

Cambridgeshire Lifespan Autism Spectrum Service Clinic: Managing Demand, Capacity and Flow of Referrals for Adult Autism Assessment

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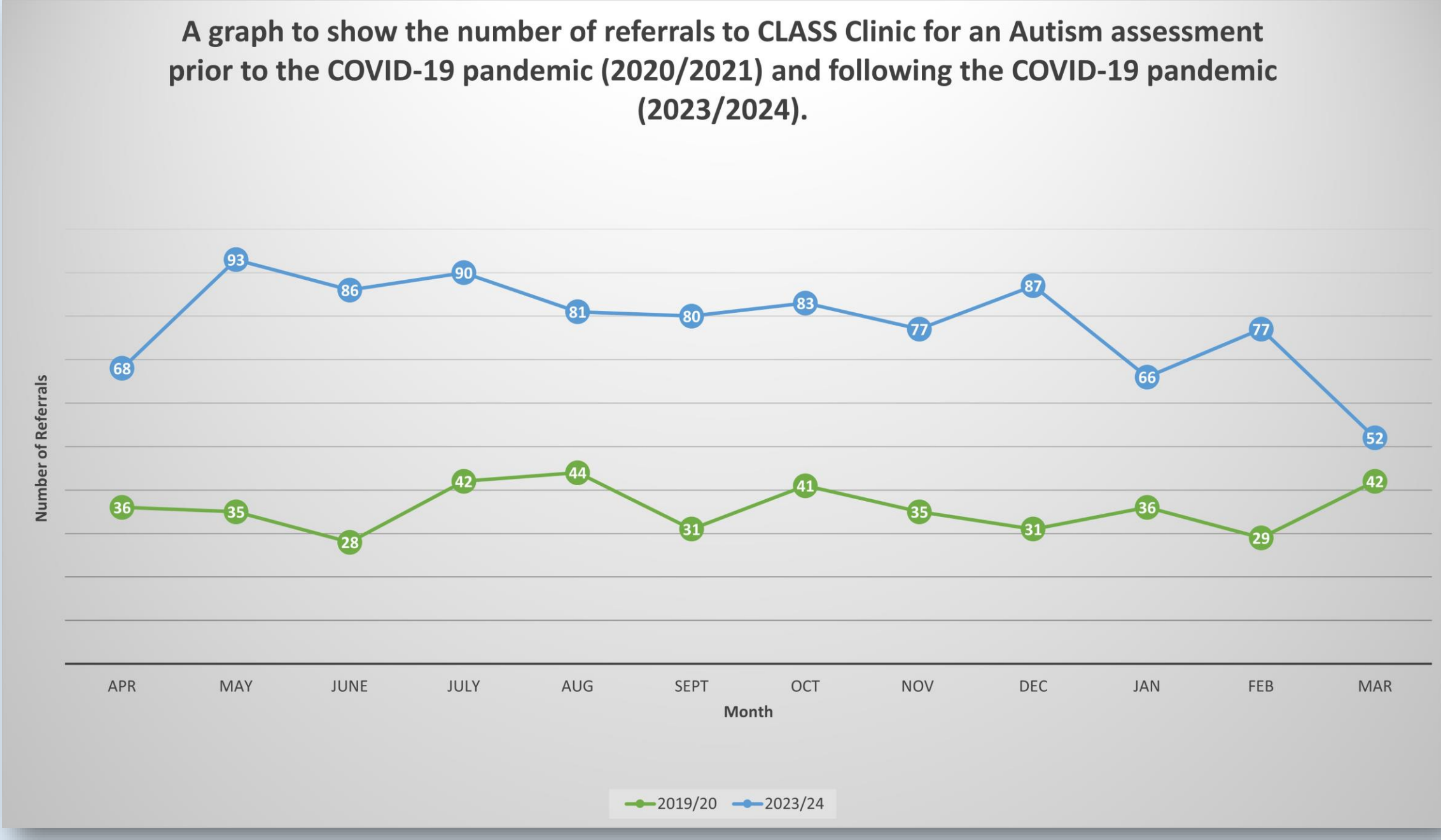
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INTRODUCTION

In December 2023, NHS Digital (1) reported more than 172,022 people were waiting for an autism assessment in NHS services in England. Data continue to show that waiting times exceed the NICE-recommended 3 months from referral to assessment (2; 3). The demand capacity gap continues to grow as capacity has not increased in line with increased demand.

In 2019, The NHS Longterm Plan (4) set clear objectives around autism: to reduce waiting times for specialist assessment services; to achieve timely, good quality diagnostic assessments and, with partner organisations, to develop packages of care to support autistic children and children with other neurodevelopmental conditions. NHS England published national guidance in 2023 (5; 6) to support systems to address these challenges within the context of current resources.

Cambridgeshire Lifespan Autism Spectrum Service (CLASS) is an NHS service delivering autism assessments and post-diagnostic psychoeducation to adults aged 18+ whose GP falls within the Cambridgeshire & Peterborough ICB footprint. Referrals for autism assessment to CLASS have increased from 430 in 2019 to 887 in 2023, with demand exceeding capacity.



ANALYSIS & RESULTS

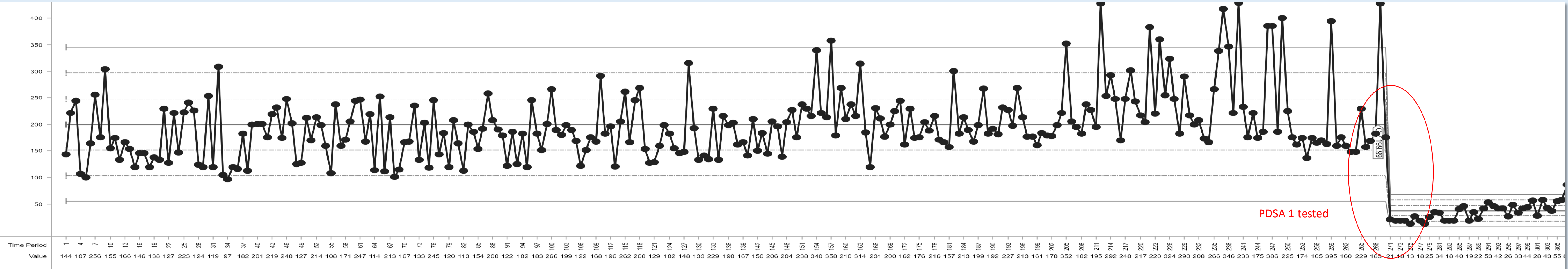
PDSA 1: Screening

Data collected included: Number of working days from date of referral to date added to waiting list and total screening time (minutes) per referral. Data were compared in a sample of 133 referrals from the two-stage screening process and 68 referrals from the one-stage process.

Results are as follows:

- Average screening time per referral reduced from 33 minutes to 23 minutes
- Average time from referral to patients being sent questionnaire pack (QPack) reduced from 45 days to 3 days
- Average waiting time from referral to being added to waitlist reduced from 199 to 31 days.

An SPC chart to show the average time (days) from referral received to being added to the waitlist for an Autism assessment (March 2023 to March 2024).

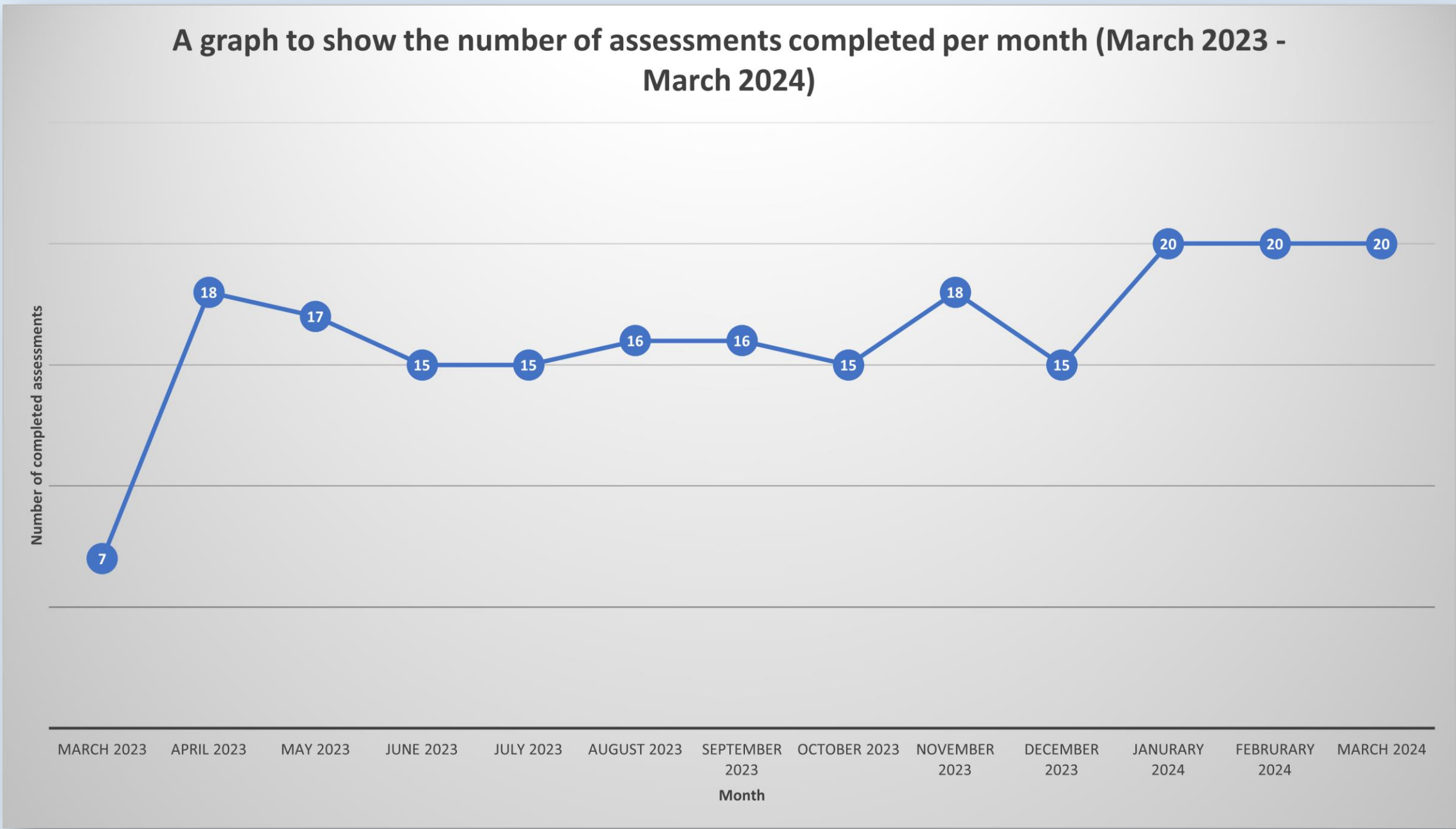


PDSA 2: Assessments

Data collected included: Average assessment time (minutes), average duration of open assessments, the number of assessments completed each month, and the number of assessments completed within the same month. The data at Time 1 (March 2023, before introduction of PDSA 2) were compared with Time 2 (March 2024, after PDSA 2) in a sample of 10 and nine referrals, respectively.

Results are as follows:

- Reduction in assessment time from 237 minutes to 192 minutes
- Increase in number of assessments completed each month from 7 (March 2023) to 20 (March 2024).
- An increase in the number of assessments completed in the same month from 30% to 70%
- Reduction in number of assessments requiring multiple appointments, from 60% to 30%
- Reduction in the average number of days an assessment remained open from 39 days to 2 days.



AIM

The team enrolled in the Royal College of Psychiatrists' Quality Improvement (QI) Demand, Capacity and Flow (DCF) Collaborative. **The agreed aim was to increase the number of diagnostic assessments by 51% per month.**

METHOD

Participants: CLASS multi-disciplinary team (MDT), referrers, the provider improvement advisor and an autistic adult with lived experience of the service.

Process: Using the NHS Quality Service Improvement and Redesign (QSIR) six-step approach (NHSE), a process map identified five key stages of the CLASS diagnostic assessment pathway. A project driver diagram helped identity change ideas in the referral, screening, pre-assessment, assessment and post-diagnostic stages.

Priorities: Change ideas in the screening and assessment stages were prioritised and two Plan-Do-Study-Act (PDSA) cycles designed: PDSA 1, to reduce screening time by removing the first screening of referrals, PDSA 2, to increase the number of assessments conducted and completed in a single face-to-face appointment.

CONCLUSIONS

These results show promise towards increasing DCF across the pathway, but further PDSAs (e.g., digitalising reporting, refining the post-diagnostic pathway) need to be implemented to achieve the overall aim. The process highlighted challenges in the system and some unintended consequences, such as problems collecting accurate data from NHS systems and the impact of improving flow in one part of the pathway creating blockages in other parts. Opportunities for learning from collaboration with key partners such as referrers and service users has been positive and losing a project member with lived experience led to creative approaches to involving current service users in co-production e.g., survey feedback. The service will continue to implement successful change ideas and use the QSIR methodology to systematically test new approaches to improving DCF. Adopting the Institute for Healthcare Improvement's Model (7) can assist teams to test and make changes in a systematic manner.

Administrative team: "It has streamlined our process and made our work much more consistent. We now are only sending out 60-80 QPacks a month compared to previously where some months we would send 100s and the next we would send in the low 30s. This has made it much easier to stay on top of the QPacks and on top of chasers / discharges."

Patient: "I liked getting the QPack so soon because it reassured me that I had been referred. Also, it was great to feel like my bit was done and I'm not waiting for something to come or worrying I had missed something."

ACKNOWLEDGEMENTS

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