Reference: FOI.ICB-2526/259

Subject: Indicative Activity Plans (IAPs) under Right to Choose for Autism and ADHD Assessments

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

QUESTION	RESPONSE
I am making this request under the Freedom of Information Act 2000 in relation to the use of Indicative Activity Plans (IAPs) in connection with Right to Choose (RtC) referrals for Autism and ADHD assessments. For the purposes of this request, "IAPs" refers to any indicative activity plans, caps, ceilings or similar mechanisms used to control, limit or manage the volume of RtC activity for particular Autism and/or ADHD assessment providers. Unless otherwise stated, please treat this request as covering the period from the earliest discussions about such IAPs up to the date of your response.	
1. Please confirm whether your ICB has introduced, applied, discussed or is planning to introduce any IAPs (or equivalent arrangements) that affect, directly or indirectly, the number or flow of RtC referrals for Autism and/or ADHD assessments to specific providers. If so, please identify which providers these arrangements apply to and the date on which they were first introduced or agreed.	BNSSG ICB has introduced Indicative Activity Plans (IAPs) for 25-26 with a number of providers delivering ADHD & Autism services under the Choice framework. This was primarily focussed on providers where the ICB spend was over £50k in the 24-25 financial year ADHD and Autism providers in scope of IAPs in 25-26 are: • ADHD 360 • Axia ASD • The Centre for ADHD Research and Excellence (CARE) ADHD • Clinical Partners • Dr J & Colleagues (Jajawi & Asker Ltd)

	• Evolve Psychology • Paloma Health (Your Patient Choice Ltd) • Problem Shared (Teledoctor Ltd) • Psicon • Psychiatry UK • RTN Medical • RTN Mental Health Solutions T/A RTN Diagnostics We have also published some information about access to ADHD and Autism services on our website: Accessing autism and ADHD assessments via Right to Choose - BNSSG Healthier Together
2. If such IAPs (or similar mechanisms) have been introduced, proposed or discussed, please provide all documentation relating to their introduction, development and governance. This should include, but not be limited to, meeting agendas, minutes, action notes, internal correspondence (including emails), briefing papers, slide decks, business cases and any other relevant records. Please also provide any documents setting out the legal basis or policy justification for using IAPs in this way, including any legal advice (internal or external), NHS England or DHSC guidance relied upon, and any internal legal or governance papers explaining how these IAPs are considered compatible with the NHS Constitution and with NHS Choice / Right to Choose regulations and guidance. Please further provide any correspondence	The team have determined that identifying all information relating to the introduction, development and governance of the IAPs would take over 18 hours. However, if you would like to refine your request with a smaller scope, the ICB may be able to provide a response. Papers from the ICB Board meetings are published on our website and can be found at the following links: ICB finance reporting including Right to Choose is included in the papers published for the ICB Board. Most recent report: Finance, Estates and Digital Committee - ICB Board October 2025 Previous papers are available on the ICB Board pages of the BNSSG ICB website: Events - BNSSG Healthier Together

with NHS England (including regional teams) concerning the permissibility, design or operation of such IAPs in the context of RtC for Autism and ADHD.	Providers delivering services under Right to Choose will hold an NHS Standard Contract, either full length or shorter form, which sets out both the local and national terms that the provider and commissioners must work to. National guidance for ICBs to follow when setting IAPs is included in the following documents: NHS Standard Contract Technical Guidance section 42 "Managing Activity and Referrals" https://www.england.nhs.uk/wp-content/uploads/2025/04/08-nhssc-technical-guidance-september-update.pdf The NHS Standard Contract Service Conditions SC29 (full length) "Managing Activity and Referrals" https://www.england.nhs.uk/wp-content/uploads/2025/04/03-full-length-service-conditions-2526-cancer-amend-med-opt-mc.pdf The NHS Standard Contract Service Conditions SC29 (shorter form) "Managing Activity and Referrals" https://www.england.nhs.uk/wp-content/uploads/2025/05/06-nhssc-2526-shorter-form-service-conditions-final.pdf These documents are published annually by NHS England. We have not had any direct correspondence with NHS England national or regional teams regarding IAP setting outside of the documents listed above that they have produced and published.

3. Please provide copies of any impact assessments carried out in relation to the introduction or operation of IAPs affecting RtC Autism/ADHD providers. This includes Equality Impact Assessments, Quality Impact Assessments or any similar assessments. Please also provide any analysis, reports or reviews showing how these IAPs have affected waiting lists for Autism and ADHD assessments (for example, changes in waiting times, backlog, or access patterns), and any documentation setting out how the ICB has assured itself that these arrangements do not compromise patient safety, do not unlawfully restrict patients' RtC, and do not worsen health inequalities or inequities of access	BNSSG ICB is working with all providers of RTC ADHD and Autism services (including those who were out of scope for IAPs in 25-26) to collect data and monitor the impact on waiting times across the sector. This will enable more insight into whether the levels of activity commissioned are appropriate to the specific provider and allows visibility of the whole picture across all providers. Should the Requestor wish to access information about waiting times for a specific provider, they are advised to contact them directly. Please find enclosed the Equality & Health Inequality Impact Assessment (01) and RTC IAP Quality Impact Assessment (02).
4. There is significant public concern that activity caps or similar mechanisms may be used to constrain RtC access in a way that was not endorsed nationally. I refer in particular to the campaign described here: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadhduk.co.uk%2Fnhs-right-to-choose-changes%2F&data=05%7C02%7Cbnssg.foi%40nhs.net%7C172b2c72114b4a10641a08de1df5ec06%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638981139248031712%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C%7C&sdata=qKQQv%2Bolc%2FMcER94PqV1AyvnrH80zONQbk2LGj8rvBw%3D&reserved=0, which	The team have determined that identifying all information relating to the introduction, development and governance of the IAPs would take over 18 hours. However, if you would like to refine your request with a smaller scope, the ICB may be able to provide a response. ADHD and Autism is an area where there has been a significant increase in demand for assessment and treatment both locally and nationally over recent years. We set activity plans for the main Right to Choose providers serving people in our area, detailing the overall levels of activity they will provide for BNSSG residents each year. We have invested more funding into these services for 25-26 compared to 24-25 spend. This approach is not unique to ADHD and Autism services and the ICB adopts IAPs and block payment arrangements for commissioning across physical and mental health

	highlights that caps on RtC were not approved as part of the 2025/26 NHS consultation and planning process. In that context, please provide any internal discussion papers, briefing notes or emails which consider this national position and explain how your ICB's use (or proposed use) of IAPs is considered compatible with the outcome of that consultation and with national RtC policy. Please also provide any documents that consider whether the use of IAPs could in practice operate as a de facto cap or restriction on RtC access for Autism/ADHD, and how that risk has been addressed or mitigated.	services in the community and secondary care settings. This helps us to balance overall supply and demand across all services (primary care, urgent care, elective care, community and mental health) while meeting our legal duty to stay in financial balance. When a Right to Choose provider reaches their activity limit they will continue to accept new referrals, however they will not be able to undertake assessments for newly referred patients until the following financial year. This does not undermine patient choice as GPs can still make referrals as required and these will then be placed on a waiting list by the chosen provider.

The information provided in this response is accurate as of 9 January 2026 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Equality & Health Inequality Impact Assessment

Other documents required to complete the Equality & Health Inequality Impact Assessment:

- Equality & Health Inequality Impact Assessment Guidance
- Equality & Health Inequality Impact Assessment Resources

Please ensure you read the guidance and resources in full before attempting to complete this template.

Title of proposal: **Autism and ADHD Indicative Activity Planning for Right to Choose Providers**				Date: **26/06/25 (updated 10.09.25)** **This is a 'live' document and will be updated at frequent points in the future**
☐ Policy	☐ Strategy	☑ **Service**	☐ Function	☐ Other (please state)
EHIA type:	Screening EHIA ☐	**Full EHIA** ☑	**HEAT in progress/ completed** ☐	Has an EHIA been previously undertaken? Yes ☐ **No** ☑
Is the policy under:	Development	Implementation ☑	Review ☐	
Which groups will this service/proposal impact (e.g. patients, service users, carers/family, staff, general public, partner organisations)? **Children, young people, adults and carers / parents**				
Lead person(s) completing this assessment: **Head of Mental Health, Learning Disability and Autism, on behalf of BNSSG ICB, Performance and Delivery**				
Lead person job title(s) and service area: **In consultation with Head of Contracts, Acutes and Mental Health, and Head of Quality and Clinical Excellence**				

Step 1: Outline

1.1 Briefly describe the proposal

Give a brief description of the context, purpose, aims and objectives of the proposal. Describe what services are currently being provided. Describe the intended outcomes and benefits and who these might impact. Include whether it is a new proposal or change to an existing one and the key decision that will be informed by the EHIA (e.g. whether or not to proceed with the proposal to publish an employee handbook)

Specific aim

This Equality and Health Inequality Impact Assessment (EHIA) evaluates the application of Indicative Activity Plans (IAPs) on Right to Choose (RTC) providers for Autism and ADHD assessment and diagnosis services for both adult and children services. IAPs are used in contracts to set estimate activity levels to commission. They support consistency and transparency in planning and reporting.

This EHIA considers the potential equality impacts of using IAPs in this sector, benefits and risks, for the BNSSG population, aligning with the BNSSG ICS joint forward plan 2025-30 for mental health, learning disability, and autism.

Background

Within BNSSG there are long waits for Autism and ADHD assessments through local NHS provision across both children and adult services. This reflects national variation and long waits within this area. While provider markets have expanded significantly, increasing access, this has also significantly increased spending and created significant variation on waiting times for assessments in this sector. Local transformation projects are underway to redesign services for neurodiversity in children. And to redesign the adult ADHD service, moving towards a needs-based approach. In addition, BNSSG has recognised the need to review its Adult Autism services and work to do this is now beginning.

Description of pathways - ADHD Services

Locally Commissioned NHS Service:

- 1 x provider for Adults and 1 x provider for children
- ADHD assessment, diagnosis, prescribing and titration service with post diagnostic follow up reviews through a multi-disciplinary diagnostic and intervention service
- Long waits for assessment
- Full integration with local services and shared care prescribing with primary care.
- Medication prescribed in line with BNSSG Joint Formulary

Independent Sector Right to Choose:

- Shorter waits, with some inconsistency on shared care pathways.
- No national price leads to varied charges and lack of value for money. There is no national service specification, with these agreed by host/lead commissioner which can lead to potential quality issues and pathway issues with BNSSG GPs regarding shared-care
- No demographic or outcome data received
- Many ICB to provider relationships in this sector are non-contracted activity with no direct relationship with the provider. Once a provider has secured a contract from any ICB in England, their service is available for patients to choose from under national Patient Choice regulations.

National Context

Waiting times are increasing nationally and an Independent Taskforce has been established by NHSE. An interim part 1 review published in April 2025 has made a series of recommendations including:

- ADHD is not the remit of health alone
- Support should begin early
- An entirely specialist single diagnosis model is not sustainable or evidence informed – requiring a generalist approach and adequately resourced primary and secondary care
- ADHD services need to be digitised and data improved

Description of pathways - Autism Services

Locally commissioned NHS service:

- Long waits for assessment with a >3 year waiting list
- Full integration with local services, which includes post-diagnostic support
- 70% of referrals not diagnosed and present with other unmet / low level MH needs
- The post diagnostic support offered is relatively low level, and as such not able to support the more complex presentations with highest need of support

Independent Sector Right to Choose:

- Funding for assessment only
- Increase in Right to Choose referring back to local service (Avon & Wiltshire Partnership Trust ((AWP)) for post diagnostic support
- Perceived high diagnosis rates from referrals
- No demographic or outcome data received

Current diagnosis conversion rates are:

- Local service C&YP autism approx. 50%
- Local service Adult autism approx. 30%
- BNSSG RTC provider autism & ADHD diagnosis rate is approx. 90%

This variation in diagnosis rates could suggest the following:

- People are being referred inappropriately
- Services do not use equivalent and rigorous assessment criteria to reduce variation in outcome
- People are being diagnosed inappropriately between NHS and non-NHS providers with possible under or over diagnoses
- Resource is being ineffectively used on assessment which could be used pre and post diagnostically to much better effect
- Increasing evidence of people being assessed but not diagnosed by our locally commissioned community health provider for children, then going to their GP requesting a RTC referral and subsequently being diagnosed via RTC. This duplicates services, is ineffective use of resources and may lead to inappropriate diagnosis

Creating a sustainable and consistent model across ASD and ADHD services will require redesign and development of local services. Further work is also required to ensure a consistent approach through right to choose pathways. As part of planning for these development BNSSG ICB has introduced indicative activity plans.

BNSSG ICB approach to indicative activity plan setting

In response to the year-on-year demand increase through Right to Choose, and the need for BNSSG to operate with a balanced budget, letters were sent on 13th June 2025 to RTC Independent Sector providers, who provided activity and associated spend in 24-25 against ADHD and Autism budgets. A variable approach was taken depending on the level of spend;

- Providers with 24-25 FOT in excess of £50k were given a proposed figure for their IAP and asked to submit their own activity plan inclusive of prescribing and associated costs by 20th June.
- Providers with 24-25 FOT below the £50k threshold were advised that there were currently no plans to set an IAP, but that this decision would be revisited should activity climb towards previous year spend.
- Providers were asked to share activity within the financial envelope provided, as ICB does not hold activity or medication information to develop IAP. Most providers engaged but many shared their version of IAP, significantly higher than ICB budget as shown in table below
- A detailed paper shared at ICB Executive regarding ASD and ADHD services – 'IAP approach for 25-26 was supported in recognition of significant growth and spend in these pathways.
- BNSSG ICB has increased its budget to fund ASD and ADHD Right to Choose pathways and expected spend is over 50% higher than 2024/25 level, which itself has been increased year on year over the last few years. Despite this investment and due to continued significant activity increases, there is further overspend forecast with providers, shared through their IAPs returns.
- To mitigate this impact, and need for financial sustainability, the services need to be split into priority cohorts to give clear commissioning direction with limited resources available. A further letter was sent to providers who were asked to complete the template by 20th August which the majority met.
- On September 4th, the ICB wrote to all providers outlying the priority order the ICB will fund (see table below) from 8th September – 31st March 2026, and the IAP will be enforced by the ICB from 8th September.
- This will prioritise patients already diagnosed, ensuring medication prescribing where appropriate, and patients undergoing titration. The further priority areas are described below.
- The ICB fully expects this will result in patients who are currently waiting for assessments, and that new referrals received from 8th September onwards, will need to be held on waiting list at their choice of provider for remainder of 25-26. Due to funding available to commission these services and the prioritisation criteria provided. It is recognised this approach will result in increasing waiting times at some providers.

ADHD – Adults & CYP

Priority no.	Priority Criteria	Context
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.
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.

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 review.
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.
5	Patients with upcoming assessment bookings	Where a patient has been offered and has accepted an assessment appointment in the future.
Not funded for remainder of 25-26		
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.
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.
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.

Autism – Adults and CYP

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.
Not funded for remainder of 25-26		

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.

Summary

To meet the aims of its Joint Forward Plan, BNSSG needs to improve autism and ADHD pathways across adult and children services, moving to a needs based and less specialist provision. This is recognised by the national ADHD task force report conclusion that entirely specialist models are not sustainable.

The task force recommend a more generalist approach is needed to improve waits for ADHD assessment, given the national demand. Within autism services, there are variations in diagnostic rates between the NHS and independent (right to choose) sector, with focus on assessment rather than post diagnostic support due to commissioning arrangements. This leads to services not being available for those patients with the greatest need of support, who have the most complex presentation. There is a need for early intervention and support for those with the highest needs and who may have poorest outcomes.

Right to Choose providers support patient choice, and reduce waiting time for assessment, however there are issues within both the ADHD & Autism pathways, in terms of consistency and being able to meet demand sustainably., Existing Right to Choose providers and those providers holding an NHS contract with other ICBs generally:

- Do not have clear breakdown of what is included in pricing schedules – creating unsustainable contract management requirements
- Do not have clearly described methodology of pathways
- Provide pathways in different ways that can lead to complexity and confusion in planning our local services and confusion for patients
- Have much greater assessment to diagnosis conversion rates compared to locally commissioned NHS services
- Do not report data in a way that supports monitoring performance, equitable use and value for money. As the ICB does not hold the contract direct, relationship is via non-contracted route (exception is 1 provider who passed BNSSG ICB PSR Direct Award B accreditation process)

BNSSG ICB needs to balance funding to ensure individuals can access both assessment services, **and** appropriate levels of post diagnostic support alongside the needs across primary care, community, mental health and acute hospital services. This will be vital in ensuring those with the greatest needs have the support required. Use of an IAP supports a structured approach to the volume of activity planned each year to ensure that resource also remains available to implement the local priorities set out in our joint forward plan and recommendations of the task force. This includes the need to fund the development of new services that can better meet the levels of assessment required locally and reflected nationally.

Without an IAP it is likely that increased spend will limit the opportunity to create a sustainable model for the future. However, it is acknowledged that the IAP process will increase waiting times across this sector for assessment any subsequent treatment if required.

During the development if this EHIA, NHSE have published ADHD service delivery and prioritisation advice to systems, NHS England » ADHD service delivery and prioritisation – advice to systems we have reviewed this guidance and the prioritisation criteria has been clinically informed to manage the risk of implement an indicative activity plan. Communication plans to patients are being developed that signpost to services available with diagnosis whilst waiting.

Health inequalities (HI) are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. Reducing health inequalities improves life expectancy and reduces disability across the social gradient. What health inequalities have or might emerge and what actions can you take to reduce or eliminate them? Include details of any evidence, research or data used to support your work, e.g. JSNA, ward data, meeting papers, NICE etc below. You can also consider completing the HEAT tool to support summarising key issues, this can help to systematically evaluate HI:

Assessment from the HEAT (Heat Equity Assessment Tool) tool developed in supporting CYP Neurodiversity redesign project assessed that structural inequalities exist in relation to neurodiversity assessment services.

Of particular concern are people living in the most deprived areas. The waiting lists for community paediatrics and ASD have been analysed by index of multiple deprivation.

The analysis demonstrates that there is an unusual pattern in the ADHD waiting list, the two highest groups on the waiting list are the most deprived decile and the least deprived decile.

For ASD the waiting list is broadly equitable across the deciles with the exception of the least deprived decile. The least deprived decile is the highest of all the groups with approximately 200 more children (suggesting it is over represented, or other groups are under-represented). As Right to Choose pathways are virtual, this may be an additional barrier to having digital access and English as a first language.

Research found:

The evidence shows that children born to mothers without educational qualifications will receive an autism diagnosis two years later than their peers and are two times less likely to receive the diagnosis compared to children born to mothers with A-level qualifications or above.

There are limitations in local data for current services. Ethnicity is not accurately captured in the Sirona Care and Health EMIS. There is no data about children or families for whom English is not their first language.

Research found:

White children and those of higher socio-economic status are more likely to be both identified and diagnosed with ASD earlier compared with other ethnic groups as well as children from low income families. As a result non-white and lower income children are less likely to capitalise on early autism specific intervention services during important developmental windows when optimal neuroplasticity and synaptic proliferation occur. ('Racial, Ethnic and Sociodemographic Disparities in Diagnosis of Children with ASD Journal of Development and Behavioral Pediatrics' (US))

Research found:

Barriers to access for individuals for whom English is not their first language, and children who have parents/carers who are themselves neurodiverse.

The HEAT assessment found additional barriers to accessing services. Which can include access to digital and language barriers.

Demographic data is not available from Right to Choose providers, and as such the ICB cannot assess whether activity within the right to choose pathway addresses these inequalities. Reducing inequalities is a key aim across adult Mental health, learning disability and autism programmes, and in the Core 20 plus 5 approach to reducing inequalities in children. This IAP may indirectly support reducing health inequalities, by managing in a planned way activity where we do not have sufficient outcome and demographic data currently.
Give details of any relevant patient experience data or engagement that supports your work and where there is significant impact and major change how have patients, carers or members of the public been involved in shaping the proposal. Note, where the proposed change results in significant variation public consultation is required, seek advice from your PPI team. If you have not undertaken any engagement, state how you will involve people with protected characteristics or vulnerable groups in the project or explain why there is not likely to be any involvement.
This EHIA spans Autism and ADHD services across Children and Adult services, no specific additional engagement has been carried out to inform this proposal. However, it is reasonable to conclude from existing engagement locally, people want access to timely diagnosis and to be able to access the support they need. Right to Choose pathways are a part of this solution, and can reduce waits to assessment, diagnosis and treatment. However, pathways are not always clear. For example, within ADHD pathways, shared care arrangements for medication are not universally available from all GPs. This is due to the complexity of local pathways and cannot be resolved by the Right to Choose providers themselves. This is normally managed locally through detailed information being available on Remedy to guide patients and GPs, but does create a complex set of pathways and lead to complaints where patients are diagnosed and cannot access medication as expected. Within Autism, Right to Choose providers have higher diagnosis rates and are increasingly referring back to local NHS commissioned services for post diagnostic support, impacting on local service availability. There are variable waiting times for assessment in Right to Choose providers ranging from weeks to multiple years and no national waiting time dashboard in this sector to help monitor and provide informed decision making for patients using Right to Choose.
Has the project/service ensured that they have/will comply with the Accessible Information Standards (AIS)? Yes or No Describe how the project/service will ensure staff are in compliance and have a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. For more information on AIS please refer to and NHS England » Accessible Information Standard and AIS at NBT - YouTube.
Each Right to Choose provider currently has their own NHS contract which details complying with the accessible information standard.

Step 2: Impact

2.1 Could the proposal have a positive or negative impact on any of the protected characteristic groups or other relevant groups?

Although some of your conclusions will be widely known and accepted (e.g. need for accessible information), your analysis should include evidence to support your statements to aid the decision-maker – references and links to documents can be listed in section 4.1. Evidence might include insights from your engagement, focus groups, stakeholder meeting notes, surveys, research paper, national directives, expert opinion etc. If there is insufficient evidence, state this and include an action to find out more in the action plan in Step 3. In addition to having due regard for the Equality Act 2010 Public Sector Equality Duty to eliminate unlawful discrimination, advance equality and foster good relationship between protected groups; you must also have due regard to the principles of the Armed Forces Act 2021 including regarding the unique obligations and sacrifices they make, removing disadvantage and making special provision to ensure services and employment opportunities are accessible.

Positive Impact:				
☐ Sex	☐ Race	☐ Disability	☐ Religion & Belief	☐ Sexual Orientation
☐ Age	☐ Pregnancy & Maternity	☐ Marriage & Civil Partnership	☐ Gender Reassignment	☐ Armed Forces ☐ Other
Whilst no specific positive impacts have been identified within these characteristics a more generalised appraisal can be found in section 2.3.				
Negative Impact				
☐ Sex	X Race	X Disability	☐ Religion & Belief	☐ Sexual Orientation
☐ Age	☐ Pregnancy & Maternity	☐ Marriage and Civil Partnership	☐ Gender Reassignment	☐ Armed Forces ☑ Other health inequality (please state below)

Health Inequality:

The use of IAPs aims to manage activity within a financial sustainable budget. Patient choice is not impacted in terms of Right to Choose which provider to attend. There is an expansion of the provider market and pathways over last few years which is unsustainable against funding allocation. Locally the ICB cannot see / or has limited demographic information by Right to Choose providers, so we cannot review usage by our population, and if Right to Choose usage is disproportionally used by population cohorts and may widen health inequalities. However the majority of RTC providers offer a virtual service only, it risks excluding and increasing health inequalities for service users who English is second language and/or service users living with digital poverty.

Disability:

ASD and ADHD are considered disabilities. Lack of access to diagnosis may lead to undiagnosed disability. There is a growing backlog for ASD and Autism services, creating inequity. Individuals may experience harm while waiting for diagnosis. This backlog will continue to grow through IAP process for 25-26. Addressing current levels of demand will require service redesign which are underway.

Race:

Cultural differences and stigma reduce access to diagnostic services for ethnic minorities. These groups are over-represented on locally commissioned ADHD and autism assessment waiting lists. The impact of IAPs on this group is unknown due to lack of data.

Gender:

Autism and ADHD are not just predominantly found in boys and men, which has been a historical characterization of the condition. Girls, women, and non-binary people are also affected. Professionals may misdiagnose or miss traits in females. Research is showing camouflaging symptoms is more common in girls, leading to delayed diagnosis and care. Girls and women are underrepresented on locally commissioned NHS service assessment waiting lists, and IAPs may worsen this.

Deprivation:

People in deprived areas are over-represented on waiting lists. The impact of IAPs on this group is unknown due to lack of data. Analysis shows uneven distribution and access to support.

Published Evidence:

- Disability (ASD): Autistic children are at greater risk of exclusion and poorer outcomes while waiting for assessment.
- Ethnicity (ASD): Structural inequalities hinder timely support for ethnic minority children.
- Gender (ASD): Autism presents differently in girls, leading to underdiagnosis.
- Socioeconomic Factors (ASD): Children of mothers without educational qualifications receive diagnoses later.
- Ethnicity and Deprivation (ASD): White and higher socio-economic status children are diagnosed earlier.

Summary:

There are known inequalities in access to services for ADHD and ASD, particularly in race and deprivation. Insufficient data from RTC providers means these issues may not be addressed and not all issues identified. Subsequently this provision may not support developing equitable access across BNSSG.

Applying an IAP may negatively affect disability and gender due to lack of access to timely diagnosis and underrepresentation of females. If / where these groups do not face barriers to using Right to Choose pathways, then they will experience longer waits.

No Effect

Not applicable

2.2 Outline any negative impacts of the proposal on people based on their protected characteristic or other relevant characteristic. Consider how you might level the 'playing field' for all people

Note - all population groups not just officially protected characteristics are included in the below.

Protected Characteristic(s)	Details of negative impact (e.g. access to service, health outcome, experience, workforce exclusion)	Identify any mitigations that would help to reduce or eliminate the negative impact
Disability	Access to timely diagnosis can identify support needs and disability. This can lead to individuals being able to receive the support they need. As a result of the IAP there may be less people with their disability recognised.	CYP Projects underway: Children's Neurodiversity Transformation Project Partnerships for Inclusion in Neurodiversity in Schools Adult Project underway: Adult ADHD Pathway Transformation Project Possible further mitigation: Review of Adult Autism Service
Race	There is the potential that there will be reduced opportunity to access assessment services, leading to increased undiagnosed ADHD or Autism. It is unknown currently if access through RTC is equitable on account of Race.	The projects described above all support increased access to services. . Possible further mitigation: RTC providers asked to supply demographic data As transformation projects mature demographic data should be assessed to ensure equity of access and remove any barriers or underrepresentation.
Gender:	There is the potential that lack of diagnosis disproportionally affects females.	The projects described above all support increased access to services.
People living in the most deprived areas	There is the potential that there will be reduced opportunity to access assessment services, leading to increased undiagnosed ADHD or Autism. It is unknown currently if access through RTC is equitable on account of Race.	The projects described above all support increased access to services. Possible further mitigation: Right to Choose providers asked to supply demographic data As transformation projects mature demographic data should be assessed to ensure equity of access and remove any barriers or underrepresentation.

The impact of the IAP process will result in patients currently waiting for assessment, and new referrals (from 08/09/25) being held on waiting lists for remainder of 25-26 due to funding available. Patients undergoing treatment, where assessment has been booked will continue to be funded to ensure no break or reduction in continuity of care.

2.3 Outline any benefits of the proposal for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

BNSSG ICB has invested significant time and resources in coordinating system-wide transformational work in children's autism and adult ADHD pathways/services, early help "needs-led" projects, and the Partnerships in Inclusion in Neurodiversity in Schools (PINS). The direction of travel is a shift from a focus on assessment and diagnosis to a "needs-led" approach. This involves identifying needs early, understanding them, and then meeting those needs appropriately, thus often negating the need for a formal assessment and diagnosis. This approach mirrors recent national guidance, including the national ADHD taskforce report published in April 2025. This IAP proposal will support continued funding availability as per 24-25 level plus inflation to undertake the transformation required to move towards needs-led services with a more generalist approach, away from a highly specialist workforce, which is no longer sustainable given demand trends, waiting lists, and the need for post-diagnostic support. This approach is recognised as vital for having sustainable services for the future and the ability to meet current and future needs. Without funding for this redesign, services will not be able to meet local demand. Indicative activity plans may also reduce inefficiencies within ADHD pathways. The ADHD taskforce report recognises that there is no good evidence on the percentage of people waiting to see a clinician who have self-diagnosed using social media. As such, it is not possible to determine the levels of need on waiting lists. The current configuration of ADHD/Autism right to choose pathways works well for many people. However, they do not demonstrate value for money for all patients, or provide patient outcomes and demographic data to ensure equity of access. There are challenges integrating into local services when providers are providing a service England wide. Future service models need to be more generalist and more integrated locally with other low-level mental health services to be effective.	Positive ☑ Negative ☐ No effect ☐

Step 3: Action Plan

3.1 What actions will you take to mitigate the negative impact outlined above?

Action	Timeframe	Success Measure	Lead
Children's Neurodiversity Transformation Project	December 2025	School profiling tool rolled out and implemented Neurodiversity Hub established	ICB

		Tailored guidance available for young people & parent carers A charter highlighting diagnosis not being a barrier to access support services Peer support services Targeted need led support services	
Adult ADHD Transformation Project	December 2025	Increased assessment and management in primary care Increased assessment and management in secondary care Peer support services	AWP
Partnerships for Inclusion in Neurodiversity in Schools (PINS)	March 2026	Improved school inclusion Reduced school exclusion Neuro-focused & supportive school cultures	ICB
Development of an Autism Partnership Board	December 2025	Joint commissioning and funding of system wide neurodiverse services	Local Authority / ICB
Explore redesign options of Bristol Autism Service	March 2026	Higher % of people referred diagnosed Better understanding of needs of people accessing services and integration of wider MH pathways	ICB / AWP
Data reporting	March 2026	Work with RTC providers to share key performance and data requirements for BNSSG population.	ICB

3.2 How and when will you review the action plan (include specific dates)?

The action plan will be regularly monitored and reviewed by our established governance groups:

ICB MH Service Delivery Unit
Project Steering Groups across CYP / Adult ASD / ADHD

Step 4: Impact

4.1 What are the main conclusions of this Equality & Health Inequality Impact Assessment?

Share a brief summary of the positive impact the project will make and any negative impact and mitigations, e.g. what steps you have been taken to improve accessibility, and what recommendations you are making to the decision maker.

Explain how the EHIA has informed, influenced or changed the proposal and include a recommendation for the decision maker

This EHIA highlights that waits for assessment, timely diagnosis, and access to support are vitally important. Right to Choose providers addresses part of that need and can be highly effective for individuals.

However, RTC pathways do not provide all of the support and local integration required. There is a lack of data visible to BNSSG about the impact of RTC in addressing health inequalities. There are also concerns about diagnosis rates, robustness, and variation in diagnosis rates, as well as access to post-diagnostic support. This limits the effectiveness and value for money of the pathways themselves.

This should be seen in the recent context of a significant increase in assessment pathways through Right to Choose, the current national approach is not sustainable with an increasing in RTC provider wait times despite additional funding. There is also the need to ensure resources continue to be available to move toward transformed integrated needs-led local provision.

As such, it is concluded that the application of an IAP on Right to Choose pathways will support a managed and sustainable approach to pathways that will benefit individuals longer-term, whilst also allowing resources to be maintained to support the transformation of services required to meet future needs. The impact of this will however increase waiting times for assessment for patients using RTC and there is no demographic data of which patient groups are on these lists, and whom may belong to groups with protected characteristics

The greatest opportunity to address all the health inequalities identified within this EHIA will be through local integrated services, which can ensure support to those waiting, high levels of diagnosis conversion from referral, reduced waits, the need for a diagnosis to access support, and evidence that services are meeting and addressing known inequalities.

Reason for change:
BNSSG ICB needs to balance performance, quality, and financial sustainability across its population and needs transparency and a sustainable approach for ASD and ADHD services. The significant increase in Right to Choose pathways has been positive but, if is not well managed has the potential to reduce resources available for wider local redesign projects which aim to meet all service requirements and be sustainable to meet current and future demand.

Recommendations as a result of completing the EHIA include:

- Implement IAP on RTC providers across Autism and ADHD – recognising and accepting the risks this brings on patient experience, waiting times and ICB reputation
- Continue existing redesign projects and focus on needs-led approaches
- Explore redesign options of BNSSG Adult Autism Service including better links with Mental Health services
- Develop closer monitoring by RTC providers on activity from individuals with protected characteristics
- Ensure as redesign projects mature, they are evaluated against addressing inequality

Select a recommended course of action:	
Outcome 1: Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified. E.g. proposal is not likely to have any detrimental impact on any specific group	☐
Outcome 2: Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity and fostering good relations or breach of human rights articles. E.g. arrangements put in place to produce a BSL video to promote changes to a service	☐

Outcome 3: Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out). E.g. pilot benefits one neighbourhood due to funding restrictions	☑
Outcome 4: Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified. E.g. dress code policy discriminates against people who practice particular religions; new service that proposes to detain patient but insufficient evidence of safeguarding or human rights considerations in place	☐

Step 5: Review

All Equality & Health Inequality Impact Assessments should be reviewed internally and obtain sign off to show an organisational commitment.

Reviewer's Feedback (this document should be reviewed by an equality officer or trained project lead/senior manager) **Documents reviewed & to be kept under review**
Equality Officer Name: **Deputy Director Performance & Delivery**
Equality and Inclusion Team Signature:
Date: **10/09/2025**

Quality Impact Screening & Full Assessment

The Programme lead will identify and engage with a Quality Lead who is responsible for approving the QIA document for all BNSSG Programmes. In doing so the Quality Lead is ratifying that the paperwork has been completed correctly and full consideration has been given to potential impacts on quality as well as how ongoing monitoring will be managed within the scheme/project/Programme.

Quality is defined in terms of three domains:

- Patient safety (doing no harm to patients)
- Patient experience (care should be characterised by compassion, dignity, and respect).
- Effectiveness of care (to be measured using survival rates, complication rates, measures of clinical improvement, and patient-reported outcome measures)

The quality and safety domains should be used to outline the details of the potential impacts of the plans on quality.

Purpose: To consider the potential quality impact of setting limits through Indicative Activity Plans (IAPs) on the number of people accessing the Right to Choose pathways for autism and ADHD

This Quality Impact Assessment should be read alongside the EHIA which has more comprehensive background.

Part 1: Screening Tool

Is there an impact on patient safety?	**Partial** - There is a risk to patient safety arising from extremely long waiting lists for ADHD and autism diagnosis. Where patients may be unable to access a diagnosis and subsequent treatment where appropriate. Patients currently being treated (i.e. titration, ongoing medications, requiring annual reviews due to no shared-care arrangements in primary care), and patients already booked for assessments prior to 8th September 2025, will not be affected and will be funded for remainder of 2025-26. There is considerable variation in diagnosis rates and it is not possible to evidence how many people waiting are on an appropriate pathway. Long waiting times remain and will require redesign of services to address levels of demand. The Indicative Activity Planning (IAP) process will result in increasing waiting times for adults and children for ADHD and ASD assessments. This will be caused by funding available to Right to Choose Providers, and this position is balanced against System and NHSE operational planning priorities for the ICB. The ICB needs to consider the risk of significant growth in Right to Choose pathways in recent years, and the impact of funding this growth against investment in mental health services for children, young people and adults.

Individuals may experience poor mental health whilst waiting for an assessment, and appropriate local crisis support is available 24/7. However, this is not a long-term solution for people who would benefit from ADHD medication, or post diagnostic support.

To reduce the impact of the Indicative Activity Plans, and considering the three patient quality domains the ICB has given providers the following priority criteria.

The activity level commissioned from 08/09/25 – 31/03/25 is as follows

ADHD – adults and CYP

Priority no.	**Priority Criteria**	**Context**
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.
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.
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 review.
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.
5	Patients with upcoming assessment bookings	Where a patient has been offered and has accepted an assessment appointment in the future.
Not funded for remainder of 25-26		
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.

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.
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.

Autism – adults and CYP

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.
Not funded for remainder of 25-26		
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.

Is there an impact on delivery of national standards?	Yes NICE recommends timely diagnosis within three 3 months for people with possible autism and achieving this is a national challenge and issue wider than the BNSSG system. There is currently a NHSE taskforce which is making recommendations regarding the approach to diagnosis, (ADHD) and national standards may be revised. Current national models cannot meet current and future demand without significant investments.

Is there an impact on the provider's duty to protect people?	No The Indicative Activity Plan (IAP) would apply to multiple providers but not affect their duty to protect people.
Is there an impact on clinical workforce capability and skills?	No impact envisaged.
Does the plan create an impact on the prevention of violence and aggression; or contribute to service users feeling less safe?	Many families report emotional dysregulation in the home and school environment, which can lead to unsafe behaviour. 'Behaviours that challenge' is also documented in a significantly high number of the referrals received, which by its very nature includes violence, aggression and lack of safety. The impact here will be negative, as the IAP will result in some people experiencing longer waits and needs continue to go unidentified and unmet. However, it is pertinent to note that this negative impact is a result of the current wait times across a range of providers. There is significant variation waiting for an assessment from a few weeks to multiple years across the sector currently. The longest waits are within locally commissioned NHS services delivered by Mental Health Trust and Community provider. The IAP process will increase waiting times across non-NHS providers. In addition, not all assessments lead to post diagnostic support and therefore in some cases the IAP will not have a negative impact here. As a future priority local service provision should be in place for people with the highest levels of need to mitigate this, and this is part of the redesign work underway.
Is there an impact on partner organisations and any aspect of shared risk?	There is a risk that where people are not appropriately supported this may move health demand into other services for example studies have indicated high rates of undiagnosed ASD / ADHD within the prison population. However, this needs to be noted that this is a historical position and current levels of ASD / ADHD assessment and diagnosis are significantly higher than have been previously with substantially higher levels of funding increases over the last few years.
Provide a rationale for assessing the impact on Patient Safety	There will be a negative impact for the people who will continue to wait for their needs to be identified, with potential to result in continued escalation of harm.

2. Does your plan affect clinical outcomes?

Does your plan comply with the best evidence guidance including NICE?	No
Does your plan impact on the delivery of services in line with national clinical and quality standards?	As above.
Does your plan lead to a change in care pathways?	No change in care pathways identified at current time. However longer waiting times may result in providers having additional waiting list checks and processes.
Is there an impact on the delivery of clinical outcomes?	Partial - There will be a negative impact on people who will continue to wait for their needs to be identified, resulting in potential escalation of harm. This will vary from individual to individual.
Provide a rationale for assessing the impact on Clinical Outcomes	As above.

3. Does your plan affect patient experience?

Does your plan have an impact on service user experience?	Yes - there will be a negative impact on people who will continue to wait for their needs to be identified, resulting in continued escalation of harm. Currently there is no national database/tool showing waiting times across providers, making it challenging for patients to have an informed decision making. From information the ICB has sourced from providers there is significant variation across the market currently, this variation will continue with the IAP and for some providers will increase waiting times further. Patient choice still applies under the IAP setting process. Patients will continue to have a choice of suitable provider. However, patients will have a negative experience where there are long waits and no appointment date.

Does your plan have an impact on carer experience?	As above.
Does your plan support the choice agenda?	Partial - the implementation of IAPs seeks to manage volume of activity in a planned way, and ensure it is sustainable. Patient's right to choose their provider does not change through the IAP process, however the waiting time for assessment will be increased. By setting the IAP levels at higher than 2024 levels the choice agenda is supported but we recognise it is not sufficiently funded to avoid increased wait times.
Does your plan address concerns and issues identified through PALs, complaints, and national and local service user and carer surveys?	Yes - in as much as this decision to implement IAPs is part of wider system work to improve support for neurodivergent people which has included significant involvement from user groups. The ICB acknowledges the current model is not fit for purpose, as cannot meet current and expected future demand. This is reflected in demand ICBs are experiencing nationally. The Children's Neurodiversity Transformation project includes representation from each local Parent Carer Forum. They have been pivotal to the design of all aspects of the model, particularly service user voice and addressing health inequalities. Two workshops were held in February for the purpose of identifying and designing an appropriate model for test implementation. Workshop participants included Parent Carer Forums, and others with lived experience. Participants were provided with a robust data pack in advance of the first workshop, which included detailed insights from parent carer surveys and engagement events, together with results of a parent carer survey issued by the ICB in November 2024, as part of the longer-term Neurodiversity Transformation work. The Design Team have attended Parent Carer Forum engagement events as part of the longer-term transformation work and these insights have also informed the development of the model. We have reviewed local insights including reports and papers produced by BNSSG Healthwatch, parent carer forums and VCSE sectors, together with relevant national literature that highlights and champions the experiences of parent carers and families. **Insights work** Findings from engagement activities are that barriers exist locally: • where English is not the first language (primarily for the family not necessarily the child) • where parents/carers themselves are neurodiverse and struggle to navigate/ complete the tasks that are required • where there are cultural differences in understanding of autism, ADHD or neurodivergence – and fear of stigma • gender – girls needs are more likely to go unnoticed.

	• frustration voiced from parents and carers that professionals consider 'middle class families should be coping' and are seeking a diagnosis unnecessarily The EHIA also addresses some of these insights. Continued increase of Right to Choose pathways and associated spending, will impact on other local mental health and learning disability and autism services, their development and increase risk for population cohorts where risk may be greater.
Provide a rationale for assessing the impact on Patient Experience	There will be a negative impact on people who will continue to wait for their needs to be identified, resulting in continued escalation of harm.

4. Risk Rating

Scoring: The scoring is based on a standard risk matrix scoring system. The score will therefore reflect the potential risk to quality and is summarised below. The overall risk score should be the highest score from the individual quality domains.

The ***probability*** of the risk
1. Rare
2. Unlikely
3. Possible
4. Likely
5. Almost certain

The ***impact*** of the risk
1. Very low impact
2. Low impact
3. Medium impact
4. High/Serious Impact
5. Very Serious Impact

Quality Domain	Risk Description	Probability	Impact	Total
Patient experience	The impact of IAPs will highly likely be increase numbers of people waiting for an assessment. Some of these people will be at risk of harm and harm escalation due to significant waiting times already experienced in some providers. This is particularly true for the children and young people with the highest levels of need, as their	Almost certain	Medium impact	15

	waiting times continue to grow with the size of the waiting list.			
Clinical Outcomes	For individuals waiting assessment, and who would benefit from ADHD medication – longer waits will be a negative clinical impact. This is expected to be a significant issue for ADHD patients.	Almost certain	Medium impact	15
Effectiveness of care	No risk identified			

5. Conclusion of Screening Tool *(Programme Lead to answer)*

Proceed to full QIA	No – this Quality Impact Assessment should be read alongside the EHIA which has more comprehensive background.
Please explain your reasons	Having an unplanned approach to RTC provision brings significant financial risk to BNSSG ICB. The ICB financial position means it must act to align and balance quality, safety and cost of RTC services alongside other health needs of our population The EHIA highlights that RTC pathways provide good outcomes for some individuals but in other cases may not offer a robust diagnosis, integration with local services, reduce inequalities, and support those with highest levels of need. As such they are partially effective. To address the long-term demand changes, a shift to needs led services and less specialist services is needed nationally. BNSSG is shifting the focus from assessment /diagnosis and moving to a system wide “needs led” approach which will reduce the demand for assessment. If this is not resourced BNSSG will be unable to meet people’s needs, integrate services across primary and secondary care, general practice, VCSE and local authority services, and take a wider than ‘health only’ view. This review highlights the risk and distress to people with long waits for assessments, but service redesign is the only way that services can be sustainable within system budgets allocated and application of IAPs for Right to Choose services supports the

	resource for that transformation, with a clinically informed prioritisation criteria in place to manage patient safety through implementation of indicative activity plans.

QIA Approver(s)

Date of Quality Assurance	QIA Approver	Comments from QIA lead
26/06/25 **Updated 10/09/2025** **Compiled by: Head of Mental Health, Learning Disability and Autism, on behalf of BNSSG ICB, Performance and Delivery** **In consultation with Head of Contracts, Acutes and Mental Health, and Head of Quality and Clinical Excellence**	**Deputy Director Performance & Delivery**	**Updated 10/09/2025:** **Documents reviewed & to be kept under review**

Part 2: Full Quality Impact Assessment

6. Please tell us how your plan impacts on the Quality Domains

Patient Safety	
Clinical Outcome	
Patient Experience	

7. Are there any specialist advisors that will need to be consulted or involved in the development of your plan?

Please Comment:(examples: Safeguarding lead, PPI leads, Clinical Advisor. Evidence and Evaluation Specialists)	

8. What is the outcome of your Quality Impact Assessment?

The QIA identified actual or potential harm to patients, carers or public	
No major change (The QIA demonstrates that the plan is robust. The evidence shows no potential adverse impact on the quality of care or provision)	
Changes have been made to the plan to remove any identified potential or actual harm	
The plans are deemed 'business critical'. Clinical and / or legal advice has been sought and objectives justification for the plans are filed in the document folder	

9. Full QIA Approval *[To be completed by QIA Lead only]*

Date of Quality Assurance	QIA Approver	Comments from QIA lead
