Freedom of Information Request: Our Reference CTHB_513_18

You asked:

1. **What is your current autism waiting time (average, shortest, longest) referral to diagnosis for children?**

   Our current Autism waiting time from referral to diagnosis for children is 39 weeks on average (noting the target of 80% of patients to commence assessment within 26 weeks from referral, no target currently to reach diagnosis). The range was 7 - 96 weeks. The 96 week patient was exceptional, due to a variety of factors.

2. **Can you break this down to referral to first appointment and give the waiting time (average, shortest, longest)?**

   As per last reported waiting list (end November 2018) there were 234 patients waiting with a maximum waiting time of 51 weeks, average wait 21.4 weeks, shortest wait 0 week – this is against the Welsh Government target of 80% of patients receiving first appointment within 26 weeks.

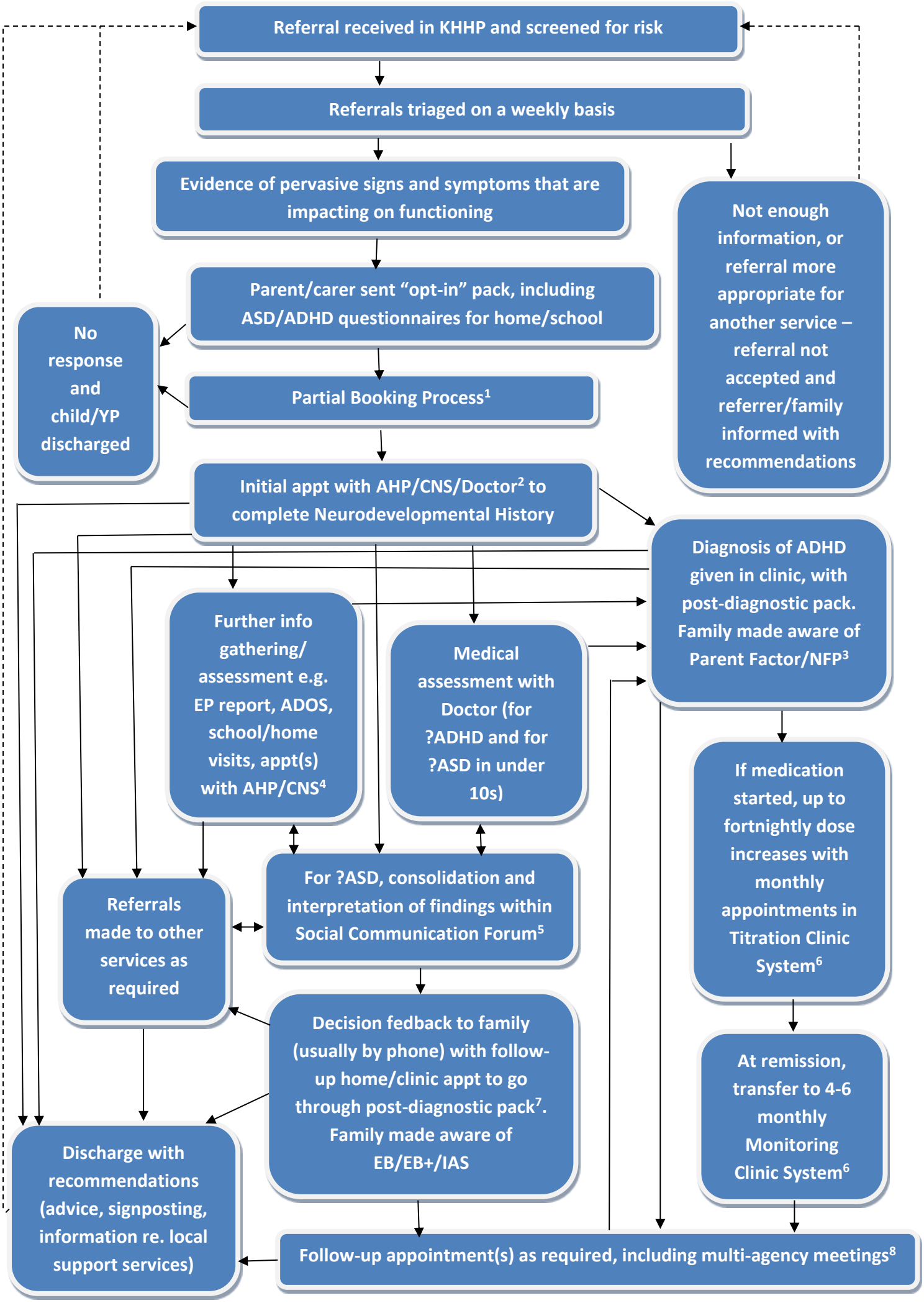
3. **How many children are awaiting diagnosis currently? Please can you break down the number of children with a booked future appointment and those waiting without an appointment?**

   There are currently 11 patients booked to have an appointment in January 2019 with approximately another 10 new patient slots available. Our February clinics are not yet booked. Additional capacity is in the process of being set up with additional clinics and additional staff being arranged. From our records, approximately 60% will go on to get a diagnosis of Autism, with another 10% being diagnosed with Attention deficit hyperactivity disorder (ADHD). The other 30% are likely to finish the assessment without a formal diagnosis being made.

4. **Can you provide a copy of the diagnosis pathway, please?**

   Please find a copy of our pathway attached.

NEURODEVELOPMENTAL SERVICE PATHWAY (updated August 2018)



Notes

[1]Family asked to ring team to book an appointment for a date and time that is suitable for them, in a choice of location across the UHB

[2]Initial appointment may be completed by one or two professionals from the team – dependent on the need of the child/YP and/or family

[3]If needs of the child/YP and/or family are complex, child/YP can remain under the care of the initial Paediatrician/Psychiatrist for the titration/monitoring of their ADHD medication (if/when commenced), rather than transferring to the Clinical Pharmacist/CNS-led systems

[4]Appointments with AHP/CNS may include (but not limited to) further assessment/advice/input regarding child/YP's sensory, mental health and/or communication needs, ensuring duplication of assessment/input is avoided through close liaison with the IAS and core OT, SLT and CAMH services

[5]Representation from Paediatrics and/or Child & Adolescent Psychiatry and Educational Psychology, and usually Nursing, Speech & Language Therapy and/or Occupational Therapy

[6]Titration and Monitoring Clinics led by Clinical Pharmacist/Clinical Nurse Specialist with supporting Doctor. ADHD Rating Scales completed at each face-to-face appointment within the titration/monitoring clinic systems. Titration/Monitoring clinic proforma completed and filed. Remission is when rating scales score less than 18, i.e. 1 or less per item

[7]Feedback usually provided by AHP/CNS, or whoever has been most involved in the assessment process. Can be completed jointly between two professionals as required

[8]Not diagnosis-dependent. Offered on the basis of need. Professionals/agencies invited who would be most useful for the family at this point in time (for example, but not limited to health professionals involved in diagnostic process, health professionals from existing core services, Educational Psychology, Advisory Teaching Service, ALNCo/class teacher, Social Services/Resilient Families/MIA, voluntary organisations). Multi-agency meetings are often already being coordinated via Resilient Families/MIA or Educational Psychology, in which case duplication of this process will be avoided