

Supplementary Guidance (interim) for applying Referral to Treatment Waiting Time Rules to Neurodevelopmental Assessment Services (ASD & ADHD) for Under 18s

April 2026

Supplementary guidance is issued as an interim measure to support the implementation of the revised neurodevelopmental reporting framework and should be read in conjunction with the “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025”).

It is intended that all relevant information will be consolidated into a single document at the earliest opportunity.

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1. Context & Scope

1.1 Background

Up to March 2026, Neurodevelopmental assessment waiting times for children and young people were reported in line with Data Standards Change Notice DSCN 2017/08 (November 2017). The standard was intended to monitor performance against the 26-week target for referral to ADHD/ASD assessment for children and young people (aged 17 years 6 months and under at the time of referral).

Health boards submitted monthly data to the Welsh Government to support performance management and oversight; however, data quality and inconsistent application of definitions meant the data was unsuitable for publication.

1.2 Current Context

To improve data quality, a revised data collection tool has been developed. More detailed information is now also needed to align oversight arrangements with evolving service models.

The revised data collection tool, “Neurodevelopmental Service Assessments (ASD & ADHD) for Under 18s”, builds upon existing standards, has undergone feasibility assessment, and will be partially introduced from 1 April 2026 to improve oversight and enable greater comparability. It will include new/revised fields, including those for long waits (including additional time bands > 52 weeks), measurement of time to triage, assessment activity, and post-diagnosis outcomes and interventions delivered by LHBs.

The updated reporting framework will roll out in phases: Phase 1 begins on 1 April 2026; Phase 2 begins on 1 September 2026. Phase 3 is deferred due to IT and process limitations and will be reviewed in Quarter 3 of 2026/27, with implementation from 1 April 2027.

Currently, there is no specific RTT waiting time management guidance for Children and Young People's Neurodevelopmental Assessment Services (CYP ND Services). This is needed to support the application of the new reporting framework to improve consistent clock management and improve data quality.

As an interim measure, it has been decided to adopt the “Guidelines for the management of Referral to treatment waiting times” (April 2025) as the basis for waiting time management, recognising that while the document focuses on pathways related to physical health, its

principles largely apply to CYP ND Services. Supplementary guidance will be provided to clarify any key areas where the pathways differ.

A national programme is currently underway to transform and enhance access to advice, consultation, and assessment for children and young people with neurodiversity. This initiative may lead to changes in access arrangements and pathway management.

Requirements and guidance relating to RTT waiting time management will be reviewed and considered as part of this process.

1.3 Document Purpose

The “Supplementary Guidance (interim) for applying Referral to Treatment Waiting Time Rules to Neurodevelopmental Assessment Services (ASD & ADHD) for Under 18s” (April 2026) to CYP ND Services is intended to support the application of the “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025) CYP ND Services.

This document provides an additional reference source for waiting time management guidance in line with the neurodevelopmental assessment target for children and young people: *“80% of children and young people should wait less than 26 weeks to begin an ADHD or ASD neurodevelopmental assessment”*

It aims to:

- Identify any statements or sections within the “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025) that do not apply to CYP ND Services.
- Clarify or explain any differences in the application of sections or section subpoints of the Guidance, specifically in the context of waiting time management in CYP ND Services.

1.4 Document Scope

This supplementary guidance to support the implementation of “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025) applies to Health Board CYP ND Services in Wales. It applies to services that offer assessments for ASD, ADHD, or both.

The “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025) supported by this “Supplementary Guidance (interim) for applying Referral to Treatment

Waiting Time Rules to Neurodevelopmental Assessment Services (ASD & ADHD) for Under 18s” (April 2026) to CYP ND Services should be applied to all services providing monthly submissions of the ‘Neurodevelopmental Service Assessments (ASD & ADHD) for Under 18s’ framework.

1.5 Document Structure

Clarifications are provided by section number and heading, in line with the “Guidelines for the Management of Referral to Treatment Waiting Times.”

When referencing a particular subpoint within a section, both the subpoint number and page number will be used as reference.

1.6 Clarification of Terminology

For the remainder of the document, the “Supplementary Guidance (interim) for applying Referral to Treatment Waiting Time Rules to Neurodevelopmental Assessment Services (ASD & ADHD) for Under 18s” (April 2026) to CYP ND Services will be referred to as the “Supplementary Guidance”

For the purposes of applying the waiting list management guidance to CYP ND Services, the term Referral to Treatment (RTT) is used, with “treatment” referring to the first appointment commencing the ND diagnostic assessment. Any other reference to “diagnostic” procedures in the “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025) pertains to planned care.

Within CYP ND Services, the referral to treatment target to which the “Guidelines for the Management of Referral to Treatment Waiting Times” (April 2025) and the “Supplementary Guidance” apply is that *“80% of children and young people should wait no longer than 26 weeks from referral to their first assessment appointment”*.

2. The Supplementary Guidance

2.1 Section 1: Overview

- **Subpoint 1 (page 4):** On an interim basis the “Guidelines for the Management of Referral to Treatment Waiting Times” with caveats outlined in the “Supplementary Guidance” will provide a complete reference source of the waiting times management guidelines for the CYP ND Services target.
- **Subpoint 1 (page 4):** On an interim basis, the “Guidelines for the Management of Referral to Treatment Waiting Times”, together with the caveats set out in the “Supplementary Guidance (interim) for applying Referral to Treatment Waiting Time Rules to Neurodevelopmental Assessment Services (ASD & ADHD) for Under 18s” (April 2026) to CYP ND Services, will serve as the complete reference for waiting times management in accordance with the CYP ND Services target.
- **Subpoints 2-5 (page 4)** provide context information not directly applicable to CYP ND Services.
- **Subpoint 7 (pages 4 & 5):** Neurodevelopmental assessment services usually follow a treat-in-turn approach for their waiting lists. Some services may prioritise patients in urgent cases based on risk. Adoption of the guidance does not require changes to current operating models but acknowledges that future developments in neurodevelopmental transformation may lead to changes in allocation and prioritisation parameters.

2.2 Section 2: Underpinning and operational guiding principles

- **Subpoint 14 (page 6):** In the context of CYP ND Services, the “treatment” in referral to treatment (RTT) refers to the ND assessment.
- **Subpoint 17 (page 7):** In line with Subpoint 7, neurodevelopmental assessment services typically operate a treat-in-turn method for managing their waiting lists. However, the multidisciplinary team may decide to expedite certain cases where there is exceptional need, risk, or individual circumstances.

- **Subpoint 18 (page 7):** Given the age group relevant to this supplementary guidance, any decision to remove a patient from the waiting list before assessment should follow local “was not brought” policies and procedures.

- **Subpoints 23 – 27 (pages 8 & 9): Services delivered in a regional centre/provision and external providers:**
 - Clarification of the meaning of ‘Regional Centres’: Neurodevelopment (ND) services may be delivered by either a single health board provider or a health board providing services on a regional basis. Any references to ‘regional centres’ in subpoints 23–27 are associated with planned care transformation approaches and should be disregarded.

 - However, the statement in Subpoints 23, “Health boards are expected to have a current **Patient Transport Policy** supported by clear information communicated both digitally and non-digitally to enable patients to access care in line with their needs” is equally applicable to ND services. The principle of minimising travel wherever possible should be considered; however, this should not adversely affect waiting times for other patients, other than when in support of adjustments aligned to the stipulations of The Equality Act 2010.

 - Using external providers is common to reduce ND waiting times. Subpoints 23–27 also apply to CYP ND Services when external providers are used and must be followed.

2.3 Section 3: Supporting patients to proactively prepare for treatment

- **Section 3 and its subpoints, 28–34 (pages 10 & 11):** Not relevant to CYP ND Services and may be disregarded.

2.4 Section 4: Communication with patients

- **Subpoint 39 (page 13):** There is no requirement to introduce Eq-5-DL and “About You 2”. It is recognised that HB Waiting Well services may not currently cover CYP ND Services.
- **Subpoint 40 (page 13):** Not relevant to CYP ND Services and may be disregarded.

2.5 Section 5: Scope of the targets

- **Sub-point 45 (page 15):** For ND services, eligible referrers may include individuals other than health care professionals. Patients are referred to an ND service, not specifically to a “consultant.” There is no requirement to change referral or access criteria to comply with point 45.
- **Subpoint 48 (page 15): “The RTT clock ends... when definitive treatment commences”.** For CYP ND assessment services, the commencement of “treatment,” and the point at which the clock stops is defined as the patient attending their first ND assessment appointment, in accordance with the new reporting framework definition.
- **Subpoints 49-55, (pages 17 & 18):** These are not relevant to CYP ND services and may be disregarded.
- **Subpoint 56 (table, page 17)** offers useful guidance regarding the management of private patients and may be utilised by CYP ND Services to inform their internal protocols. It is acknowledged that managing requests following private assessments for medication or validation of assessments requires further national clarification, which will be addressed as part of the ND transformation programme.

2.6 Section 6: Clinical Responsibilities

- **Subpoint 58 (page 18):** References planned care national guidance. Although this is not relevant to CYP ND Services, it remains important to adhere to national guidance regarding ND assessments and standards.
- **Subpoint 60 (page 18):** Not relevant to CYP ND Services and may be disregarded.

2.7 Section 7: Referrals

References to community health pathways in this section may be disregarded if they are not currently established. Nonetheless, the core principles of this section should continue to guide existing referral and access procedures.

- **Subpoint 68:** For ND, a referral is received from an eligible referrer (in line with service access arrangements). There is no requirement to trigger Eq-5DL or “About Your 2”

2.8 Section 8: Booking appointments and Reasonable Offer

- **Subpoints 93 & 95 (page 27)**, While it is reasonable to apply booking parameters to ensure consistency of response to patients who do not engage with the service, decisions resulting in the removal of children and young people from waiting lists should also be underpinned by Was Not Brought Guidance. Further guidance/definition of vulnerability is included in **Subpoint 110 (page 30)**
- **Subpoints 127 & 128 (page 33)**: Within CYP ND Services, the clock stop event defined as ‘treatment’ is the first assessment appointment. This appointment is detailed in the indicator 6 definition of the Neurodevelopmental Assessment Services (ASD and ADHD) for Under 18s Reporting Proforma.
- **Subpoint 138 (page 35)**: Not relevant to CYP ND Services and may be disregarded.
- **Subpoints 140 & 141 (page 36)**: Not relevant to CYP ND Services and may be disregarded.

2.9 Glossary of Terms

“26-week referral to treatment target”: For ND services, the Welsh Government waiting times target stipulates that *80% of children and young people should wait no longer than 26 weeks from referral to their first assessment appointment*, as defined in the reporting proforma (indicator 6).

Appendix

Neurodevelopmental Assessment Services (ASD and ADHD) for Under 18s Proforma:

The form is available to access and download via the Data Standards website [Data Provision Notices - Digital Health and Care Wales](#).

Planned Care Referral to Treatment (RTT) Guidance:

[Guidelines for the management of Referral to treatment waiting times \(April 2025\)](#)

Transition and Handover Guidance:

[The Transition and Handover Guidance February 2022](#)