**Domain 2 – Practice**

**Oral Presentation Abstract Submission Title:**

ADHD Co-Management in Primary Care

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**Insert abstract here (must not exceed 250 words)** Please ensure you address The Problem, What did you do? Results and Lessons of your study.

**Titles:** (Titles are limited to 30 words)

ADHD Co-Management in Primary Care

**The Problem**

Attention Deficit Hyperactivity Disorder (ADHD) affects approximately 10% of Australian children, with significant impacts on daily functioning, education, employment, and mental health. Across 138 NNSW general practices (PENCAT data, March 2025), 5,868 active children aged 0–17 have a recorded ADHD diagnosis—representing 7% of the region’s active child population.

The 2020 Henry Review identified that children with or suspected ADHD constituted up to 70% of outpatient paediatric workload, straining a specialist workforce already under pressure. The review found the NSW model of care—reliant on paediatricians for all stimulant prescribing—to be inefficient.

Northern NSW faces acute challenges: extended waitlists (18 months- 3 years), high rates of social disadvantage, and large numbers of vulnerable children. For example, in Clarence Valley, a rural region with 8.1% Aboriginal and Torres Strait Islander population and high socioeconomic disadvantage, over 400 children remain on outpatient waitlists. School-aged children with behavioural and developmental needs face up to 2.5-year waits for paediatric appointments. Meanwhile, GPs are the first point of contact for families desperate for support during these long wait times. The current model fails to meet demand and leaves GP’s with limited support to manage these children.

In November 2023, in response to the Henry Review recommendations, NSW Health implemented a landmark policy change, that will significantly reshape the management of ADHD in children and adolescents in NSW by reducing the inefficient paediatricians sole prescribing model that contributes to the unsustainable outpatient demand.

General practitioners in NSW are authorised to prescribe Schedule 8 (S8) psychostimulants under a co-management arrangement with a specialist—namely a paediatrician, psychiatrist, or neurologist—via the state’s SafeScript NSW real-time prescription approval monitoring system. The approval process involves specific limitations on medication types and dosages. Clinical governance is maintained by ensuring regular communication between the GP and the supervising paediatrician, especially for complex cases or dose adjustments.

This shift reflects a broader system intent to empower primary care in chronic disease management and address long-standing service access barriers. It acknowledges the evolving skill set of general practitioners and nurses, particularly in rural and regional settings where specialist access is limited.

As a General Practice nurse with a postgraduate degree in Midwifery and Child and Family Health, I transitioned into the role of ADHD Clinical Nurse Consultant (CNC) Co-Management Coordinator, a position funded by Healthy North Coast, our public health network (PHN) for the region, to lead the development and implementation of a ADHD co-management model of care across the Mid North Coast and Northern NSW areas. This pioneering role involves designing integrated care pathways, collaborating with local GPs, public and private paediatricians, the Primary Health Network, Aboriginal Medical Services, private psychiatrists, RDN, APNA, schools and community stakeholders, to embed and promote the co-management model of care to improve access, coordination, and outcomes for children and adolescents with ADHD. General Practice (GP) clinics are uniquely placed to provide timely, accessible and affordable ADHD care through this innovative co-management model which could also involve individual practices utilising ADHD nurse-led clinics.

**What did you do?**

We began implementing an ADHD co-management model into general practice across NNSW LHD Paediatric outpatient and Northern NSW GP’s in March 2025. Activities included:

* Educating and enabling GPs to manage stimulant prescriptions using SafeScript, in co-management with paediatricians. Safescript approvals need to be completely for each patient yearly. We have utilised multidisciplinary case conferencing billing ( ADHD Co-management coordinator and Pharmacist) to help with time spent on setting up and maintaining safescript approval if needed (Utilising MBS items to ensure sustainability ) .
* Using care plans and chronic disease management structures to enhance monitoring and follow-up
* Creating education packages and resources for GPs and practice nurses, focusing on ADHD diagnosis, medication management, and SafeScript approvals
* Establishing pathway for timely urgent paediatric review when clinically indicated via e-referral to ADHD co-management coordinator so GP is able to access information and support quickly
* Introducing tools to improve diagnostic efficiency, including digital parent and teacher questionnaires that are sent from the ADHD co-management coordinator when a child is on paediatric waitlist.
* Reducing strain on paediatric outpatient clinic by removing two appointments per year for children to get scripts, enabling them to present for 18 month paediatric review only.
* Establishing a CNC ADHD role bridging Local Health District and Primary Health Networks, providing clinical oversight and care navigation

**Developing: The Role of Practice Nurses in ADHD Co-Management**

Practice nurses are a vital and underutilised resource in the effective delivery of ADHD care in general practice. Their integration into the ADHD co-management model offers a sustainable solution to improving access, safety, and continuity of care for children and adolescents with ADHD.

**1. Medication Monitoring and Side Effect Surveillance**Practice nurses can lead regular follow-up consultations to monitor medication side effects and support safe use of psychostimulants. These appointments may include:

* Tracking and documenting blood pressure, heart rate, appetite, and sleep patterns
* Screening for mood and behavioural changes
* Identifying adverse effects and escalating concerns to GPs or ADHD co-management coordinator
* Reinforcing adherence to medication protocols and ensuring parents understand medication safety

**2. Growth and Development Surveillance**Stimulant medication can impact appetite, weight gain and growth in some children. Practice nurses can:

* Record height and weight at regular intervals using growth charts
* Monitor for growth suppression and notify clinicians when trends are identified
* Provide anticipatory guidance and nutrition education to parents and carers

**3. Data Collection and Administration**Practice nurses can streamline diagnostic and follow-up workflows by:

* Managing recall systems for review and script appointments

**4. Enhancing the Patient Journey**By serving as a consistent, approachable point of contact, nurses can:

* Improve family engagement and reduce stigma
* Provide culturally safe care, particularly in Aboriginal and Torres Strait Islander communities
* Reduce GP workload while ensuring clinical vigilance is maintained

Embedding practice nurses in ADHD care not only optimises team-based practice but also ensures children receive proactive, holistic, and developmentally appropriate support throughout their care journey.

**Results**

Though early in implementation of the model, we have:

* Referred 16 children into co-management arrangements in three months ( as of 1st of April). This equals 32 more appointments available for new children in the next 12 months to see a paediatrician.  We expect this number to grow quickly as more NNSW LHD paediatricians are aware of the new model of care pathways and processes and shift their stable patients to co-management via a letter to their GP.
* Developing education programs to upskill GPs and practice nurses
* Launched a practice quality improvement page for ongoing clinical education with the PHN
* Launched GP in Focus education sessions in local towns for practice staff
* Integrated digital tools to streamline ADHD diagnosis workflows
* Reduced time to diagnosis by increasing questionnaire response rates
* Improved access to paediatric urgent review via a streamlined e-referral system utilising ADHD CNC Nurse
* Created a scalable and replicable model with clear governance and evaluation metrics

**Preliminary outcome indicators include:**

* Proportion of GPs reporting confidence and competence in ADHD prescribing
* Wait times for diagnosis and paediatric review
* Number of children managed under co-management vs. returning to paediatric-led care
* Clinician perceptions of improved integration and care navigation
* Family satisfaction with co-management models

**Lessons**

* GPs are willing and capable of managing ADHD when supported by structured education, clear protocols and pathways and have timely access to paediatric consultation when needed.
* Embedding a dedicated ADHD CNC role facilitates seamless coordination between primary and specialist care. Care navigation is available for patients transitioning to adult care.
* Digital innovations (e.g., electronic questionnaires and referral systems) are critical for improving workflow efficiency
* Practice Nurse-led models may enhance the capacity of general practices to provide ongoing monitoring and psychoeducation
* Families value care close to home, and early feedback suggests high satisfaction with co-management options

**Conclusion** The ADHD co-management model in Northern NSW exemplifies a practical, scalable solution to an overstretched paediatric system. It empowers GPs, upskills the existing workforce, improves care access for vulnerable populations, and delivers value-based, integrated care. Investment in coordination, technology, education and workforce support is essential to realise the full potential of this model.

**References (optional)**

1. Henry Review – Review of Health Services for Children, Young People and Families in NSW
2. PENCAT Data – North Coast General Practices (March 2025) Health North Coast.