

**Consultation on the 2026/27 NHS Payment Scheme**

# **Attention-Deficit/Hyperactivity Disorder (ADHD) & Autism Payment Guidance**

**A supporting document to the 2026/27 NHS Payment Scheme**



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## Who this document is for

This document is primarily intended for finance, costing and data teams working in ADHD services and Autism Diagnostic assessment services, and ICB colleagues with commissioning responsibilities for these services. This guidance supports improved commissioning of services, and standardisation of data capture and reporting.

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## 1. Introduction

The increasing number of referrals for ADHD services and Autism assessment is placing unprecedented pressure on local systems. It has been identified that there is wide variation in local care models, with no national service specifications for care to be developed from.

NHS England has developed guidance and tools to support the effective commissioning and provision of effective ADHD and Autism assessment services from 2026/27.

In the longer term, NHS England are considering how the development of a national guidance for ADHD and Autism services and a potential payment methodology could support the sector. The recently published reports of the [ADHD taskforce](#) make significant recommendations for change in relation to ADHD service provision and we want to take this, amongst other things, into account in the development of this work.

These are longer term goals which would need to be developed alongside providers and commissioners with support from cross-cutting subject matter experts. This year we will engage the sector on the changes we are setting out in this guidance and ask stakeholders to volunteer to participate in a task and finish or stakeholder group to contribute to this work. If you would be interested in getting involved in the development process or stakeholder groups, please contact [england.pricingenquiries@nhs.net](mailto:england.pricingenquiries@nhs.net).

To support a movement to these long-term goals, we are proposing the following as part of the [2026/27 Payment Scheme consultation](#):

- Introduction of guide prices for these services
- Development of payment guidance to support effective commissioning and delivery of services
- Implementation of a first iteration of a currency model for ADHD and autism services

The information set out in this document aims to support commissioners and providers to develop consistent commissioning and payment for ADHD and autism services. Guidance is provided throughout to support use by ICBs, and specific data requirements are set out for providers.

ADHD and autism services are provided in both Mental Health and Community settings. Therefore, data should be captured in the respective national data set. To promote consistency and standardisation, all information in this Supporting Document aims to be relevant irrespective of where the assessment/care is provided. Currencies are identical for both community and mental health provision.

## 2. Commissioning a Quality Service

This document aims to support providers and ICBs to deliver and commission quality services. We recommend the following requirements are embedded within any contractual

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process to ensure consistency, accountability, and equitable delivery of ADHD and autism services:

1. **DNA penalties should not be used** within ADHD and Autism service contracts; missed appointments must be managed through supportive engagement strategies rather than financial charges, to ensure equitable access and avoid disproportionate impact on neurodivergent individuals. Attempts should be made by providers to reengage DNAs prior to discharge of patient from services.
2. **Avoid the use of private pharmacies** by ensuring ADHD diagnosis and titration services are only reimbursed when delivered through NHS-commissioned providers, excluding private prescriptions from NHS payments unless part of an approved shared care protocol, and requiring use of NHS digital systems for prescribing and audit.
3. **Avoid unnecessary reassessments** by ensuring ADHD and autism diagnostic assessments conducted by private providers are transferable to NHS-commissioned titration services, including other private providers through Right to Choose, unless clinically indicated otherwise, preventing duplication of assessments and reducing avoidable costs to the NHS. Primary Care professionals should advise on providers' ability to progress care pathways, and providers must be transparent about the scope of their service—clearly stating if they only offer assessment without ongoing care. Providers should not re-assess patients being transferred into their services unless clinically appropriate and agreed by the ICB.
4. **Meeting national data obligations** – ICBs should ensure that contracted providers are collecting and submitting relevant data to the respective national data sets, information set out in this guidance should support providers to do so correctly.
5. **Patients transitioning from CYP to adult services** - Reflecting best practice for the transition of young people into adult services, these patients should be offered a transition appointment ideally jointly with the child/adolescent and adult specialist providers. During the appointment drug treatment should be discussed with consideration of whether continuation into adulthood will continue to provide therapeutic benefit, or in some circumstances whether a change of ADHD medication is required.
6. **Diagnosis and assessment (ADHD)** - As set out in the NICE guidance, a diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, on the basis of:
  - a. a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life; and
  - b. a developmental review and psychiatric history; and

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c. observer reports and assessment of the person's mental state.

7. **Diagnosis and assessment (Autism)** - As set out in the Operational Guidance, the workforce configuration of autism assessment services differs between settings. At a minimum, this should comprise an MDT, with substantial collective experience and expertise in assessing both autism and the range of neurodevelopmental and mental health conditions that can commonly be differential or co-occur with autism. Owing to the nature of core training, paediatricians, psychiatrists and clinical psychologists are well placed to conduct autism assessments and reach diagnostic opinions, both independently, and as part of an MDT. Clinicians from other professional disciplines often undertake components of the assessment, but do not tend to routinely conduct these as sole practitioners. The National Institute for Health and Care Excellence (NICE) clinical guidelines and Quality Standards also set out evidence for good practice in autism assessments, including which professionals should be involved

### 3. Data and Reporting

NHS England has set out a vision to have accurate national data on all aspects of ADHD pathways and Autism assessments. NHS England have set out that this data should be linkable, consistently defined and of low burden for providers to collect. NHS England has agreed two approaches:

- Making the best use of existing data: NHS England to publish the data we currently hold (but know is likely currently incomplete) at provider level. This will encourage providers to improve the data they submit to NHS England.
- Targeted data quality improvement: NHS England to issue technical guidance on what data should be recorded and how data completeness and quality should be improved.

All providers of NHS-funded ADHD and autism services must submit data to the appropriate national data set, as required under the NHS Standard Contract (unless otherwise stated).

This data should include (but is not limited to):

- Patient data
- Referral information
- Assessment information including outcomes of assessment
- Diagnosis details
- Care contact and activity information
- Discharge information

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ICBs may also have specific data asks, set out as part of the commissioning process. National and local data requirements should be set out by ICBs as part of the commissioning process, and at regular provider-ICB meetings, ICBs should track compliance against these requirements.

NHS England published guidance on recording autism and ADHD assessments in the relevant data sets, please use the following links:

- [Recording autism and ADHD assessments in Mental Health Services Data set \(MHSDS\)](#)
- [Recording autism and ADHD assessments in Community Services Data set \(CSDS\)](#)

The following guidance is provided to support provider to meet their national data submission obligations:

- [Implementing the CSDS v1.6 tools and guidance - NHS England Digital](#)
- [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\) - NHS England Digital](#)

NHS England will also provide Grouping Methodologies for these data sets, as well as other guidance and tools on the [Currency Models Futures Workspace](#).

## 4. Attention-Deficit/Hyperactivity Disorder (ADHD)

### 4.1 Condition Overview

ADHD is a neurodevelopmental condition that persists throughout the lifespan. Current evidence suggests that ADHD is best understood as a syndrome with deficits across multiple domains of executive function. It therefore presents as a complex condition where peoples difficulties frequently cluster around difficulties with attention, concentration, impulsivity, disinhibition, hyperactivity/ restlessness, organisation, planning, short term and working memory, and frequently disturbed mood and anger control.

These difficulties may fall under the two distinct subcategories according to the Diagnostic and Statistical Manual- 5 (2013): primarily inattentive and disorganised or primarily hyperactive and impulsive. More commonly a combined presentation is seen.

- The inattentive subtype accounts for 20% to 30% of cases.
- The hyperactive-impulsive subtype accounts for around 15% of cases.
- The combined subtype accounts for 50% to 75% of cases.

People who are primarily inattentive and disorganised may also be referred to as having Attention Deficit Condition (ADD) - for ease in this document the term ADHD will be used to refer to both. This guidance uses the World Health Organisation ICD-11 definition.

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One of the essential criteria for diagnosis is a moderately/severe functional impairment arising from the difficulties that people are experiencing. The patient group typically have a difficulty achieving activities of daily living alongside complex risk issues which result from a difficulty with inhibition and restlessness which can result in impulsive behaviour. This can lead to risk to self and others. Relationships, education, employment and mental health may also be affected. Behaviours of people with ADHD can be shown to lie well outside of developmental norms and they may experience social exclusion and more likely to have involvement with substance misuse, forensic services, prison services and mental health services.

It is important that people with suspected ADHD are assessed as early as possible and receive the appropriate support, so that they can truly tap into their potential and live independently.

## 4.2 Clinical Guidance

### **NICE Assessment and Treatment Guidelines**

The NICE guidance (NG87, published March 2018) around how an assessment should take place for ADHD states:

A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, on the basis of:

1. a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life; and
2. a developmental review and psychiatric history; and
3. observer reports and assessment of the person's mental state.

The National Institute for Clinical Excellence (NICE) Guideline NG87 (March 2018) recommends medication for adults with ADHD if their ADHD symptoms are still causing a significant impairment in at least one domain after environmental modifications have been implemented and reviewed.

ADHD is thought to be under-recognised in girls and women and that:

- They are less likely to be referred for assessment for ADHD
- They may be more likely to have undiagnosed ADHD
- They may be more likely to receive an incorrect diagnosis of another mental health or neurodevelopmental condition.

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The NICE CG128 Guidance Summary (Section 1.3) on onward assessment sets out expectations if autism is suspected during an ADHD assessment.

### **NICE Guidance on the Continuation of Treatment: Monitoring and review**

- Following an adequate treatment response, drug treatment for ADHD should be continued for as long as it is clinically effective and reviewed annually.
- After titration and dose stabilisation, prescribing and monitoring of ADHD medication may be carried out by general practitioners under locally agreed formal “Shared Care” arrangements.
- Where treatment is maintained (or initiated & stabilized in adults) it should be periodically reviewed to ensure that continuation of pharmacotherapy remains appropriate and is still providing benefit.
- The annual review will be agreed between the individual, their specialist and their GP and will reflect their response to treatment and social circumstances.
- Option for full discharge into primary care via a locally commissioned service for stable patients.

### **NICE ADHD Quality Standard QS39, (2013 and updated in 2018)**

Providers should follow:

- Quality statement 3: Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.
- Quality statement 4: Parents or carers of children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.
- Quality statement 6: People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.
- Quality statement 7: People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

## **4.3 Payment Guidance**

This section sets out how payment should be made for care commissioned on an activity basis, this can be used ICBs to provide a standardised approach to payment.

### **Assessment**

Invoices for payment will be made following discharge after the Outcome Report has been completed and sent to the referrer, or when the patient is being transferred to the medication



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stage of the pathway. No payment to be made for patients who do not complete the pathway to the point of diagnostic assessment and outcome report.

### **Titration**

Invoices for payment will be made following stabilisation on medication, and the patient is moved onto ongoing pathway management. No payment to be made for patients who do not complete the episode.

### **Annual Review**

#### **With Shared Care**

Invoices for payment will be made at the end of the year of care following initial stabilisation on medication. No payment to be made for patients who do not complete the episode.

#### **Without Shared Care**

Where a GP or other primary care provider has not accepted shared care for a patient, the Provider may charge the ICB (and the ICB shall pay) an annual fee for on-going medication services and annual review in relation to that patient on the basis as set out below (the “Annual Fee”).

The Provider may charge the ICB for the Annual Fee only if all the following requirements have been satisfied in relation to the relevant patient (the “Conditions”):

1. that the patient is deemed (in the reasonable opinion of the Provider) to be stable, following initiation of medication and titration, to establish a stable dose of medication and that the Provider has sent a letter to the patient’s GP (or other primary care provider) requesting shared care for the relevant patient (the “Shared Care Letter”);
2. that, following sending of the Shared Care Letter by Provider, the GP or other primary care provider has either: (i) refused or indicated they will refuse shared care in respect of the patient; or (ii) that 21 days has passed since the sending of the Shared Care Letter by the Provider without any response from the GP or other primary care provider;
3. that the Provider is willing to accept the relevant patient into its on-going medication services pathway; and
4. that for patients within the ICB region, the medication is a ‘Y code’ prescription (for the avoidance of doubt, for other NHS ICBs or Trusts, there is no requirement for Provider to use ‘Y code’ prescriptions).

The relevant patient shall be deemed for these purposes to be under the ongoing medication services of the Provider from the date that the Conditions have been satisfied in respect of the relevant patient (each being, a “Medication Services Commencement Date”).

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The Annual Fee shall become due and payable by the ICB in respect of each patient upon the Medication Services Commencement Date, and the provider may invoice the ICB accordingly.

### 3-Month Review

Invoices for payment will be made at the end of the 3 months of care following initial stabilisation on medication. No payment to be made for patients who do not complete the episode.

## 4.4 Currency Model and Guide Price Guidance

This section sets out the currency model for ADHD services, implemented as part of the 2026/27 NHS Payment Scheme. The currency units set out in this guidance form part of the wider Community Currency Model and Mental Health and Neurodevelopmental Resource Groups. For further information, please visit the [Currency Models Futures Workspace](#).

Guide prices are set for each element of the ADHD pathway, these prices are split by adult and CYP services and, where relevant, based on whether the service is provided face-to-face, or virtually.

### Adult ADHD Currency Units

#### ADHD Assessment – Face to Face or Virtual

An Adult ADHD Assessment\* includes:

- Triage of referral
- Administration costs
- Psychoeducation
- ADHD Diagnostic Assessment and outcome report
- Discharge of patient
- Re-engagement of appointment DNAs

\* It is important to note that the age in which a patient could be supported within CYP services can vary across England and due to several other factors, such as additional conditions or needs. This should be agreed based on clinical best practice and agreed locally.

Currency Descriptor	Guide Price
Adult - ADHD Assessment – Face-to-Face	£800
Adult - ADHD Assessment – Virtual	£600

### ADHD Titration Pathway

An Adult Titration Pathway includes:

- Titration
- Physical health monitoring
- Prescribing

#### **Currency Descriptor**

#### **Guide Price**

Adult - Titration Pathway

£400

### **Annual Review**

There are two annual review currencies, depending on whether Shared Care is accepted by the patient's GP:

#### **Annual Review with Shared Care**

This includes one annual review, without the need for ongoing prescribing as this will be provided by the patient's GP.

#### **Annual Review without Shared Care and ongoing medication pathway where Shared Care has not been accepted.**

This includes one annual review and 11 prescriptions, including scripts for monitoring and oversight of medication management. This is only available where Shared Care has not been accepted by the patient's GP.

#### **Currency Descriptor**

#### **Guide Price**

Adult - Annual Review with Shared Care

£150

Adult - Annual Review without Shared Care

£265

### **Child ADHD Currency Units**

#### **ADHD Assessment – Face to Face**

A CYP ADHD Assessment\* includes:

- Triage of referral
- Administration costs
- Cognitive Assessment
- Reading screening tools
- Liaison with school and other professionals
- Signpost and promotion of local and national resources
- ADHD Diagnostic Assessment and outcome report
- Discharge of patient
- Re-engagement of appointment DNAs

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\* It is important to note that the age in which a patient could be supported within CYP services can vary across England and due to several other factors, such as additional conditions or needs. This should be agreed based on clinical best practice and agreed locally.

Currency Descriptor	Guide Price
CYP - ADHD Assessment – Face-to-Face	£900

Commissioners should continue to pay for virtual assessments where they currently exist and they should agree a local price for these assessments taking into consideration the guide prices published for other assessments

### ADHD Titration Pathway

A CYP Titration Pathway includes:

- Titration
- Physical health monitoring
- Prescribing

Currency Descriptor	Guide Price
CYP - Titration Pathway	£400

### Review with Shared Care

This includes a review without the need for ongoing prescribing as this will be provided by the patient's GP. This is assumed to take place every 3 months, however ICBs may have their own local arrangements.

### Review without Shared Care

This includes a review. and ongoing prescriptions, including scripts for monitoring and oversight of medication management. This is only available where Shared Care has not been accepted by the patient's GP. This is assumed to take place every 3 months, however ICBs may have their own local arrangements.

Currency Descriptor	Guide Price
CYP – Review with Shared Care	£100
CYP – Review without Shared Care	£130*

\*The guide price for CYP – Review without Shared Care assumes one review per 3 months, plus prescribing for the three months (up to the next review). The guide price is calculated as – Review (£100) + Prescribing (£10 x number of months until next review) = £100+£30 = £130. ICBs may have local arrangements and therefore may want to use this approach to set a guide price accordingly.

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## 5. Autism

### 5.1 Condition Overview

Autism spectrum disorder (referred to as autism in this document) is the official name of a diagnosis within a broader category called neurodevelopmental disorders in the International Statistical Classification of Diseases, eleventh edition (ICD-11).

ICD-11 sets out ASD as the following - autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

Autism is believed to affect around one in every hundred people (Brugha et al, 2009), this has subsequently been revised to excess of 1.3% people. Many autistic people experience unemployment, mental and physical ill-health, discrimination and social exclusion.

Approximately 1 in 3 autistic people also have an intellectual disability, and there is a high overlap of autism with other neurodevelopmental disorders such as attention-deficit hyperactivity disorder (ADHD), tic disorders, dyspraxia as well as metabolic disorders and sensory issues. There is also an increased chance of epilepsy, genetic conditions and mental health problems (Berney, 2004).

A lack of diagnosis is potentially distressing for the individual and their family, and can lead to attributional errors, relationship difficulties and inappropriate treatments. The diagnosis of autism can be complex particularly in adults, and therefore individuals may be misdiagnosed as having a variety of conditions requiring contradictory treatments. Misdiagnosis can also occur because of the overlap of mental health symptoms with autistic features, e.g., schizophrenia, obsessive compulsive disorder or depression, and this can lead to the unnecessary prescription of medication or the provision of unhelpful therapies that can lead to deterioration in mood, cognition and behaviour. Whilst it is true that many individuals will have additional mental health symptoms that may benefit from treatment, it is also important not to overlook autism where mental health symptoms are prominent or to decline intervention for mental health symptoms where autism is identified as a core condition.

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Autism is more common in males, by a factor of 2-3, although there is increasing evidence regarding the risk of misdiagnosis or under diagnosis in females due to differences in presentation and design of diagnostic tools. Autistic people can experience poorer health outcomes, have a lower-than-average life expectancy and higher suicide rates compared to the general population. Co-existence with other neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD), and Tourette's syndrome is common. Autistic people also often meet criteria for other mental or physical health conditions, with higher incidence of anxiety, depression, obsessive compulsive disorder (OCD), eating disorders, sleep problems, gastrointestinal disorders, and epilepsy. The diagnosis of autism is a clinical judgement which considers the degree of distress, difference and impacts associated with the symptoms across the lifespan. Diagnostic decisions are informed by both the ICD 11 and DSM-5 diagnostic classification systems.

## 5.2 National Context and Statutory Guidance

The National Institute for Health and Care Excellence (NICE) have produced [Clinical Guidelines 142, 128 and 170 \(listed below\)](#) and [Quality Standards](#) which set out evidence for good practice in autism assessments. This includes which professionals may be involved and the recommended autism assessment tools and processes employed.

- NICE Guidance CG 128: Autism spectrum disorder in under 19s: recognition, referral and diagnosis
- NICE Guidance CG 142: Autism spectrum disorder in adults: diagnosis and management
- NICE Guideline CG170: Autism spectrum disorder un under 19s: support and management

Following the introduction of the Autism Act in 2009, the Government published the first strategy for adults who are autistic (2010), accompanied by statutory guidance for local authorities and NHS bodies. This required local councils and NHS bodies to:

- Provide autism training for all staff appropriate to their role
- Provide specialist training for key staff, such as GPs and community care assessors.
- Undertake community care assessments (now Care Act assessments) for autistic adults irrespective of their IQ and perceived ability.
- Appoint an Autism lead in their area.
- Develop a clear pathway to diagnosis and assessment for autistic adults.
- Commission services based on adequate population data and needs assessment.

The government reviewed the strategy after feedback from all stakeholders including autistic people and their carers and a new strategy, 'Think Autism', was subsequently published in

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April 2014. [‘Think Autism’](#) related to autistic adults and included commitments to significant developments in addition to those in the original strategy.

More recently, the Government has published a National Strategy for Autistic Children, Young People and Adults for 2021 to 2026. This document is the government’s refreshed national strategy for improving the lives of autistic people and their families and carers in England. It builds on and replaces the preceding autistic adult strategy, ‘Think Autism’.

The National Strategy for 2021 to 2026 depicts changes across six areas that would have a significant impact on autistic people’s lives. The six areas are:

1. improving understanding and acceptance of autism within society
2. improving autistic children and young people’s access to education, and supporting positive transitions into adulthood
3. supporting more autistic people into employment
4. tackling health and care inequalities for autistic people
5. building the right support in the community and supporting people in inpatient care
6. improving support within the criminal and youth justice systems

In 2023, NHS England published the [National Framework and operational guidance](#), this intends to support ICBs deliver improved outcomes in all-age autism assessment pathways. This includes a framework with principles for autism assessment services and guidance about applying these principles throughout the commissioning cycle. It also includes operational guidance, intended to guide strategic decision making about the range of autism assessment service that should be provided in each area.

### 5.3 Payment Guidance

This section sets out how payment should be made for care commissioned on an activity basis, this can be used ICBs to provide a standardised approach to payment.

#### **Assessment**

Invoices for payment will be made following discharge after the Outcome Report has been completed and sent to the referrer.

No payment to be made for patients who do not complete the pathway to the point of diagnostic assessment and outcome report.

### 5.4 Currency Model Guidance

This section sets out the currency model for Autism assessments, implemented as part of the 2026/27 NHS Payment Scheme. The currency units set out in this guidance for part of the wider Community Currency Model and Mental Health and Neurodevelopmental

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Resource Groups. For further information, please visit the [Currency Models FutureNHS Workspace](#).

Guide prices are also included within this section for adult and CYP assessments, provided face-to-face.

### **Adult Autism Assessment Currency Model**

An Adult Autism Assessment\* includes:

- Triage of referral
- Administration costs
- Autism Diagnostic Assessment and outcome report
- Signpost and promotion of local and national resources
- Discharge of patient
- Re-engagement of appointment DNAs

\* It is important to note that the age in which a patient could be supported within CYP services can vary across England and due to several other factors, such as additional conditions or needs. This should be agreed based on clinical best practice and agreed locally.

<b>Currency Descriptor</b>	<b>Guide Price</b>
Adult – Autism Assessment – Face-to-Face	£950

ICBs should commission autism assessments in line with the NHSE Autism Assessment Framework and Operation guidance. However, where virtual services currently exist, a local price should be agreed.

### **CYP Autism Assessment Currency Model**

A CYP Autism Assessment\* includes:

- Triage of referral
- Administration costs
- Cognitive Assessment (as appropriate)
- Reading screening tools (as appropriate)
- Liaison with school and other professionals
- Signpost and promotion of local and national resources
- Autism Diagnostic Assessment and outcome report
- Discharge of patient
- Re-engagement of appointment DNAs



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\* It is important to note that the age in which a patient could be supported within CYP services can vary across England and due to several other factors, such as additional conditions or needs. This should be agreed based on clinical best practice and agreed locally.

Currency Descriptor	Guide Price
CYP – Autism Assessment – Face-to-Face	£950

ICBs should commission autism assessments in line with the NHSE Autism Assessment Framework and Operation guidance. However, where virtual services currently exist, a local price should be agreed.

## 6. Combined ADHD/Autism Assessment

### 6.1 Currency Model Guidance

This section sets out the currency model for combined ADHD/Autism assessments, implemented as part of the 2026/27 NHS Payment Scheme. The currency units set out in this guidance for part of the wider Community Currency Model and Mental Health and Neurodevelopmental Resource Groups. For further information, please visit the [Currency Models FutureNHS Workspace](#).

Guide prices are also included within this section for adult and CYP assessments, provided face-to-face.

#### Adult - Combined ADHD/Autism Assessment Currency Model

Currency includes:

- Triage of referral
- Administration costs
- Autism Diagnostic Assessment and outcome report
- ADHD Diagnostic Assessment and outcome report
- Psychoeducation (as appropriate)
- Signpost and promotion of local and national resources (as appropriate)
- Discharge of patient
- Re-engagement of appointment DNAs

\* It is important to note that the age in which a patient could be supported within CYP services can vary across England and due to several other factors, such as additional conditions or needs. This should be agreed based on clinical best practice and agreed locally.

Currency Descriptor	Guide Price
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ICBs should commission autism assessments in line with the NHSE Autism Assessment Framework and Operation guidance. However, where virtual services currently exist, a local price should be agreed.

### **CYP - Combined ADHD/Autism Assessment Currency Model**

Currency includes:

- Triage of referral
- Administration costs
- Cognitive Assessment (as appropriate)
- Reading screening tools (as appropriate)
- Liaison with school and other professionals
- Signpost and promotion of local and national resources
- Autism Diagnostic Assessment and outcome report
- ADHD Diagnostic Assessment and outcome report
- Discharge of patient
- Re-engagement of appointment DNAs

\* It is important to note that the age in which a patient could be supported within CYP services can vary across England and due to several other factors, such as additional conditions or needs. This should be agreed based on clinical best practice and agreed locally.

#### **Currency Descriptor**

#### **Guide Price**

CYP – Combined ADHD/Autism Assessment – Face-to-Face    £1200

ICBs should commission autism assessments in line with the NHSE Autism Assessment Framework and Operation guidance. However, where virtual services currently exist, a local price should be agreed.