Table 1 – ADHD Flip Chart Notes
Oxford City Locality Group Meeting
10 May 2018

Table 1 – ADHD

- Clinical benefit: treating ADHD can make patients much more functional. Better response overall than e.g. antidepressants.
- Service was not following NICE guidelines anyway- GPs left to titrate doses, annual specialist f/u doesn't happen (also no handover from CAMHS to adult)– so certainly could be improved - a GPSI service may be no worse than what was on offer from AMHT (even local GPs may have more experience than junior doctors in AMHT). Relaxing the NICE guidelines –is that acceptable (to GPs, patients etc.)? Will the CCG support relaxing them?
- But complex comorbidity makes it difficult to provide single stand-alone service (many cases overlap with ASD, anxiety etc.)
- What about psychotherapy for ADHD? It's recommended as an option in NICE guidelines but never offered via AMHT
- Service involving GP could be a possibility but only if properly funded; most GPs willing to monitor and prescribe (maybe titrate), but not to diagnose.
- How much money do we have to play with?
- GP's have enough work to do – any payment would have to free up GP time
- Diagnoses likely to increase over time – so will need increasing funding
- GP already very stretched – better to enhance services already in place? How to trigger referral process? Rating tools to trigger referral (e.g. ASRS) but assessment – DIVA – but takes 1-2 hours to do- could some of it be done in GP with or without specialist review– could it be slimmed down? OxFed – Psychiatrist overseeing GP's diagnosing and briefing
- Where does expert advice come from for complex patients? Need involvement from Ox Health + Consultant support.
- Prefer 'Blended' model whereby OxFed ask practices if they wish to be involved- not everyone obliged.
- Is the University already working on this?- no but closer collaboration between university student support services and CCG/OH might be helpful/better model for future
- Generally stimulants used properly are safe drugs – only 1 experience locally of methylphenidate causing psychosis (in a patient who might have had bipolar anyway). Safer (much) than methadone maintenance which GPs are expected to manage.
- Overseas patients- prejudices/recall bias of such cases. Plenty of issues with UK generated cases, overseas cases actually can be easier as just need prescribing and monitoring
- Risks/concerns regarding performance enhancing drugs- but we manage this with other drugs.
- Polly Branney: GPSI Oxford ADHD centre (private) maybe useful support- also working now with Jessica Gibson (Psych). But would want payment at commercial rates.