Freedom of Information Act 2000 – Request Reference FoI/26/321
ADHD Assessments

Information Requested:

I am writing to make a request under the Freedom of Information Act 2000 for the following information regarding ADHD assessments within Cardiff and Vale University Health Board.
Adult ADHD Assessments

1. **How many adults do you have waiting for an ADHD diagnosis at the moment?**
   2,948

2. **How many adults were given an ADHD Assessment in the last year (1st April 2025 - 31st March 2026).**
   282

3. **If an adult was referred to you now when would you expect them to be seen?**
   Mean – 3 years

4. **Please describe your current Adult ADHD Assessment pathway.**

   People ALREADY established on meds which have been prescribed by NHS services eg:
   CAMHS handovers
   CMHT to CMHT handovers within Cardiff and Vale
   People moving to Cardiff with a previous diagnosis (either from CAMHS or CMHT) having received NHS treatment elsewhere (eg students already on meds coming to Cardiff)
   Forensic handovers coming from David Seeley's clinic in the Prison
   People who previously received their meds from their GP via a shared care agreement, regardless of where the initial diagnosis came from

   The above group of people should just be slotted into next available medic clinic without the need to do a full ADHD ax from scratch. They can then be RAMPed. If there is a significant delay in getting an OPA then consideration should be given to issuing a px before the person is seen, especially if they are a student, CAMHS, or if David Seeley feels their offending behaviour will be impacted by not receiving meds

   New Referrals
   All teams appear to be doing something differently. Complaints are at an all time high, and a consistent approach is needed. Referrals that are rejected on the basis of poor GP information, before they are being seen, are causing an excessive amount of work to manage, with the outcome often being that the person is then put on the waiting list for an actual assessment Some teams feel there is very limited value to the questionnaires, and not returning the questionnaires can sometimes result in that person being closed, when in fact, they may be fairly disorganised and chaotic, and failure to fill in a return the questionnaire may be evidence of them having ADHD Sx
   The pathway for brand new referrals will now be:

All referrals accepted and put on **medic** waiting list, unless there is evidence in the referral letter that other MH issues are at play in which case the person should be seen for a GA
Questionnaires to be sent out with the appointment letter when its time for them to be seen, but not returning the questionnaires **does not** result in their case being closed
CMHTs to still try and do a 1in 10, but for those teams where they are struggling with medical staff this can be less, as other work will need prioritising. However, discretion can be applied as to who gets seen. Eg a young student struggling with being at Uni and failing exams, should be given priority over a 50 yr old even if the 50 yr old had been referred earlier

Private Referrals
All private referrals to be added to the waiting list, regardless of the quality of the assessment

Child ADHD Assessments

5. **How many children do you have waiting for an ADHD diagnosis at the moment?**

There are currently 2,581 awaiting an ADHD assessment. Of these 1,467 are also awaiting an ASD assessment. In Cardiff and Vale Children's ND services, we have a holistic approach across the ND pathway from referral. Whilst pathways are indicated at referral, we accept for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.

6. **How many children were given an ADHD Assessment in the last year (1st April 2025 - 31st March 2026).**

In 2025/26 there were 471 children on the 3-year cohort who were waiting for an ADHD assessment. As described above we undertake a holistic assessment, meaning some children listed as ASD may have also had an ADHD assessment if indicated at initial appt. In 2025/26 we undertook a total of 980 ADHD and / or ASD assessments.

7. **If a child was referred to you now, when would you expect them to be seen?**

The Health Board has been allocated funding in 26/27 to increase capacity and is committed to maintaining times at 3 years. In addition to additional capacity, the Health Board is working with the Regional Partnership Board and the national Neurodevelopment transformation lead to improve ND pathways to increase productivity and efficiency, with an aim of reducing waiting times further.

8. **Please describe your current Child ADHD Assessment pathway.**

Cardiff and Vale ND service operates under a Single Point of Access (SP0A) model to ensure streamlined, equitable, and holistic access to care.

<u>Assessment, Initial Contact and Triage</u>

Referrals received via the Single Point of Access (SPOA) undergo an initial screening and triage process. This process is led by a team of highly skilled specialist neurodevelopmental practitioners with expertise in identifying a broad range of neurodevelopmental presentations. The collaborative nature of the triage process ensures that complex referrals are considered from multiple professional perspectives, supporting accurate pathway allocation, appropriate support planning, and effective signposting.

Where cases present with additional complexity, they are further discussed within a multidisciplinary context, involving psychiatrists, clinical psychologists, speech and language therapists, specialist nurses, and pharmacists.

The neurodevelopmental (ND) assessment process involves:

- gathering up-to-date information from professionals and carers involved in child or young person's care via questionnaires
- semi-structured ND focused interviews (utilising standardised tools such as the ADI-R, 3Di, and ACE)
- Direct observation of the child or young person, which may include ADOS assessments, play-based observations, sensory–motor profiling, speech and language assessments, and/or school-based observations
- Clinical findings are subsequently consolidated within multidisciplinary discussions, supervision, or CIF meetings, which may also include input from education partners. Following this, a clinical outcome is agreed
- The outcome is then communicated to parents or carers during a feedback appointment, and a written report is shared with both the family and the child's GP. Appropriate resources and guidance are provided to support the family
- In cases where a diagnosis of ADHD is made, potential medication options are discussed, and where indicated, further appointments are arranged with medical colleagues or specialist nurses