertake monitoring and treatment from *[insert date]* *NB: date must be at least 1 month from initiation of treatment.* The next blood monitoring is due on *[insert date]* and should be continued in line with the shared care guideline.

Please respond to this request for shared care, in writing, within 14 days of the request being made where possible.

Specialist* signature: _____

Specialist name (PRINT): _____

Specialist qualification(s): _____
Date: _____

** A healthcare professional with training and expertise in managing ADHD. This may include a consultant, doctor, nurse or pharmacist specialising in diagnosing and managing ADHD.*

Appendix 2: Shared Care Agreement Letter (Primary Care Prescriber to Specialist)

Primary Care Prescriber Response

Dear	*[insert Doctor's name]*
Patient	*[insert Patient's name]*
NHS Number	*[insert NHS Number]*
Identifier	*[insert patient's date of birth and/oraddress]*

Thank you for your request to accept prescribing responsibility for this patient under a shared care agreement and to provide the following treatment

Medicine	Route	Dose & frequency

I can confirm that I am willing to take on this responsibility from *[insert date]* and will complete the monitoring as set out in the shared care protocol for this medicine/condition.

Primary Care Prescriber signature: _____

Primary Care Prescriber name (PRINT): _____

Date: _____

Primary Care Prescriber address/practice stamp

Appendix 3: Shared Care Refusal Letter (Primary Care Prescriber to Specialist)

Re:

Patient	*[insert Patient's name]*
NHS Number	*[insert NHS Number]*
Identifier	*[insert patient's date of birth and/oraddress]*

Thank you for your request for me to accept prescribing responsibility for this patient.

In the interest of patient safety, NHS Frimley ICB, in conjunction with local acute trusts have classified *[insert medicine name]*as a Shared Care medication, and requires a number of conditions to be met before transfer can be made to primary care.

Shared care is a term used within the NHS to describe the situation where a specialist doctor wishes to pass some of the patient's care, such as prescription of medication, over to their general practitioner (GP). This is something that can be requested but the guidance is that this may only be done if the GP agrees. The GP will need to consider a number of factors to decide if this is safe.

If care is transferred, from this point the primary care prescriber will be responsible for the prescriptions they sign. The GMC states that when taking on prescribing, all clinicians must keep informed about the medications they prescribe. They need to be able to recognise serious and adverse side effects and ensure that appropriate clinical monitoring arrangements are in place. They must also ensure adequate monitoring. This is a significant responsibility and decisions must be made carefully bearing this in mind.

GPs need to be mindful of focussing on undertaking essential services to put patients first and foremost before agreeing to take on extra work; not working beyond their competences or over safety limits.

If a GP feels that it is not appropriate for any reason for them to take over this extra work, then appropriate arrangements for the continuing care of the patient would be as a default that the prescribing should remain with the specialist service.

I regret to inform you that in this instance I am unable to take on responsibility due to the following:

Please do not hesitate to contact me if you wish to discuss any aspect of my letter in more detail.

Yours sincerely

Primary Care Prescriber signature: _____

Primary Care Prescriber name (PRINT): _____

Date: _____

Primary Care Prescriber address/practice stamp