

Reference: FOI.ICB-2526/181

Subject: Autism and ADHD Assessment Pathways

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
Clarification received: both adults and children.	
<p>1. Waiting List Management</p> <ul style="list-style-type: none"> a. Do autism and ADHD providers see people on the waiting list strictly in the order of the date their referral was submitted, or is there any form of prioritisation applied? b. If a prioritisation process is used, what are the criteria for prioritisation (e.g. clinical risk, age, comorbidities, safeguarding concerns)? 	<p>a) Prioritisation:</p> <p>Children and Young People (CYP) ADHD & Autism services: Prioritisation is applied to triaged referrals for children and young people's Autism and ADHD Assessments by the locally commissioned service in BNSSG (Bristol, North Somerset and South Gloucestershire), provided by Sirona Care & health CiC. Children and young people awaiting assessment will be regularly reviewed and may be re-prioritised if there has been a change of presentation</p> <p>Adult ADHD & Autism services: Adult ADHD and Autism services are provided in BNSSG by Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust. The specifications for these services state that prioritisation for assessment is not normally given but certain patients may be prioritised depending on their circumstances.</p> <p>The ICB also commissions a CYP and Adult ADHD & Autism Assessment and treatment service from 'Clinical Partners'. The specification for these services state that prioritisation is not normally</p>

given but certain patients may be prioritised depending on their circumstances.

b) Prioritisation Criteria

Sirona Care & Health Autism Prioritisation in Children:

CRITERIA	
1.	Children whose education placement is breaking down despite appropriate support (including those who are NEET – not in education, employment or training - and those at risk of permanent exclusion, transfer, or long period of school refusal). This may include children who need an Autism diagnosis in order to access the required specialist provision.
2.	Children whose family unit is at risk of breakdown despite support from appropriate agencies (parents/carers and social care are unable to meet the child's needs, leading to risk of child protection proceedings and/or child needing alternative placement). This can also include children whose adoption is at risk of breaking down.
3.	Children in care or on a child protection plan for whom an ASD assessment is needed (e.g., to inform placement planning).
4.	Children who are open to CAMHS with severe and enduring mental health difficulties (i.e. high risk to self or others) where an autism diagnostic assessment is required to support their formulation and care. Or children who are not open to CAMHS but are presenting with a serious risk to self or others (e.g., risk of exploitation, significant self-harm, dangerous levels of aggression towards others).
5.	Children who are involved with Youth Offending Services and/or are engaged in repeated offending behaviours.

	<p>6. Children with very low levels of communication where the difficulties are likely to be associated with Autism (usually Early Years). Either no words, or a few single words (no more than 50) of spontaneous functional language (exclude echolalic language – repeating or echoing of words)</p> <p>CYP ADHD referrals are also categorised by priority of needs. Sirona care & health hold the breakdown of prioritisation criteria. Please contact hello.sirona@nhs.net to request this.</p> <p>AWP: As previously noted in section A, prioritisation is not normally given, but certain patients may be prioritised depending on their circumstances.</p> <p>ADHD service:</p> <ul style="list-style-type: none"> - Expectant mothers – primary care giver 1st year after birth - Prison leavers – 3 months (trying to stop reoffending) - Criminal justice system involvement – last 6 months - Armed service veterans - Open child protection plan - Safeguarding involvement - MARAC involvement - Currently or recent history of input from drug and alcohol treatment services <p>Autism Service:</p> <ol style="list-style-type: none"> 1. A marked deterioration in the individual's mental health. 2. A significant increase in the individual's level of risk to self and/or others. 3. An increased likelihood of an individual losing their job and/or their accommodation leading to either of the above.
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	<p>Clinical Partners: CYP & Adult ADHD & Autism: As previously noted in section A, prioritisation is not normally given. However, the specifications for these services do provide some guidance in cases where there is a significant risk of a delay in assessment causing the following:</p> <ol style="list-style-type: none"> 1. A marked deterioration in the individual's mental health. 2. A significant increase in the individual's level of risk to self and/or others. 3. An increased likelihood of an individual losing their job and/or their accommodation leading to either of the above.
<p>2. Referral and Acceptance Criteria</p> <ol style="list-style-type: none"> a. Beyond ICD-10/ICD-11 and DSM-5/DSM-5-TR diagnostic criteria, do providers apply any additional acceptance criteria when considering referrals? b. Please provide details of any locally developed or provider-specific thresholds or eligibility rules. 	<p>The ICB does not hold this information. Please refer to the providers, Sirona/AWP/Clinical Partners, directly:</p>
<p>3. Clinical and Functional Tools</p> <ol style="list-style-type: none"> a. Do providers use any clinical or functional tools to determine urgency of assessment? If so, please provide the names and/or copies of these tools. b. Are any standardised risk assessments or profiling tools used? 	<p>AWP: https://www.awp.nhs.uk/contact-us/freedom-information</p> <p>Clinical Partners: Contact us today Confidential help Clinical Partners</p>
<p>4. Digital and AI-Enabled Approaches</p> <ol style="list-style-type: none"> a. Is artificial intelligence or digital automation currently being used in any part of the autism or ADHD assessment pathway (e.g. triage, screening, decision support)? 	<p>Sirona: Sirona.hello@nhs.net</p>

<p>b. If so, please describe the purpose, functionality, and evaluation of such tools.</p> <p>c. Are there any pilots or planned future projects to explore the use of AI or digital tools in assessment pathways?</p>	
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The information provided in this response is accurate as of 29 September 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.