

26 October 2022

Belfast Trust Criteria for Acceptance of Private ASD Diagnosis

Could you confirm if your Trust has a criteria for the acceptance of private ASD diagnosis and, if so, could you provide us with a copy of same?

Belfast Health and Social Care Trust (Belfast Trust) recognise that some parents choose for their children to have an autism assessment with providers that are outside of the Health and Social Care (HSC) system. Following this assessment, parents may seek intervention provided by the Trust's Autism Intervention Service.

In these cases, Belfast Trust is required to ensure that the assessment report evidences that the process of the assessment is in keeping with NICE guidelines (Autism Spectrum Disorder in Under 19s: Recognition, Referral and Diagnosis Clinical Guideline [CG128], Published date: September 2011) before accepting to the Trust Autism Intervention Service.

In line with this duty, the content of the independent assessment report is reviewed by a Belfast Trust panel, for evidence that the assessment has been conducted in line with NICE guidance. The panel includes clinicians working in the Belfast Trust Autism Service from at least two professional groupings from Clinical Psychological Services, Community Paediatrics, Speech & Language Therapy and Occupational Therapy.

This multi-disciplinary panel will utilise the guidance provided in Appendix 1 and exercise clinical judgement based on the information contained in the independent final assessment report. Typically, these reports are then forwarded to the Trust Autism Intervention Service for appointing, however, in some cases the panel may not be able to identify evidence in the report that the process of the assessment is in keeping with NICE guidelines. In this instance, the panel would return the report to the referrer with a request to provide evidence that this occurred.

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Appendix 1: REVIEW OF PRIVATE ASSESSMENTS: PROFORMA TO AGREE ACCEPTANCE INTO TRUST

The provision of an Autism Diagnosis is a specialist assessment process and requires a specialist team assessment. BHSC acknowledges that in light of our significant waiting lists and, on occasions due to family preference, a diagnosis may be provided outside of the Trust Specialist Assessment Service.

However, following assessment, families may require ongoing intervention and support, and this is available in Trust. In these cases, the Trust is required to ensure that the assessment report evidences that the assessment has been conducted in line with NICE guidelines (Autism spectrum disorder in under 19s: recognition, referral and diagnosis clinical guideline [CG128] Published date: September 2011) before accepting to the Trust Autism Intervention Service.

It should be noted that this is not a comment on the quality or content of the assessment. It merely reflects that the process of the assessment is in keeping with NICE guidelines and with the Trust's assessment procedures. All private providers are clinically responsible for their own work and diagnostic outcomes.

Name of Child: _____

Date of Birth: _____ PARIS ID: _____

KNOWN TO BHSC: Y/N PREVIOUS ASD TRUST ASSESSMENT: Y/N

REPORT FROM: _____

NICE CG128 assessment criteria	Acceptable standard of evidence in assessment final report?
Multi-disciplinary team assessment	Y/N
Developmental history, including medical history	Y/N
Assessment of social & communication skills via observation / interaction. If an autism-specific tool was not used, documentation of how evidence was gathered.	Y/N
Consideration of differential diagnosis	Y/N
Use of objective 3 rd party information from a context outside the home, e.g. education setting	Y/N
Use of 3 rd setting observation, e.g. school as appropriate	Y/N
Physical examination	Y/N
Diagnosis should not be given under 2 years of age (Literature recognises diagnosis under 2 may be unstable)	Y/N
Request for further evidence before report can be accepted by the BHSC Autism Intervention Service	Y/N

BHSC Clinicians, signed in agreement (minimum of 2 professional groupings represented):

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____