



# Criteria for Clinical Prioritisation: ADHD & Autism in Children and Young People (CYP)

## Introduction

The West Yorkshire Health and Care Partnership is dedicated to ensuring that children and young people receive equitable, needs-based access to services, regardless of diagnosis. This position statement outlines the clinical prioritisation approach for ADHD and autism assessments, focusing on fairness, consistency, and responsiveness to individual needs.

## Guiding Principles

Clinical prioritisation processes are designed to:

- Provide equitable access to assessments and interventions.
- Focus on the specific needs of the child or young person rather than solely on diagnostic categories.
- Align with broader principles of inclusion and support across education, healthcare, and community settings.

It is acknowledged that, this may still exceed current capacity.

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## Priority One Assessment Priority Criteria

Priority Will Be Given Based On:

- Clinical Risk
  - A comprehensive evaluation of risks to the child or young person's health and wellbeing, including formulation.
  - **Justification** of how the diagnostic outcome directly addresses these risks.
- Urgent Diagnostic Need for Treatment or Support
  - Clear evidence that the diagnostic outcome is essential for timely access to necessary interventions or support plans.
  - Detailed explanation of how the assessment will enable critical treatment or service access.

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Priority Will Not Be Based On:

- Support Needs Within a School
  - Schools are expected to provide support and reasonable adjustments based on the young person's needs without requiring a formal diagnosis.
- Complaints Regarding Wait Times
  - Complaints about delays are acknowledged and monitored, but they will not influence prioritisation.
- Education, Health, and Care Plan (EHCP) Requests
  - EHCPs should reflect the individual's profile of need and not be contingent on a diagnosis of autism, ADHD, or other conditions.

Consideration for prioritisation may be made if one or more of the following criteria are met:

- Children in crisis or where diagnosis is required to determine the best treatment plan and would receive greatest benefit from medication. This might include those with a known mental health issue or those where medical intervention is planned but an assessment for ADHD is needed prior to commencing treatment. Children in crisis must be sufficiently settled to actively participate in the assessment process.
- Pregnant /young parent
- For military families/service users: those moving out of England before their assessment, which would prevent them from accessing services due to no longer having an England-based GP.

All legitimate priority requests will be reviewed and responded to by the clinical team.

This prioritisation system ensures that resources are allocated to those most in need of immediate assessment and intervention. It also emphasizes the importance of creating inclusive environments across education and community settings to support all children and young people effectively.

### Priority Two Assessment Priority Criteria

Those with an identified need which related to non-healthcare support:

- Active child protection proceedings.
- Children who are looked after (in care) in an unstable family unit/placement at risk of breakdown, or children at risk of breakdown of the family home necessitating social care involvement
- Active involvement with Youth Offending Services or the criminal justice system.
- Asylum seekers
- Exclusion from school despite an EHCP and reasonable adjustments being made.
- Awaiting Gender Service

### Priority Three Assessment Priority Criteria

Those who are already receiving the care and support that would be recommended if the diagnosis would be made - in effect, the diagnosis would have no impact on management.

### Priority Four Assessment Priority Criteria

Those for whom the impact of diagnosis would be beneficial but would not impact on the management. However, we must be mindful that in making judgements around benefit we must understand the lived experience of individuals and the barriers and challenges they are facing – this has been highlighted in the recent NCISH-2024-Annual-Report

This approach prioritises those with the greatest clinical need and seeks to prevent these children and young people suffering the consequences of delayed diagnosis while recognising that those in category 3 and 4 would likely be advised that they will not be seen.