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Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref MB/MD/2674/15

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Dear Ann,

Thank you for your letter of 23 June regarding Swansea University's work to analyse prescribing practice for children and young people experiencing mental illness.

I am pleased you found the briefing from Dr Ann John so informative. I believe this is the first such analysis of mental health prescribing practice for children and young people in Wales and adds significantly to international work in this field, as the SAIL database is so comprehensive with regard to primary care. It will also add to the NHS's work to reshape CAMHS services to make them more effective. Before I address your specific questions, it is interesting to consider some of the high level messages from the ADHD and antidepressant reports. Specifically:

- Wales appears no different to other countries in experiencing an increase in prescribing, particularly for 15-18 year olds, both for antidepressants and ADHD medication;
- Wales is also comparable to other countries in the rates of diagnosis and treatment between males and females for both cohorts; and
- The strong link between deprivation and prescribing is also important in the current economic climate.

In relation to your specific comments:

As far as data collection is concerned, GP prescribing data is considered robust and rightly needs to be in order to issue a prescription, though recording of diagnosis can be more subjective and dependent on individual GP's recording behaviour. Hospital admissions for secondary and tertiary care are also well recorded and Patient Episode Database data is extensively used. However out patient data can be incomplete, which may be a result of recording, or operational factors. The issue of monitoring prescribing by secondary services is a problem across all specialities. Different health boards have sought temporary solutions and the all Wales Pharmacy Group has developed a national IT solution which it is

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seeking to implement over the next two years, which should help improve the robustness of the data.

In relation to your second point there are some medications which will be prescribed only in secondary care, but the majority of anti depressants and ADHD medication, even if started by CAMHS can usually be continued by the GP. Again GP prescribing varies depending on the individual GP practice. Some are unwilling to take on ongoing prescribing in a shared-care agreement with CAMHS, for a variety of reasons. In other cases CAMHS clinicians may prefer to adjust and manage doses until stabilised for a longer period of time. However it can then be managed in primary care, and this is generally seen as desirable and allows more prudent use of specialist time. The NICE technology appraisal 98 states "treatment with methylphenidate, atomoxetine or dexamfetamine should only be started after a specialist who is an expert in ADHD has thoroughly assessed the child or adolescent and confirmed the diagnosis. Once treatment has been started it can be continued and monitored by a GP." NICE Quality standard 39 suggests an annual specialist review is appropriate.

In relation to your final point on actions to be taken, you will have seen in the antidepressant report that Citalopram, which is not necessarily recommended for use in those under 18, has been widely used. Although the use of Citalopram was probably greater than we would like, it was a NICE (CG 28) recommended treatment option in depression for those unresponsive to other treatments, albeit it was an off label use. A March 2015 addendum to CG 28 made fluoxetine the only medicine named in the NICE guidance licensed for use in children. Given these recent changes and the fact the analysis undertaken by Swansea University only covered the period up to 2013 I have asked the Chief Pharmaceutical Officer to ask the All Wales Therapeutics and Toxicology Centre, which provides prescribing and medicines management services to NHS Wales, to do more background work and, if necessary, issue further guidance to GPs.

More generally I think the papers can helpfully inform the ongoing service change work in CAMHS and targeting of the recently announced £7.65m CAMHS investment and we have drawn it to the attention of the CAMHS Planning Network. The £1.1m announced to expand provision of psychological therapies in CAMHS can provide alternatives and adjuncts to medication. The £800,000 announced should improve early intervention in psychosis as well as help improve services for those suffering severe depression. In addition the £800,000 to expand access in Local Primary Mental Health Services can also improve joint shared care arrangements between primary and secondary care.

I will also ensure you are provided with copies of the phase two (antipsychotics) report once completed in September.

Best wishes,

Mark

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