STATEMENT TO BE MADE BY THE CHAIR OF THE HEALTH AND SOCIAL SECURITY SCRUTINY PANEL ON TUESDAY 10th DECEMBER 2024

PRESCRIPTION MEDICATION FOR ADHD

The Panel initially became aware of issues around Attention Deficit Hyperactivity Disorder (ADHD) prescriptions via a series of investigative reports in the Bailiwick Express and approaches from constituents in the early months of this year. The Panel monitored this area and questioning at a Quarterly Hearing revealed that due to Jersey's prescribing regulations and the way medicines are funded, the prescribing of ADHD medication can only be carried out by a specialist consultant psychiatrist. The Panel noted that this was contrary to other jurisdictions where initial assessments and treatment are initiated by a specialist and, following that, GPs can prescribe routine treatment. During that hearing, the Panel was advised by the Director of Mental Health and Adult Social Care that Jesey's Hospital had only one specialist in this area, with a caseload of 220 adults.

The Panel formally launched its review into the prescription of medication for ADHD on 9th July 2024.

We learnt that a global shortage of ADHD medication meant that Health and Community Services had to limit medication, resulting in patients being given 1 month's supply of medication as opposed to the usual 3 months. Some patients were reporting that they were constantly worried that the community or hospital pharmacy would run out of their designated medication, and they would be left without. The impact of these global shortages, combined with the prescribing regulations, meant that the on-Island psychiatrist was spending an extraordinary amount of time just issuing repeat prescriptions.

The Panel questioned the Minister for Health and Social Services to find out if additional staff could be recruited to alleviate the pressure on the current service. We were informed that recruitment for specialists in these areas had been pursued however, it was extremely difficult to recruit in these areas both in Jersey and the United Kingdom. The Panel was made aware that a nurse had been seconded to undertake work on the waiting list which was hoped could alleviate some pressure.

The waiting list from referral to diagnosis is currently 3 and a half years and at the time of drafting the report, there were 736 adults in Jersey on the list waiting for an assessment. The Panel received a number of written submissions from members of the public, with the long waiting list being the area most commented on, as well as the lack of communication and support from Health and Community Services once on the assessment waiting list.

The wait for an assessment was having a significant negative impact, with a number of people stating they felt they had little choice other than to seek private treatment at their own expense.

The Panel was informed that the financial impact of having to seek private medical assistance is considerable - a consultation to be assessed privately could be as much as $\pounds 2,000$ and some islanders told us that with repeat prescriptions and follow up appointments this could cost approximately $\pounds 5,000$ per year.

The Panel also learned that medication for ADHD was not subsidised by the Health Insurance Fund (HIF) as the medication did not form part of the approved prescribed list of medication and should it be included, it would cost an additional £800,000 per annum which would need to be made available from the HIF.

The Panel understands that a Shared Care Pathway is under discussion with both the Minister for Health and Social Services and the Minister for Social Security. The Shared Care Pathway would allow initial assessments to be carried out in the hospital, and once a plan had been established, the patient would see a GP for the maintenance of this treatment including repeat prescriptions. We understand that discussions are ongoing and will monitor this during our work in 2025.

The 3 Key Recommendations of this report are numbers 1, 3 and 6. The Panel strongly urges the Ministers to consider these along with its other recommendations. The key recommendations concern the implementation of a support hub for ADHD patients with specially trained staff in place to offer advice, providing a clear communication plan for those on the waiting list and the urgent continuation of discussions with primary care providers regarding the development of alternative prescribing pathways that will help alleviate the pressure on the current crisis being faced.

I will now take questions on the report from Members.