

SCHEDULE 2 – THE SERVICES

A. Service Specification

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Autistic Spectrum Conditions Diagnostic Assessment Service. (NHS Medway CCG)
Commissioner Lead	Lorraine Foster – NHS Medway CCG
Provider Lead	
Period	01/10/2018 - 01/10/2021
Date of Review	

1. Population Needs

This service specification outlines the diagnostic service required in order to undertake assessment for Autistic Spectrum Conditions (ASC) for adults with or without a learning disability.

National Policy Context

There has been increasing concern over the lack of clear diagnostic pathways and support for adults with high functioning autism and aspergers syndrome. The Autism Act 2009 was the first disability specific act of parliament in the UK. It has led to the National Autism Strategy and three NICE guidelines (CG128, CG142 and CG170) along with NICE quality standards QS51.

Legislation (Autism Act, 2009) places a legal duty on health and social care agencies to provide services for people with Autistic Spectrum Conditions (ASC). Further national policy drivers have reinforced the need for action in this area:

- Fulfilling and rewarding lives the strategy for adults in England (2010)
- Implementing fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy (2010)
- Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update (2014)
- Adult Autism Strategy: statutory guidance (2015)
- The Government response to No voice unheard, no right ignored, a consultation for people with Learning disabilities, autism and mental health conditions (2015)
- Think Autism Governance refresh March 2018

The cost of cumulative service use nationally for autism equates to £28billion p.a., with a lifetime cost of

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approximately £3.1 million for each affected individual.

With the aforementioned policy drivers and increasing cost constraints within the NHS, development of a diagnostic and care pathway is critical to meeting the needs of individuals with ASC.

1.1. Local Context

The ASC Diagnostics Service was established in 2012 following proposal to provide integrated diagnostic and social care assessment services. Since 1st April 2017 PSCION have provided an interim diagnostic service.

The intention going forward is to commission a diagnostic service whilst work is undertaken to design and develop a revised neurodevelopment pathway including Autistic Spectrum Conditions.

2. **Outcomes**

NHS Outcomes Framework Domains & Indicators

Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

Note – A long term condition in the context of this specification ASC

Services should focus on facilitating the 8 NICE quality statements for Autism (QS51) as detailed in section 4 under applicable national standards.

Local defined outcomes

Required Outcome	Key processes to support outcome To enable the achievement of the outcome the Service(s) must:
2.1. Coherent assessment framework and protocols established	<p>2.1.1. Process</p> <ul style="list-style-type: none"> Copies of the Operational Policy are to be made available to contracted providers. This key document will outline: <ul style="list-style-type: none"> Scope of service Care pathway Service structure, leadership and operational processes, governance Care pathway Organisational policy, e.g. Equality and Diversity Information Governance Contracted providers will take all practicable steps to adhere to principles within document. The Specialist Assessment and Placements Team (SAPT) will act as an onward referrer having first triaged all referrals for clinical appropriateness. No additional referrals will come directly from general practitioners as the route through the SAPT team will be the only avenue available for referral. Pending diagnosis, providers will ensure that the patient is informed of the outcome of assessment with a copy of the report, along with any appropriate sign posting to support organisations known to providers. Should a risk or issue arise in adherence to established process, providers

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	<p>to escalate immediately to the responsible commissioner for mitigation/resolution.</p> <p>2.1.2. Data Protection and Information Governance</p> <ul style="list-style-type: none"> Providers must be compliant to Information Governance Toolkit Level 2 (see Appendix 1), or at a minimum have a plan in place to meet criteria within an agreed period. A secure, dedicated nhs.net email account will be made available. All communication containing patient identifiable information is to be carried out using this account. Any electronic and patient data stored securely to satisfaction of IG requirements. As qualified and registered professionals acting as data controllers, patient records will be retained for the duration and following contract close to enable any complaints or queries around assessments provided to be answered effectively. Patient information held is deemed relevant, appropriate and not excessive. <p>2.1.3. Good practice standards</p> <ul style="list-style-type: none"> Ensuring interventions comply with all statutory, regulatory and good practice standards; CQC Essential Standards of Care and Safety, NICE Guidelines. <p>2.1.4. Referral information</p> <ul style="list-style-type: none"> As part of the triaging process, onward referrer SAPT will provide copies of: <ul style="list-style-type: none"> ASC Diagnosis referral form ASC patients questionnaire Adult Autism Spectrum Quotient (AQ) The Cambridge Behaviour Scale Providers will have understanding of assessment tools and apply findings in conjunction with other referral and questionnaire information to inform prior to assessment. 	
2.2. Timely assessment & diagnosis, communications	<p>2.2.1. Scheduling meetings</p> <ul style="list-style-type: none"> On receipt of patient referral from onward referrer, providers will review referral information to ensure information is complete. Following review of referral information, provider will schedule meetings for assessment of ASC. All practicable efforts will be taken to accommodate patient/representative/advocate preference regards time of meeting without breaching specified timescales. Subject to patient consent as detailed in referral information, ensure that patient / representative / advocate are present during assessment and is able to contribute where appropriate. <p>2.2.2. Assessment Criteria</p> <ul style="list-style-type: none"> To follow NICE guidelines for identification, assessment and diagnosis of adults with autism (CG142 – updated August 2016). If document superseded providers will follow most recent guidance. 	

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	<p>https://pathways.nice.org.uk/pathways/autism-spectrum-disorder#</p> <p>2.2.3. Service transition</p> <ul style="list-style-type: none"> During onward referral and reporting back the provider will, ensure that service and communications to patient / representatives foster a view of seamless service provision. Communications between health and social care workforce containing identifiable information are secure (.gcsx and .nhs.net). <p>2.2.4. Environment</p> <ul style="list-style-type: none"> Monitoring, managing and resolving any risk associated with facilities to be used for assessment. Awareness of any lone working risks which may be highlighted during referral, and ensuring appropriate steps are taken to avoid risk to you, colleagues, patient and members of public. <p>2.2.5. MCA & safeguarding vulnerable adults</p> <ul style="list-style-type: none"> Awareness of Mental Capacity Act guidance, especially the presumption of capacity. Safeguarding procedures employed in accordance with local guidance. Kent & Medway Safeguarding Adults Policy. <p>http://www.kent.gov.uk/__data/assets/pdf_file/0018/11574/Multi-Agency-Safeguarding-Adults-Policy,-Protocols-and-Guidance-for-Kent-and-Medway.pdf</p> <p>2.2.6. Dignity and respect</p> <ul style="list-style-type: none"> Ensure all staff associated with provider service who may have contact with patient, treat him/her with dignity and respect and act in accordance with Equality and Diversity guidance. <p>2.2.7. Communication at appropriate level</p> <ul style="list-style-type: none"> Accommodate individual's communication requirements throughout the assessment and referral process. Questioning and discussion with patient / representative is carried out at an appropriate level, free from complexities which may confuse and accounts for any preferences highlighted in referral information. Though report and diagnosis will be presented to patient / representative, providers will also need to highlight any patient communication preferences which may become apparent during assessment. Widespread use of tailored communication methods and recognition of sensory, communication and environmental needs <p>2.2.8. Patients key health and social care contacts</p> <ul style="list-style-type: none"> You may be required to contact health and social care staff aligned to a patient to gain further information. These contacts will be identified in referral information. 	
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	<ul style="list-style-type: none"> Any communications are to be carried out in accordance with IG guidance and patient consent. <p>1.2.9. Patient / Representative feedback</p> <ul style="list-style-type: none"> Collation of patient feedback for forwarding alongside activity reports.
2.3. Data quality	<p>2.3.1. Referral receipt and reporting</p> <ul style="list-style-type: none"> Steps taken to ensure consistency, quality and accuracy in patient data collected and collated as patient progresses through defined process. If onward referrer provides incomplete referral information, the provider is to return the referral information for completion. If problem persists in quality of data received, then provider to raise with responsible commissioner for resolution using anonymised identifier provided by onward referrer. <p>2.3.2. Templates</p> <ul style="list-style-type: none"> To promote better integration and transition between onward referrer and additional providers, templates for assessment and reporting will be used. All efforts will be made to complete these fully and accurately. There may be instances i.e. with more complex cases, in which set templates may not provide sufficient detail to capture the complexities of the patient's condition(s). If such an instance arises then providers discretion can be used to provide supplementary information which can be referred to for reporting and future support. <p>2.3.3. Provider responsiveness & reporting</p> <ul style="list-style-type: none"> Contribute as and when required in a timely manner to management information reports and any responsible commissioner's queries. A template will be provided for activity and performance monitoring, i.e. how many assessments completed from which CCG/locality. This will be completed and submitted monthly to the organisation Medway Clinical Commissioning Group.
2.4. Phased handover once reconfigured service implemented	<p>2.4.1. Electronic and paper based resources.</p> <ul style="list-style-type: none"> Approaching contract close, review any information (identifiable / non identifiable) held outside of nhs.net account. Pertinent information regards assessments provided to be held securely in accordance with 2.1.2. Ensure that .nhs.net account has pertinent correspondence filed according to patient names. This information to be held securely in accordance with IG procedures.

3. Scope

Service Philosophy

A timely, integrated, person centered diagnostic and assessment service for adults referred with potential autism and aspergers syndrome, provided by a specialist community based multidisciplinary team.

Service aims

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Establish a timely diagnostic service for adults

Service objectives

- Follow set process for onward referrals.
- Completion of assessment using approved report templates.
- Ensure patient information is held and transmitted securely.
- Incorporation of family and/or representatives views.
- Ensure a multidisciplinary assessment and diagnosis process in place, in conjunction with the social care element of the team.

Equalities Statement

The assessment and diagnostic pathway will take account of needs arising from following factors:

- Language and communication
- Religion and culture
- Learning ability
- Cognitive functioning
- Physical health and sensory functioning
- Age related issues
- Gender
- Sexual Orientation

Service Description and Care Pathway

This specification should be read in conjunction with the ASC service Operational Policy and agreed Process Map.

Care and support should include:

- Service provision which accounts for individual's preference, i.e. communications, disabilities, cognitive function.
- Diagnosis provided with clear reasoning behind decision reached.
- Community based assessment and diagnosis, in exceptional circumstances travel to clients chosen venue/home.
- Incorporation of family/representative views and developmental history and individuals context.
- Adherence to IG guidance.
- Timely response in accordance with NICE guidelines.
- Service users and/or representative feels informed of concise and consistent process, what it involves and on what approximate timescale through formal correspondence.
- Contributing to wider reporting which links to NICE Quality Standards (Quality Standard 51).
- Complaints process established conveyed to client (and/or representative) and handled in accordance with NHS complaints procedure.
- Seamless transition, i.e. between onward referrer and contracted providers provided assessment service.
- Data collected (appropriate, relevant and not excessive) and conveyed in accordance with informed patient consent (in accordance with Mental Capacity Act guidance).
- Signposting following assessment to organisations able to offer support and advice.
- Ensuring effective working with social care element of the integrated service.

Exclusions

- Clients below 18 years of age.

4. Applicable Service Standards

Applicable national standards

NICE Quality Standards for Autism (QS51):

- 1) People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral.
- 2) People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems.
- 3) People with autism have a personalised plan that is developed and implemented in a partnership between them and their family and carers (if appropriate) and the autism team.
- 4) People with autism are offered a named key worker to coordinate the care and support detailed in their personalised plan.
- 5) People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism.
- 6) People with autism are not prescribed medication to address the core features of autism.
- 7) People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environment factors.
- 8) People with autism and behaviours that challenge are not offered antipsychotic medication for the behaviour unless it is being considered because psychosocial or other intervention are insufficient or cannot be delivered because of the severity of the behaviour.

Applicable local standards (including Key Performance Indicators)

- 28 days maximum from referral to provider for completion of assessment for routine referrals.
- Monthly submission of activity reports.
- Responsive to commissioner/onward referrer requests, e.g. if breach apparent in referral to assessment timescale for routine referrals.
- Following patient consent for use of service user data, all involved organisations to adhere to Information Governance Standards and Caldecott Principles
- Assessment is to follow agreed protocol detailed in Operational Policy and Process documents.
- Holistic assessments completed which account for a client context

5. Applicable quality requirements and CQUIN goals

- 5.1 The quality and consistency of the assessment and diagnostic report may be subject to a sampling exercise to ensure quality standards are evidenced and maintained.
- 5.2 Providers are expected to be proactive in all requests for quality assurance, e.g. NICE Quality Standards.

6. Location of Provider Premises

- 6.1. Venues to be within NHS Medway CCG geographical remit as a minimum.

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Appendices

Appendix 1 IG Toolkit Level 2, Clinical Services Version 12 (2012 updated 2014-15) – AQP Requirements

Information Governance Management	
12-101	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda
12-105	There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans
12-110	Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations
12-111	Employment contracts which include compliance with information governance standards are in place for all individuals carrying out work on behalf of the organisation
12-112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained
Confidentiality and Data Protection Assurance	
12-200	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs
12-201	Staff are provided with clear guidance on keeping personal information secure, on respecting the confidentiality of service users, and on the duty to share information for care purposes
12-202	Personal information is shared for care but is only used in ways that do not directly contribute to the delivery of care services where there is a lawful basis to do so and objections to the disclosure of confidential personal information are appropriately respected
12-203	Individuals are informed about the proposed uses of their personal information
12-205	There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data
12-206	There are appropriate confidentiality audit procedures to monitor access to confidential personal information
12-207	Where required, protocols governing the routine sharing of personal information have been agreed with other organisations
12-209	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines
12-210	All new processes, services, information systems, and other relevant information assets are developed and implemented in a secure and structured manner, and comply with IG security accreditation, information quality and confidentiality and data protection requirements
Information Security Assurance	
12-300	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs

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12-301	A formal information security risk assessment and management programme for key Information Assets has been documented, implemented and reviewed
12-302	There are documented information security incident / event reporting and management procedures that are accessible to all staff
12-303	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority
12-304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use
12-305	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems
12-307	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy
12-308	All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers
12-309	Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in place
12-310	Procedures are in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error
12-311	Information Assets with computer components are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code
12-313	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely
12-314	Policy and procedures ensure that mobile computing and teleworking are secure
12-323	All information assets that hold, or are, personal data are protected by appropriate organisational and technical measures
12-324	The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate
Clinical Information Assurance	
12-400	The Information Governance agenda is supported by adequate information quality and records management skills, knowledge and experience
12-401	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements
12-402	Procedures are in place to ensure the accuracy of service user information on all systems and /or records that support the provision of care
Secondary Use Assurance	
12-501	National data definitions, standards, values and validation programmes are incorporated within key systems and local documentation is updated as standards develop
12-502	External data quality reports are used for monitoring and improving data quality

<https://www.igt.hscic.gov.uk/WhatsNewDocuments/Information%20Governance%20for%20AQPs%20-%20May%202012.pdf>

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Where the 2012 document above is superseded providers are required to comply with the latest version.

Appendix 2 – Diagnostic Report Template

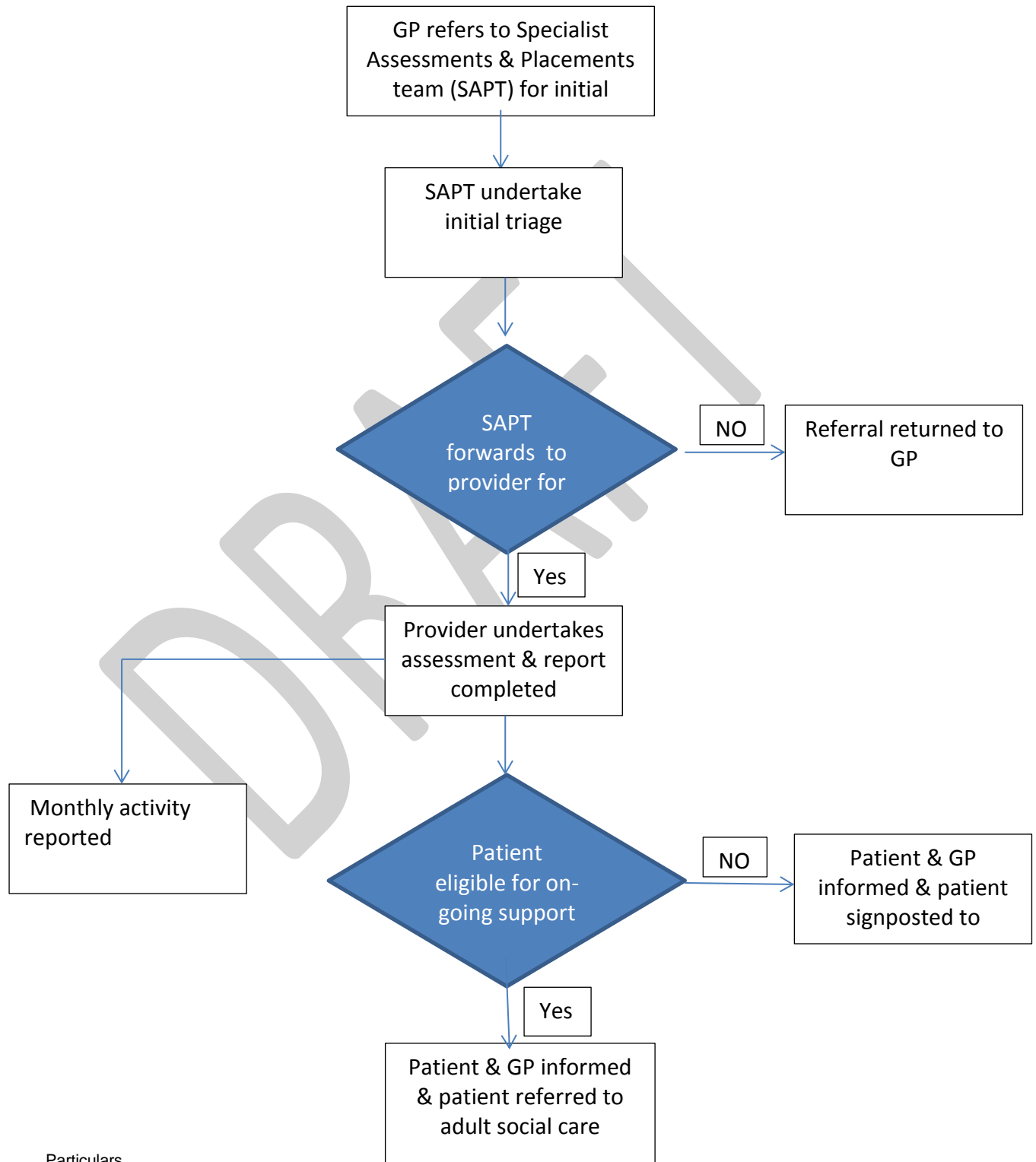
Confidential Psychological Report for:			
Name			Id Number
Date of Birth			
Address			Post Code
Report Author			Date completed
Assessment completed by			Date completed
Assessment location			
Present during Assessment		Role	
		Role	
		Role	
		Role	
		Role	
Documents seen			
Provided	Before assessment		
	During assessment		
Diagnostic tools	Brief explanation	Contributors	
Referee history			
Developmental			
Family			
Education			
Friends / Relationships			
Employment			
Living situation			
Medication			
Mental Health			
Referee presentation			
Appearance & gestures			
Communication / Interaction			

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Focus						
Empathy						
Sensory						
Risk / vulnerability						
Diagnosis						
Referee meets diagnostic criteria for						
Main traits contributing to diagnosis						
Severity	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Further information required before diagnosis can be reached.						
Referee does not meet diagnostic criteria for						
Recommendations						
Psychological Interventions (e.g. Specialist CBT, Anxiety Management)						
Additional Specialist Assessments						
Pharmacological recommendations						
Assessment by social care team						
Community signposting						
Sign off						
Assessor						
Declaration	<ul style="list-style-type: none"> • My report offers an unbiased opinion on assessment within my expertise overriding any obligation to the party by whom I am engaged or the person who has paid or is liable to pay me. I have not included anything which has been suggested to me by other which affects my independent view. • I have not entered into any arrangement where the amount or payment of fees is in any way dependent on the outcome of this report. • I know of no conflict of interest other than any disclosed in this report. • Reasonable care and skill has been used in the production of this report in order to ensure accuracy. • I have stated clearly within the report any factors of which I have knowledge, which may affect the validity of my opinion. <p>I confirm that I have made clear which facts and matters referred to within this report are within my own knowledge and which are not. Those within my expertise I confirm to be true. The opinions I have expressed represent my true and complete professional opinion.</p>					

Appendix 3 – Process Map

Process Map



SCHEDULE 2 – THE SERVICES

A1. Specialised Services – Derogations from National Service Specifications

Not Applicable

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SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

This is a zero based contract and payment will be made on the basis of actual activity only upon receipt of validated data. No payment will be made for Did Not Attend (DNA) clients.

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Not Applicable

DRAFT

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

Please refer to Service Specification.

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SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

Relevant standards to assure safeguarding of vulnerable adults, and in particular to:

- Ensure all staff in contact with, or accessing data about, vulnerable adults have enhanced DBS checks
- Adhere to the commissioner's procedures, protocols and guidance on Adult protection
- Adhere to the requirements of the Mental Capacity Act 2005 (amended 2007)
- Adhere to the Kent & Medway Safeguarding Policy as detailed in the Service Specification.
http://www.kent.gov.uk/_data/assets/pdf_file/0018/11574/Multi-Agency-Safeguarding-Adults-Policy,-Protocols-and-Guidance-for-Kent-and-Medway.pdf
- Provider Safeguarding Policy is adhered to. .

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**Provisions Applicable to Primary Care Services
Not Applicable**

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