

Dear Scrutiny

I'm writing to you both as a GP and parent of someone with ADHD. I noted the comments in the JEP today and felt it was important to feedback. As a parent I well understand the frustrations and issues, my daughter is in the UK at university and our only practical solution has been to pay for private prescriptions which is expensive and therefore I'd welcome improvements. However, GPs have been in discussion with HCS services for some time. Our position is that we would support the ongoing review of stable patients with ADHD when it is safe and appropriate. However, it's incorrect that lots of GPs do this elsewhere. Some GPs will take on shared care agreements, but many don't. In an increasing number of areas in the UK, GPs have withdrawn support for shared care agreements because the arrangements are unfunded and under supported. My daughter has no access to shared care arrangements anywhere in the North East. The complex supply issues mean that small community pharmacies can really struggle to maintain consistent supplies and it is likely that for now, hospital pharmacy provides the surest route to stable supplies. Not all GPs will be comfortable taking on the complex management of ADHD, these are drugs with significant potential side effects and issues with addiction. The lack of good psychiatric support worries many GPs, we cannot be seen as an easy route to access and service provision because the health department is failing to recruit and retain specialists. GPs are specialists in general medicine and primary care, we are happy to undertake shared care arrangements where the evidence supports this as best practice and providing the highest standard of care. However, seeing us as the solution to a failure to provide a proper service on island isn't appropriate. There will be many patients for whom a GP shared care arrangement is not appropriate, these individuals must have access to a good service. ADHD is not the only service looking to have shared care arrangements and we may not have the capacity to manage all these additional services. This transfer of care will need to be carefully planned, we are supportive but cautious. However, it is essential that the supply issues are settled, additionally the social security medicines fund must also be able to meet the very high costs associated with these drugs. We've heard an estimate of £2million, it's critical that this fund continues to be able to support an ever rising demand in primary care. The drugs have not yet been approved by PBAC for inclusion on the GP formulary.