

17 January 2023

ADHD Services

Following responses from Belfast Trust of 17 October and 30 November 2023 (Ref: 28172). I am writing to request further information:

Question 1:

Policy:

In my first request for information dated 17 October, I requested:

"In respect of (a) children and (b) adults with an ASD diagnosis, does the Trust have a policy to screen and/or assess co-existing conditions such as ADHD?" "If so, what is the screening and/or assessing procedure, in respect of (a) children and (b) adults?"

Your reply dated 8 November stated:

"The autism diagnostic process considers differential diagnosis such as ADHD; however, the ASD Service does not offer ADHD assessment. Instead an onward referral would be made for relevant assessment....."

In my second request for information dated 17 November, I requested:

"In your response to question 2, you have referred to "an onward referral would be made for (ADHD) assessment". Does the Trust have a written policy for this onward referral procedure? If so, please provide a copy. If not, is this onward referral procedure based on NHS/NICE or other guidance? If so, please specify which guidance this is."

Your reply dated 30 November stated:

"There is no policy on ADHD referrals from the Autism Service and vice versa. These referrals are made based on the clinical judgement of the medical staff reviewing the patient."

Unfortunately, your response did not provide all of the information I requested (see underlined text above). I would like to know if the Trust adheres to NICE Clinical guideline CG128 (Autism spectrum disorder in under 19s: recognition, referral and diagnosis) and specifically paragraph 1.5.15 (*"consider whether the child or young person may have any of the following as a coexisting condition, and if suspected carry out appropriate assessments and referrals"*)?

Response:

As advised, Belfast Trust do not have a written policy. The referral procedure is based on recommendation 1.5.15 – Follow this link: [Autism spectrum disorder in under 19s: recognition, referral and diagnosis \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG128)

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Question 2:

Numbers:

I note that it is not possible to provide the information I requested on the numbers of individuals referred for assessment since 2012, on the grounds of cost. That being the case, I would like the following information:

- **How many individuals have been diagnosed with ASD since 1 January 2022, showing separately (a) males under 18, (b) females under 18, (c) males over 18 and (d) females over 18?**

Males Under 18	Females Under 18	Males Over 18	Females Over 18	Total
219	97	25	22	363

- **Of those individuals, how many have been referred for ADHD assessment - please break down the numbers between categories (a) to (d).**

Neither the Adult nor Children's services record separately those who have been referred for ADHD assessment, i.e. if the referral for ADHD assessment came as a result of an ASD assessment.

Therefore, the only way to answer this question for children's services would be a review of individual ASD patient's paper records for the cohort you have identified. For the service to identify individuals, pull notes (possibly from archive), interrogate notes and report on outcome would take longer than 18 hours.

The adult ASD service is not currently on an IT Patient Record System but will be moving to the PARIS Patient Record IT system in the future to enable us to more effectively and efficiently address queries going forward. At this time, however, they would also require to undertake a trawl of individual patient records, which would take longer than 18 hours.

The Trust considers that the cost of retrieving the information would be above the 'Appropriate Limit', as defined by the Freedom of Information Act under Section 12. Section 12 of the Freedom of Information Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit. The limit has been specified as £450 for public authorities such as Belfast Trust. This represents the cost of one or more persons spending 18 hours in determining whether we hold the information, locating, retrieving and extracting this information.