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Freedom of Information Request: Our Reference CTMUHB_292_25

You asked:

1. How many children are currently waiting ASD or ADHD assessment?

As of 1st July 2025, there are 2896 children/young people on the waiting list for a Neurodevelopmental assessment.

2. What is the current average wait time from the date the referral is submitted to the date an appointment is provided?

On average, an initial appointment within the service is offered within 18-22 months.

3. What is the current average wait time between a child attending an appointment and being discussed at panel?

The waiting time between a child/young person attending an appointment and being discussed in panel is usually around 3-4 months in Merthyr/RCT and 9 months in Bridgend. Not all children will need to be discussed in panel for a diagnosis of autism to be confirmed and for around 80% of cases we can confirm this through a review of paperwork from a peer as a desktop exercise.

4. What is the current average wait time between a child's first appointment and receiving a formal diagnosis (or confirmation that the child has not met the criteria for diagnosis)

The current average wait time between a child's first appointment and receiving a formal diagnosis (or confirmation that the child has not met the criteria for diagnosis) varies depending on the presenting difficulties. Sometimes a diagnosis of ADHD can be made in the first appointment. Diagnoses of autism are usually confirmed within 3-6 months of the first appointment although this can be longer if further assessment or enhanced discussion in forum is required.

5. What are the longest wait times currently?

The longest waiter is currently at 102 weeks.

6. The Welsh Government guidelines state no-one should wait more than 26 weeks for an assessment - can you confirm what is being done to reduce waiting times for initial appointments as well as for panel meetings and follow up appointments and when you anticipate being within these guidelines

Welsh Government has provided some additional funding for our Health Board to support with maintaining longest waiting times under 104 weeks.

Although, even with this funding, the capacity within the team will be unable to sustain the demand for new assessments if this continues to rise at the rate it has done in recent years. We have made efficiencies in existing pathways including not all children needing to be discussed in panel to confirm an autism diagnosis. 80% of cases are now being concluded through a desktop review exercise which does not involve as much clinical time, and this has reduced time between first appointment and conclusion of autism diagnoses significantly.

We are piloting an approach where we are able to confirm autism diagnoses for some children and young people based on the information provided by families and schools at the point of referral, with no further assessment required. This is already making a positive impact for a small number of families and we will continue to pilot this moving forwards.

Priority for follow-up appointments will always need to be given to children and young people who are being prescribed ADHD medication as these are controlled drugs. As the ADHD medication follow-up grows, this impacts on the number of new assessments that can be completed as all this work is completed by the same team of staff.