National Neurodiversity Assessments

EXPERT ASSESSMENT • PERSONALISED SUPPORT

Second Opinion and Diagnostic Review Process

Date of policy:	November 2025
Last policy review date:	September 2026
Next policy review date:	September 2027
Person/s responsible:	Company Directors

This policy is under regular review. Updates will be made to reflect developments in procedures and best practice

1. Purpose

National Neurodiversity Assessments recognises that individuals and families may have questions or concerns following an autism or ADHD assessment and that, in appropriate circumstances, a Second Clinical Opinion can provide an important additional clinical safeguard.

The purpose of this procedure is to provide a clear, fair, clinically robust and proportionate process for reviewing a completed assessment, while ensuring that completed assessments have a defined clinical endpoint and are not repeatedly reopened solely because an individual, parent or carer disagrees with the diagnostic outcome.

The Second Clinical Opinion is a clinical assurance process. It is not an appeal against a diagnostic decision and is not a mechanism for continuing to add evidence to a completed assessment until a preferred diagnostic outcome is reached.

The Second Clinical Opinion is intended to establish whether:

- the assessment was conducted in accordance with the relevant NICE guidance;
- the assessment methodology was appropriate to the clinical question;
- the clinical information and evidence available to the assessing clinician at the time of the assessment were appropriately considered;
- the available evidence was appropriately interpreted and correctly mapped against the relevant DSM-5 diagnostic criteria;
- the documented clinical reasoning is supported by the evidence available at the time of the assessment; and
- there is any material error, omission or unresolved clinical issue concerning the conduct of the assessment or application of the diagnostic criteria.

The Second Clinical Opinion does not determine whether the individual or family agrees with, accepts, or is satisfied with the diagnostic outcome.

2. Scope

This procedure applies to:

- autism assessments;
- ADHD assessments;
- combined autism and ADHD assessments; and
- Second Clinical Opinions relating to the above.

It applies to adults, children and young people assessed through National Neurodiversity Assessments, including assessments undertaken under NHS Right to Choose arrangements.

The procedure applies to clinicians and staff involved in the original assessment, Second Clinical Opinion, clinical governance, administration and communication with individuals, parents and carers.

3. Clinical principles

3.1 The person remains the focus

The purpose of the assessment and review process is to ensure that the person's presentation and clinical needs are appropriately understood and that the assessment and diagnostic conclusion are clinically defensible.

The process is not intended to determine whether a diagnostic outcome is acceptable to an individual, parent or carer.

3.2 A clinical conclusion does not have to be a diagnosis

An assessment may appropriately conclude that:

- autism criteria are met;
- autism criteria are not met;
- ADHD criteria are met;
- ADHD criteria are not met;
- diagnostic uncertainty remains;
- an alternative explanation requires consideration;
- further assessment is clinically indicated; or
- another clinical pathway is more appropriate.

The absence of an autism or ADHD diagnosis does not, in itself, indicate that an assessment was unsuccessful, inadequate or incomplete.

3.3 Disagreement does not automatically constitute clinical uncertainty

An individual, parent or carer may disagree with an assessment outcome. Such disagreement should be acknowledged and responded to appropriately.

However, disagreement with a clinical conclusion does not, by itself, establish that the assessment was clinically uncertain, incomplete or incorrect. Where the assessment was appropriately conducted, the available evidence was appropriately considered, and the relevant diagnostic criteria were correctly applied, the assessment may appropriately be closed following the review process.

3.4 A Second Clinical Opinion is not a repeat assessment

A Second Clinical Opinion ordinarily reviews the completed assessment and the evidence available to the original assessing clinician at the time of the assessment.

It does not automatically require:

- a repeat developmental history;
- a repeat parent/carer interview;
- a repeat ADOS;
- a repeat ADI-R;
- a repeat ADHD assessment;
- repeat questionnaires;
- repeat school or education information;
- a further multidisciplinary assessment;
- repeated reconsideration of the same evidence.

A repeat or further assessment will only be considered where the applicable process for a new assessment is met or where a specific clinical issue identified through the Second Clinical Opinion requires remedial action.

4. NICE guidance and clinical standards

The relevant NICE guidance for the condition being assessed will be applied.

The Second Clinical Opinion will consider whether the completed assessment was conducted in accordance with the relevant NICE guidance. This includes, as appropriate:

- whether the assessment approach and methodology were appropriate;
- whether relevant settings or sources of information required by the applicable guidance were appropriately considered where available or clinically required;
- whether developmental history was appropriately considered;
- whether clinical observations were appropriately considered;
- whether functional impact was appropriately considered;
- whether differential diagnoses and coexisting conditions were appropriately considered;
- whether the relevant diagnostic criteria were appropriately applied;
- whether clinical judgement was appropriately exercised; and
- whether the overall assessment process was consistent with the relevant NICE guidance.

The reviewer is not required to conclude that information which was not provided by the individual, parent/carer or another source should have been available to the original assessing clinician, unless the reviewer identifies a specific clinical or procedural requirement under the applicable NICE guidance that was not met.

5. Evidence considered in the Second Clinical Opinion

The Second Clinical Opinion will principally consider the evidence and clinical information that were available to the original assessing clinician and/or MDT at the time the diagnostic assessment was completed.

The reviewer will consider whether the available evidence was appropriately interpreted, integrated and mapped against the relevant DSM-5 diagnostic criteria.

The review is not an exercise in determining whether additional information could have been supplied by the individual, parent/carer, school or another third party after the original assessment. Information which was not available at the time of the original assessment is not, simply by virtue of being submitted later, evidence that the original assessment was clinically deficient.

Where subsequently submitted information identifies a specific concern that the original assessment failed to obtain information which the applicable NICE guidance required to be sought, the reviewer may consider that issue within the scope of the Second Clinical Opinion.

Key distinction
The Second Clinical Opinion asks whether the completed assessment was appropriately conducted and whether the evidence available at the time was correctly considered and mapped against the relevant DSM-5 criteria. It is not a mechanism for retrospectively expanding the evidence base of the completed assessment.

6. When a Second Clinical Opinion may be appropriate

A Second Clinical Opinion may be considered where there is a specific and substantive clinical question concerning the quality or conduct of the completed assessment, including:

- a concern regarding compliance with relevant NICE guidance;
- a concern that the assessment methodology was inappropriate;
- a concern that relevant evidence available to the assessing clinician was not appropriately considered;
- a concern that evidence was incorrectly interpreted or mapped against the relevant DSM-5 diagnostic criteria;
- a concern regarding a material clinical error or omission;
- a concern regarding the documented clinical reasoning;
- a genuine unresolved clinical question arising from the completed assessment; or
- another specific clinical reason identified by the Clinical Lead.

A Second Clinical Opinion should not be initiated solely because:

- an individual, parent or carer does not accept the diagnosis;
- an individual, parent or carer expected or requested a diagnosis;
- an individual, parent or carer believes that a particular behaviour necessarily indicates autism or ADHD;

- the family wishes to submit repeated examples of behaviour that have already been considered;
- additional correspondence repeats evidence already considered; or
- the family wishes the diagnostic outcome to be changed without identifying a substantive clinical question concerning NICE compliance, evidence consideration, DSM-5 application or another defined clinical issue.

7. Autism-specific review

For an autism assessment, the reviewer will consider whether the evidence available at the time of the original assessment was appropriately considered in relation to:

- social communication and social interaction;
- restricted, repetitive patterns of behaviour, interests or activities;
- developmental onset;
- functional impact;
- presentation across relevant contexts;
- differential diagnosis and alternative explanations; and
- the relevant DSM-5 diagnostic criteria as a whole.

Where structured tools such as ADOS, ADI-R or ACIA have been used, the reviewer will consider whether their findings were appropriately interpreted and integrated into the overall clinical reasoning.

A structured diagnostic tool does not replace clinical judgement. A disagreement with the interpretation or outcome does not, by itself, require the tool to be repeated.

Subsequently provided information cannot retrospectively alter observations or responses recorded during a completed assessment procedure. If significant new evidence emerges after the assessment has been completed, consideration of that evidence is governed by the new-assessment process set out in Section 14.

8. ADHD-specific review

For an ADHD assessment, the reviewer will consider whether the evidence available at the time of the original assessment was appropriately considered in relation to:

- developmental history;
- symptoms relevant to ADHD;
- presentation across appropriate settings;
- functional impairment;
- parent/carer information available to the assessment team;
- education or other relevant-setting information available to the assessment team;
- differential diagnoses;

- coexisting conditions;
- application of the relevant diagnostic criteria; and
- whether the documented clinical conclusion is supported by the available evidence.

Where an ADHD assessment concludes that criteria are not met, the fact that a parent or carer subsequently provides further examples does not automatically require the completed assessment to be reopened. The relevance of genuinely new information is considered under the applicable review or new-assessment process.

9. Additional information submitted after the original assessment

Additional information may be submitted following completion of the original assessment. However, submission of additional information does not automatically require the completed assessment to be reopened or amended.

The Second Clinical Opinion is not intended to operate as an open-ended process in which the evidence base is progressively expanded following an unfavourable or unexpected diagnostic outcome.

Where additional information is submitted with a request for a Second Clinical Opinion, the reviewer may consider it to the extent necessary to understand the concern raised. The reviewer will not, however, automatically incorporate that information into the original assessment or treat it as requiring a repeat assessment.

Information which merely repeats, reinforces or disputes evidence already considered does not ordinarily require the completed assessment to be reopened.

Where information is genuinely new and materially changes the clinical question, it should be considered under the process for requesting a new assessment rather than by repeatedly reopening the completed assessment.

10. Completed diagnostic assessments and structured tools

Where structured or standardised assessment procedures have already been completed, the findings remain the findings recorded at the time of assessment.

A Second Clinical Opinion may review:

- whether the assessment procedure was appropriately conducted;
- whether the findings were accurately recorded and interpreted;
- whether the findings were appropriately integrated with the wider evidence available at the time; and
- whether the overall clinical conclusion is supported by the evidence and application of the diagnostic criteria.

The Second Clinical Opinion is not an opportunity to retrospectively alter observations, responses or findings recorded during the original assessment.

A repeat assessment will only be considered through the applicable new-assessment process or where a specific clinical justification is identified in accordance with this procedure.

11. Differential diagnosis and alternative explanations

Autism and ADHD assessments require appropriate consideration of differential diagnoses and coexisting conditions, in accordance with the applicable clinical guidance.

Where the original clinical assessment identified another developmental, cognitive, emotional, psychological or neurodevelopmental explanation as potentially relevant, the rationale should be documented.

A Second Clinical Opinion may consider whether differential diagnosis was appropriately addressed within the completed assessment and whether the documented reasoning is supported by the evidence available at the time.

A recommendation for another assessment or clinical pathway does not, in itself, mean that the original autism or ADHD assessment was incomplete.

12. Scope and outcome of the Second Clinical Opinion

The Second Clinical Opinion will provide a conclusion against the defined review questions. The reviewer should determine whether:

- the assessment was conducted in accordance with relevant NICE guidance;
- the assessment methodology was appropriate;
- the evidence available at the time was appropriately considered;
- the evidence was correctly mapped against the relevant DSM-5 diagnostic criteria;
- the clinical reasoning is supported by the evidence available at the time; and
- any material clinical or procedural error has been identified.

The Second Clinical Opinion may result in one of the following findings:

1. The original assessment and diagnostic conclusion are supported: no material issue is identified and the assessment is clinically complete.
2. A material clinical or procedural issue is identified: the matter is escalated to the Clinical Lead and appropriate remedial action is determined.
3. A specific unresolved clinical question is identified which requires further clinical action: the reviewer must specify the issue and the action required. This does not automatically require repetition of the whole assessment.

A reviewer may conclude that the original diagnostic outcome is supported even where the individual or family continues to disagree with that outcome.

13. Closure following the Second Clinical Opinion

Once the Second Clinical Opinion has been completed and any identified remedial action has been addressed, the assessment will ordinarily be regarded as clinically complete and closed.

There is no automatic entitlement to:

- a further Second Clinical Opinion;
- a third or subsequent clinical opinion;
- repeated multidisciplinary review;
- repeated ADOS, ADI-R or ACIA;
- repeated ADHD assessment;
- repeated mapping of the same evidence against DSM-5 criteria; or
- continued reconsideration of the same evidence solely because the individual, parent or carer remains dissatisfied with the outcome.

Clinical endpoint

The purpose of the Second Clinical Opinion is to provide a defined opportunity for clinical assurance. Once the assessment has been reviewed and the relevant process completed, the clinical episode must have a clear endpoint. The process does not remain open indefinitely.

14. Requests for a new assessment following the Second Clinical Opinion

If, following completion of the Second Clinical Opinion, an individual, parent or carer continues to challenge the diagnostic outcome, the appropriate route is a request for a new assessment rather than further reopening of the completed assessment or repeated Second Clinical Opinions.

A request for a new assessment is not an automatic entitlement and will only be considered where significant new clinical evidence is provided.

For an autism assessment, significant new evidence must:

- not have been available to or considered by the original assessment team at the time the original assessment was completed;
- be materially different from evidence already considered;
- be clinically relevant to the question of whether autism diagnostic criteria may be met; and

- be sufficiently substantive that it materially supports reconsideration of the possibility of an autism diagnosis and could reasonably justify undertaking a new assessment.

Examples of information that will not ordinarily meet this threshold include:

- repeated examples of behaviours or experiences already described during the original assessment;
- further correspondence restating information already considered;
- new opinions about the meaning of evidence that was already available and considered;
- reports or statements that merely reinforce previously considered evidence without materially new information; or
- dissatisfaction with, or disagreement with, the original diagnostic interpretation or outcome.

Where significant new evidence is provided, the Clinical Lead will determine whether the threshold for consideration of a new assessment has been met.

Meeting the threshold for consideration of a new assessment does not mean that an autism diagnosis will be made. It means only that the new evidence is sufficient to justify consideration of a fresh assessment.

Where the threshold is not met, the completed assessment remains closed.

15. Persistent or repetitive correspondence

Individuals, parents and carers have the right to ask questions, raise concerns and make a formal complaint. However, once the substantive clinical questions have been answered and the appropriate clinical review process has been completed, repeated correspondence seeking the same clinical reconsideration may be managed as persistent or unreasonable correspondence.

Where appropriate, the organisation may:

- nominate a single point of contact;
- require correspondence to be sent through a specified channel;
- consolidate responses;
- limit repeated correspondence concerning the same clinical issue;
- record repetitive correspondence without providing a further substantive clinical response; and
- introduce proportionate communication restrictions.

Any such restrictions must not prevent an individual or parent/carer from raising a genuinely new clinical issue, reporting a safeguarding concern, accessing appropriate healthcare, or making a formal complaint.

16. Complaints

A disagreement with a clinical outcome is separate from a formal complaint about the service.

Individuals, parents and carers may raise concerns regarding:

- the assessment process;
- clinical care;
- communication;
- professional conduct;
- administration;
- accessibility;
- adherence to policy; or
- another aspect of the service.

Complaints will be managed under the organisation's Feedback and Complaints Policy. A complaint does not automatically require the clinical assessment to be repeated or the diagnostic outcome to be changed.

Where a complaint raises a substantive clinical concern, the concern may be considered through the appropriate clinical governance process.

17. NHS Right to Choose

Where assessments are undertaken under NHS Right to Choose arrangements, the organisation will comply with applicable NHS contractual, commissioning and patient-choice requirements.

Right to Choose provides an eligible patient with a right to choose an appropriate provider/team in accordance with the applicable arrangements. It does not create an entitlement to a particular diagnostic outcome, unlimited reassessment, unlimited Second Clinical Opinions, or repeated clinical review until a preferred outcome is reached.

18. Communication with GP and other professionals

The completed clinical report and relevant recommendations should be communicated to appropriate professionals involved in the person's care in accordance with consent, information-governance requirements and applicable NHS contractual obligations.

Where further assessment is clinically indicated, this should be clearly communicated so that care can progress through the appropriate clinical pathway.

19. Documentation of Second Clinical Opinion

Every Second Clinical Opinion should be documented. The record should include:

- reason for the review;
- the specific clinical question being reviewed;
- reviewing clinician;
- professional role and qualifications;
- evidence considered, including the evidence available at the time of the original assessment;
- relevant NICE guidance considered;
- DSM-5 diagnostic criteria considered and mapping of evidence against those criteria;
- clinical reasoning;
- outcome of the review;
- any recommendations or remedial action;
- whether a new assessment threshold has been identified; and
- communication of the outcome to the individual/parent/carer.

20. Staff responsibilities

20.1 Registered Manager

- ensuring requests are managed consistently;
- coordinating communication;
- ensuring appropriate escalation;
- overseeing communication restrictions where required;
- ensuring complaints are directed appropriately; and
- maintaining appropriate governance records.

20.2 Clinical Lead

- determining whether a Second Clinical Opinion is appropriate;
- identifying an appropriately qualified and sufficiently independent reviewer;
- ensuring clinical quality;
- ensuring relevant NICE guidance is considered;
- ensuring the scope of the Second Clinical Opinion remains limited to the defined review questions;
- reviewing identified clinical concerns;
- determining whether the threshold for a new assessment has been met where significant new evidence is submitted; and
- determining appropriate action where a material issue is identified.

20.3 Second-opinion clinician

- undertaking an objective clinical review;
- reviewing the completed assessment and evidence available at the time of the original assessment;
- considering relevant NICE guidance;

- considering the application of the relevant DSM-5 diagnostic criteria;
- documenting the mapping and clinical reasoning;
- identifying any material error or omission; and
- clearly documenting whether the original assessment and diagnostic conclusion remain supported.

21. Second Clinical Opinion Review Form

Patient: _____

DOB: _____

NHS Number: _____

Assessment type: ☐ Autism ☐ ADHD ☐ Combined

_____

Date of original assessment: _____

Original diagnostic outcome: _____

Date of Second Clinical Opinion: _____

Reviewing clinician: _____

Professional role/qualification: _____

21.1 NICE compliance and assessment methodology

Question: Was the assessment conducted in accordance with the relevant NICE guidance?

Finding / rationale: _____

Question: Was the assessment methodology appropriate to the clinical question?

Finding / rationale: _____

Question: Where the applicable NICE guidance required information from particular sources/settings to be sought, was this appropriately addressed?

Finding / rationale: _____

Question: Were the available clinical findings and observations appropriately considered?

Finding / rationale: _____

Question: Were differential diagnoses and coexisting conditions appropriately considered where relevant?

Finding / rationale: _____

21.2 Evidence and DSM-5 application

Question: Was the evidence available at the time of the original assessment appropriately considered?

Finding / rationale: _____

Question: Was the evidence appropriately interpreted and integrated?

Finding / rationale: _____

Question: Was the evidence correctly mapped against the relevant DSM-5 diagnostic criteria?

Finding / rationale: _____

Question: Is the documented clinical reasoning supported by the evidence available at the time?

Finding / rationale: _____

Question: Is there any material error or omission in the application of the diagnostic criteria?

Finding / rationale: _____

21.3 Autism-specific review

Question: Were social communication and interaction criteria appropriately considered?

Finding / rationale: _____

Question: Were restricted/repetitive behaviours, interests or activities appropriately considered?

Finding / rationale: _____

Question: Was developmental onset appropriately considered?

Finding / rationale: _____

Question: Was functional impact appropriately considered?

Finding / rationale: _____

Question: Was presentation across relevant contexts appropriately considered?

Finding / rationale: _____

Question: Were ADOS/ADI-R findings, where used, appropriately interpreted and integrated?

Finding / rationale: _____

Question: Was differential diagnosis appropriately considered?

Finding / rationale: _____

21.4 ADHD-specific review

Question: Was developmental history appropriately considered?

Finding / rationale: _____

Question: Were relevant ADHD symptoms appropriately assessed?

Finding / rationale: _____

Question: Was functional impairment considered?

Finding / rationale: _____

Question: Was presentation across relevant settings considered?

Finding / rationale: _____

Question: Was available parent/carer information considered?

Finding / rationale: _____

Question: Was available education/other-setting information appropriately considered?

Finding / rationale: _____

Question: Were differential diagnoses/coexisting conditions considered?

Finding / rationale: _____

21.5 Overall finding

☐ Assessment appropriately conducted; NICE guidance appropriately addressed.

☐ Evidence available at the time was appropriately considered.

☐ Evidence was correctly mapped against the relevant DSM-5 diagnostic criteria.

☐ Original diagnostic conclusion is supported.

☐ Material clinical/procedural issue identified – escalation/remedial action required.

☐ Specific unresolved clinical question identified – further clinical action required.

Clinical rationale:

_____
___

_____
___

Recommendations / remedial action:

_____
___

_____
___

Reviewer: _____ Signature:
_____

Date: _____

22. Standard wording provided to families

22.1 When a Second Clinical Opinion is offered

A Second Clinical Opinion provides an opportunity for an appropriately qualified clinician to review the completed assessment, the evidence available at the time of the original assessment, the clinical reasoning, compliance with relevant NICE guidance and the application of the relevant DSM-5 diagnostic criteria.

The purpose of the review is to establish whether the assessment was appropriately conducted, whether the available evidence was appropriately considered and whether the evidence was correctly mapped against the relevant diagnostic criteria.

A Second Clinical Opinion is not an appeal against the diagnostic outcome. It does not provide an opportunity to continue adding information to the completed assessment in order to seek a different diagnosis.

The reviewing clinician may conclude that the original diagnostic outcome is supported. Disagreement with that conclusion does not, in itself, require a further clinical review.

22.2 When the original outcome is supported

Where the reviewer concludes that the assessment was conducted in accordance with relevant NICE guidance, that the available evidence was appropriately considered, and that the evidence was correctly mapped against the relevant DSM-5 diagnostic criteria, the assessment will be considered clinically complete.

Further correspondence which repeats evidence, questions or arguments that have already been considered will not ordinarily result in a further Second Clinical Opinion.

22.3 Where a material issue is identified

Where the reviewer identifies a material clinical or procedural issue concerning NICE compliance, evidence consideration or application of the DSM-5 diagnostic criteria, the matter will be escalated through the appropriate clinical governance process and any necessary remedial action will be determined.

Any remedial action will be specific to the issue identified and does not automatically require repetition of the entire assessment.

22.4 Where the family continues to disagree after the Second Clinical Opinion

If, after completion of the Second Clinical Opinion, you remain dissatisfied with the diagnostic outcome, the assessment will not remain open for further correspondence or repeated review.

If you wish to request a new assessment, you will need to provide significant new clinical evidence that was not previously available to or considered by the assessment team and that materially supports reconsideration of the possibility of an autism diagnosis.

Repeated examples, additional correspondence or further explanation of information already considered will not ordinarily meet this threshold.

A request for a new assessment is not an automatic entitlement. Where the threshold is met, this means only that a new assessment may be considered; it does not determine or guarantee the diagnostic outcome of any future assessment.

23. Core organisational position

National Neurodiversity Assessments will:

- listen to individuals and families;
- undertake thorough assessments;
- consider relevant clinical information available during the assessment process;
- apply the appropriate diagnostic criteria;
- follow relevant NICE guidance;
- provide a defined and objective Second Clinical Opinion where appropriate;
- identify and address genuine clinical or procedural error; and
- consider a new assessment where significant new evidence meets the threshold set out in this procedure.

However, National Neurodiversity Assessments will not operate an open-ended process in which a completed assessment is repeatedly reconsidered solely because an individual, parent or carer disagrees with the diagnostic outcome.

Core principle

A Second Clinical Opinion is a clinical assurance process, not an appeals process. It

reviews whether the completed assessment was appropriately conducted, whether the available evidence was appropriately considered, whether the evidence was correctly mapped against the relevant DSM-5 criteria, and whether relevant NICE guidance was followed. Once that process is complete, the assessment has a clinical endpoint.