NeuroFX
Changing Minds

ADHD MEDICATION · 4.10

Shared Care and ADHD: Why It Matters and Why It Sometimes Breaks Down

Shared care is the arrangement that lets your NHS GP take over routine prescribing of ADHD medication started by a specialist. It is variable across the UK, and worth understanding before you start.

FOR
Adults moving from private or Right to Choose assessment to long-term ADHD treatment

AUDIENCE AGE
Adult

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The NeuroFX resource library

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IN SUMMARY

Shared Care and ADHD: Why It Matters and Why It Sometimes Breaks Down

What shared care is

- **A formal agreement between specialist and GP.** The specialist makes the diagnosis and the treatment plan; the GP takes over routine prescribing once the patient is stable. The specialist remains available for any significant clinical input.
- **Three parts have to hold together.** The specialist diagnosis and report. The GP's willingness to take on prescribing. The local ICB's position on shared care for ADHD medication. If any one of these does not hold, shared care does not happen.
- **It matters for cost and continuity.** NHS shared care means standard NHS prescription charges and the medication sitting inside the existing NHS record. Private prescribing means the medication is paid for at private cost across the long term.

Why it sometimes does not happen

- **ICB policy varies across the UK.** Some ICBs accept shared care for ADHD medication initiated privately. Others accept it only after NHS assessment. Others decline entirely. The result is a postcode lottery.
- **Individual GP practices can decline.** Within an ICB that allows shared care, an individual practice can still decline. Controlled-drug responsibilities and unfamiliarity with ADHD prescribing are common reasons.
- **The specialist report matters.** A clear, NICE-aligned diagnosis report from a CQC-registered provider with baseline monitoring data is more likely to be accepted. A weak report is unlikely to be.
- **Patient stability is part of the criteria.** Shared care is for the long-term steady state. Most clinicians wait at least three months on a specific medication and dose before initiating a shared care request.
- **Declined shared care is not a failure.** Continued specialist prescribing is a real and routine option. Some patients use it indefinitely. The trade-off is cost versus the speed and depth of specialist care.

How we approach shared care

- **We aim for shared care from the outset.** Diagnosis is documented to NICE-aligned standards from the start. Once you are stable, we send a formal shared care request to your NHS GP with the supporting clinical detail.
- **Where the ICB or GP declines, we continue prescribing.** NeuroFX offers continued private prescribing through structured reviews. The specialist relationship continues and you are not left without medication.
- **We can advise on the local ICB position.** Some patients want to check the local picture before starting private assessment. We can talk through what we know of the local ICB approach so the long-term plan is informed.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP, your prescriber or NHS 111 if you experience any clinical concern about your ADHD medication. Speak to your specialist prescriber about shared care plans and timing, particularly if the local ICB position is unclear.

SOURCES

NICE NG87; BNF; Royal College of Psychiatrists; NHS England