PRIVATE & CONFIDENTIAL

[GP Name]

[GP Address]

[Post code]

Our Ref: [Enter here], NHS Number: [Enter here]

[Date]

Dear [GP NAME]

**Re: Transfer of care/ Discharge from ADHD Services.**

[Patient Name]

[Patient Address]

Date of Birth: [DD MM YYYY]

Clinic Date:

**Diagnosis:**

**Medication:** [DRUG and DOSE and FREQUENCY]

**An FP10 was issued** on [DATE] for ………days. It is felt this patient is less complex and therefore deemed suitable for transfer of care/discharge for management in primary care

**Recommendations:**

1. Kindly take over prescribing monitoring and review of [DRUG NAME].
2. If you have any questions or concerns or require additional advice on managing this patients ADHD please contact me directly [Telephone:.............., Email:…….or by letter] .
3. If there is significant concern/deterioration in management of ADHD in future, Please refer back to our service.

**Relevant History:**

**Progress**

This patient is stable and tolerating treatment for ADHD and is happy for care to be transferred back to you.

I would be grateful if you could take over this patient’s care including prescribing, monitoring and review of ADHD medication. Above please find an individual management plan agreed at this review. A copy of the Shared Care Document for ADHD for additional information to support the transfer of patient care can be found at XXXXXXX (NOTE: We are not proposing shared care). This patient will be discharged from our services but can be referred back in the future should the need arise.

[Include: previous treatment, response and side effects, risk assessment, relapse indicators]

**Individual Management Plan:**

1. The patient has agreed to continue taking the above medication as prescribed.
2. [DRUG NAME],

Delete as appropriate

which is licenced for ADHD in adults.

Or

which is not licenced for ADHD in adults and used off label, this has been discussed with the patient who has given consent to treatment with this medication.

1. Prescribing Monitoring and review of ADHD medication will be by the GP.
2. Blood pressure, pulse and weight are monitored every three to six months or whenever there is a dose adjustment.
3. Treatment should be reviewed annually to assess clinical need, benefits and side effects. [add any patient specific advice to support this review]
4. We expect treatment should continue for [expected length of treatment] or as long as it is clinically effective. Taking into account the effect of missed doses, planned dose reductions and brief periods of no treatment and the patients preferred pattern of use.
5. If the patient wishes to stop this treatment in the future, please taper off slowly and avoid sudden withdrawal to minimise withdrawal symptoms which can be severe. [Enter a plan for the GP to follow including dose reduction regimen, monitoring and when to refer back to Oxleas/SLaM as appropriate] monitor for rebound/withdrawal symptoms such as jitteriness, increased appetite, restlessness, depression, vivid dreams etc. Please refer back to secondary care if there are any queries or complications with the planned withdrawal.
6. If the patient develops symptoms suggestive of cardiac disease during treatment, they should be referred for prompt specialist cardiac evaluation.
7. Stop treatment on the advice of a specialist or immediately if urgent need arises.
8. Check for drug interactions when prescribing new or stopping existing medications.
9. If treatment is stopped and the patient wishes to restart treatment due to significant symptoms of ADHD [enter a plan for the GP to follow including dose titration regimen, monitoring and when to refer back to Oxleas/SLaM as appropriate] Subject to satisfactory routine blood tests, blood pressure, pulse and weight measurements and cardiovascular examination.
10. In line with NICE guideline, conduct on-going CV monitoring—see *Cardiovascular* in section 1.8 of <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#maintenance-and-monitoring>
11. These vital signs (BP, Pulse and weight) must be measured before and after every dose adjustments and, if necessary, [provide advice on any dose adjustments that can be made by the GP according to response and tolerance to side-effects.]
12. Please refer this patient back to our services if [suggestions for when to re-refer and how to re-refer]

Yours Sincerely

…………………………….