Classification: Official
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National shared care protocol for lisdexamfetamine/ dexamfetamine in adult services	
Adapted and adopted for use between patient in NHS Frimley and SABP	
Agreed by NHS Frimley Medicines Optimisation Group	April 2025
Ratified by NHS Frimley Medicines Board	June 2025
Review date June 2028	

National shared care protocol:

The content of this shared care protocol was correct as of January 2022. As well these protocols, please ensure that summaries of product characteristics (SPCs), British national formulary (BNF) or the Medicines and Healthcare products Regulatory Agency (MHRA) or NICE websites are reviewed for up-to-date information on any medicine.

*This shared care protocol was adapted from the national RMOC template for **lisdexamfetamine** and as such details refer to this drug. However, when patients are responding well to lisdexamfetamine but cannot tolerate the longer effect profile (or in other rare circumstances) they are sometimes considered for **dexamphetamine** instead. **As lisdexamfetamine is a prodrug for dexamfetamine, much of the clinical information is similar but where patients are treated with dexamfetamine, there are key differences (including dosing) which should be taken from the relevant SmPC** EMC (medicines.org.uk) **or BNF monograph** Dexamfetamine sulfate | Drugs | BNF | NICE**.** Lisdexamfetamine was formulated specifically to allow once daily dosing with a consistent treatment effect throughout the day, and *a reduced potential for abuse, overdose toxicity and drug tampering.* Dexamfetamine should not be used where there is a risk of diversion or misuse.

Lisdexamfetamine (or dexamfetamine*) for patients within adult services

Specialist responsibilities

- Assess the patient and provide diagnosis. Ensure the 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/or their carer and provide the appropriate counselling (see section 11), to enable them to reach an informed decision. Obtain and document 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).
- Review baseline investigations and initial monitoring (see section 8 and section 17).
- Initiate and optimise treatment as outlined in section 5. Prescribe the maintenance treatment until optimised.
- Prescribe in line with controlled drug prescription requirements (section 6).
- Once treatment is optimised, send report to patient's GP practice detailing the diagnosis, current and ongoing dose, any relevant test results and when the next monitoring is required. Include contact information (section 13 and section 17).
- Prescribe sufficient medication to enable transfer to primary care.
- Conduct the required monitoring in section 8 and communicate the results to primary care. This monitoring, and other responsibilities below, may be carried out by a healthcare professional in primary or secondary care with expertise and training in ADHD, depending on local arrangements.
- Determine the duration of treatment and frequency of review.
- Provide specialist advice if the patient becomes or plans to become pregnant and wished to continue medication. ADHD medication is not recommended to continue unless a clinical decision is made that postponing treatment may pose a greater risk to the pregnancy (See SmPC).
- Provide advice to primary care on the management of adverse effects if required.

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 account any potential drug interactions in section 7.
- Prescribe in line with controlled drug prescription requirements (section 6).
- Adjust the dose of lisdexamfetamine prescribed as advised by the specialist.
- Conduct the required monitoring as outlined in section 9. Communicate any abnormal results to the specialist.
- Assess for possible interactions with lisdexamfetamine when starting new medicines (see section 7)
- Manage adverse effects as detailed in section 10 and discuss with specialist team when required.
- Stop lisdexamfetamine and make an urgent referral for appropriate care if cerebral ischaemia, new or worsening seizures, or serotonin syndrome are suspected.
- Seek specialist advice if the patient becomes or plans to become pregnant and wished to continue medication. ADHD medication is not recommended to continue unless a clinical decision is made that postponing treatment may pose a greater risk to the pregnancy (See SmPC).
- Stop treatment as appropriate (See Section 17).

Patient and/or carer responsibilities

- Take lisdexamfetamine as prescribed and avoid abrupt withdrawal unless advised by primary care prescriber or specialist.
- Attend regularly for monitoring and review appointments with primary care and specialist, and keep contact details up to date with both prescribers. Be aware that medicines may be stopped if they do not attend.
- Report adverse effects to their GP. 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 primary care prescriber and be aware they should discuss the use of lisdexamfetamine with their pharmacist before purchasing any OTC medicines.
- Be aware that lisdexamfetamine can affect cognitive function and is subject to drug driving laws, therefore patients must ensure their ability to drive is not impaired before driving (see section 11).
- Avoid recreational drugs and be aware that alcohol may make the side effects from your treatment worse.
- Lisdexamfetamine is a schedule 2 controlled drug. Patients may be required to prove their identity when collecting prescriptions and should store lisdexamfetamine safely and securely. It must not be shared with anyone else.

- Patients of childbearing potential should use effective contraception, take a pregnancy test if they think they could be pregnant, and inform the specialist or GP immediately if they become pregnant or wish to become pregnant.

1. Background

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Lisdexamfetamine dimesylate is metabolised following administration to dexamfetamine and therefore has the same sympathomimetic mechanism of action with central stimulant and anorectic activity. It is indicated as part of a comprehensive treatment programme for the treatment of attention deficit hyperactivity disorder (ADHD) when the response to a 6-week trial of methylphenidate treatment is considered clinically inadequate. It may be offered as a first line pharmacological treatment option for adults with ADHD who have been appropriately diagnosed (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.

Lisdexamfetamine is a schedule 2 controlled substance; all legal requirements for prescribing controlled drugs should be followed. See NICE Guidance NG46 Controlled drugs: safe use and management.

Where a person with ADHD is treated by a Child and Adolescent Mental Health Service (CAMHS) but is approaching their 18th birthday, it is expected that CAMHS will refer to the appropriate adult service if need for ongoing treatment is anticipated.

Pharmacological treatment of ADHD may be needed for extended periods. When lisdexamfetamine is used for extended periods (over 12 months) its usefulness should be re-evaluated at least yearly by a healthcare professional with expertise in ADHD, and consideration given to trial periods off medication to assess the patient's functioning without pharmacotherapy.

2. Indications

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Licensed indication: attention deficit hyperactivity disorder (ADHD) in adults.
See SPC for full details of licensed indication.

3. Locally agreed off-label use

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Nil.

4. Contraindications and cautions

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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:

- Known hypersensitivity to the active substance, any of the excipients, or sympathomimetic amines.
- Glaucoma.
- Symptomatic cardiovascular disease.
- Moderate or severe hypertension.
- Advanced arteriosclerosis.
- Concomitant use of monoamine oxidase inhibitors (MAOI) or within 14 days of MAOI treatment.
- Hyperthyroidism or thyrotoxicosis.

- Agitated states.

Cautions:

- History of substance or alcohol abuse.
- Cardiovascular disorders such as structural cardiac abnormalities, cardiomyopathy, arrhythmias, coronary artery disease, mild hypertension, recent myocardial infarction, or heart failure.
- Family history of sudden cardiac or unexplained death, ventricular arrhythmia, tics or Tourette's syndrome.
- Underlying medical conditions or concomitant drugs which can increase the QT-interval or heart rate, or elevate blood pressure (e.g. cardiac disease, electrolyte disturbance).
- History of seizure disorders (discontinue if seizures occur).
- Susceptibility to angle-closure glaucoma.
- Psychiatric and neuropsychiatric symptoms or disorders, including manic or psychotic symptoms, aggressive or hostile behaviour), tics, Tourette's syndrome, anxiety, or bipolar disorder.
- Depressive symptoms; patients should be screened for risk of bipolar disorder, including psychiatric and family histories.
- Severe renal impairment; GFR 15-30mL/min/1.73m^2 or CrCl less than 30mL/min. Dose reduction is required, see section 5.
- Hepatic insufficiency (due to lack of data).
- Pregnancy or breast-feeding (see section 12).
- Potential for abuse, misuse, or diversion.

5. Initiation and ongoing dose regimen

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- Transfer of monitoring and prescribing to primary care is normally after the patient's dose has been optimised.
- 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

Initial stabilisation:

30 mg taken once daily in the morning, increased in increments of 20 mg at intervals no shorter than 1 week. Lower starting doses may be used if clinically appropriate (off-label use).

The loading period must be prescribed by the initiating specialist.

Maintenance dose (following initial stabilisation):

Maximum 70 mg per day.

Lisdexamfetamine must be prescribed by the initiating specialist during initiation and dose stabilisation.

Conditions requiring dose adjustment:

In severe renal impairment (GFR 15-30mL/min/1.73m^2 or CrCl less than 30mL/min), the recommended maximum dose is 50 mg per day.

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. Advice can be sought from the specialist where needed.

6. Pharmaceutical aspects

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Route of administration:	Oral
Formulation:	Lisdexamfetamine dimesylate 30mg 50mg and 70mg hard capsules (Elvanse Adult®) Lisdexamfetamine dimesylate 20mg, 30mg, 40mg, 50mg, 60mg and 70mg hard capsules (Elvanse®) – use in adults may be considered off-label. See SPC for full details.
Administration details:	The dose may be taken with or without food Lisdexamfetamine capsules may be swallowed whole, or the capsule opened and the entire contents emptied and mixed with a soft food such as yogurt or in a glass of water or orange juice. See SPC for further information If a dose is missed then the next scheduled dose should be taken as usual; a double dose should not be taken to make up for a missed dose. Afternoon doses should be avoided because of the potential for insomnia
Other important information:	Lisdexamfetamine is a schedule 2 controlled drug and is subject to legal prescription requirements. It has the potential for misuse and diversion. Patients should be advised to avoid excessive alcohol which may exacerbate the central nervous system (CNS) side-effects of lisdexamfetamine and there is limited data on the evidence of interactions. Amfetamines can cause a significant elevation in plasma corticosteroid levels. This increase is greatest in the evening. Amfetamines may interfere with urinary steroid determinations

7. Significant medicine interactions

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

The following medicines must not be prescribed without consultation with the specialist:

- **Mono-amine oxidase inhibitors (MAOIs) and other sympathomimetics** (e.g. rasagiline, selegiline, safinamide) – additive hypertensive effect

Other clinically significant interactions

- **Selective serotonin reuptake inhibitors (SSRIs) (e.g. fluoxetine, paroxetine)**: may increase exposure to lisdexamfetamine, risk of serotonin syndrome
- **Serotonergic drugs, bupropion, tapentadol, tramadol:** Risk of serotonin syndrome
- **Tricyclic antidepressants (TCAs) and nabilone**: may increase risk of cardiovascular adverse events.
- **Ascorbic acid and other agents and conditions (thiazide diuretics, diets high in animal protein, diabetes, respiratory acidosis)** that acidify urine increase urinary excretion and decrease the half-life of amfetamine.
- **Sodium bicarbonate and other agents and conditions (diets high in fruits and vegetables, urinary tract infections and vomiting)** that alkalinise urine decrease urinary excretion and extend the half-life of lisdexamfetamine**.**
- **Antihypertensives, including guanethidine**: effects may be reduced by lisdexamfetamine

- **Lithium, phenothiazines, haloperidol**: may reduce the effects of lisdexamfetamine
- **Opioids** (including tapentadol and tramadol): analgesic effects may be increased by lisdexamfetamine
- **Alcohol:** Limited data is available; therefore caution is advised as alcohol may exacerbate the CNS side effects of lisdexamfetamine
- **Apraclonidine:** effects decreased by lisdexamfetamine.
- **Ritonavir, tipranavir:** may increase exposure to lisdexamfetamine
- **Safinamide:** predicted to increase the risk of severe hypertension when given with lisdexamfetamine
- **Atomoxetine**: increased risk of adverse effects

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

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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 prescribing and monitoring be transferred to primary care.

Baseline investigations:

- 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
- A risk assessment for substance misuse and drug diversion
- Blood pressure (BP) and heart rate
- Height, weight and body mass index (BMI)
- Arrange for electrocardiogram (ECG), only if the patient has any of the following:
    - History of congenital heart disease or previous cardiac surgery
    - Sudden death in a first-degree relative under 40 years suggesting a cardiac disease
    - 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:

- Before every change of dose: assess heart rate and blood pressure.
- After every change of dose: assess heart rate and blood pressure, and any new or worsening psychiatric symptoms. The specialist should determine the appropriate timing for this monitoring.
- Monitor for aggressive behaviour or hostility
- Assessment of symptom improvement. Discontinue if no improvement is observed.

Ongoing monitoring (ADHD):

Ensure the patient receives a review at least annually with a healthcare professional with training and expertise in managing ADHD. This may be in primary or secondary care, depending on 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.

* Patients in Surrey Heath, North East Hants and Farnham may, under the Locally Commissioned Service, receive their 6 monthly monitoring, and annual review and monitoring in primary care.

9. Ongoing monitoring requirements to be undertaken by primary care

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See section 10 for further guidance on management of adverse effects/responding to monitoring results.

Monitoring and advice	Frequency
• Blood pressure and heart rate, and assessment for cardiovascular signs or symptoms • Weight and appetite • Assessment for new or worsening psychiatric and neurological signs or symptoms (e.g. tics, anxiety, symptoms of bipolar disorder) • Explore whether patient is experiencing any difficulties with sleep	Every 6 months, and after any change of dose recommended by specialist team.
• Assessment of adherence, and for any indication of lisdexamfetamine abuse, misuse, or diversion	As required, based on the patient's needs and individual circumstances
• Review to ensure patient has been offered and attended an annual review with a healthcare professional with expertise in ADHD	Annually (* See above for arrangements for people in Surrey Heath, North East Hants and Farnham)
(If relevant) 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

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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.	
Resting HR greater than 120bpm, arrhythmia/palpitations, clinically significant increase in systolic BP	• In context of recent dose increase, revert to previous dose and discuss with specialist for ongoing management • In absence of recent dose changes, reduce dose by half and discuss with specialist or cardiology for further advice.
New or worsening seizures	Stop treatment and discuss with specialist. Discontinuation may be indicated.

Anorexia or weight loss, weight or BMI outside healthy range	Exclude other reasons for weight loss. Exclude other reasons for weight loss. Give advice as per NICE NG87: • take medication with or after food, not before • additional meals or snacks early in the morning or late in the evening when stimulant effects have worn off • obtaining dietary advice • consuming high-calorie foods of good nutritional value Discuss with specialist if difficulty persists; dose reduction, treatment break, or change of medication may be required.
Insomnia, sleep disturbance/nightmares, sedation, sexual dysfunction	Review timing of doses and continue treatment unless severe, Give advice on sleep hygiene. Discuss with specialist if required
Nausea, diarrhoea, abdominal cramps, constipation, dry mouth, headache, dizziness, enuresis, increased daytime urination, tics	Continue treatment unless severe. Some symptoms may be alleviated by concomitant food intake. Discuss with specialist if required
New or worsening psychiatric or neuropsychiatric symptoms, e.g. mania, depression, paranoia, anxiety and agitation	Discuss with specialist. Stop treatment and consider referral to acute mental health team if suicidal thoughts, mania, or psychosis are present
Symptoms of serotonin syndrome, e.g. agitation, hallucinations, coma, tachycardia, labile blood pressure, hyperthermia, hyperreflexia, incoordination, rigidity, nausea, vomiting, diarrhoea	Discontinue lisdexamfetamine as soon as possible. Management depends on severity; use clinical judgement and seek advice if necessary. Discuss with specialist team to determine whether lisdexamfetamine can be re-started.
Suspicion of abuse, misuse, or diversion	Discuss with specialist team

11. Advice to patients and carers

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

- Any mood changes, such as depression, paranoia, anxiety or agitation, psychosis, mania and suicidal ideation
- Palpitations, chest pain or syncope
- Cerebrovascular symptoms, such as severe headache, numbness, weakness, paralysis, and impairment of coordination, vision, speech, language, or memory
- Abdominal pain, malaise, jaundice or darkening of urine
- Skin rashes, or bruising easily

- Any visual changes such as difficulty with accommodation or blurring of vision
- If they suspect they may be pregnant, or are planning a pregnancy. Patients of childbearing potential should use appropriate contraception, and take a pregnancy test if they think there is a possibility they could be pregnant.

The patient/carer should be advised:

- Attend regularly for monitoring and review appointments with primary care and specialist, and keep contact details up to date with both prescribers. It may not be safe to continue prescribing without regular review, and patients should be aware that their medicines could be stopped if they do not attend appointments.
- Lisdexamfetamine can affect impair cognitive function and is subject to drug driving laws, therefore patients must ensure their ability to drive is not impaired before driving. For information on 2015 legislation regarding driving whilst taking certain controlled drugs, including amfetamines, see drugs and driving: the law. People who drive must inform the DVLA if their ADHD, narcolepsy or medicines affect their ability to drive safely. See https://www.gov.uk/adhd-and-driving or https://www.gov.uk/narcolepsy-and-driving.
- Avoid excessive alcohol while taking lisdexamfetamine, as it may make some side effects worse. Avoid recreational drugs. Due to the risks of severe depression, and fatigue, abrupt withdrawal after a prolonged period of intake of high doses of lisdexamfetamine should be avoided. Patients wishing to reduce their dose or stop lisdexamfetamine treatment should discuss with their specialist before doing so.
- Lisdexamfetamine is a schedule 2 controlled drug. Patients may be required to prove their identity when collecting prescriptions and should store lisdexamfetamine safely and securely. It must not be shared with anyone else. There are restrictions on travelling with controlled drugs: see https://www.gov.uk/guidance/controlled-drugs-personal-licences.

Patient information:

- Royal College of Psychiatrists – ADHD in adults. https://www.rcpsych.ac.uk/mental-health/problems-disorders/adhd-in-adults
- NHS – Attention deficit hyperactivity disorder. https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/
- Choice and medication
    - https://www.choiceandmedication.org/sabp/condition/attention-deficit-hyperactivity-disorder/
    - https://www.choiceandmedication.org/sabp/medication/lisdexamfetamine/
-

12. Pregnancy, paternal exposure and breast feeding

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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:

The active metabolite of lisdexamfetamine, dexamfetamine, is thought to cross the placenta. The limited data available shows an increased risk of premature birth and preeclampsia. Infants may also develop withdrawal symptoms such as dysphoria, hyperexcitability and pronounced exhaustion.

Specialists will provide specialist advice to primary care if the patient becomes or plans to become pregnant and wishes to continue medication. ADHD medication is not recommended to continue unless a clinical decision is made that postponing treatment may pose a greater risk to the pregnancy (See SmPC).

Healthcare professional information available from:
https://www.medicinesinpregnancy.org/bumps/monographs/USE-OF-AMFETAMINES-IN-PREGNANCY/

Breastfeeding:

There is no published evidence for safety of lisdexamfetamine in breastfeeding. The manufacturers recommend against use, and the UK Drugs in Lactation Service recommend caution (see link below). Lisdexamfetamine metabolites, including dexamfetamine, are excreted in human milk, therefore a risk to infants cannot be excluded. An individual risk assessment must be made, taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Healthcare professional information on the principles of medicines use in breast feeding, and sources of information is available from: Advising on medicines during breastfeeding – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice.

Paternal exposure:

No evidence regarding adverse outcomes following paternal exposure was identified.

13. Specialist contact information

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Name: *Prof Raja Mukherjee Via Team Admin*

Role and specialty: *Consultant Psychiatrist and Clinical Lead*

Daytime telephone number: *01372 216490 (9am-12pm, Monday-Friday)*

Email address: *rxx.ndscomplexmanagement@nhs.net*

Alternative contact: 0300 5555 222

Out of hours contact details: *Not applicable*

Alternative contacts

Specialist Pharmacy Services Medicines Advice - on 0300 770 8564 or via email at asksps.nhs@sps.direct (Service operates Monday to Friday 9am-5pm)

SABP Pharmacy Service - pharmacy@sabp.nhs.uk , 01483 443717

14. Additional information

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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 of any changes to the patient's GP or their contact details.

15. References

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- NICE NG87: Attention deficit hyperactivity disorder: diagnosis and management. Last updated September 2019. Accessed via https://www.nice.org.uk/guidance/ng87/ on 04/05/21
- eBNF. Lisdexamfetamine, last updated 4th September 2020. Accessed via https://bnf.nice.org.uk/ on 04/05/2021
- Lisdexamfetamine dimesylate 20 mg hard capsules (Elvanse®). Date of revision of the text: 11/01/21. Accessed via https://www.medicines.org.uk/emc/product/2979/smpc on 13/05/21
- Lisdexamfetamine dimesylate 30 mg hard capsules (Elvanse® Adult). Date of revision of the text: 11/01/21. Accessed via https://www.medicines.org.uk/emc/product/6828/smpc on 13/05/21
- The Renal Association. CKD Stages. Accessed via https://renal.org/health-professionals/information-resources/uk-eckd-guide/ckd-stages on 13/05/21 [Not currently available]
- NICE. NG46: Controlled drugs: safe use and management. April 2016. Accessed via https://www.nice.org.uk/guidance/ng46/ on 05/05/2021
- Gov.uk: Drugs and driving: the lawGov.uk. Drugs and driving: the law. Accessed via https://www.gov.uk/drug-driving-law on 13/05/21

- 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 13/05/2021 Not currently available
- NICE Clinical Knowledge Summaries. Attention deficit hyperactivity disorder: last revised January 2021. Accessed via https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/prescribing-information/amfetamines/ on 13/05/21

16. Other relevant national guidance

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- Shared Care for Medicines Guidance – A Standard Approach (RMOC). Available from https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/ [Not currently available]
- 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

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

Adult ADHD Advice and Guidance, via the NDS complex management email -

rxx.ndscomplexmanagement@nhs.net

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