Report Title FOI 169-2025

Gloucestershire Health and Care
NHS Foundation Trust

5. The number of patients waiting for an assessment and the average time in weeks for those who have received an assessment

	ADHD	Autism	
The number of patients referred to an adult team waiting for a diagnosic assessment as at 4 August 2025.	2209	721	
Of those referrals to an adult team who received a first contact recorded as a diagnostic assessment between 1 August 2024 and 31 July 2025, the average wait in weeks between referral and first contact.	125.1 weeks	112.6 weeks	
The number of patients referred to the child team waiting for a diagnosic assessment as at 6th August 2025.	ADHD- 525; Combined assessment need:1716	Autism-1046; Combined assessment need:1716	*Note 1
Of those referrals to the child team who received a first contact recorded as a diagnostic assessment between 1 August 2024 and 31 July 2025, the average wait in weeks between referral and first contact.	**Note 2	105.7 weeks	

*Note 1: Over the past three years, the Children's Autism and ADHD Assessment Service (CAAAS) in Gloucestershire has been undergoing a phased transformation into a single, integrated neurodevelopmental pathway. We have worked closely with commissioners to develop a unified model with a single point of access for both neurodevelopmental assessments and ADHD treatment. As part of this transformation, the service has expanded its remit to include children previously seen in paediatrics, resulting in the need to redesign our clinical systems and pathways to reflect the broader population and referral sources.
CAAAS is commissioned to deliver comprehensive, needs-led assessments, which include both Autism and ADHD where clinically indicated. In line with best practice, the service also offers supplementary assessments—such as Occupational Therapy (OT) and Speech and Language Therapy (SLT)—to ensure a holistic understanding of each child's presentation and support needs.
Due to the integrated commissioning model, referrals are not always clearly defined by a single diagnostic question at the point of entry. Children often present with a mixture of neurodevelopmental features, and clinical needs may evolve as further information emerges. As a result, a child referred for suspected Autism may also require an ADHD assessment (or vice versa) during the course of their journey with the service.
To reflect this, CAAAS maintains three clinical waiting lists aligned to presenting need:
Autism assessment
ADHD assessment
Combined assessment need – for children where both Autism and ADHD assessments are likely to be required.
The "combined assessment need" pathway acknowledges the frequent overlap in neurodevelopmental presentations and ensures that children are assessed appropriately without being restricted to one route too early in the process. This supports more flexible, holistic care.
While we are able to report the number of children on each waiting list, we ask that these figures are interpreted in the context of our integrated, needs-led model.

** Note 2: At present, it is extremely difficult—if not currently impossible—to report a reliable average ADHD assessment waiting time using our current systems. This is due to the way ADHD referrals present and are managed within our service. Referrals relating to ADHD typically fall into two main categories:
1. Children who require a diagnostic assessment for suspected ADHD.
2. Children who already have a working or confirmed ADHD diagnosis, often obtained through private providers, Right to Choose arrangements, or following relocation from another area. These children may not require a full diagnostic assessment but instead need local medication initiation or ongoing medication review.
As a result, what is coded as a "first ADHD appointment" may differ significantly depending on the pathway—ranging from a full diagnostic assessment to a straightforward medication review. This distinction is not yet consistently reflected in our current reporting structure.
We are actively working to develop more sophisticated reporting tools that will, in future, allow us to distinguish between these two pathways more accurately. However, as the service is still undergoing structural changes and the reporting systems are not yet aligned to reflect this complexity, we are not currently in a position to provide meaningful average wait time data for ADHD assessments alone.