

Submission - Review of Prescription of ADHD Medication – Jersey Primary Care Body – 10 August 2024

Further to the Health and Social Security Scrutiny Panel’s letter dated 23rd July 2024 and my email of the same date, please find below the Primary Care Body’s response to the questions raised:

What is your experience (or that of your patients) of accessing ADHD medication?

In Jersey, it has proven difficult to access ADHD medication due to several factors:

- Shortages of current medications.
- Difficulty accessing healthcare professionals who can legally and safely prescribe ADHD medication.
- The high cost of private prescriptions, making it difficult for patients to maintain regular prescriptions.

What impact do you believe the following have on patients’ health and wellbeing?

The impact of these factors is subjective and depends on the severity of the ADHD symptoms in individual patients. However, if symptoms are severe and not well controlled, it can significantly impact their health and wellbeing.

- a. Waiting times for medication: Long waiting times can exacerbate symptoms and negatively affect patients' wellbeing.
- b. Frequency of prescription issues: Regular prescriptions issued every three months can help maintain stability.
- c. Ease of access (costs, timing, location, etc.) for prescriptions and medication: High costs, inconvenient timing, and difficult locations can hinder access, affecting health and wellbeing.

What ideas do you have that may help improve the situation and assist the panel in its recommendations to the Minister?

The States could employ UK-based psychiatrists to provide video consultations for ADHD assessments. This would free up local psychiatrists to manage the initiation of treatment upon confirmed diagnosis and any necessary follow-ups.

Have you (or your patients) had experience of long waiting lists for ADHD medication?

Yes, some patients have experienced waiting many weeks to receive repeat prescriptions.

What feedback have you received from patients regarding their experiences, and could you give examples?

Patients have reported poor experiences with:

- Slow diagnosis.
- Slow initiation of treatment.
- Difficulty accessing repeat medications due to shortages, changes in medication requiring close monitoring, or difficulty accessing the appropriate healthcare professional.

Do you believe that the frequency of prescribing medication could or should be decreased, and do you believe that the authority to prescribe medication should be expanded to GPs?

- The frequency of prescribing medication should not be decreased, as the treatment protocol for ADHD is clear and altering the frequency would not be appropriate.
- Expanding the authority to prescribe medication to GPs could be viable with a good supply of ADHD medication and a shared care protocol approved by PCB members. The shared care protocol will provide guidance for GPs to prescribe ADHD medication

safely, meaning the number of healthcare professionals who can prescribe significantly increases on the island. If a shared care protocol is accepted by a GP then they will become responsible for prescribing the medication, however, any change in symptoms, side effects, shortage of medication will need to be reviewed by ADHD specialist and not the GP.

Are you aware of any shortage of ADHD medication on the island?

Yes, Methylphenidate and Elvanse are currently in short supply.

Do you have any specific experience or ideas that you wish to share with the Panel which may help inform our review?

Please note that ADHD diagnoses have increased by 600% in recent years and likely would be higher if there was better access to specialists for assessments.

Non-medical prescribers could also improve the service offered to patients by increasing the number of professionals that can issue the medication to patients, likely at a lower price than Private Psychiatrists.

Likewise, Health could contract community pharmacies to issue ADHD medication for patients.