National Neurodiversity Assessments

EXPERT ASSESSMENT • PERSONALISED SUPPORT

Autism and ADHD Second Clinical Opinion and Diagnostic Review Procedure

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1. Purpose

National Neurodiversity Assessments recognises that 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 safeguard.

The purpose of this procedure is to ensure that requests for a second clinical opinion are managed in a fair, clinically robust, transparent and consistent manner, while ensuring that completed clinical assessments are not repeatedly reopened solely because a parent or carer disagrees with the outcome.

The second clinical opinion process is intended to:

- provide appropriate clinical assurance;
- review the clinical information considered during the original assessment;
- review the diagnostic reasoning and application of the relevant diagnostic criteria;
- consider adherence to relevant NICE guidance and the applicable NHS service specification;
- identify any material omission, error or unresolved clinical uncertainty;
- determine whether further assessment is clinically indicated; and
- provide the family with a clear explanation of the outcome.

A second clinical opinion is not an appeal against a clinical diagnosis, nor does it provide an entitlement to repeated reassessment until a preferred diagnostic outcome is reached.

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 all clinicians and staff involved in:

- the original assessment;
- second clinical opinion;

- clinical governance;
- administration; and
- communication with families.

3. Clinical principles

3.1 The person remains the focus

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

The process is not intended to determine whether the outcome is acceptable to the 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 or incomplete.

3.3 Disagreement does not automatically constitute clinical uncertainty

A parent or carer may disagree with an assessment outcome.

Such disagreement should be taken seriously 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 clinical evidence provides a clear basis for the conclusion, the assessment may appropriately be closed following the relevant review process.

3.4 A second opinion is not a repeat assessment

A second clinical opinion ordinarily reviews the existing assessment and clinical evidence.

It does not automatically require:

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

Further assessment will only be undertaken where a suitably qualified clinician identifies a specific clinical reason for doing so.

4. NICE guidance

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

For autism assessments, the reviewer will consider the relevant recommendations in NICE CG128 – Autism spectrum disorder in under 19s: recognition, referral and diagnosis.

For ADHD assessments, the reviewer will consider the relevant recommendations in NICE NG87 – Attention deficit hyperactivity disorder: diagnosis and management.

The reviewer will consider, as appropriate:

- whether the appropriate clinical information was obtained;
- whether information from relevant settings was considered;
- developmental history;
- clinical observations;
- functional impact;
- differential diagnoses;
- coexisting conditions;
- diagnostic criteria;
- clinical judgement; and
- whether the assessment was conducted in accordance with the relevant NICE guidance.

The purpose of the review is to determine whether the original clinical conclusion is supported by the evidence and was reached appropriately, rather than whether another clinician or the family would have preferred a different outcome.

5. When a second opinion may be appropriate

A second clinical opinion may be considered where there is:

1. genuine diagnostic uncertainty;
2. disagreement within the clinical team;
3. significant disagreement between the clinical team and parent/carer which raises a legitimate clinical question;
4. a particularly complex presentation;
5. a concern that relevant clinical information was not considered;
6. a concern regarding application of diagnostic criteria;
7. a concern regarding adherence to relevant NICE guidance;
8. a concern that the assessment methodology was inappropriate or incomplete; or
9. another specific clinical reason identified by the Clinical Lead.

A second opinion should not be initiated solely because:

- a parent does not accept the diagnosis;
- a parent expected a diagnosis;
- a parent believes a particular behaviour must indicate autism or ADHD;
- additional correspondence repeats information already considered; or
- the family wishes the assessment outcome to be changed without identifying a substantive clinical basis for doing so.

6. Autism-specific review

For an autism assessment, the reviewer should consider whether the evidence supports the clinical conclusions regarding:

- social communication and interaction;
- restricted, repetitive patterns of behaviour, interests or activities;
- developmental onset;
- functional impact;

- presentation across relevant contexts;
- differential diagnosis; and
- whether another developmental or clinical explanation better accounts for the presentation.

Where structured tools such as ADOS or ADI-R have been used, the reviewer should consider whether their findings were appropriately interpreted as part of the overall clinical formulation.

A structured diagnostic tool does not replace clinical judgement, nor does a disagreement about the outcome automatically require the tool to be repeated.

7. ADHD-specific review

For an ADHD assessment, the reviewer should consider whether the assessment appropriately addressed:

- developmental history;
- symptoms relevant to ADHD;
- evidence of symptoms across appropriate settings;
- functional impairment;
- information from parents/carers;
- information from education or other relevant settings where available;
- differential diagnoses;
- coexisting conditions;
- the application of the relevant diagnostic criteria; and
- whether the clinical conclusion is supported by the evidence.

Where an ADHD assessment concludes that criteria are not met, the fact that a parent continues to report symptoms or subsequently provides repeated examples does not automatically require the completed assessment to be reopened.

The reviewer should determine whether the additional information raises a specific and material clinical issue or merely repeats information already considered.

8. Additional information provided after assessment

The submission of additional information after an assessment has been completed does not automatically require the assessment to be reopened.

The reviewing clinician will determine whether information is:

- clinically relevant;

- materially different from information already considered;
- relevant to the diagnostic question; and
- sufficient to raise a specific unresolved clinical issue.

Information which merely repeats, reinforces or disputes information already considered will not ordinarily require a further assessment.

The organisation will not operate an open-ended process whereby an assessment is repeatedly reconsidered each time additional documents or examples of behaviour are submitted.

9. Information from education and other professionals

Information from education and other settings can be clinically relevant to both autism and ADHD assessments.

However, the significance of that information must be determined by an appropriately qualified clinician.

For example, information provided after assessment by a:

- tutor;
- music teacher;
- sports coach;
- club leader;
- teaching assistant; or
- other professional

may provide useful contextual information.

However, the submission of such information does not automatically require the completed assessment to be repeated or the diagnostic outcome to be changed.

For autism assessments, such information cannot retrospectively change observations recorded during a completed ADOS or the developmental information obtained during a completed ADI-R.

For ADHD assessments, such information may be considered in the context of the overall diagnostic assessment, including evidence concerning presentation and functional impact across settings. However, repeated provision of examples that have already been considered does not automatically require the assessment to be reopened.

10. Completed diagnostic assessments

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

A second opinion may review:

- whether the assessment was appropriately conducted;
- whether the findings were accurately interpreted;
- whether the findings were appropriately integrated with the wider evidence; and
- whether the overall clinical conclusion is supported.

However, the second opinion is not an opportunity to retrospectively alter observations or responses recorded during the original assessment.

A repeat assessment will only be undertaken where a suitably qualified clinician identifies a specific clinical justification.

11. Differential diagnosis and alternative explanations

Both autism and ADHD assessments require appropriate consideration of differential diagnoses and coexisting conditions.

Where the clinical team concludes that another developmental, cognitive, emotional, psychological or neurodevelopmental explanation may better account for aspects of the presentation, this should be clearly documented.

Where clinically appropriate, the next step may include:

- ADHD assessment;
- cognitive assessment;
- speech and language assessment;
- developmental assessment;
- mental health assessment; or
- another appropriate clinical pathway.

A recommendation for further assessment of another condition does not mean that the original autism or ADHD assessment is incomplete.

It may represent a clinical conclusion that another assessment is necessary to understand the child's wider presentation.

12. Outcome of the second opinion

The second opinion should result in one of four outcomes.

Outcome A – Original clinical conclusion supported

The reviewer concludes that:

- the assessment was appropriately undertaken;
- relevant information was considered;
- the relevant diagnostic criteria were appropriately applied;
- relevant NICE guidance was followed; and
- the original clinical conclusion remains supported.

The assessment is then considered clinically complete.

Outcome B – Specific further assessment indicated

A specific unresolved clinical question is identified which cannot reasonably be answered from the existing assessment.

The reviewer must specify what further assessment is required and why.

This does not automatically require repetition of the whole assessment.

Outcome C – Material clinical issue identified

A material clinical error, omission or failure to appropriately apply the relevant diagnostic framework or NICE guidance is identified.

The matter is escalated to the Clinical Lead and appropriate remedial action determined.

Outcome D – Alternative clinical pathway

The original autism or ADHD conclusion is supported, but another assessment or clinical pathway is considered more appropriate for the child's needs.

13. Closure following second opinion

Once an appropriate second clinical opinion has been completed and the original clinical conclusion is supported, the assessment will ordinarily be regarded as clinically complete.

There is no automatic entitlement to:

- a further second opinion;
- a third opinion;
- repeated multidisciplinary review;
- repeated ADOS;
- repeated ADI-R;
- repeated ADHD assessment; or

- repeated reconsideration of the same evidence

solely because a parent or carer remains dissatisfied with the outcome.

A further clinical review will only be considered where there is a new and substantive clinical reason, such as:

- a material change in clinical presentation;
- a newly identified clinical issue;
- evidence of a material omission;
- evidence that relevant information was not previously available; or
- evidence suggesting that the original assessment may have been clinically inappropriate.

Repeated disagreement with the outcome, repeated presentation of information already considered, or a desire for a different diagnosis does not, in isolation, constitute grounds for reopening a completed assessment.

14. Clinical endpoint

National Neurodiversity Assessments recognises that a diagnostic assessment must have a clear clinical endpoint.

The purpose of the second-opinion process is to provide an appropriate opportunity for clinical assurance and to identify genuine clinical error, uncertainty or need for further assessment.

It is not an indefinite review mechanism.

Once:

1. the original assessment has been completed;
2. the relevant evidence has been considered;
3. the diagnostic criteria have been applied;
4. the outcome has been clinically reviewed where appropriate; and
5. any appropriate second clinical opinion has been completed,

the clinical episode will be closed.

15. Persistent or repetitive correspondence

Parents and carers have the right to ask questions and raise concerns.

However, once 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.

Such restrictions must not prevent a 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.

Parents/carers may raise concerns about:

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

These will be managed under the organisation's Feedback and Complaints Policy.

A complaint does not automatically require the clinical assessment to be repeated.

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

17. Right to Choose

Where assessments are undertaken under NHS Right to Choose arrangements, the organisation will comply with the applicable NHS contractual 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 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 child's care in accordance with consent, information-governance requirements and NHS contractual obligations.

The organisation's consent documentation expressly provides for reports to be shared with relevant professionals involved in the child's care, including the GP, school and clinicians.

Where further assessment is recommended, this should be clearly communicated so that the child's care can progress through the appropriate clinical pathway.

19. Documentation of second opinion

Every second-opinion review should be documented.

The record should include:

- reason for the review;
- clinical question being reviewed;
- reviewer;
- qualifications and professional role;
- evidence considered;
- relevant NICE guidance considered;
- diagnostic criteria considered;

- clinical reasoning;
- outcome;
- recommendations;
- whether further assessment is indicated; and
- communication of the outcome to the parent/carer.

20. Staff responsibilities

Registered Manager

The Registered Manager is responsible for:

- 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.

Clinical Lead

The Clinical Lead is responsible for:

- determining whether a second opinion is clinically appropriate;
- identifying an appropriate reviewer;
- ensuring clinical quality;
- ensuring relevant NICE guidance is considered;
- reviewing identified clinical concerns; and
- determining appropriate action where an issue is identified.

Second-opinion clinician

The reviewing clinician is responsible for:

- undertaking an objective clinical review;
- considering relevant evidence;
- applying appropriate clinical judgement;
- considering relevant NICE guidance;
- documenting their reasoning; and

- clearly determining whether the original clinical conclusion remains supported.

21. Second Opinion Review Form

Child:
DOB:
NHS Number:
Assessment type: ☐ Autism ☐ ADHD ☐ Combined
Date of original assessment:
Original outcome:
Date of second opinion:
Reviewing clinician:
Professional role/qualification:

Assessment quality

Question	Finding
Was the assessment appropriately conducted?	
Was sufficient relevant information obtained?	
Was relevant information appropriately considered?	
Were appropriate assessment methods used?	
Was clinical judgement appropriately applied?	

Autism-specific

Question	Finding
Were social communication/interaction criteria appropriately considered?	
Were restricted/repetitive behaviours appropriately considered?	
Was presentation across relevant contexts considered?	
Were ADOS/ADI-R findings appropriately considered?	
Was differential diagnosis considered?	

ADHD-specific

Question	Finding
Was developmental history appropriately considered?	
Were relevant ADHD symptoms appropriately assessed?	

Question	Finding
Was functional impairment considered?	
Was presentation across relevant settings considered?	
Was parent/carer information considered?	
Was education/other-setting information appropriately considered where available?	
Were differential diagnoses/coexisting conditions considered?	

NICE / clinical governance

Question	Finding
Was relevant NICE guidance followed?	
Was the relevant NHS service specification followed?	
Does the evidence support the original conclusion?	
Is there unresolved clinical uncertainty?	
Is further assessment clinically indicated?	
Does the report require amendment?	

Final outcome

☐ **A – Original clinical conclusion supported**

☐ **B – Specific further assessment indicated**

☐ **C – Material clinical issue identified**

☐ **D – Alternative clinical pathway recommended**

Clinical rationale:

[Insert]

Recommendations:

[Insert]

Reviewer:
Signature:
Date:

22. Standard wording provided to families

When a second opinion is offered

A second clinical opinion provides an opportunity for an appropriately qualified clinician to review the completed assessment, clinical evidence, diagnostic reasoning and adherence to relevant NICE guidance.

The purpose of the review is to establish whether the original assessment and clinical conclusion are appropriately supported by the evidence.

A second opinion does not guarantee a different diagnosis. The reviewing clinician may conclude that the original outcome is supported.

Once the second opinion has been completed, the assessment will ordinarily be considered clinically complete. The assessment will not be repeatedly reopened solely because the outcome is not the outcome requested or expected by the family.

When the original outcome is supported

The second clinical opinion has been completed and the original clinical conclusion is supported by the available clinical evidence. The assessment is therefore clinically complete.

Further correspondence which repeats evidence, questions or arguments that have already been considered will not result in a further clinical review.

Where further assessment is recommended

The clinical review has identified that further assessment of [specific area] is appropriate. This is a separate clinical question and does not mean that the completed autism/ADHD assessment remains open or that the original outcome is unresolved.

23. Core organisational position

National Neurodiversity Assessments will:

Listen to families.
Undertake thorough assessments.
Consider relevant clinical information.
Apply the appropriate diagnostic criteria.
Follow relevant NICE guidance.
Provide a robust second clinical opinion where appropriate.
Identify and address genuine clinical error or uncertainty.
Recommend further assessment where clinically indicated.

However, we will not repeatedly reassess a completed autism or ADHD assessment solely because a parent or carer disagrees with the clinical outcome.

A second opinion is a clinical safeguard, not an unlimited appeals process.

A completed clinical assessment must have an appropriate clinical endpoint.