

I read the article on the bbc website about a lone psychiatrist doing repeat ADHD prescriptions. I would say this is an optimum example where putting in a specialist pharmacist prescriber in a follow up capacity is probably a worthwhile investment. Lumping it on to GPs is possibly fine but do your GPs have capacity to review and manage those patients? I would be wary of potential consequences.

In my career I have built prescribing roles for pharmacists in heart failure, gastroenterology, rheumatology, dermatology, respiratory, epilepsy and lipid lowering clinics that released consultant capacity for new work whilst maintaining control of the prescribing and medicine budgets. My last business case that I wrote is saving £2m. My interest because I worked in Jersey previously and have recently moved from an acute and community to a mental health organisation.

I'm also currently engaging with our ICB on ADHD virtual consultations to manage shared care arrangements.

Hope this helps,

Jon

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