

Dear

FREEDOM OF INFORMATION – ADULT NEURODEVELOPMENTAL PATHWAYS

I write in response to your request for information in relation to adult neurodevelopmental services in NHS Lothian.

Question:

I am requesting the following information relating to the Adult Neurodevelopmental Service in NHS Lothian, preferably broken down by area where possible. i.e West Lothian, East Lothian etc.

1. Waiting List Validation

Please provide:

a) The number of patients contacted as part of the waiting list validation exercise since its commencement.

Answer:

9,017 patients were contacted across Lothian.

Question:

b) The number of patients who confirmed that they wished to remain on the waiting list.

Answer:

7,050 confirmed across Lothian.

Question:

c) The number of patients removed from the waiting list following validation.

Answer:

128 patients were removed from the list across Lothian.

Question:

d) The number of patients removed due to non-response.

Answer:

931 patients were removed due to no response.

Question:

- e) The number of patients removed for any other reason following validation.

Answer:

This information is not collected centrally. Information may be held in individual patient records, but in order to provide the information you request it would be necessary to review each patient record over the period you have specified, requiring significant resources. Under section 12 of the Freedom of Information (Scotland) Act 2002, NHS Lothian is not required to respond to your request if the resources required to do so equate to more than £600 in cost.

Question:

- f) Copies of any current policy, procedure, protocol, guidance, standard operating procedure, business rules or work instructions used in relation to the waiting list validation exercise.

Answer:

The NHS Scotland National Access Policy and the NHS Scotland Waiting Times Guidance are used. They are available online at the following links:

National Access Policy <https://www.gov.scot/publications/nhsscotland-national-access-policy/>

Waiting Times Guidance <https://www.gov.scot/publications/nhsscotland-waiting-times-guidance-november-2023/>

Question:

2. Waiting List Position
Please provide:

- a) The referral month and year currently being offered routine first assessment appointments.

Answer:

As waiting list entries are not always allocated appointments in referral order, there is not a way to meaningfully answer this question.

Question:

- b) The referral month and year of the oldest patient currently awaiting a routine first assessment.

Answer:

I am not able to provide this information as there is a risk that this information could be used to identify the individual patient involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Questions:

c) The number of patients currently awaiting a first assessment, broken down by referral year: 2020; 2021; 2022; 2023; 2024; 2025; 2026.

Answer:

The information you have requested is detailed in the table below. I have not released numbers of 5 or fewer in the table, as this information could lead to the identification of the individuals involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Neurodevelopmental assessment, patients currently waiting, by year of referral, NHS Lothian					
Year	East Lothian	Edinburgh	Midlothian	West Lothian	HSCP not determined
2020	≤5	81	0	0	0
2021	15	363	0	0	0
2022	162	1,139	≤5	545	0
2023	533	1,471	27	877	0
2024	507	1,591	98	1,008	≤5
2025	431	1,677	375	937	≤5
2026	231	662	267	363	0

Question:

d) The number of patients currently waiting longer than: 52 weeks; 104 weeks; 156 weeks; 208 weeks; 260 weeks

Answer:

The information you have requested is detailed in the table below. I have not released numbers of 5 or fewer in the table, as this information could lead to the identification of the individuals involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Neurodevelopment Assessment current waits, NHS Lothian					
Health and Social Care	Over 52	Over 104	Over 156	Over 208	Over 260

Partnership	weeks	weeks	weeks	weeks	weeks
East Lothian	1,436	938	407	65	≤5
Edinburgh	5,442	3,702	2,254	909	180
Midlothian	260	51	≤5	≤5	0
West Lothian	2,891	1,857	937	198	0
HSCP not determined	≤5	≤5	0	0	0

Question:

3. Assessment Activity and Referrals

For each of the following financial years: 2023/24; 2024/25; 2025/26
please provide:

- a) The number of new referrals received.

Answer:

The information you have requested is detailed in the table below. I have not released numbers of 5 or fewer in the table, as this information could lead to the identification of the individuals involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Neurodevelopmental assessment, new referrals, by year of referral, NHS Lothian					
Year	East Lothian	Edinburgh	Midlothian	West Lothian	HSCP not determined
2023/24	797	2,123	596	1,197	≤5
2024/25	621	1,943	808	1,147	14
2025/26	511	1,718	728	911	≤5

Question:

- b) The number of first neurodevelopmental assessments completed.

Answer:

The information you have requested is detailed in the table below.

Neurodevelopmental assessment, completed assessments, by year of assessment, NHS Lothian					
Year	East Lothian	Edinburgh	Midlothian	West Lothian	HSCP not determined
2023/24	65	117	183	38	32
2024/25	171	147	267	348	24
2025/26	236	185	215	259	9

Question:

c) The opening waiting list size.

Answer:

The size of the waiting list on 1 April of each year is given in the table below. I have not released numbers of 5 or fewer in the table, as this information could lead to the identification of the individuals involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Neurodevelopmental assessment, opening waiting list size, NHS Lothian					
Year	East Lothian	Edinburgh	Midlothian	West Lothian	HSCP not determined
2023/24	811	3,964	85	1,286	0
2024/25	1,432	5,592	312	2,482	≤5
2025/26	1,905	5,826	604	3,409	≤5

Question:

d) The closing waiting list size.

Answer:

The size of the waiting list on 31 March of year is given in the table below. I have not released numbers of 5 or fewer in the table, as this information could lead to the identification of the individuals involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Neurodevelopmental assessment, closing waiting list size, NHS Lothian					
Year	East Lothian	Edinburgh	Midlothian	West Lothian	HSCP not determined
2023/24	1,432	5,592	312	2,482	≤5
2024/25	1,905	5,826	604	3,409	≤5
2025/26	2,161	7,199	871	4,192	≤5

Question:

e) The number of patients removed from the waiting list for reasons other than completion of a first assessment.

Answer:

The information you have requested is detailed in the table below. I have not released numbers of 5 or fewer in the table, as this information could lead to the identification of the individuals involved. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

Neurodevelopmental assessment, patients removed from waiting list, NHS Lothian					
Year	East Lothian	Edinburgh	Midlothian	West Lothian	HSCP not determined
2023/24	86	323	150	13	0
2024/25	49	1,545	282	109	≤5
2025/26	103	197	238	93	≤5

Question:

4. Staffing

Please provide the whole-time equivalent staffing levels undertaking adult neurodevelopmental assessments as at: 31 March 2024; 31 March 2025; 31 March 2026. Please provide the figures by staff group where recorded.

Answer:

Neurodevelopmental assessments are undertaken by the four Health and Social Care Partnerships in the Lothian area. The number of staff who undertake assessments are detailed below by area:

East Lothian – 31 March 2024: 0.2 WTE nursing staff as at 31 March 2024, 0.4 nursing staff as at 31 March 2025 and 1 occupational therapist as at 31 March 2026.

Edinburgh - General psychiatry undertake assessments as part of an outpatient clinic.

Midlothian - 1.4 WTE per month, dependent on availability. Staff are not dedicated to neurodevelopmental assessment but are part of the mental health team.

West Lothian - 1.05 WTE at each date.

Question:

5. Referral Order

Please provide:

a) Any policy, procedure, guidance, operational document or business rules describing how routine referrals are offered appointments in referral-date order.

Answer:

Referrals are processed and appointments offered in line with the NHS Scotland Waiting Times Guidelines referred to above (enclosed).

Midlothian Health and Social Care Partnership also use the ADHD and ASD Assessment Pathways guidance attached.

Question:

b) Details of any circumstances in which a routine referral may be offered an appointment ahead of an earlier routine referral.

Answer:

A routine referral may be offered ahead of an earlier routine referral where for instance we are filling a short-notice cancellation or where referrals have been identified as suitable for a particular clinic / care provider only and another care provider has earlier capacity (eg NDD - psychiatrist only assessment v nurse-led assessment).

Question:

6. Service Recovery and Performance Monitoring

Please provide copies of any waiting list recovery plans, backlog reduction plans, capacity plans, business cases, briefing papers, performance reports or dashboards produced since 1 January 2025 that relate to: Adult neurodevelopmental waiting lists; Waiting times; Waiting list validation; Capacity planning; Backlog reduction; Service recovery.

Answer:

East Lothian – I have enclosed a business plan submitted to the East Lothian Organisational and Workforce Development Steering Group in March 2026, and a staff briefing.

Edinburgh – nothing to provide

Midlothian – nothing to provide

West Lothian - nothing to provide

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at <https://www.foi.scot/appeal>. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI>

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive
Enc.

DATE

Recovery plan to improve neurodiversity assessment and treatment times

East Lothian's Adult Neurodevelopmental Service has commenced an ambitious service redesign to reduce adult neurodiversity assessment waiting times from 4+ years to 12 weeks within the next 18 months.

Current position

Demand for neurodiversity assessment has risen sharply across the UK. In East Lothian, the waiting list currently includes 2149 people (March 2026). Individuals are waiting 4+ years for an assessment.

Many additions to the waiting list come from transfers from CAMHS, children and teens who have reached adulthood before they have been assessed. The delay of diagnosis in childhood, and lack of support in education and/or early employment can have significant negative life changing implications.

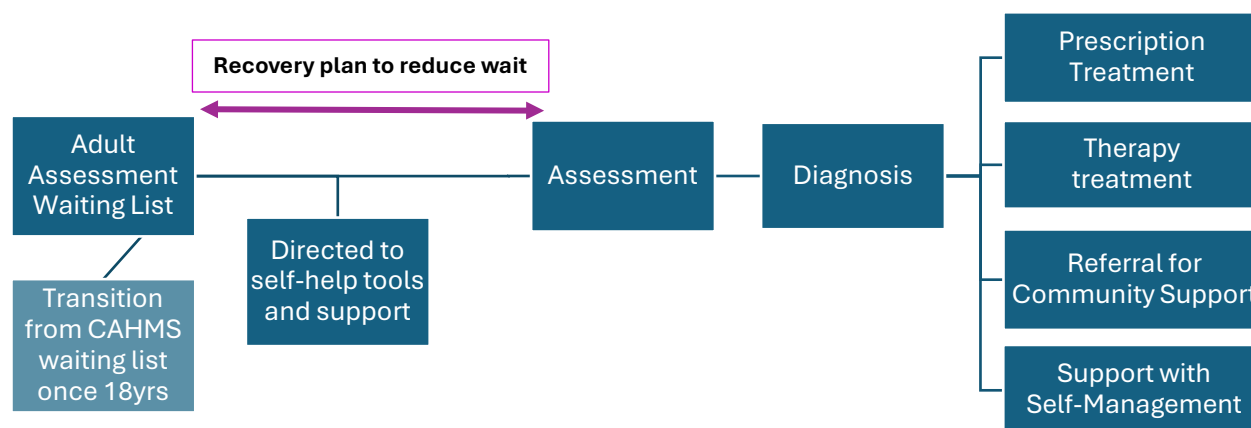
There is also a misunderstanding that private diagnosis can lead to faster NHS treatment. This is not the case. Patients who receive private assessments, still require to be reviewed by the East Lothian assessment team before GPs can take over prescribing.

Our goal

Over the next 18 months, our goal is to reduce waiting time for neurodevelopment assessments to 12 weeks. Doing so will ensure we:

- ✓ Align East Lothian's assessment times with Scottish Government targets.
 - ✓ Deliver on NHS Lothian's objectives to provide equitable, efficient care and reduced waits.
 - ✓ Support ELHSCP's vision to support people to live healthy lives and achieve their potential to live independently, exercising choice over the services they use.
 - ✓ Work towards delivering the IJB core objective to reduce health inequalities.
 - ✓ Support the delivery aims of The Scottish Parliament's 2026 ADHD & Autism Pathways Report that calls for urgent action and consistent national adult pathways for ADHD and autism.
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Patient pathway



Recovery plan essentials



Staff recruitment: we will expand the Neurodevelopment Service Team from 2.6 WTE to 12.3 WTE for an initial 18 months to address the waiting list backlog. Thereafter we will maintain a team comprising of 7.4 WTE to maintain delivery of assessment, medication titration and reviews.



Staff training and development: we will be delivering a robust training scheme to upskill current skills gaps in neurodiversity assessments.



Use of digital tools: we will explore and make effective use of emerging tools to support pre-assessment information gathering, triage, assessment, dictation, and report generation. Digital tools will also be used to prescribing of medication to increase safety and governance.



Support from Queen Margaret University's National Autism Implementation Team
As well as using the research obtained through the NAIT, they are supporting East Lothian in the development of radical plans for new assessment pathways. The implementation and recovery project delivered in East Lothian will go onto the inform national advice.

Supporting patients to 'wait well'



Communication: we are keeping in contact with the individuals on the waiting list. Confirming they still want to be retained on the waiting list and advising them of the service developments about to commence.



Employment support: we are directing people to accessible support services to access occupational therapy support while employment.



Community organisations: we signpost people to local community organisations who can offer advice and support and activities to support mental wellbeing.



Update GPs on progress: we liaise with local GP practices to support them with patient enquiries, referrals and reviews, and are keeping them informed of service developments taking place so they can advise patients.

Further information

This recovery project is being led by Guy Whitehead and Jamie Morris.

Should you have any enquiries about the proposals, or wish to enquire about the upcoming vacancies within the neurodevelopment assessment team, please contact:

Jamie Morris on Jamie.morris@nhs.scot



Thank you for taking the time to read this ELHSCP staff briefing.
Contact the [ELHSCP Communications Team](#) here.

— ADHD Assessment Pathway (JMHT) —

Step 1 - M.H. Assessment

- MH assessment with anyone in JMHT, PTS or PCMHT.
- A referral letter is required from GPs or other services.

Step 2 - Standardis ed Questionn aires

- Admin to add to the ADHD Assessment Waiting List in Trak and send standardised letter to patient.
- Enclosed with the letter, there is Adult ADHD self-report forms to complete along with a Weiss Functional Impairment Rating Scale, a Wender Utah Rating Scale and a Parent/Adult Questionnaire & an AQ10. Also request for school reports.
- The letter outlines that the outcome of these questionnaires will determine whether or not we continue with the ADHD Assessment. Either way, the patients will receive a letter confirming this after the questionnaire responses have been returned, scored/processed. Patient has to return patient questionnaire & Parent/Adult questionnaires.

Step 3 - Possible Outcomes

- Letter explaining that no further assessment is warranted giving reasons and the option to call in for a further discussion about this. Discharge from the ADHD Assessment Service.
- Letter offering an appointment for a face to face assessment.

Step 4 - Assessment & Diagnosis

- Face-to-face appointment with patient, ADHD assessment clinic.
- Outcome communicated to Patient and GP.
- Given self help leaflets and medication leaflets.
- As appropriate, any onward referrals (e.g. Psychiatry, PTS, CPN, OT) and sign-posting (e.g. Number 6: late diagnostic group)

REPORT TO: ORGANISATIONAL AND WORKFORCE
DEVELOPMENT STEERING GROUP

DATE: 25th March 2026

BY: Guy Whitehead / Jamie Morris

SUBJECT: Neurodiversity Recovery Plan – Service Redesign

1. PURPOSE

- 1.1. To seek approval for establishment changes detailed in this report, including cost avoidance investment to recover ELHSCP neurodiversity (ND) assessment and treatment waiting times.

2. RECOMMENDATIONS

- 2.1. Approve establishment of a multi-disciplinary ND assessment and treatment service. The model requires investment in Nursing and Occupational Therapy to ensure that capacity exceeds demand. This will lead to the existing waiting list reducing to our governance target (12 weeks) within 18 months.
- 2.2. Our current assessment waiting list is 2149 (March 2026) and patients are waiting 4 years+ for assessment. To reduce this to a 12 week wait within 18 months, we require a 9.8 WTE staff on top of our current 2.6 WTE staff. This raises the team to MDT of 12.3 WTE staff.
- 2.3. Once the backlog is reduced, the staffing requirement for maintenance of assessment, medication titration and review, reduces to 7.4 WTE.

3. BACKGROUND

- 3.1. Demand for adult neurodiversity assessment has risen sharply in the UK. In the period just after COVID, referral rates tripled. These increased rates of referral have been sustained.
- 3.2. NHS Lothian's goals emphasise equitable, efficient care and reduced waits. Excessive waits generate increases in complaints from patients, GPs, MSPs and the public.
- 3.3. No investment in staffing means our current referral rate being significantly higher than the capacity we can assess. So, our list gets longer.

3.4. We absorb many transfers from CAMHS. This means that children added to CAMHS ND assessment waiting lists, are becoming adults before they are seen. They are then passed to our service. This is the age when assessments carry their highest value regarding the future of every young adult waiting for assessment.

3.5. They have missed the opportunity to get the right support in school. Currently, they are also missing the opportunity to get support as they move into further education and/or their first jobs. The lack of this support has life changing implications.

3.6. GPs are struggling with the demand placed on them by our inability to keep up with reviews. This is on top of trying to manage patients that are waiting for assessment.

3.7. We also notice a high

rate of referrals for female patients. This population is historically underserved and there are noticeable increases in referrals around significant life events, especially pregnancy and menopause, when a delay in diagnosis increases distress.

3.8. East Lothian is advantaged by having QMU in our catchment area. This is the home of the National Autism Implementation Team (NAIT). We

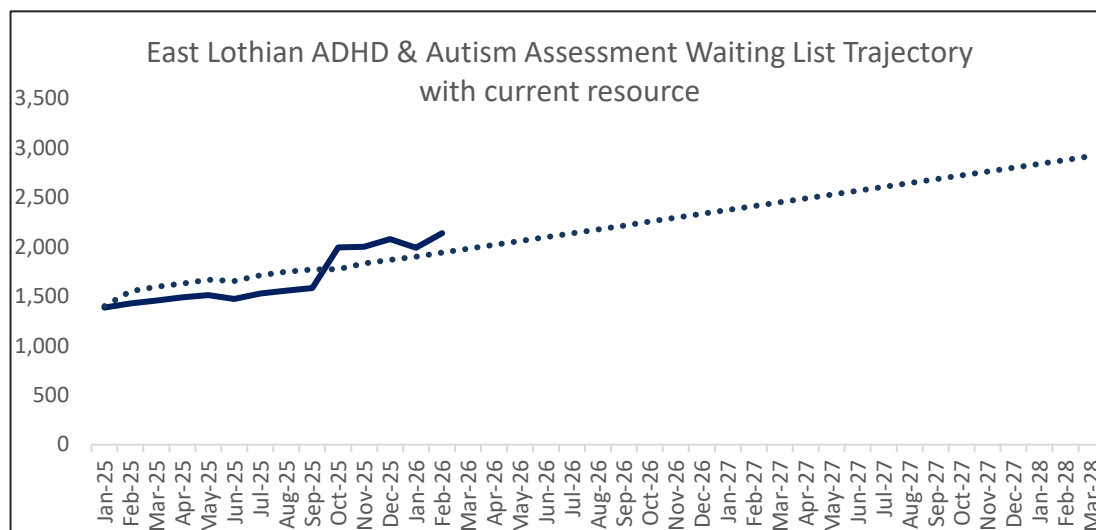
have already built a good relationship with them and have had preliminary discussions about bringing forward radical plans for new assessment pathways. Work will be underpinned by their research and will inform national advice.



Women diagnosed on average **five years** later than males

3.9. Consequences of no action:

Assessment	Total number of people waiting	Longest Adjusted wait	Waiting 52 wks or more [adj]	Adjusted Wait < 12 Weeks	Adjusted Waits >12 Weeks
ADHD Assessment New	1513	236	1113	81	1432
ASD Assessment	636	324	513	24	612
Sum:	2149		1626	105	2044



Our current waits and trajectory with existing staffing levels are shown above. With no investment, our waiting list continues to grow at an unmanageable rate.

4. POLICY IMPLICATIONS

- 4.1. East Lothian's vision states – we aspire to support all people in East Lothian to live healthy lives, to achieve their potential to live independently and exercising choice over the service they use. This plan shares and addresses this vision.
- 4.2. EL IJB Strategic Plan references "Participation in Lothian Adult Neurodiversity Pathways Group to develop whole system patient pathway discussions." This plan has been developed following guidance from this group and fits within the whole system pathway discussions.
- 4.3. The Scottish Learning Disabilities, Autism and Neurodivergence (LDAN) Bill references The Scottish Parliament's 2026 ADHD & Autism Pathways Report that calls for **urgent action** and **consistent national adult pathways** for ADHD and autism. The recommendations submitted by NAIT have also been accepted. Our work is consistent with these aims.
- 4.4. Shared-Care prescribing requires annual review of ADHD medications within secondary care. Current waits exceed 18 months, placing additional pressure on GPs.
- 4.5. If diagnosis is sought in the private sector. Patients that have been titrated onto a stable dose need to be reviewed in our clinic (18 month wait) before GPs can take over prescribing. Patients that are only seen for diagnosis must be placed on our assessment waiting list and the diagnosis is reviewed

before titration starts. Private diagnosis does not lead to faster NHS treatment, but it is an ongoing source of referral.

4.6. National targets require assessment and treatment within 12 weeks of referrals. Current waits exceed 4 years.

5. INTEGRATED IMPACT ASSESSMENT

5.1. To be added

6. DISCLOSURE SCOTLAND REQUIREMENT

6.1. All posts require full PVG.

7. RESOURCE IMPLICATIONS

7.1. Current Staffing

<u>Existing Staff Transferring to New Service</u>				
<u>Role</u>	<u>Category</u>		Current Provision	
			WTE	£
Team Manager	Admin	7	0.60	45,253
Administrator	Admin	3	0.60	24,055
OT	AHP	6	1.00	63,090
Consultant	Medical		0.30	62,784
LAS	Medical		0.10	9,540
Total			2.60	204,722

7.2. Additional Staffing Need

<u>Additional Staffing</u>				
<u>Role</u>	<u>Category</u>	<u>Band</u>	Additional Provision	
			WTE	£
Assessment	Nursing / AHP	6	5.60	380,529
OT	AHP	7	1.00	79,135
NMP	Nursing / AHP	7	2.60	205,752
Assess / Treat	Psychology	8a	0.20	15,827
Administrator	Admin	3	0.40	16,037
Total			9.80	697,280

7.3. There is currently a skills gap in neurodiversity assessment. Robust training and governance are a fundamental part of our plan. This will benefit the wider mental health system as staff move from a focus on neurodiversity, through the existing teams.

7.4. The new service model will be funded from a combination of existing staff costs, ongoing service underspends and provision within the East Lothian IJB Financial Plan for 2026/27. The additional staffing to address the waiting list

backlog will be required for 18 months, beyond which a reduced service will operate to maintain the review of existing patients, and address the assessment of new patients

- 7.5. The project has been added to the HSCP Risk Register for both breaching waiting times governance rules and due to any financial risk.
- 7.6. The financial recovery plan acknowledges that there is significant staff movement throughout mental health, and the system is struggling to recruit sufficient staff. This plan adds another route for staff to specialise but also to take new skills back to general teams in mental health and substance use.
- 7.7. We intend to recruit staff to permanent posts. There is sufficient evidence from staffing level experience that there will be opportunities for staff to be redeployed within our current services.
- 7.8. Service and Financial Stability:

<u>Ongoing Service Staffing</u>				
<u>Role</u>	<u>Category</u>	<u>Band</u>	WTE	£
Team Manager	Admin	7	0.60	45,253
Assessment	Nursing / AHP	6	2.30	154,595
OT	OT	7	1.00	79,135
Assessment	Nursing / AHP	7	2.00	158,270
Assess / Treat	Psychology	8a	0.20	17,494
Administrator	Admin	3	1.00	40,092
Consultant	Medical		0.30	62,784
Total			7.40	557,623
Includes Existing Staffing Transferred			2.50	195,182

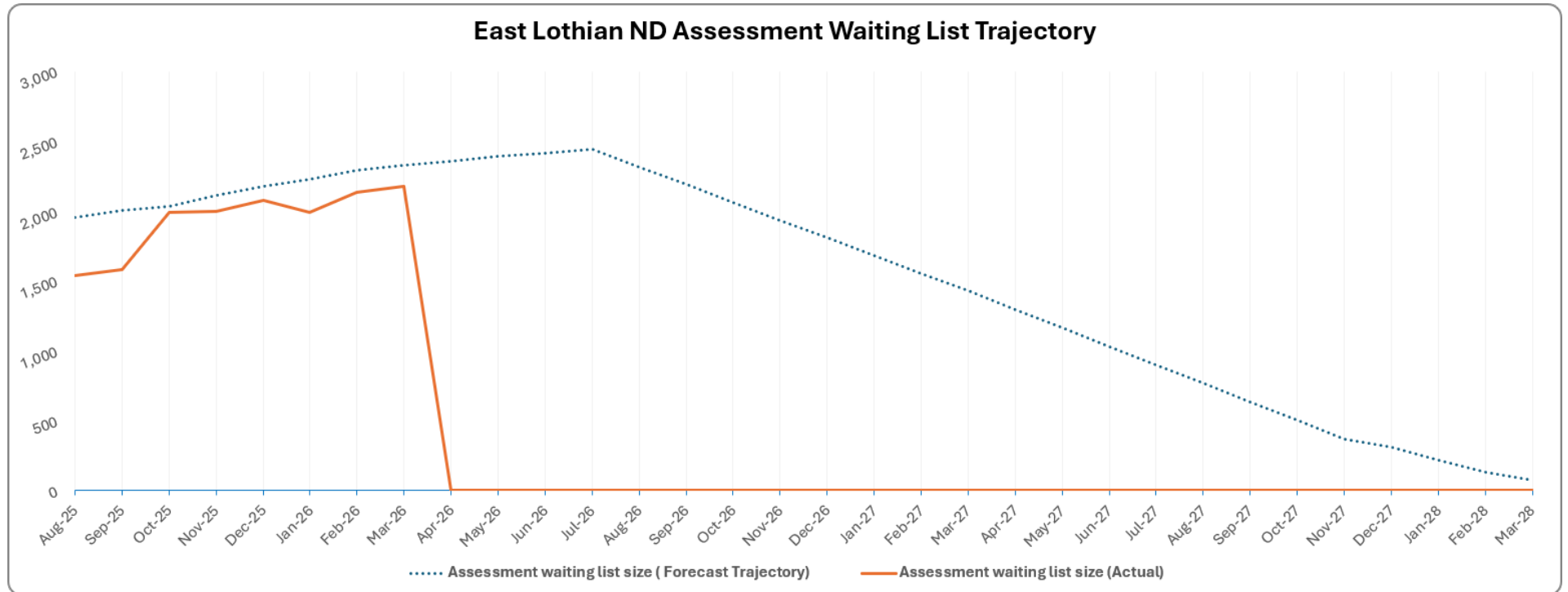
Once waiting times targets have been brought under control, our ongoing requirement for assessment drops. There is an ongoing need for medication titration and the caseload for annual reviews will continue to grow.

8. DIGITAL TOOLS

- 8.1. Emerging tools can support pre-assessment information gathering, triage, assessment, dictation, and report generation. Adoption will follow safety and efficacy review but the potential for AI to assist processes cannot be overstated.
- 8.2. Digital prescribing for ADHD medication will increase safety and governance whilst increasing the efficiency of the service.

AUTHOR'S NAME	Guy Whitehead/Jamie Morris
DESIGNATION	General Manager/Team Manager
CONTACT INFO	Jamie.morris@nhs.scot
DATE	25/03/2026

Appendix - Trajectory



— ASD Assessment Pathway (JMHT) —

Step 1 - M.H. Assessment

- MH assessment with anyone in JMHT, PTS or PCMHT and will include **AQ-10** (score of 6 or above indicates further ASD assessment is required, however there is flexibility with the cut-off score).
- A referral letter is required. We want to get a sense that this person has lifelong ASD traits, is keen on an assessment, and their difficulties are impacting on their functioning (social/ interpersonal/ occupational sphere) and cannot be explained by another mental health condition.

Step 2 - Standardised Questionnaires

- Admin to add to the ASD Assessment Waiting List on Trak and send standardised letter to patient (copy to GP).
- Enclosed with the letter, there are self-report ASD and mood questionnaires AQ10, The Cambridge Behavioural Scale, ASRS, Relative Mandate with CAST attached, Reported Observation Proforma ROP and Camouflaging Autistic Traits Questionnaire. Letter explains if no relative available to complete CAST then ROP to be completed by someone who knows the patient for 2 years or more.
- The letter outlines that the outcome of these questionnaires will determine whether or not we continue with the ASD assessment. Either way, the patients will receive a letter confirming this after the questionnaire responses have been scored/processed. Patient has 4 weeks to return patient questionnaire & relative questionnaires.

Step 3 - Possible Outcomes

- A) Letter explaining that no further assessment is warranted giving reasons and the option to call in for a further discussion about this. Discharge from the ASD Assessment Service.
- B) Letter explaining that the results on the questionnaire indicate that they should be seen for face-to-face assessment.

Step 4 - Assessment & Diagnosis

- Telephone call to parent/caregiver to follow up on their completed questionnaires.
- Face-to-face with patient, 2 clinicians, as part of an ASD assessment clinic afternoon. Complete the **RCP, ASD Interview**.
- Outcome communicated to Patient and GP.
- As appropriate, any onward referrals (e.g. Psychiatry, PTS, CPN, OT) and sign-posting (e.g. Number 6: late diagnostic group)
- Discharge from the ASD Assessment Service.