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MINISTRY OF HEALTH

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ADHD Actions, Dependencies and Milestones

Date due to MO:	18 September 2024	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Reference:**	H2024050133
To:	Hon Matt Doocey, Associate Minister of Health Hon Nicola Willis, Minister of Social Investment Hon David Seymour, Associate Minister of Health		
Consulted:	Health New Zealand: ☒		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☐		

Contact for telephone discussion

Name	Position	Telephone
Geoff Short	Deputy Director-General, Clinical, Community and Mental Health | Te Pou Whakakaha, Ministry of Health	s 9(2)(a)
Murray Patton	Chief Clinical Officer, Mental Health and Addiction, Health New Zealand	s 9(2)(a)
Dr David Hughes	Acting CE Pharmac / Chief Medical Officer, Pharmac	s 9(2)(a)

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Purpose of advice:	On 8 August 2024, the Ministry of Health briefed you on actions determined at the 2 May 2024 ADHD parliamentary hui [H2024048468 refers]. As requested, this paper provides an update on the actions, including timeframes, milestones, and where dependencies exist. This paper has been developed by the Ministry of Health, Health New Zealand, and Pharmac. With input from the Social Investment Agency.

Background

- At the ADHD parliamentary hui on the 2 May 2024 six actions were developed and agreed by a diverse set of stakeholders including the professional workforce colleges, ADHD NZ, Health New Zealand, the Ministry of Health (including Medsafe), and Pharmac.
- The six actions are focused on addressing barriers across the entire ADHD care continuum covering assessment and screening, diagnosis, treatment options and availability, workforce development, and improved data on ADHD prevalence and related health and social outcomes.
- As a complete package, all six actions represent a significant programme of work. Each action contributes to one or more parts of the ADHD care continuum with interdependencies and sequencing considerations across each of them.

The ADHD actions are a significant work programme and are at different stages of implementation

- The actions are at different stages of implementation with:
    - some progressing well (eg increasing the availability of ADHD stimulant medications)
    - some at initial stages of development (eg improving consistency and effectiveness of ADHD treatment; improving data collection)
    - some actions needing further consideration (eg improving ADHD screening for targeted at risk groups; formal support for an ADHD Collaborative Group).
- An explanation of each action including considerations, barriers, interdependencies, and sequencing is provided below. An overview of this is also included in **Appendix One: Updated table of actions**.

Update on ADHD actions including risks and opportunities

The actions to increase access to ADHD stimulant medications led by Pharmac and Medsafe are progressing well

- From 12 September 2024, Pharmac is publicly consulting on removing the requirement for a special authority renewal every two years, as well as on funding a new ADHD medication, lisdexamfetamine, which would help increase the available supply of ADHD medications. Following consultation, if the proposal is approved by the Pharmac Board (or a delegate), lisdexamfetamine would be available in early December 2024.
- 9(2)(ba)(i) Pharmac and Medsafe will work together to publicly consult on changing the requirements for who can initiate prescribing of funded and unfunded stimulant medications. This requires a regulatory change from Medsafe to expand the criteria for which medical professionals can prescribe controlled medicines outlined in the Misuse of Drugs Act regulations.
- One option being considered is expanding permissions to General and Nurse Practitioners. Pharmac will consult on updating its funding requirements (special authority criteria) for stimulant medications based on Medsafe's proposed regulation changes and advice received from its Mental Health Advisory Committee. The Committee is planned to meet at the end of October 2024.
- Following consultation and final decisions on who can initiate prescribing stimulant medications, updating the regulatory notice is a relatively simple process and requires publishing a gazette notice. Pharmac will update their special authority criteria for initiating stimulant medications based on the updated Medsafe regulations.
- It is important that there is an adequate supply of ADHD stimulant medications available as these, and other actions to improve access to assessment and diagnosis of ADHD, are implemented. Officials are aware that suppliers of stimulant medications are facing challenges due to global increases in demand, constraints in increasing manufacturing capacity due to the extended-release profile of these medicines, and global regulatory constraints on supply quotas.
- s9(2)(ba)(i), s9(2)(g)(i)
- Pharmac s 9(2)(ba)(i) have outlined a timeline **(Appendix Two)** for actions to increase access to ADHD stimulant medications to ensure there is appropriate supply to meet the anticipated increase in demand. Pharmac will continue to provide Ministers with 'no surprises' updates on supply issues impacting ADHD medications.
- However, there does remain a high risk that the current supply issues will not be resolved by July 2025 and/or that suppliers will not have been able to build up sufficient buffer stock to accommodate wider access.

Some actions have started and may require additional support to maintain momentum and monitor progress

The clinical workforce colleges have established a Clinical Reference group to oversee actions to improve consistency and effectiveness of support for people with ADHD

- The clinical workforce colleges have formed a Clinical Reference group made up of the Royal Australian and New Zealand College of Psychiatrists, the Royal New Zealand College of General Practitioners, and the New Zealand College of Clinical Psychologists, to discuss opportunities to improve consistency and effectiveness of support for people with ADHD. The Clinical Reference group has been involved in the improvements to access to ADHD stimulant medications.
- The Ministry of Health is currently engaging with the Clinical Reference group to develop a consensus document that provides a joint understanding and agreement on roles, scopes of practice, and clinical tools required for ADHD assessment, diagnosis, and treatment. This will help clarify the responsibilities of the clinical workforce across the ADHD care continuum and what services and supports are expected for each part of the care continuum.
- Developing a consensus document has been identified as the key first step before other actions to improve consistency and effectiveness of support for people with ADHD can be progressed. Future work in this area could include:
    - adapting the Australasian ADHD Professionals Association guidelines to be implemented in a New Zealand context
    - developing and disseminating resources on ADHD for the health workforce and other workforces that interact with people experiencing ADHD.

The Ministry of Health is working on a new prevalence survey which will include ADHD. Further work is required to improve collection of ADHD data

- The Ministry of Health is testing the tools needed to survey prevalence of mental health, addiction and substance use for children and young people. It will happen in three phases over a three-year period, beginning with a survey for children and youth aged 4-24. This will include questions on ADHD prevalence.
- Understanding ADHD prevalence will help define the level of unmet need for support for ADHD in New Zealand. This action is a critical first step to inform future work to improve availability of treatment services for ADHD including geographic coverage, and the demographics that the services are targeted to.
- Other surveys being undertaken by government will also help identify the scale of ADHD in New Zealand, such as through the Ministry of Social Development's next iteration of the Youth Health and Wellbeing survey which will have a specific section on neurodevelopmental conditions including ADHD.

Some actions require additional work to identify opportunities for progressing them

Work is required to improve screening for targeted population groups at risk of ADHD

- There are opportunities for targeted screening for populations at risk of ADHD including some high-risk youth, long-term beneficiaries, people involved with the criminal justice system, and people coming out of prison. There are some existing processes such as Gateway assessments provided for young people involved with Oranga Tamariki that could be considered but this would require agreement on screening tools and workforce training.
- Improving screening for ADHD is a longer-term cross-agency action between agencies who are interested in progressing this including Health, Education, Oranga Tamariki, and the Department of Corrections.

- The Ministry has identified one potential opportunity to progress this action through a newly convened cross-agency group on neurodiversity. The cross-agency neurodiversity group is currently undertaking a stocktake of the supports and services each agency provides for people with neurodiversity which includes ADHD. This will identify current screening tools and practices for ADHD across the different sectors like Education and Disability and can inform future work to make improvements to screening for at risk population groups.

The ADHD Collaborative Network is comprised of representatives from all stakeholders from the parliamentary hui and is seeking formal support to monitor the ADHD work programme

- The ADHD Collaborative Network acts as a forum for stakeholder representatives (government agencies, clinicians and key non-government organisations) to discuss how to progress ADHD actions. ADHD NZ initiated the network, which previously met regularly. In 2023, ADHD NZ indicated that its coordination work was unfunded and no longer sustainable.
- Some coordination mechanisms exist across parts of the system. The establishment of the Clinical Network has provided for coordination of clinicians in relation to ADHD. The Ministry of Health has been coordinating across Pharmac, Health New Zealand, and the Social Investment Agency and will continue to do so. The Ministry is also drawing in wider government links through the neurodiversity work programme.
- A wider coordination and oversight mechanism, ie the Collaborative Network, would ensure the ADHD work programme progresses with due consideration for interdependencies and sequencing issues. We are aware that for any agency to lead this would require reprioritisation of resources from other areas of their work programme. No source of government funding has identified to-date and we understand that ADHD NZ unsuccessfully pursued philanthropic options.

Next steps

- The Ministry of Health will continue to coordinate and provide updates on government activity in relation to the ADHD actions.
- On 7 October 2024, officials will provide a briefing on options for conducting an evaluation of outcomes from ADHD stimulant medication changes.

Geoff Short
Deputy Director-General
Clinical, Community and Mental Health |
Te Pou Whakakaha
Date: 18/09/24

Appendix One: Updated table of actions as at 18 September 2024

ACTION	LEAD	PROGRESS UPDATE AND NEXT STEPS	FUNDING IMPLICATIONS
Action 1: Initiating prescribing of ADHD stimulant medications	Medsafe and Pharmac	**Updated:** 9(2)(ba)(i) Pharmac and Medsafe will together publicly consult on changing the special authority requirements for who can initiate prescribing stimulant medications. This requires a regulatory change from Medsafe to expand the criteria for which medical professionals can prescribe controlled medicines outlined in the Misuse of Drugs Act regulations. One option being consulted on is expanding permissions to General Practitioners and Nurse Practitioners. Pharmac will update their special authority criteria for initiating stimulant medications based on the updated Medsafe regulations. There are currently supply challenges with stimulant treatments, particularly methylphenidate extended release. Pharmac is working on initiatives to improve supply of stimulant treatments to ensure there is enough available to support the changes. From a regulatory perspective, changes can be made via a Regulation 22 notice to the gazette approvals for ADHD stimulant medications and this would not require a new regulation or legislative change. We expect any changes to regulations can be made following consultation processes by 9(2)(ba)(i)	In the 2023/24 financial year Pharmac spent $22 million (gross) on ADHD/stimulant treatments for approximately 68,000 people. Considering prevalence estimates for ADHD, access improvement initiatives may double or triple the number of people on funded ADHD treatments over time.
Action 2: Reviewing the special authority renewal criteria	Pharmac	**Updated:** From 12 September 2024, Pharmac is publicly consulting on removing the requirement for a special authority renewal every two years. The special authority renewal requirement is a Pharmac requirement and not dependent on any regulations administered by Medsafe. Pharmac is also publicly consulting on funding a new ADHD medication, lisdexamfetamine, which will help increase the supply of ADHD medications. Following consultation and if approved for funding by the Pharmac Board, lisdexamfetamine will be available in early December 2024.	This action does not require funding because any potential impacts on the budget for the medications prescribed could be managed within Pharmac's existing budget.

ACTION	LEAD	PROGRESS UPDATE AND NEXT STEPS	FUNDING IMPLICATIONS
Action 3: Clinical Reference Group improving consistency and efficiency in supporting people with ADHD.	The Royal Australian and New Zealand College of Psychiatrists, the Royal New Zealand College of General Practitioners, and the New Zealand College of Clinical Psychologists and other professional bodies as appropriate	**Updated:** The clinical colleges are responsible for assessing, diagnosing, and treating people with ADHD and have established a Clinical Reference Group. The Ministry of Health is supporting the Clinical Reference Group to develop a consensus document that provides a joint understanding and agreement on roles, scopes of practice, and clinical tools required for ADHD assessment, diagnosis, and treatment. The Clinical Reference group is important for providing support across the other ADHD actions. Potential future actions for the Clinical Reference group include: • adapting the Australasian ADHD Professionals Association guidelines or add an addendum for implementing within a NZ context • developing and disseminating resources on ADHD for the health workforce and other workforces that interact with people experiencing ADHD.	Group funded out of existing baselines.
Action 4: Improving data collection and access	Collaboration between Ministry of Health, Health New Zealand, Ministry of Education, Oranga Tamariki, and the Social Investment Agency	There is currently limited information about people in New Zealand who experience ADHD, including their outcomes. The Social Investment Agency can provide advice to these Ministries on the development of monitoring and evaluation plans that should be required to support the implementation of initiatives arising from any of the other actions.	Costs to be determined.
	Ministry of Health with Health New Zealand supporting	9(2)(f)(iv)	

ACTION	LEAD	PROGRESS UPDATE AND NEXT STEPS	FUNDING IMPLICATIONS
		If funded, the survey would be delivered in three phases – design and development (2025), survey collection (2026), and analysis and reporting. First data would be available in mid-2027. The Ministry of Health is currently undertaking testing of internationally validated mental health and substance use survey tools for their relevance and applicability in New Zealand. This includes tools capable of capturing diagnostic level information about ADHD. This work is due to be completed in March 2025.	
Action 5: Improve screening, targeting high-needs populations.	Collaboration between the Ministry of Education, the Ministry of Health, and Oranga Tamariki	**Updated:** Improving screening for ADHD is a longer-term cross-agency action between agencies who are interested in progressing this including Health, Education, Oranga Tamariki, and the Department of Corrections. A cross agency group on neurodiversity has been convened by the Ministry of Health with the first steps being to do a stocktake of what agencies are doing to support neurodiversity. This is a potential good first step for understanding how agencies approach ADHD screening and where there are gaps and opportunities for improvements.	Costs are still to be determined but will likely have long-term benefits, as it allows for early intervention. Potential to examine further using a Social Investment based approach.
Action 6: Formal support for an ADHD Collaborative Network	All agencies	The ADHD Collaborative Network was first convened by ADHD NZ following the 2022 Parliamentary hui on ADHD. The network has been a useful forum for the range of stakeholders to discuss the actions within the ADHD work programme. ADHD NZ has indicated that they have limited capacity to provide secretariat support for a formal network. There is significant interest and goodwill from all stakeholders involved in the network to progress actions to improve support for ADHD. It is expected that this commitment will continue however, without a clear lead the actions will progress in isolation and there is a risk of delivery delays.	s 9(2)(b)(ii)

Appendix Two: Timeline for increasing access to ADHD medications

Indicative date	Milestone / Activity	Agency	Estimated date of decision	Proposed implementation date
12 September 2024	Public consultation to remove special authority renewal criteria every two years for stimulant medications	Pharmac	October 2024	Early December 2024
12 September 2024	Public consultation to fund lisdexamfetamine	Pharmac	October 2024	Early December 2024
s 9(2)(ba)(i)	Public consultation on regulation changes and changes to special authority initiation criteria	Medsafe and Phamac	s 9(2)(ba)(i)	s 9(2)(ba)(i)
s 9(2)(ba)(i)	Notice to sector of impending changes	Medsafe and Pharmac	n/a	s 9(2)(ba)(i)
s 9(2)(ba)(i)	Implement new initiation regulations and special authority criteria	Medsafe and Pharmac	n/a	s 9(2)(ba)(i)