

Blog 30.1.2026

On a lovely fine day - finally , and I should be outside enjoying it- but after a lunchtime meeting of all the doctors at the practice over lovely lunch from the Farmhouse Café at Clevedon { thumbs up Mikey} to sort out protocols for what we are doing about ADHD prescribing and how we are going to manage the possibility of 12 month prescribing, I thought I would write this blog while it was clear in my head.

### **Prescriptions.**

We are open to having patients on longer scripts than 3 months: they will still have to go to the pharmacy every 3 months, just like those who are currently on the 6 month scripts for birth control pills do.

Face to face consultations will be required for all patients requesting medication repeats at least once a year.

Face to face prescriptions will be required for patients whose medical situation is not stable. That is we are still adjusting medications , like getting blood pressure down into acceptable levels and not having negative side effects, or patients with Non -Insulin requiring diabetes, whose HbA1c test isn't right down, ideally below 46. There are a number of conditions and medications in this category and will need to be sorted out individually between the doctor and the patient.

Face to face consultations will be required to review all patients who want to be considered for 6 or 12 month prescribing.

Some medications will be able to be given with a face to face meeting with the doctor for 6 months, and repeated on request at another 6 months before needing to have another face to face consultation. In some cases, but not automatically, this can be done with a telephone consultation: you might be requested to come in for review.

12 month prescriptions will be for patients well controlled on 1-2 simple, usually preventative medicine, eg a statin like Atorvastatin and Mini Aspirin or one years supply of Vitamin D to prevent osteoporosis. Patients using simple inhalers for asthma could come under this category as do birth control pills [Yay ! say our students away at university]. Even patients on epilepsy medication who haven't had any fits over the past 12 months may be eligible here.

We know life doesn't always go according to plan and circumstances change, we forget and other matters can take precedence and people find they are running out of medication. Sometimes they can't find a suitable time to come and see us for a medication Review. If you talk with one of our two highly efficient nurses, Paula and Jan, they can get a bridging prescription for 2-4 weeks to your pharmacist until you can see your doctor or any doctor here. We all are working to the same protocol.

### **ADHD/ADD prescribing**

Yes, we will be doing diagnosis, sorting out the right medicines and balance, as well as prescribing and adjusting repeats.

It certainly is not going to be anything as easy and as cheap as the politicians say, or the black market will become flooded with them for recreational use in people who are not neurodiverse. Who wants to be on the same long distance journey as a truckie trying to do a 24 hour driving shift to get home to family? Who wants to be treated by a doctor who used them as a medical student to crash swot for exams [as those memories are temporary and not properly lodged into memory banks]?

There is no government funding AT ALL for people to get this done with Specialist GPs , any more than there is funding for paediatricians or psychiatrists seen in private. There is no extra money in our special needs budget we get from Hauora, or PHO, or even in capitation payments which subsidise ordinary GP consults. At the moment my patients are paying between \$1000-\$1300 for private specialist consultations to make the diagnosis, and who are often not even prescribing but sending them back to us to start then adjust it in an ordinary 15 minute consultation at a fraction of the cost they charge. The whole process is going to take us a long time and needs to be well documented. We have drawn up a protocol here, how we are going to manage this.

Many of my established patients have already talked about their ADHD and are waiting for Feb 2 when prescribing begins. Still, it all needs documenting, and this will take 60-90 minutes according, to the guidance from our College. Even if established patients at our practice want to be seen for this, that time will need to be booked ahead, there will be a deposit fee of \$150 requested when so much time is being put aside exclusively for one person to be seen, and those patients will need to be seen by me. It is helpful at this appointment to bring family members or close friends who can fill in the information we need to know about schooling from early years, job and relationship history. School reports are very useful, especially the ones that say things like 'scatty' 'doesn't listen', 'Always away on day dreams', 'talks too much', 'disruptive in class' etc!}

I am the only doctor currently comfortable and experienced with ADHD/ADD and dual diagnosis patients here, partly because of my experience at university prior to studying medicine. I was doing my Masterate in Education in 1974 and arguing against the lecturers who didn't believe it existed: Prof Werry, our amazing and absolutely unheralded Professor of Paediatric Psychiatry at Auckland Hospital started prescribing amphetamines for children he had diagnosed in 1972. He should have been awarded the Nobel Prize for it. He only died in the past year aged 94yrs. Also, I went on to teach at the then biggest high school in New Zealand the year 10 'Reluctant Learners': 19/20 kids were ADHD, ADD or both. [One was just an outright sociopath, and didn't last long before being expelled]. So, I have had a strong interest since.

I do not know how much time a consultation will take, how much help Paula our nurse can be in filling out questionnaires, or how long it will take to document. My guess is the cost will be between \$400-\$500, but this is a work in progress. I know for many this is a lot of money, but it is less than a lot of junior lawyers charge as their hourly rate. Unlike them, we do arrange bank AP to pay for it. I will only be doing a couple of assessments a week. We will keep a waiting list and ring patients waiting to be seen as soon as appointment slots become available. I know waiting another few weeks is possible for our patients: they have struggled for years to be heard, cope with blame and abuse, and blamed for poor school performance etc.

New Patients requesting scripts will not be given a script at their first appointment. The process will be explained at that time to them and their basic health checks are done as usual. They will need then, to do a drug urine test at the lab within the next 2-3 days. We do understand that some use marijuana to control their symptoms, and mild to moderate levels of THC are not a barrier to prescribing. Other drugs are likely to be. A lab drug screen urine test means peeing in front of a Lab technician, and costs currently \$130. Failure to do that before the formal long meeting with me, means, no appointment and loss of deposit, and we are happy to receive a request to transfer any notes to a new doctor.

Once stabilised on their new meds I am very happy to return you to the doctor of your choice in the practice, but I will not be doing assessments on patients from other doctors even if their GP or other Specialist requests it. I have enough to do. Our patients always come first.

The afternoon is nearly over but it promises to be a lovely evening so off home to sit on the couch in the porch looking out over the big courtyard with my current fav kombucha in my hand while I work out what I may cook for our dinner....

Regards, Dr Jacqueline, Drs Dom, Taua, Amy ,Ranche and Nav [as from next Monday], Paula and Jan, Jamie, Maria and Claire and our totally indispensable Mereana.