

GP ADHD Shared Care Program:

A Child & Adolescent Mental Health Services (CAMHS) initiative in partnership with GPEX Shared Care (previously GP Partners Australia)

Non-compliance Pathway v2 October 2024

Non-attendance:

a. Rare/Once off:

- i. GP, Paediatrician, Psychiatrist to apply routine non-attendance protocols per standard practice procedure
- ii. Specialist routine procedures:
 1. GP notified of non-attendance
 2. Offer re-booking per standard practice procedures
- iii. GP routine procedures:
 1. Recall for re-booked appointment as soon as practical
 2. Document reason for non-attendance [important e.g. acute illness vs “forgot”, rare vs frequent, supports to be considered etc]

b. Frequent/Challenging (e.g. at critical care point): E.g. Non-attendance to critical specialist review for purposes of ongoing medication prescribing legislative requirements OR Non-attendance to multiple consecutive GP care appointments (blood pressure, growth, non-pharmacological care etc)

- i. GP, Paediatrician, Psychiatrist to apply routine non-attendance protocols per standard practice procedure above AND
- ii. Notify CAMHS GP Liaison Consultant/Shared Care Manager

Medication challenges:

Note: Critical role of Script Check SA as part of care by Paed, GP and Psychiatrist

c. Non-compliance with medication dosing *not* associated with escalating dosing, script seeking elsewhere or diversion) eg. Missing doses, reduced function, discontinuation (1, 2)

- i. Identifying clinician and/or Shared Care GP explores and addresses therapeutic needs

d. Non-compliance with medication dosing, associated with escalating dosing, script seeking elsewhere, fraudulent script alteration or diversion

- i. Identifying clinician and/or Shared Care GP explores and addresses therapeutic needs & challenges
- ii. DASSA referral if appropriate - [Drug and Alcohol Services | SA Health](#)
- iii. GP, Shared-Care GP, and Specialist notified in writing by the clinician who has identified the issue



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- e. DDU is notified if drug-seeking behaviours are identified – form [Suspect+fill-in+form+201703.pdf \(sahealth.sa.gov.au\)](#)
- f. Fraudulently altered scripts notification – form [RF1661- Suspect Prescription 16March09.doc \(sahealth.sa.gov.au\)](#)
- g. Consideration of urine testing information: [Urine drug screen when prescribing drugs of dependence | SA Health](#)
- h. Discharge from shared care program to routine GP care, with support of above

Resources:

[Fact+Sheet+Circ+CS+Medical+Practitioners+Obligations+201806.pdf \(sahealth.sa.gov.au\)](#)

[Prescribing drugs of dependence | SA Health](#)

References

1. Enhancing ADHD Medication Adherence: Challenges and Opportunities Alice Charach & Rebeca Fernandez, [11920_2013_Article_371.pdf \(nih.gov\)](#)
2. [Adherence to medication in adults with attention deficit hyperactivity disorder and pro re nata dosing of psychostimulants: A systematic review - ClinicalKey](#)



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