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NHS England

2026/27 NHS Payment Scheme

Attention-Deficit/Hyperactivity Disorder (ADHD) & Autism Diagnostic Assessment Services Payment Guidance

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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.

1. Introduction

The increasing number of referrals for ADHD assessment, support and treatment, and autism assessment services has placed significant pressure on local systems. It has been identified that there is wide variation in local care models, with no national mandated service specifications from which care can be developed. NHS England has developed guidance and tools to support the effective commissioning and provision of effective ADHD pathway and autism diagnostic assessment services*[1] from 2026/27.

In the longer term, NHS England is considering how the development of a national guidance for ADHD and autism diagnostic assessment services and a potential payment methodology could support the sector. The National framework and operational guidance for autism assessment services, published in April 2023, provides integrated care boards with guidance to improve outcomes in all-age autism assessment pathways. Additionally, the recently published reports of the ADHD taskforce make significant recommendations for change in relation to ADHD service provision. These publications, together with evidenced best practice have been considered during the development of this work. We are anticipating further information to feature in the Independent Review into mental health conditions, ADHD and autism (Prevalence Review) commissioned by the Department of Health and Social Care in 2025 and expected to conclude in 2026.

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 on the changes we are setting out in this guidance and ask stakeholders to contribute to this work.

To support a movement to these long-term goals, the 2026/27 Payment Scheme involves:

- 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 diagnostic assessment services. Guidance is provided throughout to support use by ICBs, and specific data requirements are set out for providers.

ADHD and autism diagnostic assessment services are provided in both mental health and community settings by both NHS and independent sector providers. Therefore, data should be captured in the respective national data set. To promote consistency and standardisation,

*Please note that we use terms such as *services*, *activities*, *pathways* and *delivery models* interchangeably. This is intentional and reflects the breadth of areas the guidance is designed to cover.

all information in this Supporting Document aims to be relevant irrespective of where the assessment/care is provided. The currency models set out in the guidance can be used by all providers, across both community and mental health care provision.

2. Commissioning a quality service

This document aims to support ICBs and providers to commission and deliver quality services. The prerequisites for commissioning a high-quality service are:

1. interpreting this guidance and associated non-mandatory guide prices in the context of local delivery models and existing relationships
2. ensuring shared care agreements are well designed and robust enough to support end-to-end pathways
3. making effective use of existing data to drive consistency and support standardisation of service provision services

We recommend the following requirements are embedded within any contractual process to ensure consistency, accountability, and equitable delivery of ADHD and autism diagnostic assessment services:

1. **DNA penalties should not be used** within ADHD and autism diagnostic assessment service contracts; they are covered in the price of assessments and should not be paid for in addition.
2. **Where services are unable to deliver on all parts of the care pathway**, providers should have clear processes to ensure that patients can move smoothly into other services, as per NICE guidance. This includes ensuring timely, coordinated handover so that environmental and psychosocial adjustments are considered before medication, as NICE expects. Without this, patients' risk being assessed or titrated in isolation from the wider pathway, which commissioners have already highlighted as contributing to delays and additional system pressure.
3. **Commissioned pathways should include and resource pre-diagnostic activity** and environmental adjustments prior to medication initiation and titration, in line with the National Institute for Health and Care Excellence (NICE) guidance. This includes structured information-gathering, liaison with relevant settings, and at least one documented environmental change before medication is considered. These elements are recognised as essential components of a high-quality pathway and will be reflected in activity reporting.
4. **Unnecessary reassessments should be avoided,** ADHD and autism diagnostic reports from independent providers (including those eligible to provide services under Right to Choose) should be accepted by NHS commissioned titration services, unless there is a clear clinical reason not to. This avoids unnecessary reassessments and reduces avoidable NHS costs.

5. **Service offers must be communicated to the patients** via primary care at the point of referral as per Patient Choice Guidance. GPs should explain which providers are available and what each service can deliver, so patients can make an informed choice. This avoids referrals being made without clarity on pathway coverage or expectations, which can lead to mismatches, onward referrals and avoidable delays.
6. **The use of private prescriptions should be avoided** where possible by ensuring ADHD diagnostic assessment and titration services are only reimbursed when delivered through NHS-commissioned providers where available, 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.
7. **National data obligations should be met** with ICBs ensuring 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. NHS England's long term vision outlined in the ADHD data improvement plan is to have accurate, national data on all aspects of ADHD pathways, from people being referred for ADHD assessments to patient outcomes. This data is essential for understanding patient experiences, enabling future service improvements and effective workforce planning.
8. **Patients transitioning from CYP to adult services should be offered a transition appointment.** This reflects 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. For ADHD specifically, medication and any other 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.
9. **ADHD assessment and diagnosis should be made by an appropriately qualified healthcare professional**. 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 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;
    - a developmental review and psychiatric history
    - observer reports and assessment of the person's mental state
    - recognition that diagnostic assessment is not a single task, but a set of activities such as gathering and interpreting information, communicating with

patients and informants, and producing clinical documentation. While the final diagnostic decision must be made by an appropriately qualified clinician, different parts of the assessment can be carried out by different staff, provided there are strong systems for collaboration, information sharing and role appropriate task allocation

- as an option, use QbTest to help diagnose ADHD in people aged 6 to 17 years as recommended in NICE's diagnostics guidance on digital technologies for assessing ADHD.

In addition, the guidance should make clear that the provider is required to follow the NICE mandated competency and diagnostic framework, with data requirements aligned to the key elements of a clinically robust diagnosis to assure compliance. All of these components take time and resource and therefore form part of what the payment for an assessment is intended to cover.

10. **Autism assessment and diagnosis -** As set out in the Operational Guidance for autism assessment services, the workforce configuration of autism diagnostic assessment services differs between settings. At a minimum, this should comprise of a multi-disciplinary team (MDT), with substantial collective experience and expertise in assessing both autism and the range of neurodevelopmental and mental health conditions that can commonly be a 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 NICE clinical guidelines and Quality Standards also set out evidence for good practice in autism assessments, including which professionals should be involved.
11. **Commissioners should understand the key principles that govern the appropriate use of Non-Contract Activity (NCA) arrangements.** Non-Contract Activity is carried out on the terms of the NHS Standard Contract and the qualifying contract (contract held by any commissioner for a choice qualifying service). Full details of the terms of the NHS Standard Contract can be found at: NHS England » NHS Standard Contract. Annex 4 of the NHS Standard Contract Technical Guidance contains a series of FAQs which may be of assistance to commissioners and providers of Non-Contract Activity. Key principles are:

    - NCA arrangements should only be used for occasional or unexpected activity and not as a replacement for a formal written contract. Providers may carry out

activity for any ICB under NCA if they hold a qualifying contract with a single ICB for a choice-based service.

- However, a signed contract is better practice as it sets out clear expectations for both the commissioner and the provider, reduces the likelihood of disputes, and gives a stable foundation for ongoing service delivery. It also removes the risk that, if a provider's qualifying contract is terminated or is unsigned, it may be unable to deliver services for any other ICB.
- Under the current regulations, providers can apply to any ICB at any time to be accredited for choice-based services. If approved, they will be awarded a direct contract.
- NHS England's guidance is clear**:** If a provider delivers regular or sustained levels of NCA, they should move to a formal written contract as soon as possible.

12. **Commissioners should only approve payment when providers meet the required data and invoicing standards.** The terms of the NHS Standard Contract apply to all NCA activity. Datasets should be provided to all commissioners in line with the requirements of Schedule 6 of the Particulars of the qualifying contract. NCA commissioners may request additional data under Service Condition 28 of the NHS Standard Contract. Invoices for payment must be submitted in line with the requirements of Service Condition 36 and commissioners are under no obligation to pay for activity where invoices are not submitted within the timeframes required here. Where commissioners intend to contest payment, this must be done in accordance with the provisions of Service Condition 36. Compliance with data submission requirements is essential to ensure timely and accurate payment flows and to maintain transparency and accountability across the pathway.

3. Data and reporting

High-quality data collection relies on strong working relationships between commissioners, providers and NHS England. Robust data throughout the implementation of the non-mandatory guide price is essential to informing future payment model development and supporting greater standardisation across the system.

We encourage all commissioners to work with providers, both ISPs and from the NHS, to ensure data is correctly gathered and submitted to the appropriate data sets to inform good policy and practice.

NHS England have produced detailed technical guidance as to how to record referrals in MHSDS / CSDS at each stage of the referral pathway which is available on the following links:

MHSDS: Recording autism and ADHD assessments in Mental Health Services Data set (MHSDS) - NHS England Digital

CSDS: Recording autism and ADHD assessments in Community Services Data set (CSDS) - NHS England Digital

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

- making the best use of existing data: NHS England to publish the data we currently hold at provider level, which will encourage providers to improve the data they submit to NHS England
- targeted data quality improvement: NHS England have issued 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 diagnostic assessment 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 and onward signposting and referrals undertaken

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 has published guidance on recording referrals and outcomes for 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 providers 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 (DSM-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.

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 reach 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.

As an option, use QbTest to help diagnose ADHD in people aged 6 to 17 years as recommended in NICE's diagnostics guidance on digital technologies for assessing ADHD. [2024]

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

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 and stabilised 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 invoicing/payment should be made for care commissioned on an activity basis, which can be used by ICBs to provide a standardised approach to payment.

Assessment

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

Annual review 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”):

4. 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”);
5. 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
6. that the Provider is willing to accept the relevant patient into its on-going medication services pathway
7. 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”).

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 can be received 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.

These are non-mandatory guide prices, intended to be interpreted considering local context, delivery models, and existing relationships. They are designed to support more consistent, informed, and effective commissioning, rather than prescribe a single approach.

The guide prices below are an average price, as with all averages some care will fall above and below the average depending on the needs of the patient. The average is based on a mixed complexity caseload. Where a provider does not see a mixed caseload, an ICB may need to amend the guide prices below to suitably reflect this.

Adult ADHD currency units

ADHD assessment – face to face or virtual

An Adult ADHD Assessment* includes:

- triage of referral
- signposting to wider support as relevant
- administration costs
- liaison with other partners as appropriate
- ADHD Diagnostic Assessment and outcome report
- psychoeducation
- relevant follow up as felt required by the service
- discharge of patient
- re-engagement of appointment DNAs

* It is important to note that the age at 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. Onward signposting or if change is service is required due to the length of time on the waiting list, these should be undertaken seamlessly, with no requirement for return to the referrer and importantly inform the patient, GP, and the referrer.

Currency Descriptor	Guide Price
Adult - ADHD Assessment – Face-to-Face	£850
Adult - ADHD Assessment – Virtual	£700

ADHD titration pathway

An Adult Titration Pathway includes:

- titration
- physical health monitoring
- prescribing

Currency Descriptor	Guide Price
Adult - Titration Pathway	£400

Adult annual review

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

Adult annual review with shared care

This includes one annual review, and any advice and guidance on the care of the patient as required as per the shared care agreement terms, without the need for ongoing prescribing as this will be provided by the patient's GP.

Adult annual review without shared care (and ongoing medication pathway where shared care has not been accepted)

This includes one annual review and eleven prescriptions, including scripts for monitoring and oversight of medication management and any relevant review of the patient's medication or clinical status. 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

Children and young people 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
- signposting and referral to other agencies as relevant
- promotion of local and national resources
- 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. Onward signposting or if change in service is required due to the length of time on the waiting list should be undertaken seamlessly, with no requirement for return to the referrer. The patient, GP and the referrer should all be informed.

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

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

3-Monthly CYP review with shared care

This includes a review and any advice and guidance on the care of the patient as required as per the shared care agreement terms without the need for ongoing prescribing as this will be provided by the patient's GP.

Please note, this currency and guide price assumes that a quarterly review is offered to CYP patients. This would require the guide price to paid quarterly for completed reviews, therefore four payments over a 12-month period. Where ICBs commission a review that is not quarterly, e.g. an annual review, the price for this should be agreed locally.

3-Monthly CYP review without shared care

This includes a review. and ongoing prescriptions, including scripts for monitoring and oversight of medication management and any relevant review of the patient's medication or clinical status. This is only available where Shared Care has not been accepted by the patient's GP.

Please note, this currency and guide price assumes that a quarterly review is offered to CYP patients. This would require the guide price to paid quarterly for completed reviews, therefore four payments over a 12-month period. Where ICBs commission a review that is not quarterly, e.g. an annual review, the price for this should be agreed locally.

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.

5. Autism

5.1 Condition overview

Autism spectrum disorder (referred to as autism in this document) is one of several neurodevelopmental disorders described in the International Statistical Classification of Diseases, eleventh edition (ICD-11). This global assessment standard states that for a person to be diagnosed as autistic, all the following criteria must apply:

- "Persistent deficits in initiating and sustaining social communication and reciprocal social interactions that are outside the expected range of typical functioning given the person's age and level of intellectual development.
- Persistent restricted, repetitive, and inflexible patterns of behaviour, interests, or activities that are clearly atypical or excessive for the person's age and sociocultural context. [2]
- The onset of the disorder occurs during the developmental period, typically in early childhood, but characteristic symptoms may not fully manifest until later, when social demands exceed limited capacities.
- The symptoms result in significant impairment in personal, family, social, educational, occupational, or other key areas of functioning. Some people with autism spectrum disorder can function adequately in many contexts through exceptional effort, such that their deficits may not be apparent to others"

According to the best available evidence, we would expect that if everyone who is autistic were to be assessed, then 1.1% - 1.2% of the population should receive a diagnosis of autism (Baird et al, 2006; Brugha et al., 2012; Mental Health of Children and Young People Survey in England, 2017). The estimated prevalence of autism is higher in males (1.5% - 1.9%) than females (0.2% - 0.5%). Whilst autism is more common in males, by a factor of 2-3, there is increasing evidence regarding the risk of misdiagnosis or under diagnosis in females due to differences in presentation and properties if diagnostic assessment tools which may not accurately identify individuals who are typically under-represented in services. 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, and developmental coordination disorder (dyspraxia). 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.

Many autistic people experience unemployment, mental and physical ill-health, discrimination, and social exclusion. Autistic people can experience poorer health outcomes, have a lower-than-average life expectancy and higher suicide rates compared to the general population.

A lack of identification and diagnosis of autism is potentially distressing for the individual and their family, and can lead to attributional errors, relationship difficulties, and inappropriate treatments. The diagnostic assessment 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., symptoms associated with 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.

The diagnosis of autism is a clinical judgement which considers the degree of distress, difference and impacts associated with the features across the lifespan. Diagnostic decisions are informed by both the ICD 11 and DSM-5 diagnostic classification systems.

- Baird et al. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: The Special Needs and Autism Project (SNAP). The Lancet. https://doi.org/10.1016/s0140-6736(06)69041-7
- Brugha et al. (2012). Estimating the prevalence of autism spectrum conditions in adults - Extending the 2007 APMS
- Lai et al. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. Lancet Psychiatry 6(10): 819-829.
- Weir et al. (2021). Increased prevalence of non-communicable physical health conditions among autistic adults. Autism, 25(3), 681-694.
- Lukmanji et al. (2019) The co-occurrence of epilepsy and autism: A systematic review. Epilepsy Behav 98: 238-248.
- Rydzewska et al. (2019) Prevalence of sensory impairments, physical and intellectual disabilities, and mental health in children and young people with self/proxy-reported autism: observational study of a whole country population. Autism 23(5): 1201-1209

- Rong et al. (2021). Prevalence of attention-deficit/hyperactivity disorder in individuals with autism spectrum disorder: A meta-analysis. Research in Autism Spectrum Disorders, 83, 101759.

5.2 National context and statutory guidance

The National Institute for Health and Care Excellence (NICE) has 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. The NICE Prioritisation Board agreed to review and update the clinical guidelines for autism, but the current guidelines remain valid.

- 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 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 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 delivery 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, which can be used by ICBs to provide a standardised approach to payment.

Assessment

Invoices for payment can be received following discharge after the Diagnostic Assessment 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 and guide price guidance

This section sets out the currency model for Autism diagnostic 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.

These are non-mandatory guide prices, intended to be interpreted considering local context, delivery models, and existing relationships. They are designed to support more consistent, informed, and effective commissioning, rather than prescribe a single approach.

The guide prices below are an average price, as with all averages some care will fall above and below the average depending on the needs of the patient. The average is based on a mixed complexity caseload, where a provider does not see a mixed caseload, an ICB may need to amend the guide prices below to suitably reflect this.

Adult autism assessment currency model

An Adult Autism Assessment* includes:

- identification and referral
- screening and triage
- pre-assessment support
- autism assessment and diagnostic outcome
- post-assessment support

For more information about what constitutes each stage of the autism assessment pathway and examples of good practice, please refer to the National framework and operational guidance for autism assessment services.

* It is important to note that the age at 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. Onward signposting or if change in service is required due to the length of time on waiting list should be undertaken seamlessly, with no requirement for return to the referrer and importantly inform the patient, GP, and the referrer.

Currency Descriptor	Guide Price
Adult – Autism Assessment – Face-to-Face	£1,150

ICBs should commission autism assessments in line with the National framework and operational guidance for autism assessment services. Where virtual-only services currently exist, a local price should be agreed, and providers of virtual-only services should have quality and safety checks.

CYP autism assessment currency model

A CYP Autism Assessment* includes:

- identification and referral
- screening and triage
- pre-assessment support
- autism assessment and diagnostic outcome
- post-assessment support

For more information about what constitutes each stage of the autism assessment pathway and examples of good practice, please refer to the National framework and operational

guidance for autism assessment services.* It is important to note that the age at which a patient can enter onto a children and young people's autism assessment service pathway can vary across England and due to several other factors, such as additional conditions or needs. This should be based on clinical best practice and agreed locally, and providers of virtual-only services should have quality and safety checks.

Currency Descriptor	Guide Price
CYP – Autism Assessment – Face-to-Face	£1,350

ICBs should commission autism assessments in line with the National framework and operational guidance for autism assessment services. Where virtual services currently exist, a local price should be agreed, and providers of virtual services should have quality and safety checks.

6. Combined ADHD/autism assessment

6.1 Currency model and guide price 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.

These are non-mandatory guide prices, intended to be interpreted considering local context, delivery models, and existing relationships. They are designed to support more consistent, informed, and effective commissioning, rather than prescribe a single approach.

The guide prices below are an average price, as with all averages some care will fall above and below the average depending on the needs of the patient. The average is based on a mixed complexity caseload, where a provider does not see a mixed caseload, an ICB may need to amend the guide prices below to suitably reflect this.

Adult - combined ADHD/autism assessment currency model

Currency includes:

- screening and triage of referral
- administration costs
- autism Diagnostic Assessment
- ADHD Diagnostic Assessment
- integrated clinical outcome report
- psychoeducation (as appropriate)
- signpost and referral as clinically relevant
- promotion of local and national resources (as appropriate)
- discharge of patient or provision of onward care such as titration.

- re-engagement of appointment
  DNAs

Please 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.

Where needed, titration provided following assessment would be included as per Section 4 of this supporting guidance.

Currency Descriptor	Guide Price
Adult – Combined ADHD/Autism Assessment – Face-to-Face	£1,300

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

CYP - combined ADHD/autism assessment currency model

Currency includes:

- screening and triage of referral
- administration costs
- cognitive Assessment (as appropriate)
- administration, scoring and interpretation of 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

Please note that the age at 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	£1,500

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