

Reference: FOI.ICB-2526/192

Subject: Autism and ADHD Indicative Activity Plans

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

QUESTION	RESPONSE
<p>1. Please confirm whether the ICB is setting Indicative Activity Plans (IAP) for Autism and/or ADHD providers for 2025/26?</p> <p>Clarification received: The scope of our data requests covers all BNSSG patients, and therefore (to the extent that the ICB holds the data) it covers both those providers under a direct contract and operating under an implied contract via NCA. If the ICB is able to segment the data into these two groups it would be helpful, but not essential.</p>	<p>BNSSG ICB has set Indicative Activity Plans (IAPs) for Independent Sector providers of ADHD and Autism elective services during 2025-26. This applies to both contracted and non-contracted activity where spend in 2024-25 was over £50k.</p>
<p>2. Please confirm whether the ICB has undertaken the following in relation to IAPs for Autism and/or ADHD services, and where it has provide copies of these documents:</p> <p>(a) Quality Impact Assessment (b) Analysis of Demand, Capacity and Impact on Waiting Times</p>	<p>A Quality Impact Assessment (QIA) has been undertaken in relation to IAP setting; however, this is currently being revised, and it is not possible to share at this stage.</p> <p>Due to limited national reporting in this sector, we have been working with providers who have been set an IAP during 2025-26 to understand committed spend against specific points in the assessment and treatment pathway and potential impacts on waiting times.</p>

<p>3. Please confirm whether the ICB has created the following for Autism and/or ADHD services, and where it has provide a copy of these documents:</p> <p>(a) Prioritisation criteria that providers are instructed to use in relation to IAPs</p> <p>Clarification received: We are interested in prioritisation criteria as implemented by the ICB. If there are different criteria for CYP and Adults then please indicate this. Likewise by stage of treatment pathway.</p>	<p>Prioritisation of referrals into our commissioned Independent Sector ADHD and Autism assessment provider 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> <p>1. A marked deterioration in the individual’s mental health.</p> <p>2. A significant increase in the individual’s level of risk to self and/or others.</p> <p>3. An increased likelihood of an individual losing their job and/or their accommodation leading to either of the above.</p> <p>In terms of IAP setting, all providers subject to this process were asked to share information with the ICB on their current committed spend according to the following criteria, split by Children and Young People’s (CYP) services and adult services (where relevant):</p>		
ADHD:			
Priority no.	Priority Criteria	Context	Parameters
1	Patients being retained for long term ADHD medication prescribing and monitoring	This should include patients who have been stabilised on medication but are unable to access shared care. In these cases, the provider will retain responsibility for long term prescribing and monitoring.	Medication (inclusive of prescribing costs)
			Monitoring (excluding annual review). Please see the link below for a description of what should be included in this section: https://www.nice.org.uk/guidance/ng87/chapter/recommendations#maintenance-and-monitoring
2	Patients currently undergoing titration onto ADHD medication.	Where a diagnosis has been given and the patient has already been started on trial doses of medication.	N/A
3	Annual review numbers	This should include the annual review element for patients within the priority 1 grouping but also those who have been discharged to shared care where the provider is obliged to still undertake annual	Annual review for P1 group with no shared care

		review. Please see link below for a description of what should be included in this section: https://www.nice.org.uk/guidance/ng87/chapter/recommendations#review-of-medication-and-discontinuation	Annual review where shared care for prescribing in place and provider retains annual review only.
4	Patients awaiting titration	Where a diagnosis has been given and the patient has chosen a medication pathway but has not yet begun the titration process.	N/A
5	Patients with upcoming assessment bookings	Where a patient has been offered and has accepted an assessment appointment in the future.	N/A
6	Patients awaiting an appointment offer	Where initial questionnaire has been completed but a date for assessment has not yet been offered by the provider.	N/A
7	Patients who have been sent the initial questionnaire but have not yet returned it	The patient has been accepted onto the waiting list but a date for assessment can't be offered by the provider until they return the initial questionnaire.	N/A
8	Patients accepted on provider waiting list	The GP referral has been received and patient placed on the waiting list but no further contact has yet been made.	N/A

Autism:

Priority no.	Priority Criteria	Context
1	Patients who have begun assessment process, but have further sessions booked to complete the pathway.	Where an assessment appointment has already taken place but further sessions which will complete the pathway are booked after 1st September.
2	Patients with upcoming assessment bookings who have not yet begun the assessment process	Where a patient has been offered and has accepted an assessment appointment or appointments in the future.
3	Patients awaiting an appointment offer	Where initial questionnaire has been completed but a date for assessment has not yet been offered by the provider.
4	Patients who have been sent the initial questionnaire but have not yet returned it	The patient has been accepted onto the waiting list but a date for assessment can't be offered by the provider until they return the initial questionnaire.

5	Patients accepted on provider waiting list	The GP referral has been received and patient placed on the waiting list but no further contact has yet been made.
3.	(b) Communications to GPs advising them of any impact of IAPs (c) Communications to patients advising them of any impact of IAPs	The ICB is currently preparing communications for both GPs and patients regarding the introduction of IAPs and these are due to be published by the end of October on the ICB website. Library - BNSSG Healthier Together
4.	Please confirm whether the ICB holds any data about the number of people it is responsible for that are waiting for Autism and/or Autism assessment, and where it does please provide the number of people in the following categories: (a) under 18 waiting for Autism Assessment (b) under 18 waiting for ADHD assessment (c) under 18 waiting for combined Autism/ADHD assessment (d) over 18 waiting for Autism Assessment (e) over 18 waiting for ADHD assessment (f) over 18 waiting for combined Autism/ADHD assessment For question 4, please provide data in categories where relevant. If you are aggregating categories please state this.	BNSSG ICB does not hold any information about waiting list numbers. The requestor is advised to contact providers directly for this. Hello.sirona@nhs.net rtc@clinical-partners.co.uk https://www.awp.nhs.uk/contact-us/freedom-information
5.	Please confirm whether the ICB holds data on the average waiting times for Autism and/or ADHD assessment, and where it does please provide the latest average waiting time data the ICB holds for the following categories: (a) under 18 waiting for Autism Assessment	BNSSG ICB does not hold data about average waiting times, and the requestor is advised to contact providers directly for this. Hello.sirona@nhs.net rtc@clinical-partners.co.uk https://www.awp.nhs.uk/contact-us/freedom-information

<p>(b) under 18 waiting for ADHD assessment (c) under 18 waiting for combined Autism/ADHD assessment (d) over 18 waiting for Autism Assessment (e) over 18 waiting for ADHD assessment (f) over 18 waiting for combined Autism/ADHD assessment</p> <p>For question 5, please provide data in categories where relevant. If you are aggregating categories please state this.</p>	
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The information provided in this response is accurate as of 16 October 2025 and has been approved for release by Helena Fuller, Deputy Director of Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.