Reference: FOI.ICB-2627/112

Subject: Community Autism Services for Adults

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

QUESTION	RESPONSE
1. Does your ICB commission a dedicated community autism service for autistic adults (aged 18+)? If yes, please provide: a. The name of the service b. The provider organisation(s) c. The service specification d. The whole-time equivalent (WTE) staffing establishment e. The professional disciplines represented within the team (e.g. nurses, occupational therapists, psychologists, speech and language therapists, social workers, support workers)	1. Yes a. BNSSG Autism Spectrum Disorder Service (BASS) b. Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust c. Please find enclosed d. BNSSG ICB does not hold this information, and the requester is advised to contact the provider for this. As follows: Freedom of Information :: Avon and Wiltshire Mental Health Partnership NHS Trust e. Please refer to response to question d.
2. Please indicate whether the service provides: a. Diagnostic assessment b. Post-diagnostic support c. Care coordination/case management d. Crisis support e. Mental health support specifically for autistic people f. Occupational therapy g. Support with accessing health services	a. Yes b. Yes c. No d. No e. Partial f. No g. Yes h. Yes

h. Support for families and carers	
3. If no dedicated community autism service is commissioned, please explain what NHS-funded support is available to autistic adults following diagnosis.	N/A - BNSSG ICB commission the AWP BASS service to provide the Adult Autism service for our population.
4. Does your ICB commission a multidisciplinary Community Autism Team equivalent to a Community Learning Disability Team? If yes, please provide details.	BASS is a dedicated community autism service for adults, for further information regarding the staffing composition please contact the provider. Please see above contact details for AWP.
5. Please provide any current autism strategy relating to autistic adults within your ICB area.	Please refer to question 3 and associated enclosed document of previous response FOI.ICB-2627/069: Support for Autistic People Particularly those with Learning Disabilities

The information provided in this response is accurate as of 8 July 2026 and has been approved for release by Caroline Dawe, Deputy Director of Performance and Delivery, Acute and Integrated Care, MHLDA and EPRR and Helena Fuller, Deputy Director of Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.

Service Specification

Service Specification No.	2A19
Service	BNSSG Autism Spectrum Disorder Service
Commissioner Lead	BNSSG ICB
Provider Lead	AWP
Period	1st April 2024
Date of Review	Quarter 4 2023-2024
Date of Next Review	Quarter 4 2025

1. Purpose

This service specification outlines BNSSG ICB's objectives, scope, pathway and principles of the Adult Autism Service.

Please note BNSSG Integrated Care System is undertaking a review of children and young people autism pathway. The future model of care may impact the commissioning and pathway of the adult services commissioned in BNSSG.

Autism spectrum disorder (referred to as autism in the rest of this document) is the official name of a diagnosis within a broader category called neurodevelopmental disorders in the International Statistical Classification of Diseases, eleventh edition (ICD-11; 5).

Autism is a long-life neurodevelopmental condition that affects individuals from birth and lasts for their lifetime. Signs of autism might be noticed when an individual is very young, or not until later in life. It affects how individuals communicate, experience and interact with the world around them. Autism is a spectrum and autistic people may need little or no support, and the way that autism is expressed in individuals differs at different stages of life, in response to interventions, and with the presence of any co-existing conditions. Autism Spectrum Disorder is a life-long disorder; however, the prognosis can be improved by early diagnosis and assessment.

The core features of autism, as defined in ICD-11 and DSV-5 include:

- Persistent difficulties in initiating and sustaining social communication and reciprocal social interaction.
- Presence restricted, repetitive, and inflexible patterns of behaviour, interests, or activities that are clearly atypical or excessive.
- Onset in the developmental period.
- The symptoms result in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

None of the individual autism diagnostic criteria are exclusive to autism and there is considerable overlap in diagnostic features of other communication, neurodevelopment and mental health conditions. In addition, autism commonly co-occurs with other conditions. This means that autism should not be assessed without also considering the possibility of differential or co-occurring diagnoses.

Common differential and co-occurring conditions include:

- Neurodevelopment disorders e.g., attention deficient hyperactivity disorder, global developmental delay
- Mood disorder
- Anxiety order
- Obsessive-compulsive disorder
- Attachment disorders
- Effect of early childhood trauma
- Psychosis

The Provider is commissioned to provide evidence-based autism diagnostic assessment and in agreement with Commissioners provide post diagnostic support led and undertaken by appropriately skilled health professionals. The service offer will be based on NICE guidelines and best practice associated with autism diagnosis and adapt procedures in relation to delivery and environment as highlighted in the following guidelines in section 1.1.

1.1 National evidence base

National strategy for autistic children, young people and adults: 2021 to 2026

The government's national strategy for improving the lives of autistic people and their families and carers in England. The strategy has six main areas for improvements.

1. Helping people to understand autism.
2. Helping autistic children and young people at school.
3. Helping autistic people to find jobs.
4. Making health and care services equal for autistic people.
5. Making sure autistic people get help in their communities.
6. Help for autistic people in the justice system.

This strategy aligns with the existing statutory guidance on implementing the Autism Act for local authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015).

There is an estimated 700,000 autistic adults and children in the UK, approximately 1% of the population. In addition, there are an estimated 3 million family members and carers of autistic people in the UK. At least one associated mental health disorder occurs in approximately 70% if people with ASD (NICE).

NICE Autism Spectrum Disorder in adults (2021) (Overview | Autism spectrum disorder in adults: diagnosis and management | Guidance | NICE) reviews the existing evidence base for the identification, assessment, interventions, treatment and management of adults with autism.

The key principles of care include

- Specialist diagnostic and assessment services and specialist care and interventions.
- Advice and training to other health and social care professionals on the diagnosis, assessment, care and interventions for adults with autism.
- Support in accessing, and maintaining contact with, housing, educational and employment services.
- Work in partnership with autistic adults and support to families, partners and carers where appropriate.
- Care and interventions for adults with autism living in specialist residential accommodation.

- Training, support and consultation for staff who care for adults with autism in residential and community settings.

The Autism Act (2009) places a legal duty on statutory agencies (NHS bodies and Local Authorities) to provide a range of services for adults with autism.

1.2 Right to Choose

Since 2014, in England under the NHS patients have a legal right to choose their mental healthcare provider and their choice of mental healthcare team. If a patient decides the waiting time for their autism assessment is too long, then they can choose alternative providers. The provider must be commissioned for the service by an ICB in order to offer Right to Choose.

NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK (NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK (www.gov.uk)

Patients have the Right to Choose when the following conditions are met:

- The provider is in England (different rules apply for Scotland, Wales and Northern Ireland).
- The General Practitioner has agreed to make clinically appropriate referral.

Certain restrictions apply and patients cannot exercise their Right to Choose is they are:

- Already receiving mental health care following an elective referral for the same condition.
- Referred to a service that is commissioned by a local authority, for example a drug and alcohol service (unless commissioned under a Section 75 agreement).
- Accessing urgent or emergency (crisis) care.
- Accessing services delivered through a primary care contract.
- In high secure psychiatric services.
- Detained under the Mental Health Act 1983.
- Detained in a secure setting. This includes people in or on temporary release from prisons. courts, secure children's homes, certain secure training centres, immigration removal centres or young offender institutions.
- Serving as a member of the armed forces (family members in England have the same rights as other residents of England.

There are restrictions on who the patient can direct their care to. Patients cannot refer to just any provider. The provider must:

- Have a commissioning contract with any ICB or NHS England for the required service.
- Have the service and team led by a consultant or a mental healthcare professional.

1.3 Local Context

BNSSG ICS aims

BNSSG's Strategy and Joint Forward Plan have been developed to align with, and support, The four aims of integrated care systems:

1. Improve outcomes in population health and health care.
2. Tackle inequalities in outcomes, experience and access.
3. Enhance productivity and value for money.

4. Help the NHS support broader social and economic development.

BNSSG Joint Forward Plan Joint Forward Plan - BNSSG Healthier Together (published June 2023) sets out how BNSSG ICB will deliver on the national vision of high-quality healthcare for all, through equitable access, excellent experience, and optimal outcomes over the next five years.

It aims to:

1. Improve the health and wellbeing of the population.
2. Provide high-quality services that are fair and accessible to everyone.
3. Improve the health and wellbeing of the population.
4. Provide high-quality services that are fair and accessible to everyone.

In 2023, BNSSG published a draft Mental Health Strategy, based on 1% estimate, approximately 6,131 18-64 years have autism. The draft strategy has six ambitions.

1. Holist Care
2. Prevention and early help
3. Quality treatment
4. Sustainable System
5. Advancing equalities
6. Great place to work

2. Service Scope

2.1 Aims

To provide an accessible adult autism diagnostic service, including in agreement with commissioners provide post-diagnostic support as indicated by NICE guidelines and in line with commissioning requirements. The Provider is required to develop an effective and efficient service model that incorporates national and local ICS wide requirements. In collaboration with a range of statutory and voluntary sector agencies, to provide service users with autism with a sufficient level of support to enable an individual's continued independence and well-being.

2.2 Objectives

- To provide accurate autism assessment.
- To provide a report following assessment which identifies the service user's needs so that individually tailored post diagnostic support where required can be discussed between the patient and their GP.
- To help service users access a range of mainstream social care and independent sector services to meet their needs, including employment support, NHS Talking Therapies, housing and welfare rights.
- To provide person centred and flexible approach.
- To deliver a service informed by NICE guidance and NICE quality 8 statements.
- To provide a clinically effective and cost-effective service.
- To help service users make informed choices about their care and identified support needs, in partnership with their health and social care professionals.
- To offer support to other services and agencies regarding the management of adults in this group to improve the ability of mainstream providers to meet their complex needs and to improve outcomes for each service user.

- Improved quality of life, as identified by the service user and appropriate evidence-based measurement tools. This could include the patient satisfaction questionnaire (PSQ) and the Friends and Family Test.

2.3 Service summary

The service will be aligned to NICE guidance Overview | Autism spectrum disorder in adults: diagnosis and management | Guidance | NICE.

Autistic people, or people who suspect they are autistic may have certain characteristics which present them with challenges in the way they communicate with others and their ability to be in situations that require some degree of social interaction. The Provider is therefore expected to ensure that they provide:

1. Appropriate and accessible information to individuals about their service.
2. Appropriate and accessible information about timescales for assessment.
3. A suitable accessible and safe environment for individuals if the diagnosis is to take place in a clinical /other environment.
4. Flexibility as to the environment the service is delivered in, which considers risk and the needs of the service user.
5. Clear information to individuals about what will and may happen post assessment.
6. Additional support if the individual is unable to consent to assessment and/or interventions. It may be appropriate for the referrer and provider to consider the Mental Capacity Act, and the use of an advocacy service if necessary.

It should be recognised that with this specification, individuals who may require assessment and post diagnostic interventions (if required) may present with different levels of complexities and also at different times of their life as follows:

- Individuals who were in receipt of services in childhood but for whom an assessment for autism was not completed. This may have been for a number of reasons including 'diagnostic overshadowing' whereby difficulties displayed were attributed to an individual's learning disability or mental health or behavioural condition.
- Individuals who may have been 'coping' due to their family support or their own capabilities, those masking difficulties who have struggled through but find that in adulthood, without the structured environment of school, they are unable to cope.
- Individuals whose difficulties first present in adulthood.

2.4 Population covered

BNSSG ICB is commissioning this service on behalf of patients registered with a GP for which the ICB is responsible. Under Patient Choice rules, patients from outside of BNSSG ICB may choose to select the provider and in these circumstances an invoice for payment should be directed to the appropriate responsible ICB.

2.5 Referral Criteria and sources

Referral criteria for Diagnostic Assessment:

- Adults 18yrs +
- Registered with a BNSSG GP
- Evidence that an autism assessment is required

Referral criteria for Post Diagnostic support (where commissioned):

- Adults 18+
- Registered with BNSSG GP
- Evidence of historical diagnosis of Autism.

2.6 Referral process, triage, screening and waiting list

Individuals will be referred directly to the provider by their GP or by secondary mental health services.

Referral routes for diagnostic assessment:

- GP
- Secondary Mental Health Teams (Not available under Right to Choose)
- Learning Disability Teams (Not available under Right to Choose)

Referral Route for Post Diagnostic Support:

- GP
- Primary Care Liaison Service
- Secondary Mental Health teams
- Adult Social Care
- Learning disability services
- Service Users and families
- Education and Employment services

The Provider will undertake screening and triage of all referrals to ensure that an individual is on the correct pathway and that all eligibility criteria have been met. This step may include administrative staff as well as clinical input. Information on the referral may also direct next steps, for example that a referral should be expedited due to significant risk or need, or that the level of complexity may dictate a more nuanced approach to the assessment. Where possible, AWP should undertake regular undertake waiting list review to ensure service's user clinical needs have not changed. Prioritisation for assessment is not the normally given, but certain patients may be prioritised depending on their circumstances. A referral may be prioritised in cases where there is a significant risk of a delay in assessment causing:

1. A marked deterioration in the individual's mental health.
2. A significant increase in the individual's level of risk to self and/or others.
3. An increased likelihood of an individual losing their job and/or their accommodation leading to either of the above.

The service will operate a waiting list and is expected diagnostic assessment should start within 3 months of referrals per NICE Guidance Quality statements | Autism | Quality standards | NICE. BNSSG ICB recognised with increasing demand for assessments that AWP is unable to meet 3 months target for assessment.

2.7 Any exclusion criteria

- Anyone under 18 years of age.
- Individuals in Mental Health in-patient services requiring an adult autism diagnosis.

The Provider will treat all service users in a safe and appropriate environment. Any changes to the provider's exclusion and acceptance criteria must have previously been shared and agreed with the relevant commissioner(s).

The Provider should ensure that if the exclusion criteria is applied, the service user is informed by a member of staff with an understanding of the criteria and the evidence used to inform the decision. The service user should receive a full explanation of the reasons for exclusion and where requested, the evidence used to inform the decision and signposted to other support services.

2.8 Do Not Attends (DNAs)
The Provider will not charge for any service user who does not attend their appointment.

2.9 Assessment

2.9.1 Clinical profession conduction assessments

To comply with clinical guidelines, assessments will be conducted by clinical professionals who are members of a multidisciplinary team, clinicians from certain professional disciplines (paediatricians, psychiatrists, clinical psychologists) may conduct single clinician assessments if they judge that a consensus decision is not required.

The clinical professionals conducting autism assessments should, together, have experience and expertise in assessment of neurodevelopmental (including intellectual disability), language and communication, and behavioural and mental health conditions, as these are commonly differential or co-occurring conditions.

Clinical professionals should all meet the qualification, regulation and current professional registration requirements to practice by their respective professional bodies.

The assessment should include a number of steps including screening and triage, autism assessment, formulating a view about diagnosis, assessment feedback, assessment report, post diagnostic support (where commissioned).

2.9.2 Adult autism assessment quality standards

1. Assessments should be performed by clinicians who have the relevant experience both in the assessment of autism and in its common comorbidities and differential diagnoses. Ideally, clinicians involved in assessments should have access to the expertise of a multidisciplinary team.

2. Prior to starting the assessment, ensure that the individual understands the purpose, potential benefits, and risks of the diagnosis.

3. The assessment must comprehensively cover the following areas: core features of autism, early developmental history, behavioural issues, functional abilities in different settings such as home, school, and work, and any current or past physical or mental health conditions.

4. Utilise structured clinical interviews to systematically gather information relevant to the diagnosis. These interviews should be based on established criteria (DSM-5 and ICD-11) and protocols to ensure consistency and reliability. This is distinct from an assessment with family/carers or conversations with siblings (for example, developmental history taking or asking for descriptions of current concerns). This is also distinct from semi-structured behavioural observation assessments that specifically focus on traits associated with autism (for example, the Autism Diagnostic Observation Schedule – 2;

ADOS-2 (35)). The clinical interview is pivotal for putting into context scores obtained on standardised questionnaires that may be used for screening or triage, or scores on semi-structured assessment tools. This also helps to address the question as to whether the service user may have differential or co-occurring diagnoses; crucial for formulation and reaching clinical conclusions. Therefore, the clinical interview must include screening or assessment of common differential or co-occurring diagnoses, as part of the clinical interview conducted by a clinician with a medical background or a qualified mental health professional.

5. The assessment should also include information gathered from an informant. Early developmental information is an important part of an autism assessment and should be gathered from a person who knew the service user as a child where possible. This is not always possible when assessing adults. Wherever possible corroborative information should also be sought from family members, spouses, friends, carers, this is especially true if no early childhood informant is available. There will be circumstances where no corroborative information is available. Though this does not necessarily negate the possibility of an assessment, it should be factored into the formulation of the person. If no childhood informant is available information should be gathered from a person who knows the individual well currently.

6. Consider using validated assessment tools like the Autism Diagnostic Interview – Revised (ADI-R) and Autism Diagnostic Observation Schedule (ADOS-2). These tools should be tailored to individual needs and should complement, not replace, clinical judgement. The use of these tools is not mandatory but should be considered in complex cases.

7. Collect information on how the individual currently functions in various social and adaptive contexts. Observe and document behavioural patterns, communication abilities, and daily living skills. This may or may not include the use of standardised assessments for this purpose (for example the ADOS-2). If standardised assessments are used it is important that clinicians are appropriately trained in their use and that the scores are interpreted in the context of the information gathered during the clinical interview. Scores by themselves are not sufficient to indicate a positive or negative diagnosis.

8. A thorough assessment should evaluate the possibility of other neurodevelopmental conditions, mental disorders, physical disorders, and communication difficulties. It is essential to distinguish autism from other conditions that may have overlapping symptoms.
9. Assess potential risks such as tendencies for self-harm, breakdown of existing support systems, or rapid escalation of behavioural issues. Develop a risk management plan as a preventive measure, should these risks be significant. Document the risks and management plan in the report.

10. The assessment setting should be conducive for the individual being evaluated. It should be quiet, free from distractions, and physically comfortable to ensure accurate and reliable data collection.

11. Once the assessment is complete, provide clear and easily understandable feedback, both verbally and in writing. Discuss the diagnostic outcome and its implications and ensure that all of the individual’s questions and concerns are addressed. The process and outcome of this discussion should be documented.

12. After the assessment, a recommendation should be developed and documented. This plan should be individualised, focusing on the person's unique strengths, weaknesses, and needs. It should also link the individual to post-diagnostic support services.

13. If a diagnosis of autism has been made, follow-up should be arranged in order to provide information about the diagnosis and allow an opportunity for questions by the service users or their carers/family members. This follow-up could be an individual appointment or happen as part of a group.

2.9.3 Enhanced autism assessment

When there are complexities in an autism assessment, for example the presence of complex mental health disorders, an assessment may include, in addition to the above, the use of standardised assessment tools, broader assessment of clinical presentation, liaison with other services and a multi-professional discussion about the diagnostic outcome. The assessment pathway should be flexible enough to accommodate such complex cases. It may be that these cases need multiple assessments over time.

2.9.4 Formulating a view about diagnosis

Formulation is based on the integration of information gathered from a clinical interview, behavioural observation, developmental and corroborative accounts, clinical and educational records and liaison with other professionals. It must be viewed as more than just the scores on any given screening questionnaires or assessment tools. Diagnosis is a clinical decision - made by clinicians on the basis of all available information and in light of their clinical experience. All health professionals involved in the assessment should contribute to the formulation. At times it may be appropriate to hold broader MDT meetings, which include clinicians that were not involved in the assessment, to assist in formulation. This is especially true when an individual's presentation is complex and there may be alternate explanations for an individual difficulties and/or where the specific expertise of a clinician would be useful in the formulation process for example a speech and language therapist.

2.10 Outcome post assessment

Service users will be provided with detailed feedback where the results of the assessment and the implications of this are discussed with them.

If a diagnosis of autism has not been made, the feedback appointment(s) would be an opportunity to discuss other factors that may have contributed to their difficulties. Service users will also be signposted and/or referred to appropriate services, as required.

If a diagnosis has been made, the feedback appointment(s) should be used to describe why this decision was made as well as a review of the service user's strengths and needs. This should be used to develop person centred recommendations which are realistic and available to the person in their local area.

Feedback should be supported by the production of an assessment report which should echo what was discussed in the feedback appointment(s) as well as set out the parameters of the assessment that led to this conclusion. This should be produced in a timely fashion (10 working days) and be shared with the GP/referrer, in addition to being sent to the service user.

The Provider will ensure that, as part of their service offer and discharge processes, service users are well-informed about their condition. They should be given information and signposting about community, voluntary and other services which may be of help to them.

All service users should be made aware of the Provider's statutory duty to share any relevant information with other agencies when there is a safeguarding concern, or it is thought crime or disorder has possibly taken place. When there is a safeguarding concern the voice of the possible adult at risk should be part of all stages of the process.

Whilst providing care, support and treatment to patients, staff need to be mindful that a family member may be a carer, be able to support that individual to identify with the role and signpost them to support services that can provide information and undertake a carer's assessment if appropriate.

In complex cases, it is expected where a service user is known and accessing other services e.g. housing, social care that the provider will engage with other health professional as and when required.

2.11 Post diagnostic support

Upon diagnosis, the service user should be provided with some psycho educational support.

AWP is commissioned to provide post diagnostic support primarily through BASS advice services. Following referral a service user will be offered an introductory appointment to assess current needs and difficulties. Depending on the outcome of this appointment a service user may be then offered a range of interventions through BASS or the service user may be signposted elsewhere if this is more appropriate.

Interventions may include the following:

- Psychoeducation groups – e.g a 6 week post diagnostic group and anxiety group.
- Weekly groups – problem solving, mindfulness, gardening.
- Bookable 1:1 appointments – with an autism professional to discuss autism specific strengths and difficulties, relationships, reasonable adjustments, housing, benefits, education, anxiety, stress management.
- Workshops – sensory, relationships, planning and organising.
- Carers/family support – workshops for families and carers.
- Liaison – BASS can consult with other organisation involved with a service user known to BASS i.e. secondary mental health, social care etc

2.12 Training and Liaison

BASS Liaison Service offers advice and guidance around how to effectively support autistic people within mainstream services. The aim is to support professionals to adapt existing service provision by making reasonable adjustments, to meet the health and social care needs of autistic people.

BASS do not offer Care Coordination or have a caseload, therefore the service user will generally be open to a lead clinician, team or agency while the BASS Liaison Service provides specialist advice to the referrer, and/or undertakes autism assessment with the service user.

The function of having a lead agency involved is:

a) To have an identified professional, team or agency to provide specialist consultation to, who have an oversight of the case or ongoing support role with the service user.

b) To have an identified professional, team or agency to raise or escalate concerns or risks that may arise during the course of the involvement from BASS.

BASS offer three tiers of support to professionals. Referrals are triaged by the team at a weekly referrals meeting, it is then decided on a case-by-case basis what tier of support is deemed necessary.

Tiers of support include:

1. General advice and guidance around supporting autistic individuals. This may include sharing resources, signposting and information about post diagnostic support though BASS.
2. Consultation and complex case discussion. This includes specific advice and guidance on an autistic individual and may include case discussion with individuals or with a team around risk or care planning.
3. Specialist fast tracked autism assessment and/or formulation. This is for cases open to secondary mental health where there is a strong suspicion of autism plus significant risks.

2.13 Staff Training and development

BASS provide specialist autism training for services across the care pathway in BNSSG. AWP staff can access BASS training via LEARN, ad-hoc training sessions can also be requested by contacting the team. Training requests are taken on a case-by-case basis, dependent on capacity.

2.14 Prescribing

Not applicable as the service does not have a prescribing role.

2.15 Performance Reporting

As part of the Provider internal data completeness, cleansing and quality processes the ICB expect the information provided by operational team(s) to be scrutinised and understood by performance management staff and the senior management teams before submission to commissioners. The senior management team will take full responsibility for the accuracy of data insofar as the current level of completeness, coverage and accuracy of data has been established, taking into account any reported overall or service-specific improvements during the contract year(s).

Service access will be monitored through monthly reports from the provider and through regular contract review meetings with BNSSG ICB.

2.16 Days/Hours of Operation

The service will operate Monday to Friday. The service does not operate an emergency service.

2.17 Interdependencies with other services/providers

The Provider has a responsibility for the interface and development of appropriate pathways with other services; ensuring services are communicated to potential referrers. The provider will be required to work in co-operation with (and not limited to).

- ICB Commissioners and Exceptional Funding Request service
- GPs, and any other ICB approved referrers.
- Commissioning Support Unit
- Local mental health trust (AWP)
- Local primary and community teams and other interface services
- Social services
- Independent and third sector providers (voluntary sector)

2.18 Relevant networks and screening programmes

The service will work within the local area agreed referral pathway.

2.19 Training/ education/ research activities

It is expected that the staffing levels will be sufficiently resourced and have the appropriate skills mix to meet the defined needs of the service users and to provide the interventions the service should ensure that they have the expertise to provide cultural awareness services.

2.19.1 Staff Training and Development:

Staff will be expected to work locally with GPs offering advice and information. It is the responsibility of the Provider to recruit/provide suitable personnel and as such the Provider will determine the exact person specification. However, the following guidelines will apply to all staff groups including temporary staff e.g. agency:

1. All staff will be required to satisfy appropriate DBS checks.
2. Staff will have the appropriate clinical and managerial qualifications for their role.
3. All staff shall be appropriately trained / qualified and registered to undertake their roles and responsibilities.
4. Professional accountability must be formulated within an agreed governance structure.
5. Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision.
6. Staff will participate in regular personal performance reviews including the development of a personal development plan.
7. All staff will be required to attend relevant mandatory training.
8. Staff will be expected to work locally with GPs offering advice and information.

As set out by the Care Quality Commission (CQC), registration documentation will be held on record by the Provider for all medical staff and will be available for inspection. A certificate of registration will be prominently displayed by the Provider in all sites (if applicable) that the service is provided from.

2.19.2 Clinical or Managerial Supervision Arrangements:

Supervision is regular protected time within work to reflect on and discuss a range of issues which together contribute to maintaining standards and ensure that the service delivers the highest quality of care to service users and carers.

2.20 Equality of Access

The Provider shall ensure the premises (if applicable) from which the service is to be provided shall be fully compliant with the Disability Discrimination Act (2005), the Equality Act (2010) and any other statute or common law relevant to the provision of the service and relating to Equality and Discrimination.

The Provider will treat all service users in a safe and appropriate environment depending upon age and any existing medical conditions. The provider must ensure that services deliver consistent outcomes for patients regardless of;

1. Gender
2. Race
3. Age
4. Ethnicity
5. Income
6. Education
7. Disability
8. Sexual Orientation

The Provider shall provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties including cognitive impairment, lack of capacity, hearing, oral or a learning disability in order to:

1. Minimise clinical risk arising from inaccurate communication.
2. Support equitable access to healthcare for people whom English is not a first language.
3. Support effectiveness of service in reducing health inequalities

An Interpreter, advocate or Independent Mental Capacity Advocate or contact with PALS should be provided if necessary. Translation and Interpreting services must meet the relevant standards.

2.21 Information Governance

All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this.

The Data Security and Protection Toolkit is a Department of Health Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance and presents them in a single standard as a set of information governance and data security assertion. The Provider is required to carry out self-assessments of their compliance against these assertions.

The Provider will identify an Information Governance lead.

The Provider must complete and provide evidence that they have achieved a satisfactory position for their organisation's Data Security and Protection Toolkit through meeting all the mandatory requirements, https://www.dsptoolkit.nhs.uk/

Final publication assessment scores reported by organisations are used by the Care Quality Commission when identifying how well organisations are meeting the Fundamental Standards of quality and safety - the standards below which care must never fall.

The Provider shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice, NHS Confidentiality – NHS Code of Practice and the National Data Security Standards. The Provider will participate in additional Information Governance audits agreed with the Commissioner.

2.22 Subcontracting

The Provider shall ensure that no part of the services outlined in this specification may be subcontracted to any other party than the approved Provider without the prior agreement and approval of the Commissioner.

2.23 Notifying and agreeing changes to services.
Providers must ensure that they seek Commissioners' consent to planned service changes as proposed Variations under GC13. If changes are made without Commissioner agreement, the Commissioner may be entitled under the Contract to refuse to meet any increased costs which ensue.

3. Applicable Service Standards

3.1 Applicable national standards

- Autism spectrum disorder in adults: diagnosis and management (2021) Overview | Autism spectrum disorder in adults: diagnosis and management | Guidance | NICE
- Autism Quality standard [QS51]

Overview | Autism | Quality standards | NICE

- Autism in adults (May 2020)
  Autism in adults | Health topics A to Z | CKS | NICE

3.2 Applicable standards set out in Guidance and/or issued by a competent body

- Royal College of Psychiatry CR 228, July 2020- The psychiatric management of autism in adults
  The psychiatric management of autism in adults (CR228) (rcpsych.ac.uk)

4. Location of Provider Premises

The service premises are located at:

Avon & Wiltshire Mental Health Partnership NHS Trust
BASS Autism Services
The Petherton Resource Centre
Petherton Road
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