

Freedom of Information Request: Our Reference CTMUHB_208_23

You asked:

Under the 'Freedom of Information Act' could you please provide me with the following information:

Please note:

ADHD - Adults are seen by our Adult Mental Health Service.

ADHD - Children are seen by our Childrens Services Neurodevelopmental Team.

- 1. Do you have local provisions for all to receive NHS ADHD services? If no, and if relevant, under the NICE guidelines please detail on alternate services which the NHS will fund.**

Children response:

Yes, within Children's Service, all children/young people up to the age of 17 years, 6 months are able to seek a referral to the Neurodevelopmental Service for an assessment.

Adult response:

Yes.

- 2. Current waiting time for NHS adult ADHD diagnosis**

125 weeks - average.

- 3. Current waiting time for NHS child ADHD diagnosis**

The current waiting time for a neurodevelopmental assessment is 24-30 months.

- 4. Number of adults on waiting list for ADHD diagnosis**

1554.

- 5. Number of adults on waiting list for ADHD diagnosis**

As above.

- 6. Based on the individual who is currently on the waiting list, what is the longest so far a patient has been waiting for a diagnosis.**

Children response:

The longest wait for a neurodevelopmental assessment for children/young people is currently 104 weeks.

Adult response:

79 weeks – average.

- 7. How are the waiting list ordered? (i.e. first come first served? or are patients added based on urgency of how symptoms affect them, once on waiting list is it position fixed or can they be bumped down or up?)**

Children response:

For all neurodevelopmental assessment ie. Autism/ADHD, there is one routine waiting list managed by the Neurodevelopmental Service. Patients are offered an assessment in turn, as they reach the top of the waiting list.

Adult response:

The waiting list is managed in referral date order. An initial screening is undertaken which prioritises the referral as urgent or routine. If, at a later stage, further clinical information is received that indicates a change in urgency, the assessment appointment may be expedited.

8. If someone moves out of your region are they removed from the waiting list?

Children response:

Yes, if children/young people move out of area, a transfer of care is completed to the Health Board that they are referred to.

Adult response:

Yes, we cannot assess someone out of area. If the person contacts us when they are moving, we can contact their new service on their behalf and request their original referral date is honoured, but we cannot guarantee this will be agreed

9. If someone moves into the region do they have to begin at the bottom of the waiting list all over again?

Children response:

No, for children's services, if a referral is received from another Health Board transferring their care, their referral is accepted from the date they were placed on the waiting list in the other health board.

Adult response:

The waiting list is managed in referral date order. If we receive information from the previous service they were waiting with, we can honour their original referral date.

10. Budget value in GBP and percentage allocated to ADHD services

Children response:

The total budget allocated for the service is not broken down by condition and is currently £858,532.00 for 2023/24. There is also a contribution from Community Paediatricians to Neurodevelopmental (ND) Services but this comes out of a generic budget.

Adult response:

There is no allocated budget specific for ADHD.

This has been achieved within existing job plans for Consultant Psychiatrists in Community Mental Health Teams

11. Do you operate under 'Right to Choose' (i.e. patients can choose where to get ADHD diagnosis funded by NHS, and can be referred to certain private providers with NHS contracts for diagnoses if NHS waiting list are long)

'Right to Choose' is not available under NHS Wales. This is only relevant to NHS England.

12. If relevant, cost to the NHS of using private practices for diagnosis

Not applicable.

13. Do you accept private diagnoses and shared care? (i.e. patient seeks private diagnosis due to long NHS waiting lists, will GP then accept this diagnosis and allow patient to receive NHS prescription rather than private?)

Children response:

The Neurodevelopmental Service considers referrals where a private diagnosis has been confirmed, to see if the NHS upholds the diagnosis. For private ASD diagnoses, the information is taken to our 'social communication form' to validate the diagnosis. If upheld, the outcome is fed back. For private ADHD diagnoses, the service will only take over prescribing when the patient reaches the top of the waiting list.

Adult response:

When a person has received a private diagnosis of ADHD, we review the ADHD assessment documentation to check that an appropriate diagnostic process has been followed. If the person is already receiving medication, we accept them into ADHD follow-up clinic and take over prescribing once we have reviewed them. If the person is not receiving medication, we book them into ADHD follow-up clinic to discuss medication options.

14. How many staff are trained to diagnose and treat ADHD within your region.

Children response:

Within the Neurodevelopmental Service (who predominantly assess for ADHD) there is a Clinical Nurse Prescriber, Advanced Pharmacist, CAMHS Psychiatrist and eight Paediatricians contributing sessions, who are able to diagnose. However, clinicians within the Community Paediatrics Service and the Child and Adolescent Mental Health Service (CAMHS) are also able to diagnose and treat ADHD.

Adult response:

27.

15. Are you making any improvements to these services/do you have any plans to improve these services.

Children response:

The service is actively seeking opportunities to apply for funding to improve waiting times for children/young people by recruiting additional staff. The service has a multi-disciplinary skill mix of clinicians to utilise capacity available to ensure timely monitoring and titration of patients on ADHD medication. This has included recruiting a Clinical Nurse Prescriber and Advanced Pharmacist to release medic capacity to address more complex patients.

Adult response:

ADHD pathways are part of the ongoing outpatient redesign work in Mental Health Services. New assessment and psychosocial interventions are currently being piloted.

16. Does the region have targets relating to ADHD care and the aforementioned points? If so what are these? Are they being met?

Children response:

The Neurodevelopmental Service has a Welsh Government target of 26 weeks to see 80% of patients for an initial assessment. The service is not meeting this target due to significant demands on the service, and demand outweighing capacity available.

Adult response:

There are currently no specific reporting targets for Adult ADHD services.

17. If a patient was presenting with severe depression and based on the ADHD pre assessment undertaken by a GP they showed high likelihood of having ADHD. Would this affect any of the answers to the above points? I.e. would they have access to more support/earlier ADHD diagnosis?

Children response:

The Neurodevelopmental Service only assess for ADHD and ASD. Patients are able to seek a referral to Paediatrics for medical issues or CAMHS for mental health issues. For a patient presenting with severe depression, a referral to CAMHS would be encouraged, with signposting to relevant support services in the interim.

Adult response:

All referrals from GPs are screened by senior clinicians. If the referral indicated more than one condition or a complicated presentation, the person would receive a generic new patient appointment to assess their needs. If they required an ADHD assessment following this, they would remain in the same clinic for the assessment and would not be transferred to the ADHD pathway. If, after assessment, ADHD was the only ongoing need, they would be transferred to the ADHD pathway for follow-up.