NHS Wirral Community NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

# Business case for resourcing the Neurodevelopment Pathway – Backlog & New Model

Wirral Community Health and Care Trust & Wirral University Teaching Hospital

December 2024

together we will

...deliver the best quality and safest care to the communities we serve

# Introduction

This paper outlines the current challenges within the Neurodevelopment pathway and sets out plans and costs for recovery over a 3-year period including:

- Current waiting list and waiting time position across Wirral Community Healthcare Trust (WCHC ) pre-diagnostic service as a move away from 0-19 providing and the Community Paediatric Service at Wirral University Teaching Hospital (WUTH)
- Current Capacity & Demand
- Plan to reduce waiting times to achieve the two ND assessment KPI`s (First appointment - 18 week and diagnosis 30 week)
- Implementation & embedding of new ND model; WCHC & WUTH hybrid working approach and in collaboration with other partner organisations

# Contents Page

Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust


| Contents | Page |
| --- | --- |
| 1. Executive Summary | 4 |
| 2. Risks | 6 |
| 3. Current Position | 8 |
| 4. 3 Year Plan for Reduction of Backlog and Implementation of New Model | 14 |
| 5. Implementation | 25 |

# Section 1. Executive Summary

# 1. Executive Summary of Recovery Plan and Associated Required Resource

NHS Wirral Community NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

| Element of the pathway | WCHC Pre-diagnostic pathway | WCHC SLT waiting list | WUTH Community Paediatrics Diagnostic Service | New Cost Per Year |
|---|---|---|---|---|
| **High level priorities** | Agreement to continue as part of hybrid recovery plan for years 1&2 | Recovery plan agreed and supported by additional nonrecurrent resource from ICB.<br><br>Trajectory for achieving 18 week wait for new referrals – August 25 | Update Referral criteria - to be launched January 2025<br><br>Re-triage test - 900 patient cohort – implement during Q4<br><br>Capacity and demand modelling to evaluate resource required to manage current backlog – complete and forms basis of resource requirements to deliver plan<br><br>Implementation of triage MDT model based on available investment (£180K) – recruitment to commence Q4 2024/25<br><br>Reduce follow up demand built into plan including:<br>• LEAP test project with subsequent expansion<br>• Pro-active discharge of patients with ASD diagnosis to Primary Care<br><br>Implementation of new model (diagnostic panel) through recruitment of MDT including Specialist Nurses to provide Nurse led ADHD diagnoses | |
| **Associated cost required Yr 1:** | Already committed: £0<br>New: £285,717 (slide 22) | Already committed: £250,000 (non Recurrent)<br>New: £106,175 (Sept 25-Mar26) | Already committed: £180k- (Service Lead , Speech and Language )<br>New: £1,041,520 backlog, ASD outsourcing, IT support (slide 23) | **£1,433,412** |
| **Associated cost required Yr 2:** | Already committed: £0<br>New: £285,717 (slide 23) | Already committed: £0<br>New: £182,013<br>Ongoing additionality will be needed as our expectation is that the current capacity will not be sufficient to maintain Initial Assessments by 18 weeks post August 25 | Already committed: £180k<br>New: £737,875 backlog (slide 18) and £252,676 new model (slide 21) = £990,551 | **£1,458,281** |
| **Associated cost required Yr 3:** | Already committed: £0<br>New: £285,717 (slide 23) | Already committed: £0<br>New: £182,013<br>As above. | Already committed: £180k<br>New: £372,837 backlog maintenance and LEAP (slide 18) and £252,676 new model (slide 21) = £625,513 | **£1,093,243** |
| **Total New Cost Yr 1-3** | | | | **£3,984,936** |

# Section 2. Risks

# 2. Existing Service Risks



## Overview

- This paper outlines options to reduce existing risk associated with insufficient ND pathway capacity to meet service demand. Below are the risk currently registered with the ICB, WUTH and WCHC.

| Organisation | Risk | Risk Score |
|---|---|---|
| ICB | Neurodevelopment Pathway: Should wait times increase for ASD and ADHD services, there is increased risk for young people if there is an inability to access provision at the earliest stage. The resulting impact of this for young people would be poorer individual outcomes, increased risk of self-harm, poorer mental health, school provision, social care or housing. Additionally, there would be a financial impact due to the increased cost/spend within the system due to increased demand. | **20** |
| Wirral University Teaching Hospital | Risk of Community Paediatrics struggling to meet the demand for both new and follow up patient appointments in the service causing increased waiting times. Since 2019 there has been an increase of 4000% in referrals into the service.<br><br>Consequence of the risk is further increased waiting list and waiting times, risk to medication reviews, increase in complaints and concerns and staff morale. | **16** |
| Wirral Community Health and Care Trust | Commissioned resource unable to meet demand for assessment & intervention of children with speech and language needs.<br>This has resulted in increased wait for patients to receive an initial assessment of their communication needs and delay in commencing treatment/ intervention. | **12** |
| Wirral Community Health and Care Trust | Previously all children on the ASD pathway required a Speech and Language Assessment. Recent changes to the pathway mean that only children with an identified Speech and Language need require an assessment. There are 302 children who require assessment due to being assessed as having a speech and language need resulting to delays in assessment. | **12** |
| Wirral Community Health and Care Trust | Inability to deliver pre diagnostic element of ND pathway due to lack of available funding. As part of a 3 year business case WCHC will continue to support the assessments for Pre Diagnostic Assessments to support WUTH in the management of backlog as part of a hybrid delivery model as we transition to implementation of the new ND model. | **16** |

## Patient Risk Stratification While on Waiting List

- Consultant led clinical triage to determine clinical urgency, C&M approach to use cipha alongside consultant decision making to enhance current mitigation.

# Section 3. Current Position

# 3a. ND Pathway Demand

## Referrals – Current Position

- Referrals onto the Neurodevelopment (ND) pathway have increased significantly since 2019. Figures 1 and 2 demonstrates the growth in referrals into both the community Trust 0-19 team and community paediatric service in the last 5 years.
- The conversion rate for referrals to progress along the ND pathway from the pre-diagnostic assessment stage into the Community Paediatric service is stable at around 75%.

## Referrals – Reducing Emphasis Upon Diagnosis

- An NHS specific **Graduated Approach** session was held on 9th October 24. This was attended by multiple NHS service providers including CAMHS, WCHC (0-19 team, SALT services), Public Health England and WUTH, with the aim of building a checklist of support offers for patients/families/carers to move away from the emphasis of diagnosis being the key to opening doors to support. This work is key in reducing the number of referrals into the service. However, to date limited benefit of the Graduated Approach has been quantified and thus further work required to embed the support offers available.
- Implementation of the **Portsmouth Profiling Tool** will support embedding the Graduated Approach, through ensure evidenced access to support offers prior to ND pathway referral. Current data from Portsmouth suggests a 60% reduction in demand however this is thought to decline post initial implementation. WUTH are predicting a 43% growth in demand for 2024/25 compared to 2023/24.
- Due to the Graduated Approach and Portsmouth Profiling Tool opportunities, 0% growth has been factored into capacity and demand modelling with the assumption that further growth in demand will be halted.
- WCHC and WUTH have worked collaboratively, utilising both the Graduated Approach and Portsmouth Profiling Tool as a basis to develop a robust referral criteria (agreed in December 2024) which will be utilised to re-triage patients awaiting pre-diagnostic assessment.
- Whilst reviewing the referral criteria although again this is difficult to predict impact and WCHC & WUTH are involved with the wider ongoing Cheshire & Merseyside ICB work. A further meeting is planned for 16th January 25 to discuss how this work will link to the diagnostic services.

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

NHS
Wirral Community
NHS Foundation Trust

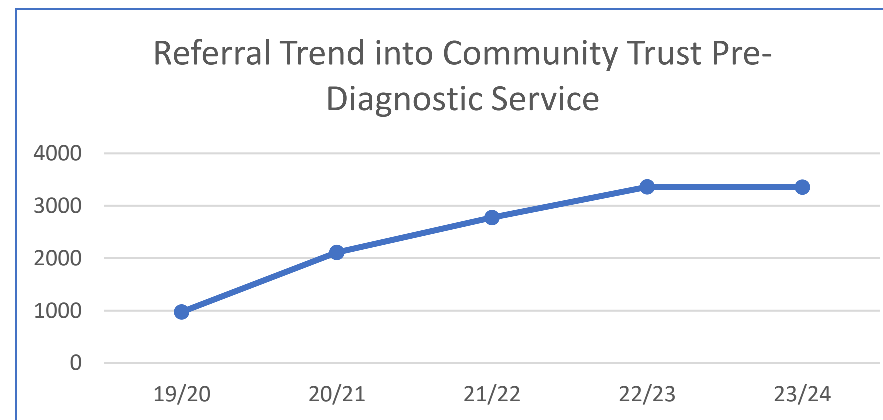


**Figure 1**

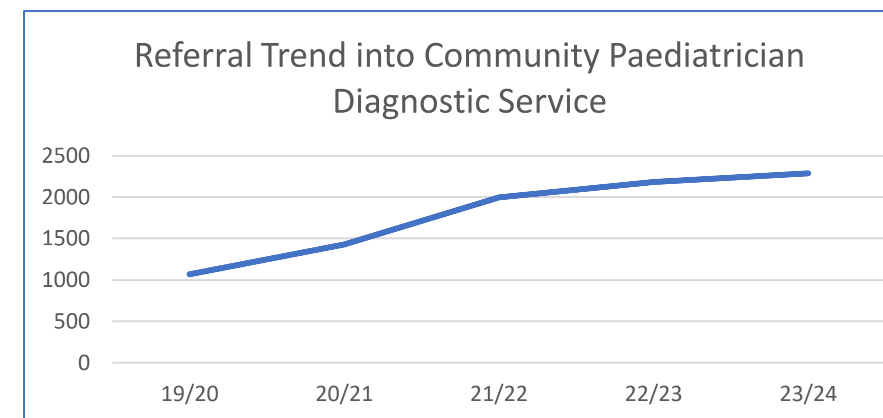


**Figure 2**

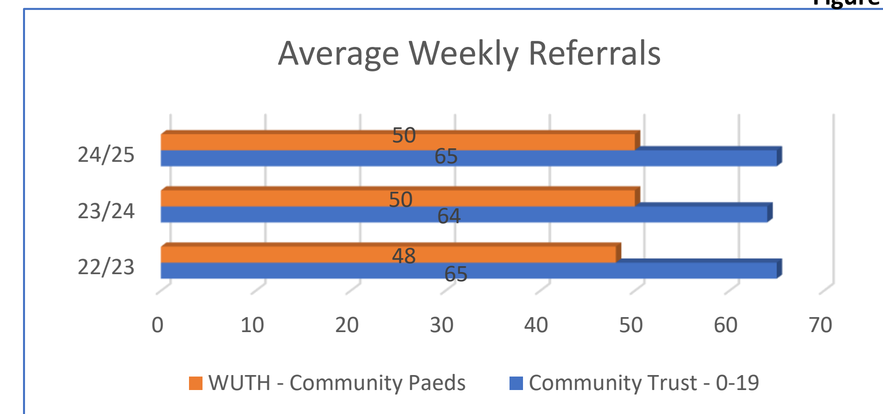


**Figure 3**

# 3b. New Patient Waiting List

NHS Wirral University Teaching Hospital NHS Foundation Trust

NHS Wirral Community NHS Foundation Trust

## Total waiting

Figure 4 shows the total number of patients on the new waiting list as of end November 2024 across WCHC and WUTH.

| Total Waiting List | |
|---|---|
| Total Number of CYP on Pre-diagnostic caseload including those awaiting triage (WCHC) | 1,304 |
| Total Number of CYP awaiting a First Appointment with a Community Paediatrician (WUTH) | 4,056 |
| **Overall Number of CYP Waiting** | **5,360** |

**Figure 4**

## Longest wait (weeks)

Figure 5 shows the longest wait in weeks as of end November 2024 across WCHC and WUTH.

| Longest Wait (weeks) | |
|---|---|
| Longest wait to complete pre-diagnostic pathway (0-19) | 50 |
| Longest wait for a First Appointment with a Community Paediatrician | 126 |

**Figure 5**

## Median Average wait

Figure 6 shows the median average weeks waited to new outpatient appointment for patients seen at WUTH across the month of November 2024. Highest number of patients (12) had waited 106 weeks for first outpatient appointment.

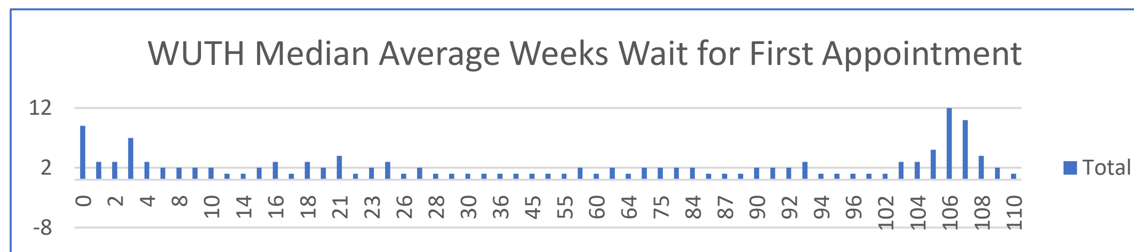


**Figure 6**

## Waiting list by age

Figure 7 shows the waiting list across WCHC & WUTH by age. The greatest number of children and Young people (CYP) waiting by age is 8 years, however 9 and 10 years olds have very similar numbers. Given the current challenging waiting times, some CYP may have been referred up to 1-2 years prior (e.g. at age 6,7 and 8 years).

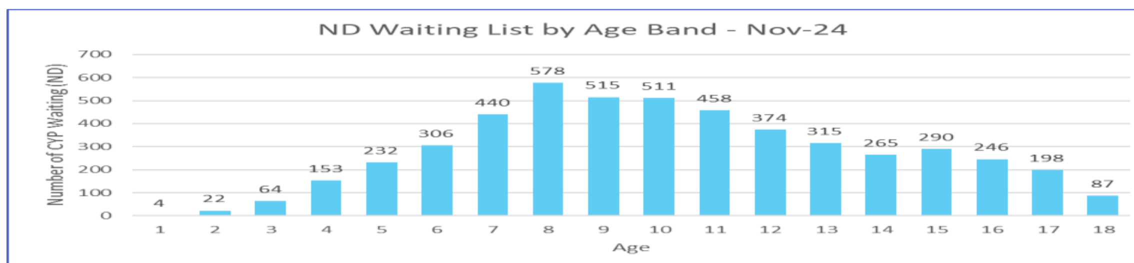


**Figure 7**

## WCHC Speech and Language Service

Figure 8 shows the current position for children and young people waiting for an Initial Assessment with a Speech and Language Therapist. This includes children with a Neurodevelopmental need and also those with communication needs.

| | |
|---|---|
| Longest Wait for initial Assessment | 91 weeks |
| Average waiting time | 37 weeks |
| Waiting list volume | 1217 |

**Figure 8**

# 3c. Current Workforce: ND Pathway WCHC

NHS Wirral Community NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

## WCHC Current ND Clinical Workforce Model

- Figure 9 contains the current workforce model within WCHC who contribute to the pre-diagnostic element of the ND pathway. These staff are currently funded by Public Health England within the 0-19 team. These staff that are counted within figure 8 have substantive posts that they need to be working against -0-19 function and Healthy Child Programme delivery
- This is significant to allow the profiling tool and other pre referral workstreams to be delivered e.g. preventative work reducing the need for referrals with earlier interventions and support.
- Within the School Nurse Assistant roles there are currently 2 vacancies which are going through recruitment process. This role was intended to support the Universal delivery of the Healthy child Programme and therefore on recruitment these roles will support the graduated response instead of Neurodevelopmental Assessment and Co-ordination.

| Role | WTE |
|---|---|
| B6 staff supporting | 1.89 |
| Admin | 1.0 |
| B3 School Nurse Assistant | 4.23 |
| Leadership (Not quantifiable as WTE as across multiple services) | |

**Figure 9**

## WCHC Speech and Language Workforce

- Non-Recurrent additional funding in place to increase capacity to reduce backlogs of assessment have enabled a trajectory for Initial Assessment to be completed within 18 weeks by August 2025. This is reliant on stability of existing workforce and referral rates. This is in line with the additional 42 weeks non- recurrent funding currently in place.
- Ongoing additionality will be needed as our expectation is that the current capacity will not be sufficient to maintain initial Assessments by 18 weeks post August 25 and to ensure that children receive a timely review of their identified needs.

# 3d. Current Workforce: ND Pathway WUTH



## WUTH Community Paediatric Current Clinical Workforce Model

- The current substantive clinical workforce within the Community Paediatric service is as figure 10. In addition, the service also has a regular rotation of core and GRID middle grade trainees.
- The service provides assessment, diagnosis and ongoing management as appropriate for ADHD (attention deficit hyperactive disorder), ASD (autism spectrum disorder), developmental concerns including developmental delay (specific or global) disability, co-ordination difficulties, social interaction, social communication difficulties, attention control difficulties, learning difficulties (specific or complex) and Foetal Alcohol Spectrum Disorder (FASD).
- The current workforce also provide statutory services including Initial Health Assessment (IHA`s) for Children Looked after (CLA), Child protection rota and Pre-adoption medicals. Please note required protected clinic slots/time are excluded from ND capacity and demand modelling outlined within this business case.

| Role | WTE |
|---|---|
| Consultant | 5.0 |
| Specialist Grade Doctors | 2.0 |
| Clinical Nurse Specialists | 2.6 |
| LAT Doctor | 0.5 |

**Figure 10**

# 3e. Capacity and Demand: Community Paediatric Service WUTH

Wirral Community NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

## Current Capacity for the ND Pathway

- Current average weekly referrals into the services (both WCHC and WUTH) continue to outstrip capacity. Current new capacity for WUTH is 20 slots per week, less than half that is required to meet the weekly demand.

## Capacity and Demand

- Figure 11 demonstrates a deterioration of the current position for the waiting list and waiting times over the next 3-year period, if demand remains at the current level with 0% growth, no positive impact from the graduated approach and no investment. This is based upon current referral demand, with the existing available capacity.

| Category | Referral Type | Starting PTL | Month 1 | Month 6 | Month 12 | Month 18 | Month 24 | Month 30 | Month 36 |
|---|---|---|---|---|---|---|---|---|---|
| New PTL | ND Pathway | 5,140 | 5,263 | 5,778 | 6,516 | 7,254 | 7,992 | 8,730 | 9,468 |
| Referrals | ND Pathway | | 210 | 210 | 210 | 210 | 210 | 210 | 210 |
| New Capacity (Core) | ND Pathway | | 87 | 87 | 87 | 87 | 87 | 87 | 87 |
| Addtional New Capacity | ND Pathway | | | | | | | | |
| Addtional New Capacity (Outsource) | ND Pathway | | | | | | | | |
| New's Discharge Rate % | ND Pathway | | 8% | 8% | 8% | 8% | 8% | 8% | 8% |
| Weeks Wait for New Referral | ND Pathway | | 262 | 288 | 325 | 361 | 398 | 435 | 472 |

**Figure 11**

- Note this includes both WCHC & WUTH waiting lists – 75% conversation rate from 0-19 service to WUTH.

# Section 4. 3 Year Plan for Reduction of Backlog and Implementation of New Model

# 4. 3 Year Plan

Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust

## Year 1 – **Preferred Option**

- The focus will be upon increasing capacity to reduce backlog and improve waiting times. 3 options have been considered and costed to reduce the backlog and recover waiting times across a 1-2 year period:

  1. Recruitment of additional resource and outsourcing **(preferred option)**
  2. Outsourcing of backlog to external providers
  3. Insourcing

  Year 1 will also see the commencement of transition towards implementation of the new model with an MDT approach at both triage and diagnosis stage. This will be achieved working collaboratively with WCHC with recruitment of posts for which funding has been secured (£180k).
- WCHC to provide roles within a Neurodevelopment specific team to support continuation of pre diagnostic assessments and triage within year one., whilst not utilising 0-19 staffing .
- WCHC Childrens Speech and Language costs for partial year due to non recurrent funding in place at present (partial year Sept 25-Mar 26 ) Additional funding between September 2025 and March 2026 to maintain Assessments under 18 weeks £106,175 (Exc overheads).

## Year 2

- Continuation of work in Year 1 to achieve the ND assessment KPI`s (18 weeks to 1st appointment and 30 weeks to diagnosis). Continuation towards the new model through training of Specialist Nurses to support Nurse led ADHD diagnosis.
- Recurrent additional WCHC Childrens Speech and Language resource required for initial assessments and intervention to maintain 18 weeks to first assessment/appointment, after temporary funding ends August 2025 – 3wte (excluding EHCP interventions, funded by local authority)  £182,013 recurrent funding from April 2026.

## Year 3

- Waiting list sustained and full launch of the new ND model with the introduction of Nurse Led ADHD diagnosis.

# 4a. Year 1 and 2 Options: Reduction of Backlog



## Option 1: Recruitment of Additional Resource and Outsourcing

## Option1: Recruitment of Additional Resource

- Recruitment of 3.5 WTE Consultant/SAS doctors; 2.5 WTE recruited on a 24-month fixed term basis. Non-recurrent recruitment will support the reduction of backlog while Specialist Nurses are recruited and trained to enable the launch of the new model, including Nurse led ADHD diagnosis. 1 WTE Consultant/SAS doctor will be recruited recurrently to sustain reduction in waiting times. By month 24, 2.5 WTE consultants will be withdrawn with 1 WTE retained alongside the implementation of a Nurse led diagnosis service at end of year 2 to maintain acceptable waiting times.
- 3.5 WTE Consultant/SAS doctors on a 10 PA job plan focusing upon new capacity only. Follow ups would be generated but an assumption has been made this will be 35-40% less than current levels.
- Current clinic templates are 1 new 5 follow ups. Based upon the success of LEAP outsourcing test outlined within the outsourcing section and enforced discharge of ASD patients after diagnosis, an assumption has been made that the follow up caseload will reduce by 20-35% over the next 3 years. This will free up additional new capacity which has been input from month 13 onwards. This will gradually free up new capacity as profiled I the capacity and demand modelling. Proposed new templates will be 2 new 3 follow ups as per national guidance.
- This additional clinical resource cannot be supported within current nursing and administrative capacity so would also require additional substantive secretaries/clerks/CSWs/RNs. These posts would support both recovery of the backlog and the new model. Therefore, required posts are outlined within Figure 12.

| Post Name | Band | WTE Required | Term |
|---|---|---|---|
| Consultant | Consultant | 2.5 | 2 year Fixed term |
| Consultant | Consultant | 1.0 | Substantive |
| Nurse | Band 5 | 1.5 | Substantive |
| Clinical Support Worker | Band 4 | 1.5 | Substantive |
| Medical Secretary | Band 4 | 1.0 | Substantive |
| Booking Clerk/Receptionist | Band 2 | 1.0 | Substantive |

Figure 12

# 4a. Year 1 and 2 Options: Reduction of Backlog



## Option 1: Outsourcing Element

- Test within the LEAP service in Primary care to follow up and monitor CYP on medication for ADHD diagnosis
- Outsourcing of 100 CYP on ASD pathway by March 2025

### LEAP service within primary care

- LEAP is the Primary Care specialist service that has been developed in Wirral to diagnosis and monitor adults with ADHD. However, it is being considered to extend the service to support the monitoring of children. Initial conversations have taken place with ICB leads and Clinical Lead for the LEAP Service. The option being considered is for teenage children to be monitored (11+) including the annual review to be undertaken by the LEAP service (who are seen as specialists) with continued links to WUTH consultants.

**Proposal:**

- Capacity within the LEAP service is still developing so a test is being considered to commence at age 16+ with a phased implementation to reduce age to 14+ over a period of time. Initial plans are to refer 50 CYP aged 16+ who are stable and require an annual review and 6-month height, weight and blood pressure check.

**Impact:**

- There are currently 1853 CYP >11 years on an ADHD follow up pathway as indicated in Figure 11. If the test is successful, this will free up capacity within the WUTH diagnostic service to support more patients on the new waiting list whilst continuing to monitor young children though shared care arrangements.

**Costs:**

- The estimated cost of the test is approximately **£4k** to support 50 CYP age 16+. For the 550 CYP age 16+ as in the table it is estimated to be **£50K** for annual health check+ 6 monthly check and additional 6 monthly check. However, these costs may change slightly due to changes within the age band and upon review of the test.

### Outsourcing of 100 CYP on ASD Pathway

- There are currently approximately 1300 CYP on an ASD only pathway waiting diagnosis. Non-recurrent funding has been sourced by the ICB to support this ASD waiting list. This funding is to be utilised by March 2025. Due to this short timescale the service would be unable to recruit additional staff to deliver within this period.

**Proposal:**

- Outsource approximately 90-100 CYP waiting ASD diagnosis.

**Impact:**

- This will reduce the ASD backlog to support the service.

The service have identified a priority cohort of CYP starting with 16–17year age group.

**Costs:**

- Confirmation has been given that **£183,645** has been allocated.

| Age in Years | No. on ADHD medication review pathway |
|---|---|
| 11+ | 258 |
| 12+ | 248 |
| 13+ | 301 |
| 14+ | 223 |
| 15+ | 270 |
| 16+ | 259 |
| 17+ | 212 |
| 18+ | 75 |
| 19+ | 7 |
| TOTAL | 1853 |

**Figure 13**

# 4a. Year 1 and 2 Options: Reduction of Backlog

Wirral Community NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

## Option 1: Recruitment of Additional Resource and Outsourcing Impact Summary

- Figure 14 demonstrates the impact of option 1 which would recover the 18-week by end of month 24 of the plan.
- The table indicates the current PTL across both WCHC & WUTH (minus an accepted conversion of 75% for the referrals not yet triaged within WCHC).
- Assumptions include: 0% demand growth due to the continued work to embed the Graduated Approach, successful outsourcing to LEAP and 100 ASD patients.
- Increased capacity and reduction in waiting times would be achieved through recruitment, reduction of follow up appointments through outsourcing in addition to discharge of ASD patients post diagnosis and clinic template changes as outlined.
- Option 1 is the preferred option as it addresses the backlog, reduces waiting times and supports implementation and sustainability of new model.

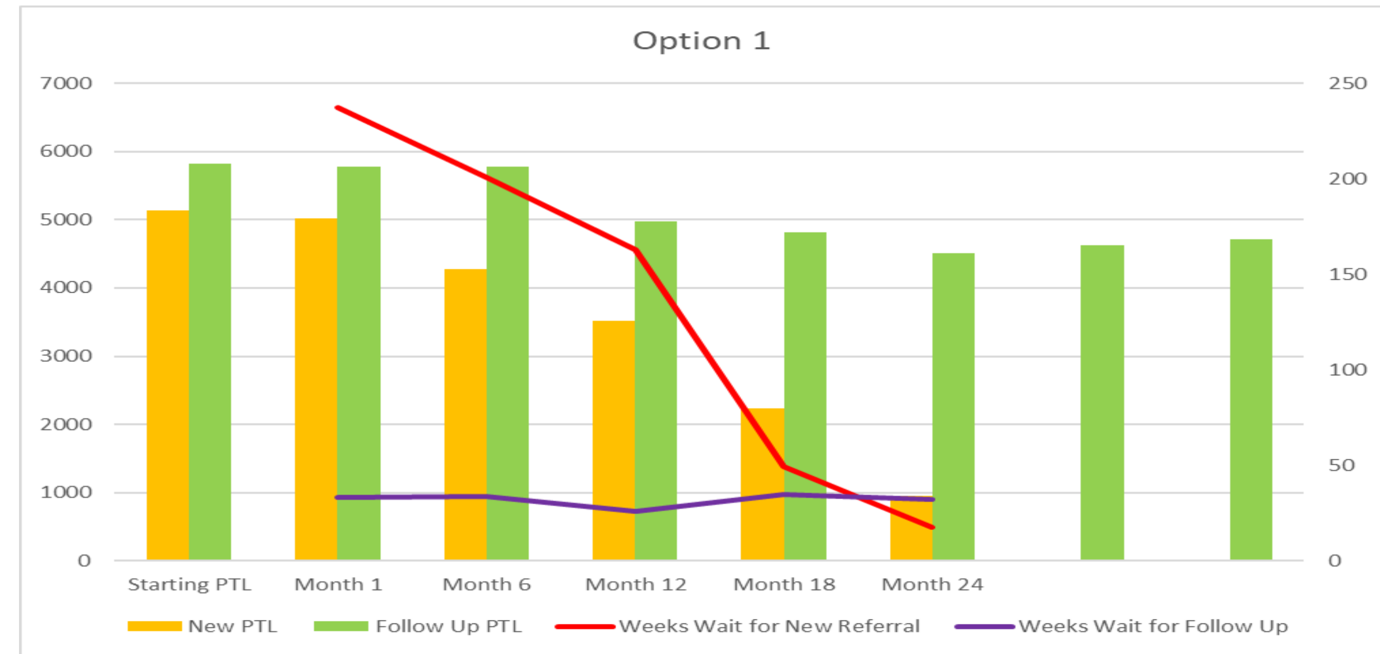


Figure 14

| Category | Referral Type | Starting PTL | Month 1 | Month 6 | Month 12 | Month 18 | Month 24 | Month 30 |
|---|---|---|---|---|---|---|---|---|
| New PTL | ND Pathway | 5,140 | 5,013 | 4,278 | 3,516 | 2,232 | 948 | 708 |
| Referrals | ND Pathway | | 210 | 210 | 210 | 210 | 210 | 210 |
| New Capacity (Core) | ND Pathway | | 87 | 87 | 87 | 174 | 174 | 250 |
| Addtional New Capacity | ND Pathway | | 250 | 250 | 250 | 250 | 250 | |
| Addtional New Capacity (Outsource) | ND Pathway | | | | | | | |
| New's Discharge Rate % | ND Pathway | | 8% | 8% | 8% | 8% | 8% | 8% |
| Weeks Wait for New Referral | ND Pathway | | 237 | 201 | 163 | 49 | 17 | 12 |
| | | | | | | | | |
| Follow Up PTL | | 5,827 | 5,783 | 5,774 | 4,974 | 4,819 | 4,513 | 4,627 |
| Follow Up Capacity (Core) | | | 743 | 743 | 743 | 603 | 603 | 603 |
| Addtional Follow Up Capacity (Insource) | | | | | | | | |
| Addtional Follow Up Capacity (Outsource) | | | 50 | | 500 | | | |
| Follow Up Discharge Rate % | | | 10% | 15% | 30% | 35% | 35% | 35% |
| Weeks Wait for Follow Up | | | 33 | 34 | 26 | 35 | 32 | 33 |

Figure 15

# 4a. Year 1 and 2 Options: Reduction of Backlog Option 1 Costing

Wirral University Teaching Hospital NHS Foundation Trust

Wirral Community NHS Foundation Trust

## Recruitment of Additional Resource (WUTH)

| Post Name | Band | WTE Required | Term | Total Cost |
|---|---|---|---|---|
| Consultant | Consultant | 2.5 | 2-Year Fixed term | £365,038 |
| Consultant | Consultant | 1.0 | Substantive | £146,015 |
| Nurse | Band 5 | 1.5 | Substantive | £60,265 |
| Clinical Support Worker | Band 4 | 1.5 | Substantive | £47,479 |
| Medical Secretary | Band 4 | 1.0 | Substantive | £36,063 |
| Booking Clerk/Receptionist | Band 2 | 1.0 | Substantive | £29,014 |
| Total Non-recurrent | | | | £365,038 |
| Total Recurrent | | | | £318,837 |
| **TOTAL** | | | | **£683,875.44** |

## Outsourcing

| Outsourcing Costs | Caseload | Cost |
|---|---|---|
| LEAP Test | 50 Patients | £4000 |
| LEAP Test Extension | 500 Patients | £50,000 |
| ASD Outsourcing (year 1) | 90-100 Patients | £183,645 |
| TOTALS | | £237,645 |

## Total Costs for Year 1 and 2 Option 1

**Year 1 £921,520**

**Year 2 £737,875**

**Year 3 £372,837**

# 4b. Year 1 and 2 Options: Reduction of Backlog

Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust

## Option 2 Outsourcing

Outsourcing has been explored to reduce the current waiting list and times. Clinical Partners are able to provide outsourcing solution to clear the entire backlog at significant cost shown below.
Total cost **£7,167,928.84**

| Caseload of 5076 | | |
|---|---|---|
| ADI (Remote) | 2649 | £2,758,521.15 |
| ADOS (Remote) | 1590 | £810,667.44 |
| ADOS (F2F) | 1060 | £837,689.69 |
| ADHD (Remote) | 3298 | £2,761,049.56 |
| **Total** | **8596** | **£7,167,927.84** |

| Caveats and Assumptions | | | |
|---|---|---|---|
| Delivery Cost Discounts | Discounts have been applied according to volume undertaken, volume assumed to be all completed within the delivery plan time scale up to 31st March. | | |
| DNAs | DNAs are assumed to be up to 10% and chargeable at the following rates | | |
| | DNA cost - ADOS f2f | | £395 |
| | DNA cost - ADIr remote | | £440 |
| | DNA cost - ADIr f2f | | £440 |
| Cohort | Assuming mixed cohort to be sent regularly in keeping with delivery plan | | |
| | Assumption of split of 60/40 for remote v's face to face but this may vary | | |
| Potential costs for failed appointments | Incomplete assess costs ADOS-2 In Person | | £930 |
| | Incomplete assess costs ADOS-2 Remote Delivery | | £600 |
| | Incomplete assess costs ADI-r Remote Deivery | | £1,225 |
| | If an in person ADOS-2 assessment is required following failed ADOS-2 remote assessment this will incur an additional fee(total cost for ADOS-s would therefore be £1040) | | £440 |
| | If an in person ASDI-r assessment is required this will incur an additional fee (total cost for ADI-r would therefor be £1525) | | £330 |

## Option 3 Insourcing

- Insourcing has been explored and costings provided by external provider 18 weeks as below. This model is based upon 1800 new patients being assessed in 12 months for both ASD and ADHD. This would reduce the backlog and achieve an 18 week wait over 3 years and the total cost would be **£3,719,643.**

| Activity Levels - Scenarios | Weekends / Year | Expected Patients | Annual Assessment Price | Annual Triage Price | Admin | Total Price | Price / Patient |
|---|---|---|---|---|---|---|---|
| 1 Room, incl 2000 patients triage | 50 | 600 | £412,446 | £45,992 | £52,500 | £510,937 | £852 |
| 2 Room, incl 2000 patients triage | 50 | 1200 | £809,554 | £45,992 | £52,500 | £908,046 | £757 |
| 3 Room, incl 2000 patients triage | 50 | 1800 | £1,128,890 | £45,992 | £65,000 | £1,239,881 | £689 |

| Category | Referral Type | Starting PTL | Month 1 | Month 6 | Month 12 | Month 18 | Month 24 | Month 30 | Month 36 |
|---|---|---|---|---|---|---|---|---|---|
| New PTL | ND Pathway | 5,140 | 5,113 | 4,978 | 4,816 | 4,132 | 3,448 | 2,308 | 1,168 |
| Referrals | ND Pathway | | 210 | 210 | 210 | 210 | 210 | 210 | 210 |
| New Capacity (Core) | ND Pathway | | 87 | 87 | 87 | 174 | 174 | 250 | 250 |
| Addtional New Capacity | ND Pathway | | | | | | | | |
| Addtional New Capacity (Outsource) | ND Pathway | | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| New's Discharge Rate % | ND Pathway | | 8% | 8% | 8% | 8% | 8% | 8% | 8% |
| Weeks Wait for New Referral | ND Pathway | | 247 | 240 | 232 | 99 | 82 | 37 | 18 |

**Options 2 and 3 have been discounted as neither are value for money due to being short term solutions to reducing the backlog with risk to sustaining reduction and failure to support the introduction of the new model.**

# 4c. Year 1: New ND Model



## Implementation of MDTs

- £180,000 recurrent funding has been agreed to recruit the below posts. These posts will work across the ND pathway from initial referral, supporting both the reduction of the backlog and implementation of the New Model through triage MDT. Recruitment is underway, with JDs identified and the TRAC applications in progress at WUTH. Posts are anticipated to 2025/26. Posts will support the teams at both WCHC & WUTH.

| Post Name | Band | WTE Required | Term | Total Cost |
|---|---|---|---|---|
| Operational Transformation Service Manager | Band 8a | 1.0 | Substantive | £71,107 |
| Speech and Language Therapist | Band 6 | 2.0 | Substantive | £98,507.06 |
| **TOTAL** | | | | **£169,614** |

CWP are testing a care navigator role specifically for patients awaiting an ND diagnosis. This is on a 12 months fixed term basis and further support the new model.

# 4d. Year 2 & 3: Implementation and Embedding of New ND Model

Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust

As well as addressing the backlog from year 1, the services across both WCHC & WUTH plan to implement the new model with the introduction of the Triage MDT, including recruitment of SALT. This will be further embedded as we move through years 2 and 3 with the additional posts as costed below. Support from CWP for clinical psychology input is under discussion between the services to agree sub-contracting.

| Post Name | Band | WTE Required | Term | Total Cost |
|---|---|---|---|---|
| Clinical Psychologist | Band 8a | 1.5 | Substantive | £106,660 |
| Speech and Language Therapist | Band 6 | 1.0 | Substantive | £146,015.33 |
| Specialist Nurse | Band 7 | 3.0 | Substantive | £60,945 |
| **TOTAL** | | | | **£252,676** |

The new model will be implemented with a Nurse led diagnostic approach. It is anticipated that it will take 1-2 years to recruit and train Specialist Nurses and therefore it is essential to recruit to these posts as soon as possible with a view to achieve full implementation by the end of year 2.

The services are working with the wider C&M ND working groups from both operational and clinical perspectives to embed this wider work into the model including:

- Referral criteria and evidence of profiling tool and wider GA – This has been agreed 13th December 2024 locally and will be implemented January
- Use of the C&M prioritisation and risk stratification framework when fully signed off
- Implementation of clinical assessment and diagnostic model. With the recruitment into SALT posts, the service at WUTH intend to introduce an ASD diagnosis and assessment rapid access style clinic to avoid unnecessary follow up appointments and improve patient experience

Recurrent additional WCHC Childrens Speech and Language resource required for initial assessments and intervention to maintain 18weeks to first assessment/appointment, after temporary funding ends August 2025 – 3wte (excluding EHCP interventions, funded by local authority) £182,013 recurrent funding from April 2026.

# 4e. Years 1-3 Backlog & New Model Pre-Diagnostic Assessment – ND Team within WCHC



For WCHC to continue to support the pre-Diagnostic elements of this pathway there will need to be a distinct separation from the 0-19 Service . There will be funding required to support both pay and non-pay elements of this work . The workforce model and non-pay costs are in the table below.

| Option 1: | | | | | | |
|---|---|---|---|---|---|---|
| | Payscale | Hours | WTE | Headroom at 22% | Total WTE | Total cost to Trust |
| Band 3 Admin - 1.00 WTE AYR | XR0307 | 37.50 | 1.00 | 0.22 | 1.22 | £ 38,774 |
| Band 6 ADHD Nurse - 0.80 WTE AYR | XR0609 | 30.00 | 0.80 | 0.18 | 0.98 | £ 55,243 |
| Band 3 ND Support Roles - 2.00 WTE AYR | XR0307 | 75.00 | 2.00 | 0.44 | 2.44 | £ 77,548 |
| Band 3 QB Screener Role - 1.00 WTE AYR | XR0307 | 37.50 | 1.00 | 0.22 | 1.22 | £ 38,774 |
| **Total Pay cost** | | | | | | **£ 210,339** |
| | QBTECH LTD | | | | | £ 23,153 |
| | Conners | | | | | £ 15,734 |
| | Other Non Pay | | | | | £ 10,517 |
| **Total Non Pay Costs** | | | | | | **£ 49,404** |
| **Overhead (of Pay & Non Pay)** | | | | | | **£ 25,974** |
| **Total cost to Trust** | | | | | | **£ 285,717** |

Additional Speech and Language Therapy resource required for initial assessments and intervention to maintain 18weeks first assessment/appointment, after temporary funding ends August 2025 – 3wte (excluding EHCP interventions, funded by local authority)-Sept 25 – Mar 26 -£106,175 and full year effect, recurrently from April 2026 = £182,013.

**Total WCHC**
Year 1: £391,892
Year 2: £467,730
Year 3: £467,730

# 4f. Costings Summary

NHS Wirral Community NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

## WUTH Costings

Option 1 is the preferred option to reduce the backlog due to the outlined approach to achieving and sustaining backlog and waiting time reduction. Therefore, Option 1 has been included in the costing summary in addition to new model implementation costs.

| Backlog Recovery Option 1 (WUTH Costings) | Recurrent | Non-Recurrent | TOTAL |
|---|---|---|---|
| **Year 1 Backlog Recovery Option 1** (Preferred Option) Includes LEAP funding, ASD Outsourcing | £372,837 | £548,683 | **£921,520** |
| **Year 2 Backlog Recovery Option 1** (Preferred Option) Includes LEAP Funding | £372,837 | £365,038 | **£737,875** |
| Year 3 Backlog Recovery Option 1 (Preferred Option) Includes LEAP Funding | £372,837 | | **£372,837** |
| **TOTAL Backlog Recovery** | £1,118,511 | £913,722 | **£2,032,232** |

| New Model (WUTH Costings) | Recurrent | Non-Recurrent | TOTAL |
|---|---|---|---|
| **Year 1 New Model** (Funding already agreed recurrently from ICB plus non-recurrent IT/digital support) | *£169,614 | £120,000 | **£289,614** |
| **Year 2 New Model** - Pay costs | £252,676 | | **£252,676** |
| **Year 3 New Model** - Pay Costs | £252,676 | | **£252,676** |
| **TOTAL Years 1-3 New Model Costs** | **£505,352** | **£120,000** | **£625,352** |

*£180,000 already committed and thus excluded from totals

## WCHC Costings

Costings as below include pay elements and non-pay elements currently unfunded within the 0-19 team. And funding is required to support the pre-diagnostic element of the ND pathway

| Backlog and New Model (WCHC Costings) | Recurrent | Non-recurrent | TOTAL |
|---|---|---|---|
| **Year 1-3 Pay & Non-Pay costs per year** | £285,717 | | £857,151 |
| **Speech and Language Year 1** | | £106,175 | £106,175 |
| **Speech and Language recurrently from Year 2** | *£182,013 | | £364,026 |
| **TOTAL Year 1-3 Pay & Non-Pay Costs** | **£1,221,177** | **£106,175** | **£1,327,352** |

*Recurrent additional WCHC Childrens Speech and Language resource required for initial assessments and intervention to maintain 18weeks to first assessment/appointment (excluding EHCP interventions).

## ND Pathway – Recovery and New Model – 3-year plan costs

The table below indicates the total costs as outlined in this plan across WCHC & WUTH to deliver a 3-year plan enabling recovery of the waiting list position, reduce waiting time s and implement and embed the new ND Model.

| ND Pathway Totals for Recovery and New Model (WCHC & WUTH) | Recurrent | Non-Recurrent | TOTAL |
|---|---|---|---|
| Year 1-3 across both Trusts including Pay and Non-Pay | £2,845,040 | £1,139, 897 | **£3,984,937** |

# Section 5. Implementation

NHS
Wirral Community
NHS Foundation Trust

NHS
Wirral University
Teaching Hospital
NHS Foundation Trust

# 5a. Timeline of Actions

Please note dates are dependent upon decision making timescales.

| | | | | Potential Year 1 | | | | Potential Year 2 | | | | Potential Year 3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Milestones** | **Owner** | **Q3 24/25** | **Q4 24-25** | **Q1 25/26** | **Q2 25/26** | **Q3 25/26** | **Q4 25/26** | **Q1 26/27** | **Q2 26/27** | **Q3 26/27** | **Q4 26/27** | **Q1 27/28** | **Q2 27/28** | **Q3 27/28** | **Q4 27/28** |
| Recruit to agreed recurrent funded posts | Kate Hannah | | | | | | | | | | | | | | |
| Submission of proposal to WUTH Executive team | Helen Walker | 18/12/2024 | | | | | | | | | | | | | |
| Submission of proposal to ICB | Hayley Kendall | 20/12/2024 | | | | | | | | | | | | | |
| Financial approval for backlog and new model | Simon Banks | | 30/01/2024 | | | | | | | | | | | | |
| Outsource ASD patients (90-100) | Kate Hannah | | | | | | | | | | | | | | |
| LEAP Test - 50 patients to be outsourced | Kate Hannah | | | | | | | | | | | | | | |
| Recruit to fixed term and substantive workforce to reduce backlog once funding agreed | Kate Hannah | | | | | | | | | | | | | | |
| Recruit to substantive posts in WCHC ND Team | Lindsey Costello | | | | | | | | | | | | | | |
| Implement triage MDT in collaboration with WCHC | Kate Hannah<br>Lindsey Costello | | | | | | | | | | | | | | |
| Recruit to substantive posts to start implementation of new model – Nurse led diagnosis & MDT approach to allow period of training for clinical examination skill s and prescribing | Kate Hannah | | | | | | | | | | | | | | |
| Embedding of new model as business as usual | Kate Hannah | | | | | | | | | | | | | | |

*** timescales will be reliant upon decision making process and timescales.

# 5b. Benefits and Delivery Risks

Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust

Benefits

- If funding is approved for the plan as outlined the benefits to be realised are as below:
    - Reduction in waiting times
    - Patient Experience
    - Reduction in complaints
    - Patients accessing support whilst waiting diagnosis
    - Partnership working across whole of ND pathway
    - Profiling tool will support evidenced access to support offers prior to accessing diagnostic service to ensure those waiting are getting the support required – Needs led.

Delivery Risks

- Timescales are dependent upon funding
- Follow up reduction is reliant upon LEAP outsourcing and post diagnosis ASD support to enable discharge from service
- 0% growth in demand is reliant on the Graduated approach and profiling tool
- Reduction in demand reported by Portsmouth profiling tool may not be realised within Wirral population
- Hard to recruit to posts
- Specialist nurse ADHD diagnostic service will be reliant upon appropriately skilled and qualified workforce