

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	Subject to annual 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 Asperger's 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 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 to escalate immediately to the responsible commissioner for mitigation/ resolution. <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

	<p>communication containing patient identifiable information is to be carried out using this account.</p> <ul style="list-style-type: none"> 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 (including SAPT unique patient reference number) 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. <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. 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. 	

	<ul style="list-style-type: none"> 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

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.