Reference: FOI.ICB-2627/023

Subject: Adults and Children's ADHD and Autism Waiting Times, Capacity and Patient Choice

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

QUESTION	RESPONSE
I am requesting the current or most recent recorded information held by the ICB in relation to ADHD and autism diagnostic assessment services, including services delivered by both NHS and independent sector providers. To minimise burden, please provide the latest final version of each document or report requested below, and please do not search emails unless the information requested is not held in any formal document, report, paper, presentation, policy, guidance note, dashboard, assessment or board / committee paper. If no single document exists for any question below, please confirm this and provide the recorded information in whatever existing form it is held. Where information is held separately, please provide it separately for each of the following pathways: a) Adult ADHD b) Children and young people's ADHD c) Adult autism d) Children and young people's autism	
1. Waiting times and performance: a. The current documented waiting time targets, trajectories, expected maximum waits, or other planning assumptions used	a. Not available b. and c.

by the ICB for referral to first diagnostic assessment.

b. The most recent routinely produced performance report or dashboard showing actual average waiting times from referral to first diagnostic assessment, broken down by commissioned provider where readily available.
c. The most recent routinely produced report or dashboard showing the number of individuals currently on the waiting list, broken down by commissioned provider where readily available.
d. Any current metadata, glossary or methodology note used by the ICB to define or calculate the waiting time and waiting list measures referred to in questions 2 and 3, if held.

CYP (Children and Young People) ADHD & ASD assessment provided by Sirona care and Health CiC through the locally commissioned Children's Community Health Partnership contract:

	18 weeks and under	19-25 weeks	26-51 weeks	52-77 weeks	78-103 weeks	Over 104 weeks
Sirona CYP ADHD (February 2026 data reported in March 2026)	334	125	636	564	355	689
Sirona CYP ASD (February 2026 data reported in March 2026)	453	128	629	498	428	1813

CYP (Children and Young People) ADHD & ASD assessments provided by Clinical Partners, who hold a qualifying contract for patient choice (Right to Choose) with BNSSG ICB under The Health Care Provider (Provider Selection Regime) Regulation 2023.

Dec-25	Waiting list Size	Average Wait time (weeks)
CYP ADHD Clinical Partners	1335	42
CYP ASD Clinical Partners	983	42

Adult ADHD and ASD commissioned services waiting times and waiting list at December 2025:

Dec-25	Waiting list Size	Average Wait time (weeks)
ADHD -Adult	**8118**	**332**
AWP	3993	141
Clinical Partners	1094	32
ASD -Adult	**2627**	**504**
AWP	992	118
Clinical Partners	602	38

Some of this information is also available on a previous FOI which can be found at: FOI.ICB-2526/402: Right to Choose Framework for Adult ADHD and Autism Assessments

Waiting times - Sirona care & health, also https://adhduk.co.uk/right-to-choose/right-to-choose-wait-times/

	d. Waiting time data is collected and recorded by the provider using their own methodologies. Standard approach would be days between Referral (Clock start) and Assessment (Clock stop).
2. Demand, capacity and planning a. The most recent final paper, report, analysis or dashboard used by the ICB to assess demand, capacity, and the impact on waiting times when deciding how much ADHD and/or autism diagnostic assessment activity to commission or fund. b. The current plan, recovery plan, transformation plan, service improvement plan, Service Development and Improvement Plan, or equivalent document relating to reducing ADHD and/or autism waiting times and/or increasing diagnostic assessment capacity. c. The most recent document, if any, identifying any mismatch between estimated referral demand and commissioned diagnostic assessment capacity for any of the above pathways, and setting out how the ICB intends to address that position.	a. Whilst no specific paper or report exists, the ICB is aware that demand for ADHD assessment services has risen significantly. This reflects a national trend, as recognised by the national taskforce. The ICB responds to this increased demand by reviewing activity levels from previous years. This demonstrates a year-on-year growth in demand, which has been factored into future budget planning. The ICB does not currently have a tool to accurately predict future demand, although it is expected to continue rising. National reports indicate that prevalence remains stable, although demand for services has increased significantly. We do not currently have a local dashboard but are seeking to develop local reporting capability. The Mental Health Services Dataset (MHSDS) is publicly available and is used to track provider activity; however, the dataset is still being developed, and data quality remains variable. b. Children: the BNSSG system has agreed to shift from a diagnostic model to a needs led approach that is backed up with a diagnostic service. This approach aims to identify a child's neurodivergent needs at an early stage and provide targeted support to the child and family. Additional investment has been secured to provide additional capacity to Sirona for the assessment service which is currently being redesigned to bring the autism and ADHD services together to become one integrated assessment service. Along with the integrated service, funding has been secured for a third party provider to

address the current backlogs by adopting a needs led approach and also has capacity to assess if needed. Further detail of the work can be found on; Neurodiversity Transformation Programme - BNSSG Healthier Together

Service Development and Improvement Plan for the Children's Community Healthcare Partnership Contract 2025-26 is enclosed.

Service Development and Improvement Plans for the Children's Community Health Partnership contract 2026-27 is in development and not readily available at the time of this request. However, please see enclosed extract from the three year trajectory for the Sirona Children's Community Health Contract which will underpin the SDIP for 2026/27.

Adults: we acknowledge that current waiting times for assessment and treatment are not at the level we aspire to on the adult ADHD pathway. Transformational work, which has been ongoing for the last 2 years, is now very advanced and we are just starting to be able to offer adult ADHD assessment and medication titration in local GP practices.

The new pathway will provide:

Easier first steps
People can refer themselves or speak to their GP. Everyone completes a set of questionnaires that helps identify whether ADHD is likely and what type of support is needed.
Clearer pathways

- **Less complex** cases can be assessed and supported in GP practices
- **More complex** cases stay with specialist NHS teams
- Everyone keeps their legal Right to Choose option

	Local access to medication support GP practices will be able to: • Start ADHD medication • Adjust the dose safely • Monitor health and side effects • Support people after their private/RTC assessment. **Better support while waiting** This will include: • ADHD-friendly digital support tools • Peer support groups • An advice hub to help people manage symptoms In short, the benefits will be: • **Shorter waiting times** for assessment and treatment • **Care closer to home**, with face-to-face options • **Less confusion** and a clearer pathway from start to finish • **More equal access**—no longer dependent on ability to pay • **Better ongoing support**, not just a one-off diagnosis • **Improved safety**, as GPs can monitor physical health locally • **Reduced pressure on families and carers** c. Not available, see answer part a
3. Medium Term Planning Framework a. The most recent document, paper or report that sets out how the ICB is	BNSSG ICB has listed its priorities for ADHD, within the learning disabilities and autism (LDA) section of Population Health and Strategic Commission Plan 2026

meeting the requirements in the NHS Medium Term Planning Framework 2026/27 to 2028/29 to optimise existing resources to reduce long waits for autism and ADHD assessments and to increase community health service capacity to meet growth in demand.	– 2031, see here: Population Health and Strategic Commissioning Plan for 2026 to 2031 - BNSSG Healthier Together Whilst there is no current paper directly referring to how the ICB will meet the requirement of the NHS Medium Term Planning Framework to optimise existing resources to reduce long waits, we can share the following workstreams are priority areas for BNSSG ICB aiming to achieve this aspiration. **CYP ASD** • Implement a needs-led model which covers autism and ADHD, and focuses on early identification of needs and accessing support at a much earlier stage. • Outsourcing children on the waiting list (with patient agreement) who do not meet a clinical prioritization threshold to a private (non-NHS) provider to facilitate a clinical need-led approach, and who has capacity to provide diagnostic assessments if appropriate. • Integrating the autism and ADHD service to provide combined assessments. **CYP ADHD** • As above regarding needs led model. • As above regarding integrating the assessment services. • Additional nurses into the assessment service to support medication titration and adjustments. **Adult ASD** • Develop a genuinely needs-led autism service for adults across BNSSG.

	• Reduce current waiting times for assessment. • Improve consistency of waiting times across sectors and providers. **Adult ADHD** • New model pathway live via Assessment LES and Medication LES • Primary Care Hub operational • Digital Support modules and face to face check in for people on waiting list or new patients accessing assessment through Primary Care • ADHD Peer Support pilot to provide a more cohesive and equitable peer support offer across BNSSG • See above for the CYP redesign in greater detail: Neurodiversity Transformation Programme - BNSSG Healthier Together
4. National ADHD Taskforce a. The most recent final briefing, paper, action plan, implementation document or committee paper held by the ICB that discusses the findings or recommendations of the independent National ADHD Taskforce report, including any document setting out how the ICB intends to respond to or implement those recommendations locally.	Whilst there is no paper that directly discusses the recommendations of the taskforce parts 1 and 2, BNSSG has reviewed these findings, and they align with the existing workstreams described in the answer to question 3. As such, these continue to be prioritised.
5. Patient choice a. The current policy, guidance, briefing or instruction used by the ICB to ensure patient choice operates for ADHD and	BNSSG ICB acts in accordance with the below national guidance; NHS England » Patient choice guidance / The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

autism referrals, including any document used by referrers, triage teams, referral management services, or commissioning staff. b. The most recent recorded assessment, analysis, briefing or decision paper, if any, considering whether commissioning different volumes of activity from different providers delivering comparable ADHD or autism diagnostic assessment services has the practical effect of constraining patient choice, including by limiting capacity or creating materially different waiting times between providers.	BNSSG ICB Local Service and referral directory (Remedy) provides the following instructions for local healthcare professionals: ADHD Care Pathway for school age children (Remedy BNSSG ICB) Autism spectrum disorder (ASD) (Remedy BNSSG ICB) Right to Choose (ADHD/ASD Patient Choice) (Remedy BNSSG ICB) https://remedy.bnssg.icb.nhs.uk/adults/mental-health/adhd-adult/ https://remedy.bnssg.icb.nhs.uk/adults/mental-health/autism-spectrum/ This is BNSSG guidance to referrers which includes patient's choices (current services offered including referral information and exclusions): Right to Choose (ADHD/ASD Patient Choice) (Remedy BNSSG ICB) This list and information is updated regularly as the provider landscape changes constantly.
6. Equality and quality a. The most recent equality impact assessment, quality impact assessment, patient safety assessment, risk assessment, or similar document relating to ADHD and/or autism waiting list management, commissioning decisions, or service capacity.	The most recent EHIA (Equality and Health Inequalities Impact Assessment) was provided as part of previous response: FOI.ICB-2526/333: ADHD and Autism triage, access controls, waiting time to triage, risk and equality governance BNSSG ICB is in the process of updating both its EHIA and QIA (Quality Impact Assessment) across ADHD and ASD services, these are expected to be finalised by June 30th 2026.

	Risk title: Adult ADHD Waiting List. **If (cause)**: The adult ADHD waiting list remains at recent levels **Then (risk event)**: some people on it will not be assessed for several years **Resulting in (impact/effect):** anger, frustration, poorer outcomes and greater inequality as more people choose either a private or RtC assessment path **Right to Choose (RtC) ADHD/ASD Assessment demand** If (cause): If the demand for RtC continues at present trajectory the existing financial gap within the ICB will continue to grow. The expected gap for 2025/26 is currently circa £7.5m Then (risk event): there is a risk to the system being able to submit a financially balanced plan. Resulting in (impact/effect): Significant ICB overspend in this area and possible impact on other services sustainability and ability for further MHLDA investment.
7. Governance and oversight a. The single most recent final board, committee, programme or senior management paper that discusses ADHD and/or autism waiting times, capacity, provider activity levels, or actions to improve access.	There is no one place or paper which specifically reviews ADHD and/or autism waiting times, capacity, provider activity levels, or actions to improve access. These would be reviewed across various working groups leading on redesign. In terms of system governance, the Learning Disability and Autism Operational Delivery Group (ODG) will review the risks and updates on progress may also be received by the Children and Families and/or Mental Health Operational Delivery Groups and Health and Care Improvement Groups.

8. ICB reorganisation / cluster arrangements If the ICB is merging, clustering, being reorganised, or operating through a joint commissioning arrangement with another ICB or cluster, please confirm: a. the name of the new or successor body or cluster arrangement; b. whether responsibility for ADHD and autism commissioning, service planning, or waiting list management sits wholly or partly at that level; and c. please provide the equivalent recorded information requested above where it is held at that level rather than solely by the current ICB.	a. BNSSG ICB and Gloucestershire ICB have entered into a clustering arrangement with effect from 1st April 2026. b. at this point, Gloucestershire and BNSSG ICBs retain responsibility for ADHD and Autism commissioning, service planning and waiting list management within their locations. c. Not applicable.

The information provided in this response is accurate as of 16 June 2026 and has been approved for release by Jenny Bowker, Deputy Director of Performance Delivery, Primary Care and Children's Services and Caroline Dawe, Deputy Director of Performance and Delivery, Acute and Integrated Care, MHLDA and EPRR for NHS Bristol, North Somerset and South Gloucestershire ICB.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Service Development and Improvement Plans

Owner	Description	Milestones	Timescales	Expected Benefit	Reporting
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

				[redacted]	
[redacted]	**Improvement of Community Waits** - Reduction of 52 weeks waits, as per 25/26 NHS Operating Guidance priority - Delivery of improvement plan for Community Waits (ASD and ADHD) - Continued engagement in Neurodiversity	1. Reduction of community waits over 52 weeks in line with agreed Operating Plan trajectory 2. Maintained assessment capacity 3. Continuation of Neuroprofiling and Neurodiversity hub pilots to September 2025 4. Evaluation of pilots, feeding into Neurodiversity Transformation business case	Milestones to be delivered throughout Q1-Q4.	*Activity:* Children's Development and Improvement Plan (CDIP) to guide actions to improve community waits over 52 weeks. *Performance:* ASD WLI to deliver c65 assessments per month, maintaining assessment capacity.	Monthly

	Transformation Programme and delivery of pilots .i.e. Neruoprofiling and Neurodiversity hub			To provide the Neurodiversity Support Team to the accelerated design model pilot To support the wider Neurodiversity system transformation To maintain assessment capacity during the pilot *Clinical Outcomes:* CYP outcomes supported through enabling early access to support via pilots. Robust waiting list management processes embedded, utilising available resources to optimize assessment capacity for clinical urgent/prioritized CYP. *Financial Impact:* Investment into WLI to sustain capacity. Investment to enable pilots to be delivered and evaluated. Effective use of resource to deliver Autism Assessment capacity may have a positive impact on ICB RTC costs. *CYP/Family and Staff Experience:* Earlier understanding of CYP needs, earlier signposting and access to support, reduced waiting times for assessment, integration of needs led within the wider BNSSG	

				system (health, education and social care). *Health Inequalities:* Earlier understanding of needs and access, reducing number of CYP on waiting list but not accessing support and mitigating potential for harm while on waiting list.	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

				[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

				[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

				[redacted]	

																27/28												28/29											
			Baseline (Oct-25)	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29
Current Trajectory	CYP waiting list under 18 weeks	ADHD - trajectory increase of 30 per month from Oct 25	374	554	584	614	644	674	704	734	764	794	824	854	884	914	944	974	1004	1034	1064	1094	1124	1154	1184	1214	1244	1274	1304	1334	1364	1394	1424	1454	1484	1514	1544	1574	1604
	CYP waiting list total	ADHD	2731	2911	2941	2971	3001	3031	3061	3091	3121	3151	3181	3211	3241	3271	3301	3331	3361	3391	3421	3451	3481	3511	3541	3571	3601	3631	3661	3691	3721	3751	3781	3811	3841	3871	3901	3931	3961
	18 week %	ADHD	14%	19%	20%	21%	21%	22%	23%	24%	24%	25%	26%	27%	27%	28%	29%	29%	30%	30%	31%	32%	32%	33%	33%	34%	35%	35%	36%	36%	37%	37%	38%	38%	39%	39%	40%	40%	40%
	CYP waiting list 52+	ADHD - trajectory increase of 15 per month from Oct 25	1426	1501	1516	1531	1546	1561	1576	1591	1606	1621	1636	1651	1666	1681	1696	1711	1726	1741	1756	1771	1786	1801	1816	1831	1846	1861	1876	1891	1906	1921	1936	1951	1966	1981	1996	2011	2026
Trajectory if BC Implemented	CYP waiting list 52+	ADHD - Outcome of Implementing BC	1426	1505	1462	1419	1376	1333	1290	1247	1204	1161	1118	1075	1032	989	946	903	860	817	774	731	688	645	602	559	516	473	430	387	344	301	258	215	172	129	86	43	0
		ADHD - Outcome of Implementing BC - new trajectory	1426	1505	1505	1505	1505	1505	1505	1475	1445	1415	1364	1313	1262	1211	1160	1109	1058	1007	954	901	848	795	742	689	636	583	530	477	424	371	318	265	212	159	106	53	0
Current Trajectory	CYP waiting list under 18 weeks	Autism - manage at steady state	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446	446
	CYP waiting list total	Autism	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073	4073
	18 week %	Autism	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%
	CYP Waiting 52+	Autism - manage at steady state	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716	2716
Trajectory if BC Implemented	CYP waiting list 52+	Autism - Outcome of Implementing BC	2716	2716	2652	2574	2496	2418	2340	2262	2184	2106	2028	1950	1872	1794	1716	1638	1560	1482	1404	1326	1248	1170	1092	1014	936	858	780	702	624	546	468	390	312	234	156	78	0
	CYP waiting list 52+	Autism - Outcome of Implementing BC - new trajectory	2716	2716	2716	2716	2716	2716	2716	2686	2656	2626	2528	2430	2332	2234	2136	2038	1940	1843	1746	1649	1552	1455	1358	1261	1164	1067	970	873	776	679	582	485	388	291	194	97	0
Current Trajectory	CYP waiting list under 18 weeks	Community Paediatrics (excluding ADHD) - trajectory increase of ? per month from Oct 25	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233