SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Right to Choose Adult Autism Service Specification
Commissioner Lead	Vicks Johnson, NHS Devon ICB
Provider Lead	Right to Choose Provider xx
Period	From 01.04.2026
Date of Review	January 2027

1. Population Needs

1.1 Condition Overview

- An Autism spectrum Condition (ASC) is a neurodevelopmental disorder, which has an onset in the developmental period in childhood. These differences can have a significant impact upon personal, social, academic, or occupational functioning. ASC is characterised by persistent impacts in social communication and social interaction across multiple contexts, including differences in social reciprocity, nonverbal communicative behaviours used for social interaction, and skills in developing, maintaining, and understanding relationships (DSM 5; American Psychiatric Association, 2013). The language has been slightly adapted to reflect a previous deficit-based approach.
- Autism spectrum conditions are believed to affect around one in every hundred people (Brugha et al, 2009), this has subsequently been revised to excess of 1.3% people. Many autistic people experience unemployment, mental and physical ill-health, discrimination and social exclusion.
- Approximately 1 in 3 of people with autism also have a learning disability, and there is a high overlap of ASC with other neurodevelopmental disorders such as attention-deficit hyperactivity disorder (ADHD), tic disorders, dyspraxia, metabolic disorders, sensory impairments. There is also an increased chance of epilepsy, genetic conditions and mental health problems (Berney, 2004).
- A lack of diagnosis is potentially distressing for the individual and their family, and can lead to attributional errors, relationship difficulties and inappropriate treatments. The diagnosis of ASC can be complex particularly in adults, and therefore individuals may be misdiagnosed as having a variety of conditions requiring contradictory treatments. Misdiagnosis can also occur because of the overlap of symptoms with ASC, e.g. as schizophrenia, obsessive compulsive behaviour or depression, and this can lead to the unnecessary prescription of medication or the provision of unhelpful therapies that can lead to deterioration in mood, cognition and behaviour.

1.2 NICE Guidelines

The National Institute for Health and Care Excellence (NICE) has produced guidance for diagnosing and managing suspected or confirmed autism spectrum disorder in people aged 18 and over (CG142, 2012). NICE have also produced a Quality Standard to help improve the quality of care for autistic people (QS51, 2014).

1.3 National Context and Statutory Guidance

NICE has produced guidance for diagnosing and managing suspected or confirmed autism spectrum disorder in people aged 18 and over (CG142, 2012). NICE have also produced a Quality Standard to help improve the quality of care for autistic people (QS51, 2014).

1.4 National Context and Statutory Guidance

Following the introduction of the Autism Act in 2009, the Government published the first strategy for adults who are autistic in 2010, accompanied by statutory guidance for local authorities and NHS bodies. This statutory guidance required local councils and NHS bodies to:

- Provide autism awareness training for all staff that come into contact with autistic people.
- Provide specialist training for key staff, such as GPs and community care assessors.
- Undertake community care assessments (now Care Act assessments) for autistic adults irrespective of their IQ and perceived ability.
- Appoint an Autism lead in their area.
- Develop a clear pathway to diagnosis and assessment for autistic adults.
- Commission services based on adequate population data and needs assessment.

The government reviewed the strategy after feedback from all stakeholders including autistic people and their carers and a new strategy, 'Think Autism', was subsequently published in April 2014. 'Think Autism' related to adults with autism and includes commitments to significant developments in addition to those in the original strategy including:

- That local authorities will need to use new guidance on the use of national data agreed by National Autistic Society to inform their commissioning and delivery strategies.
- Autism will be a priority for the training and awareness of GPs over the next three years.
- Autism training will be rolled out to all Disability Employment Advisors at Jobcentres.
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More recently, the Government has published a National Strategy for Autistic Children, Young People and Adults for 2021 to 2026. This document is the government's refreshed national strategy for improving the lives of autistic people and their families and carers in England. It builds on and replaces the preceding autistic adult strategy, 'Think Autism'.

The National Strategy for 2021 to 2026 depicts changes across six areas that would have a significant impact on autistic people's lives. The six areas are:

1. improving understanding and acceptance of autism within society
2. improving autistic children and young people's access to education, and supporting positive transitions into adulthood
3. supporting more autistic people into employment
4. tackling health and care inequalities for autistic people
5. building the right support in the community and supporting people in inpatient care
6. improving support within the criminal and youth justice systems

1.5 Local and National Context

1.5.1 National Context

Autism is more common in males, by a factor of 2-3, although there is increasing evidence regarding the risk of misdiagnosis or under diagnosis in females due to differences in presentation and design of diagnostic tools. Autistic people can experience poorer health outcomes, have a lower than average life expectancy and higher suicide rates. Co-existence with other neurodevelopmental conditions such as pervasive developmental disorder, attention deficit hyperactivity disorder (ADHD), and Tourette's syndrome is common. Autistic people also often meet criteria for other mental or physical health conditions, with higher incidence of anxiety, depression, obsessive compulsive disorder (OCD), eating disorders, sleep problems, gastrointestinal disorders, and epilepsy. The diagnosis of autism is a clinical judgement which considers the degree of distress, difference and impacts associated with the symptoms. Diagnostic decisions are informed by both the ICD 10 and DSM V diagnostic classification systems.

1.5.2 Local Context

Devon is the third largest county in the country but one of the most sparsely populated. Devon has a significantly higher percentage of rural and small-town residency. Rural deprivation is also higher than the national average. It is a recognised and evidenced fact that rurality impacts on accessibility and is therefore a challenge facing the delivery of equitable mental health services.

In Devon we have seen unprecedented demand for diagnostics and treatment of Autism since the beginning of the covid pandemic. Demand exceeds locally commissioned services resulting in unacceptable waiting times and significant growth.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
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**	
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**

2.2 Locally defined outcomes for the people who use the service

Required Outcome *Evidence that the Service User:*	**Key processes to support outcome** *To enable the achievement of the outcome the provider must:*
1. Undergoes comprehensive assessment and treatment	Adhere to the Standard Operating Policy (SOP) which outlines procedures for: • Assess using a recognised clinical tool. • Produce a management plan which includes multi-disciplinary clinical input if necessary.

of their autism within 18 weeks from referral to assessment (or in accordance with Activity Planning Assumptions)	• Provide the patient with information about their condition and treatment in an accessible format. • Ensure Interventions comply with all statutory, regulatory and good practice standards • Share information between all professionals and agencies involved in the patients care. • Triage the waiting list for those awaiting assessment • Maintain eligibility prioritisation of access where waits occur for those most at risk.
2. Receives care in an environment which is safe	Policies and procedures that comply with all legislation and guidance including but not restricted to: • Complaints • Safeguarding • Clinical Governance • Equality and Diversity • Information Governance • CQC Registered • CPD / Training & Development • Mental Capacity (including presumption of capacity) • Whistleblowing • Continuing Professional Development (CPD) • Clinical supervision and appraisal.
3. Is treated with dignity and respect	• Ensure all staff are trained at the required levels including Equality and Diversity an Information Governance training. • Take all steps to accommodate any patient and/or representative requirements. • Have a process in place allowing for patient and/or representatives feedback to be collected, collated and reported upon (Friends & Family Test).
4. Is offered access to post diagnostic support services with service user's reporting an improved quality of life after receiving a diagnosis and post diagnostic support	• Provide high quality post diagnostic support to patients and their carers • Have a process in place allowing for patient and/or representatives feedback to be collected, collated and reported upon (Friends & Family Test).
5. Experiences continuity of care when moving	• Secure IT systems for the sharing of information within the service, fulfilling meeting IG / GDPR / DPIA requirements • Clear transfer procedures outlined within the Operational policy that details relapse indicators, crisis and contingency plans

between services.	• Clear procedures for seeking and recording the Service User's consent for the sharing of information • Ensure that information about services is available to the client in an accessible format • Transparency in any communications to patients, including information in relation to timescales, to help manage their expectations • Pass original referral to alternate providers when required, when responsible commissioners deem it appropriate to secure additional capacity from additional registered and accredited providers. Adhering to, and helping to develop, a robust process in these circumstances. • Be aware of all pathways / services including criminal justice system providers, forensic services etc
6. The patient's relative and/or carer, subject to service user's consent, (as appropriate) are consulted about the care they receive.	• Gain explicit patient/representative consent for the purpose of assessment, diagnosis and onward referral (when appropriate). Gather and retain information which is deemed relevant, appropriate and not excessive and clearly identifies the parties involved and their role. • Ensure that the service user's known preferences for sharing information are clearly documented in their records and that these are respected where this is compatible with assessed risks to self or others. • Ensure that when the service user does not have the capacity to give consent, the appropriate steps to arrive at a 'Best Interest' decision have been taken and recorded and agreed by the MDT working with the patient.
7. Is offered access to advocacy services including, where appropriate, IMCAs and IMHAs.	All practicable steps are to be taken to include: • Patient representative/family/carer/advocate is included and present during assessment and able to contribute where appropriate. • Ensure that information on advocacy, IMCA and IMHA is displayed and is available in a variety of appropriate formats. • Implement appropriate systems for recording whether a client is 'befriended' under the terms of the Mental Capacity Act. • Provide awareness training for all staff.

In addition to these outcomes for patients, there should be:

- Improved rates of identification of, and responses to, co-morbid presentations
- Relatives and carers have increased awareness of ASC and receive timely access to advice and support in relation to ASC presentations.

Locally defined outcomes for the ICB

Outcome Evidence that the ICB:	Key processes to support outcome To enable the achievement of the outcome, the provider must:
1. Is kept aware of volumes and service levels	• Complete management information is provided on an aggregate and anonymous basis to ensure the ICB is able to track and monitor progress and spend • KPIs and SLAs are agreed with the Service provider in advance and service levels are reviewed regularly with the Provider against the these targets
2. Is able to access feedback on the service from service users	• Anonymised qualitative and quantitative feedback is available to the commissioners and reported at regular intervals • Complaints escalation protocols are established and enacted
3. Is able to reconcile all assessments and treatments to appropriate GP referrals	• All invoices are traceable to referral data without breaching client confidence and data requirements • The provider is subject to ad hoc audit of records to support the probity requirements of the ICB

3. Scope

3.1 Aims and objectives of service

Aims:

The overall aim is to provide a community based or virtual adult autism assessment function and brief psychoeducational provision in line with NICE guidance CG142. The service will promote wellbeing and support, and enable people with ASC to maximise their potential, exercise choice and control, access mainstream opportunities and services, and social support networks.
Specifically, the specialist team aims to:

- Provide a diagnostic assessment of autism in adults, signposting, brief psycho educational intervention, consultation and training, and clear communication of that diagnosis to the referring GP
- Provide ASC interventions delivered in line with NICE guidance by health care professionals. Enable autistic people to access a range of appropriate local mainstream or specialist Mental Health/Learning Disabilities provision. This may be via signposting or following implementation to social care package.

Objectives:

The objectives of this service are to:

- Provide a service which accounts for individuals' preferences with reasonable adjustments
- Provide a diagnosis with clear reasoning behind decision reached
- Provide accessible, virtual or community-based assessments and diagnosis
- Incorporate family/representative views (where appropriate) and individual's developmental history and context
- Provide a timely response in accordance with NICE Guidance
- Keep service users and their representatives informed of the process, including what it involves and an approximate timescale
- Ensure complaints are handled in accordance with an established complaints procedure, which is conveyed to the patient at the outset
- Provide a seamless transition from referral through to diagnosis, treatment and ongoing support
- Collect data in accordance with patient consent and fulfil commissioner reporting requirements

3.2 Service description/care pathway

Will provide an Autism assessment and post diagnostic support in line with NICE guidance
Access to the service) is via GP referral.

- Conduct a full assessment and diagnostic services for those with suspected Autism in line with NICE guidance
- Have the capacity and expertise to provide consultation and advice based on national best practice and research.
- Deliver individual assessments, based on person centred approaches and routinely achieve the effective engagement of the families of the people using the service, and use multi-agency, multi-disciplinary skills and expertise to bear to produce timely assessments, diagnosis and treatments proportional to the complexity of the individual presentation.
- Provide access to treatment for those diagnosed with Autism, including post diagnostic support, structured psychoeducation programmes and other psychological interventions as required
- Ensure the patient has a clear understanding of their diagnosis and treatment
- Provide access to advice and guidance during the pre-assessment, assessment and post-diagnosis period
- Ensure effective multi-disciplinary working with other health and care services
- Champion an improved understanding of the needs of people with Autism
- Work with primary care, secondary care and voluntary sector providers as appropriate to ensure a comprehensive care plan is in place for the patient (see below)
- Provide timely advice to local teams regarding their assessment and managements of people with autism on how to adapt and improve their service responses.
- Have good working arrangements/relationships with people who refer to the service.
- Ensure staff are trained in understanding and working with people with Autism.
- Offer advice on patient to primary care
- Evaluate service user experience

The service will reflect national best practice and it is anticipated will be able to demonstrate its positive impact on enabling people to:

1. Exercise their rights and responsibilities as equal citizens e.g. social inclusion.
2. Fulfil their potential.
3. Exercise choice and control e.g. self-directed care, putting people first.

3.3 Population covered
For assessment & diagnosis: People over 18yrs old registered with a GP in NHS Devon ICB footprint.

3.4 Acceptance and Exclusion Criteria
For acceptance for assessment/diagnosis:

- 18yrs or over.
- Registered with a Devon-based GP practice
- Displaying symptoms consistent with ASC.
- Experiencing a significant impact upon personal, social, academic, or occupational functioning.

Exclusion Criteria:

People with a complex mental health comorbidity where the needs of the individual will be better supported by the specialist services within our mental health provision. Without further discussion between the Referrer and the Provider (in which case exclusion criteria may be exempted), these include:

- Individuals with active suicidal intent, severe self-harm, or severe unmanaged mental health disorders requiring urgent intervention. Urgent intervention or involvement from: Crisis/Home Based Treatment, Assertive Outreach
- Ongoing substance misuse that significantly impacts the reliability of the assessment. Active or recent involvement with Drug and Alcohol Services
- Active or recent admission to Acute Mental Health inpatients or 136 suite
- Active or recent admission to Psychiatric Intensive Care Unit
- Active Legal/Safeguarding Issues: Individuals involved in ongoing legal cases, police investigations, or child protection plans.
- Diagnosis of Learning Disability/impaired cognitive functioning
- Severe Learning Disability/Developmental Delay: Individuals with a significant intellectual disability (e.g., IQ below 50-70) or profound developmental delay
- Severe Comorbidities: Untreated, severe, or complex conditions such as schizophrenia, or severe PTSD, psychosis or treatment for psychotic episode

Recent= within the last 12 months

For a remote service specification, those individuals that do not wish to engage remotely or are unable to utilise a remote way of working will be excluded from the service – including those with a significant visual or hearing impairment

3.5 Interdependencies with other services

- Specialist mental health social workers and social care teams
- Specialist mental health intensive support services
- All internal and external access and liaison services
- Specialist accommodation and support providers
- Third sector information, advice, support and advocacy providers including those for carers
- Drug and Alcohol services
- Learning Disability services
- Younger Peoples services, including Integrated Children's Services and other teams involved in the "preparing for adulthood" process

- Specialist education providers
- Employment services
- Tertiary health providers – forensic and independent
- Early intervention services
- Safeguarding children and vulnerable adults
- Criminal justice services

The assessment service should have consideration to the following:

- Displaying a good understanding of the primary care ethos and processes and working co-operatively with GPs, other primary care team workers and voluntary and statutory sectors.
- Being able to signpost people to appropriate sources of support for: employment, housing, substance misuse, mental health and education. Displaying a high level of awareness and utilising the services available through the network and wider community for the benefit of the people who use the service.

4. Applicable Service Standard

4.1 Applicable national standards e.g. NICE, Royal College

The National Institute for Health and Care Excellence has produced clinical guidelines (CG142) covering the diagnosis and management of autistic spectrum conditions. NICE has also published a Quality Standard to help improve the quality of care for autistic people (QS51).

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g Royal Colleges

All staff working with autistic adults should:

- Work in partnership with autistic adults and, where appropriate, with their families, partners or carers.
- Offer support and care respectfully
- Take time to build a trusting, supportive, empathic and non-judgmental relationship as an essential part of care.

During a comprehensive assessment, enquire about and assess the following:

- Core autism signs and symptoms (difficulties in social interaction and communication and the presence of stereotypic behaviour, resistance to change or restricted interests) that have been present in childhood and continuing into adulthood.
- Early developmental history, where possible.
- Behavioural problems.
- Functioning at home, in education or in employment.
- Past and current physical and mental disorders.
- Other neurodevelopmental conditions.
- Hyper and/or hypo-sensory sensitivities and attention to detail.
- Carry out direct observation of core autism signs and symptoms especially in social situations.

There are an array of assessment tools that may be used as part of an adult autism assessment, some of these require face to face in person application, others dependent on the individuals circumstances i.e. communication and access to IT needs may be carried out via a virtual platform such as attend anywhere

The following may be used during an adult autism assessment.

- the Adult Asperger Assessment (AAA; includes the Autism-Spectrum Quotient [AQ] and the Empathy Quotient [EQ])[6]
- the Autism Diagnostic Interview – Revised (ADI-R)[7]
- the Autism Diagnostic Observation Schedule – Generic (ADOS-G)[8]
- the Asperger Syndrome (and high-functioning autism) Diagnostic Interview (ASCI)[9]
- the Ritvo Autism Asperger Diagnostic Scale – Revised (RAADS-R)[10]

When assessing behaviour that challenges, the provider carry out an initial assessment and provide advice and guidance to the referer. If a more detailed functional analysis would be considered helpful or appropriate a referral to the DAAIT will be considered by the team.

During the diagnostic assessment the following areas will be considered;

- Physical disorders.
- The social environment (including relationships with the family, partner, carer(s) and friends).
- The physical environment, including sensory factors.
- Coexisting mental disorders (including depression, anxiety disorders and psychosis).
- Communication problems.
- Changes to routine or personal circumstances.
- Self-harm (in particular in people with depression or a moderate or severe learning disability).
- Rapid escalation of problems.
- Harm to others
- Self-neglect
- Breakdown of family or residential support
- Exploitation or abuse by others

4.3 Applicable Local Standards

- The need and input of general services will be identified, and requested, at the earliest opportunity, and referrals made as appropriate.
- Discharge letters to be sent to services users and copied to GPs, with diagnostic outcomes clearly stated. Letters should take into account the level of understanding of the person and be communicated in accessible formats if required.
- Information will be shared safely and in accordance with the preferences expressed by the service user.

5. Evaluation and Monitoring

The Provider will play a full and active part in the evaluation of the service and attend 6 monthly Contract Monitoring Meetings. Prior to the meeting a report will be shared with the commissioner.

The provider is to provide the following monthly statistics:

- Referrals received
- Referrals accepted and not accepted
- Referrals by gender
- Referrals by age
- Referrals received by GP practice
- Number of assessments carried out
- Number and percentage of patients diagnosed with Autism
- Number of follow up appointments provided
- Number of DNAs
- Average (and longest) length of time a patient waits between referral to their first appointment

The service will monitor and report on the following outputs:

- Service planning based on assessment of needs
- Triage and prioritisation of referrals based on clinical information. Threshold policy to ensure equity.
- Differentiated pathways of care according to presenting complexity of need and risk.
- Most cost-effective use of specialist skills and maximise opportunities to increase outreach and early detection and a networked model to provide access to expert specialists

A commitment to integrated working:

- Recognition of overlapping needs in mental health, ASD and substance misuse with joint working and reduced duplication of clinical supervision and integrated interventions
- Good links with pre-diagnostic support to improve the quality of information available before referral and triage
- Maximising use of digital approaches such as videoconferencing/ e-consult formats.
- The service will take effective interventions, best practice and NICE guidelines into account.
- Interventions are holistic, person-centred and fully utilise opportunities for wider social, peer and carer support and voluntary sector support.
- Cascading of skills and knowledge to non-specialist practitioners to enable system wide capability to support people in generic settings

6. Location of Provider Premises

6.1 The Provider's premises are located at:

XXX

6.2 The provider of this service must ensure that all communications are in accessible formats that appropriately engage families, carers and young people as appropriate. The provider will comply with relevant equalities legislation and best practice guidance. We will expect the service to make reasonable adjustments to ensure the service is open and accessible to the whole of our population.

For virtual assessments we would expect clear communication on process and how assessment and outcomes are delivered. Providers should track progression of assessments where a patient is identified as having additional complexities and may benefit from in-person observation to reach a conclusion.