

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

Wirral Community Health and Care Trust & Wirral University  
Teaching Hospital

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

Element of the pathway	WCHC Pre-diagnostic pathway	WCHC SLT waiting list	WUTH Community Paediatrics Diagnostic Service	New Cost Per Year
<b>High level priorities</b>	Agreement to continue as part of hybrid recovery plan for years 1&2	Recovery plan agreed and supported by additional nonrecurrent resource from ICB.  Trajectory for achieving 18 week wait for new referrals – August 25	Update Referral criteria - to be launched January 2025  Re-triage test - 900 patient cohort – implement during Q4  Capacity and demand modelling to evaluate resource required to manage current backlog – complete and forms basis of resource requirements to deliver plan  Implementation of triage MDT model based on available investment (£180K) – recruitment to commence Q4 2024/25  Reduce follow up demand built into plan including: <ul style="list-style-type: none"> <li>LEAP test project with subsequent expansion</li> <li>Pro-active discharge of patients with ASD diagnosis to Primary Care</li> </ul> Implementation of new model (diagnostic panel) through recruitment of MDT including Specialist Nurses to provide Nurse led ADHD diagnoses	
<b>Associated cost required Yr 1:</b>	Already committed: £0 New: £285,717 (slide 22)	Already committed: £250,000 (non Recurrent) New: £106,175 (Sept 25-Mar26)	Already committed: £180k- (Service Lead , Speech and Language ) New: £1,041,520 backlog, ASD outsourcing, IT support (slide 23)	<b>£1,433,412</b>
<b>Associated cost required Yr 2:</b>	Already committed: £0 New: £285,717 (slide 23)	Already committed: £0 New: £182,013 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 New: £737,875 backlog (slide 18) and £252,676 new model (slide 21) = £990,551	<b>£1,458,281</b>
<b>Associated cost required Yr 3:</b>	Already committed: £0 New: £285,717 (slide 23)	Already committed: £0 New: £182,013 As above.	Already committed: £180k New: £372,837 backlog maintenance and LEAP (slide 18) and £252,676 new model (slide 21) = £625,513	<b>£1,093,243</b>
<b>Total New Cost Yr 1-3</b>				<b>£3,984,936</b>

## 4. 3 Year Plan

### 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 1<sup>st</sup> 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 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.

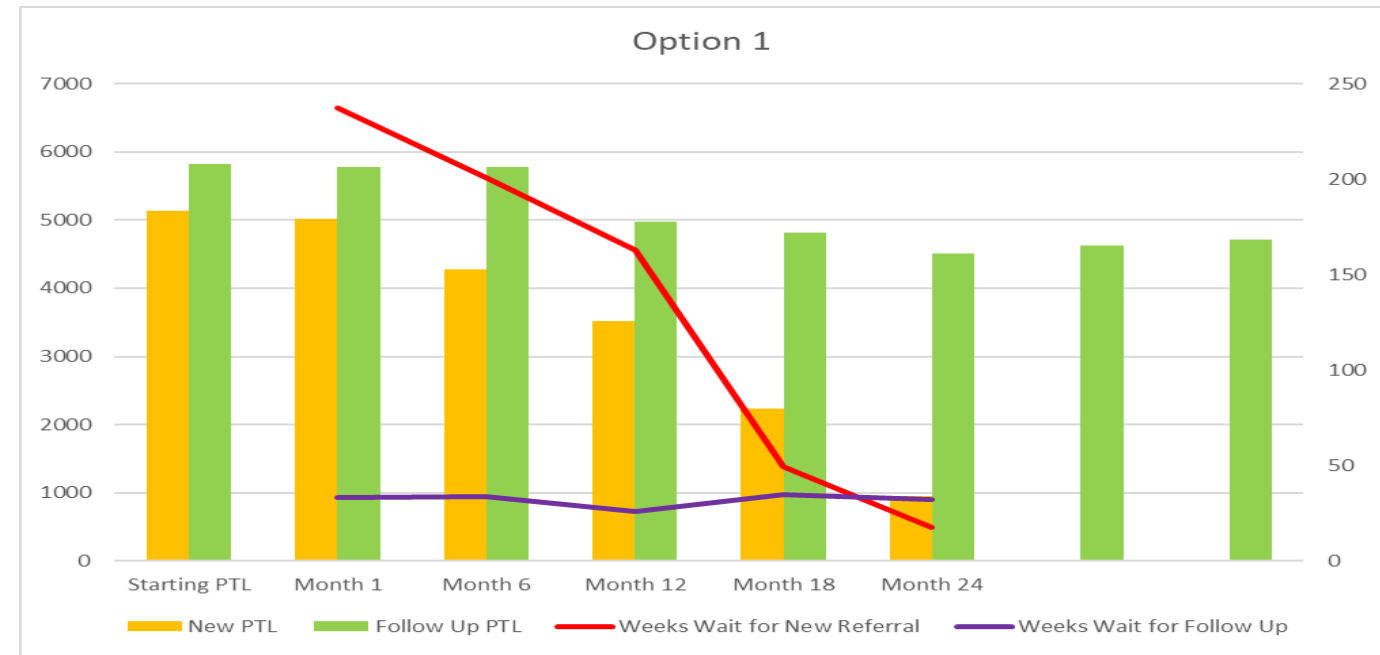


Figure 14

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
Additional New Capacity	ND Pathway		250	250	250	250	250	
Additional 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
Additional Follow Up Capacity (Insource)								
Additional 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

# 5b. Benefits and Delivery Risks

## 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