Humber Teaching
NHS Foundation Trust

# STANDARD OPERATING PROCEDURE
# SECOND OPINION REQUESTS IN NEURODIVERSITY DIAGNOSTICS

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**VALIDITY – All local SOPS should be accessed via the Trust intranet**

**CHANGE RECORD**

| Version | Date | Change details |
|---|---|---|
| *1.0* | *June 2023* | *New SOP. Approved at Divisional Governance Meeting (22 June 2023).* |
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## 1. INTRODUCTION

This SOP will outline the process in place to support children, young people and adults and those who support them to appeal against a decision that has been made either at the point of referral or diagnostic outcome from autism and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic services.

The term 'Second Opinion' was selected following feedback from parents, young people and adults. The appeals process best reflects this SOP however feedback from parents indicated that the term 'appeal' creates a barrier between the diagnostic team and parents and could 'put some people off' expressing concerns about diagnostic or referral triage outcomes.

Humber NHS Foundation Trust Autism and ADHD diagnostic Services are hosted by the Humber Adult Autism Diagnostic Service (HAADS) and the Children's Neurodiversity service. These services provide autism and ADHD diagnostic assessments to children, young people and adults who have a Hull or East Riding GP. HAADS is based at Townend Court, Hull. HAADS works in partnership with Mathew's Hub (an autism charity based in Hull) to support people pre- and post-diagnosis. The Children's Neurodiversity Service is based at Westend in Hessle. The Children's Neurodiversity services include the Front Door service, Learning Disability service, Sensory Processing service and the ADHD diagnosis and intervention service and autism diagnostic service.

The diagnostic teams are committed to providing high quality diagnosis in a timely and responsive manner to our local communities. In doing so the services will also make the most effective and efficient use of resource.

Autistic people and those with ADHD, or who are suspected to have autism or ADHD, are likely to have additional needs. These may include communication needs and sensory sensitivities. It is acknowledged that these needs may impact on a person's ability to participate in this second opinion process therefore when applying the SOP, a degree of flexibility would be applied if necessary to allow for reasonable adjustments.

**Second Opinion/ Appeal**
On occasion, a service-user, their parent/carer or a referring clinician can disagree with a triage or diagnostic outcome and request a review of the assessment, this is sometimes termed a second opinion. This standard operating procedure relates to assessments/triage decisions complete as part of the adult or children autism and ADHD assessment services within Humber Teaching NHS Foundation Trust.

Use of this SOP should always take account of the requirements of the Equality Duty Act (2010), NICE guidelines for Autism 2014, Human Rights Act 1998, Mental Capacity Act 2005, and the Autism Act (2009), Children and Family Act, 2014.

This Procedure supports the compliance with the Care Quality Commission Regulation 10, Outcome 16 'Patients who use the service will benefit from quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety' (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10).

## 2. SCOPE

This Standard Operating Procedure (SOP) sets out how the diagnostic teams will manage requests to appeal a decision by using a model for second opinions.

A second opinion is an independent expert assessment of a clinical problem, presentation, or outcome. Within autism/ADHD diagnostic services second opinions will refer to the assessment aspect of the process be it a triage or the assessment stage.

Requests for second opinions will relate to one or more of the following areas of the diagnostic service:

- The referral screening/ triage stage (regarding decisions about being accepted on to the waiting list for assessment).
- The diagnostic outcome.
- The diagnostic outcome from an external provider.

The essence of a second opinion is that it provides another opinion by an appropriately qualified clinician. In most cases, an immediate colleague within the diagnostic service, who has not been involved in the assessment, would be appropriate, as they are generally more accessible. However, depending on the circumstances, it may be prudent to ask a colleague in the same specialty, based at a neighbouring Trust. This is expected to only occur in exceptional circumstances, initiated when an appeal cannot be resolved between the Trust and the family, young person/adult (see Appendix A).

This Standard Operational Procedure has been developed to ensure that safe and fair working practices can be adopted when seeking second opinion for triage and diagnostic outcomes.

## 3. DUTIES AND RESPONSIBILITIES

All employees will comply with this Standard Operating Procedure. The responsibility of final decisions will be held with the Clinical Lead and Operational Service Manager, as supported by the MDT (section 5 for details on process).

## 4. PROCEDURES

### 4.1. Requests for Second Opinions

All requests from a patient, parent, young person or professional for a second opinion should be considered and facilitated by services where appropriate. This is based on the robustness of the initial decision and whether there is justifiable reasons why it requires review. For example, if the original assessment outcome can be demonstrated to have been reached via an assessment process that in line with NICE guidelines, a second opinion may not be supported. A request for a second opinion must therefore be deemed reasonable in order to be facilitated. Please see section 5 for details regarding the non-acceptance of second opinion requests.

If the second opinion request is not directly from a service-user aged over 16, consent from the person must be sought and outcome documented. Requests for young people aged under 16 need to be considered in relation to Gillick competence: ‘Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent. Otherwise, someone with parental responsibility can consent for them’ (NHS, 2022- Children and Young People Consent to Treatment).

The second opinion process can be used when questioning the outcome of an assessment, either when a diagnosis is given or in relation to a referral being accepted or declined.

### 4.2. Second Opinion Clinical Guideline

Requests for second opinion are likely to come from the following sources:

- From service-users (including young people).
- From third parties (usually parents or carers).
- From General Practitioner, which will sometimes be at the request of the service-user, or parent/carer.
- The referrer or other professional involved in care with consent from the service-user and/or parent/carer.

It is likely that a request for a second opinion will be received by telephone, email or face to face during the feedback appointment. Where possible requests for a second opinion should be made in writing to the Service Manager or clinical lead. This can be via a letter or clinical note written by the clinician on behalf of the person making the request. All clinical notes should be tasked to the service manager or clinical lead.

The person requesting the second opinion will be informed of the outcome of the request (i.e. second opinion granted or not) within 10 working days. The outcome could include that a clinician will review the notes, or a clinician will review the referral information against the original triage outcome or the assessment report for example. The scope of the second opinion and the process to be followed will be detailed in this response.

The second opinion review appointment to provide feedback and/or gather further information must be provided within a reasonable time frame of typically 12 weeks unless the opinion is urgent.

**4.3 Requests from Service-Users (including Young People)**
If the service-user has requested the second opinion, consent can be generally inferred but an explicit discussion about this that is then records in their records is advised. Consent to both decline and request a second opinion about a triage outcome or diagnostic outcome can be provided by all persons aged over 16 who are deemed to have capacity.

**4.4 Requests from Parents and/or Carers**
Third party requests will require consent from the service-user to be sought. The exception to this is where a service-user lacks mental capacity around their treatment and a parent/carer is acting in their best interest for example in the case of service-users with intellectual impairment. In determining whether a service-user lacks capacity, the legal requirements as set out in the Mental Capacity Act 2005 should be adhered to and the process for determining best interest should also be followed.

Other exceptions include where the person making the request has parental responsibility for a service-user under the age of 16 or where a power of attorney arrangement is active covering health and welfare. In the case of requests made for those aged under 16, consideration must be given to whether the young person is considered to be Gillick competent in which case their views on the request and must be sought and considered in relation to the decision to process the request.

In cases where young people aged over 16 or those under 16 deemed to be Gillick competent do not agree with their parent/carer in relation to the second opinion request, every effort should be made by the diagnostic team involved to empower the young person and their family by providing information, support, and signposting to reach a resolution. This can include providing general information about the diagnostic process and the possible implications of receiving a diagnosis. It is essential that all processes and decision-making in such instances is well-documented to reflect clear consideration of consent, competence and any best interests decisions made.

**4.5. Requests from Referrers/Other Professionals**
Where requests originate from the professional, this would usually be as a result of concerns raised by the patient directly with the professional. In a minority of cases, the professional may request a second opinion if they disagree with the diagnostic outcome. As above patients/guardian consent would be required. In these cases, a discussion should take place with the professional to clarify issues which are in dispute and a further discussion should occur with the patient highlighting what has been agreed for next steps.

## 5. The Second Opinion Process

### 5.1. Triaging and allocation of second opinion request

The request will be triaged for risk and impact on the person by the service manager, service lead or a clinician of band 7 grading or higher and discussed within the MDT. The triage will include a review of the support the person is receiving at this time and may include recommendations to receive further support.

The service manager or clinical lead can decline a second opinion request based on the following:

- The service-user does not have capacity to consent and a second opinion is not deemed to be in the person's best interest upon preliminary review
- The second opinion has already been provided and there is no new clinically relevant evidence to support a change in outcome. The service-user, family and/or professional will be directed to PALS if required.
- The assessment was completed more than 3 years ago and/or it is likely that the service-user's current presentation will need to be considered as part of the second opinion. In these circumstances it is likely that a new assessment will be required, although previous information will be considered. Most second opinions that are about assessments completed more than 3 years ago will require a new referral into the diagnostic services.
- In most cases it is anticipated that the request will be accepted, and the second opinion will be allocated to a clinician within the respective diagnostic service as per their allocations process.

### 5.2. Conducting the Second Opinion

The allocated clinician will review the clinical notes and reports pertaining to the autism/ADHD assessment/triage. The clinician will also liaise with the assessing clinicians where possible and reasonable to do so. The clinician may liaise with the service-user, family or requesting professional for further information. The clinician will provide a summary to their MDT with evidence which provides clinical reasoning to either uphold or amend the original decision. This may involve the decision to complete further assessments.

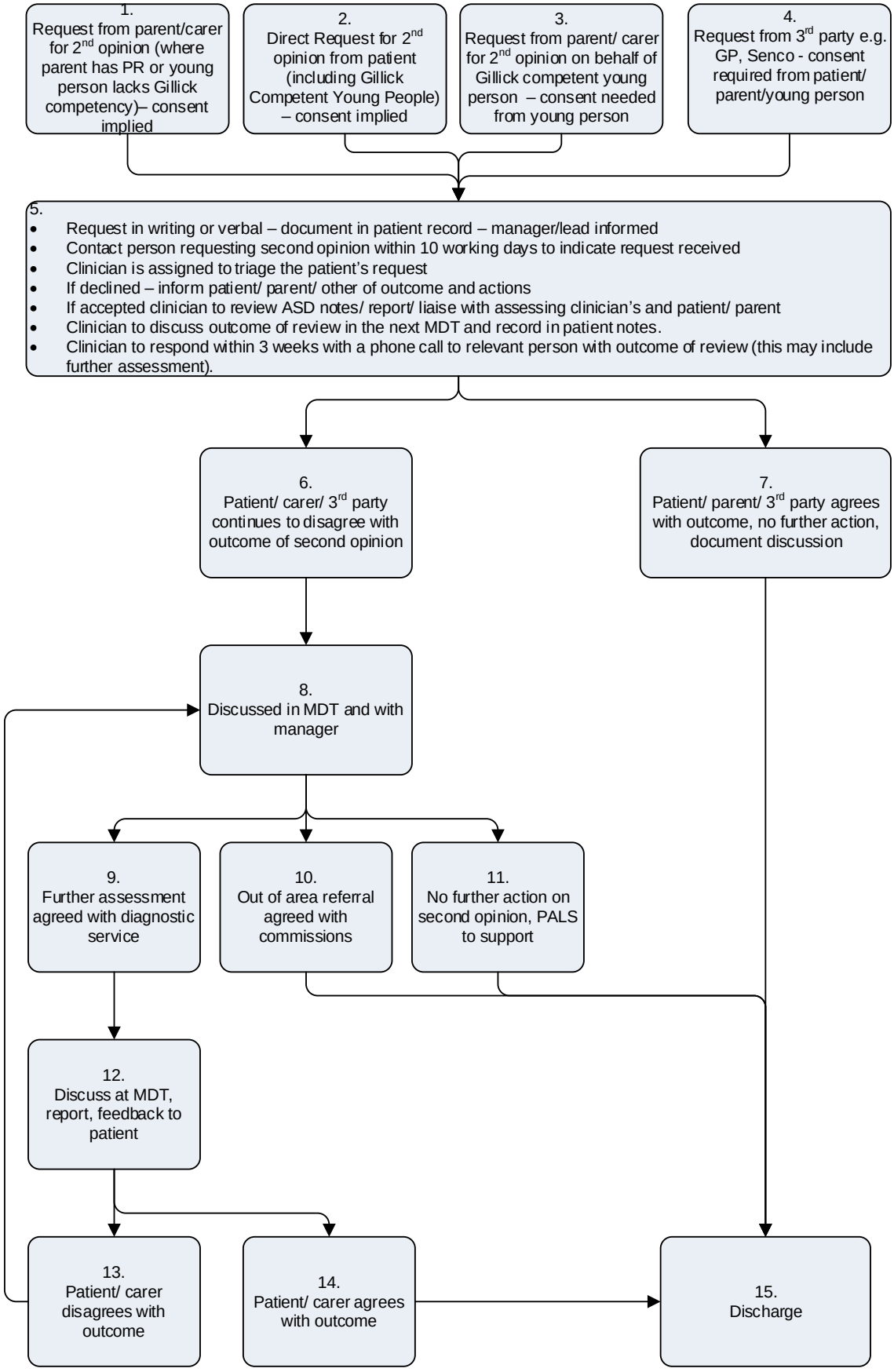
The outcome of the MDT will be documented in the service-user's clinical record and the service-user, parent/carer and/or requesting professional informed of the outcome via telephone and/or in writing.

### 5.3. Second Opinion is Requested for a Decision Made by an External Provider

If the second opinion is about an assessment contracted by Humber Teaching NHS Foundation Trust from an independent provider, the person making the request should initially correspond with the assessing service directly. The Trust can support with this if necessary. If no resolution is reached through this process, the second opinion process detailed above should be followed.

If the second option request is about an independent assessment that is not connected to an existing contract with the Trust, the request will be processed as a new referral for a diagnostic assessment. The independent assessment will be reviewed, and the clinician will consider the assessments completed, authors credentials and will involve a discussion with the service-user and parent/ carers as appropriate.

## APPENDIX A - Process for Second Opinion Requests



## APPENDIX B - Equality Impact Assessment

**For strategies, policies, procedures, processes, guidelines, protocols, tenders, services**

1. **Document or Process or Service Name:** Second Opinion Requests in Neurodiversity Diagnostics
2. **EIA Reviewer (name, job title, base and contact details):** Victoria Dunn - Operational Lead (interim)
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

| **Main Aims of the Document, Process or Service**<br><br>**Outline Second opinion process for ASD/ADHD diagnostic service** |
|---|
| Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma |

| Equality Target Group | Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? | How have you arrived at the equality impact score? |
|---|---|---|
| 1. Age<br>2. Disability<br>3. Sex<br>4. Marriage/Civil Partnership<br>5. Pregnancy/Maternity<br>6. Race<br>7. Religion/Belief<br>8. Sexual Orientation<br>9. Gender re-assignment | Equality Impact Score<br>Low = Little or No evidence or concern (Green)<br>Medium = some evidence or concern(Amber)<br>High = significant evidence or concern (Red) | a) who have you consulted with<br>b) what have they said<br>c) what information or data have you used<br>d) where are the gaps in your analysis<br>e) how will your document/process or service promote equality and diversity good practice |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|---|---|---|---|
| **Age** | Including specific ages and age groups:<br><br>Older people, Young people, Children, Early years | Medium | Diagnosis can make a difference to the care and support a person receives. It is important diagnostic outcomes are accurate. |
| **Disability** | Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:<br><br>Sensory, Physical, Learning, Mental health<br><br>(including cancer, HIV, multiple sclerosis) | Medium | Diagnosis can make a difference to the care and support a person receives. It is important diagnostic outcomes are accurate. |
| **Sex** | Men/Male<br>Women/Female | Low | |
| **Marriage/Civil Partnership** | | N/a | |
| **Pregnancy/ Maternity** | | N/a | |
| **Race** | Colour<br>Nationality<br>Ethnic/national origins | Low | No discriminatory factors identified. Clinicians have E&D training. Support for inclusion i.e. translator services, will be actioned if needed. |
| **Religion or Belief** | All religions<br>Including lack of religion or belief and where belief includes any religious or philosophical belief | Low | As above |
| **Sexual Orientation** | Lesbian<br>Gay men<br>Bisexual | Low | No discriminatory factors identified. Clinicians have E&D training. |
| **Gender Reassignment** | Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex | Low | No discriminatory factors identified. Clinicians have E&D training. |

**Summary**

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|---|---|
| Please describe the main points/actions arising from your assessment that supports your decision.<br><br>See above. | |
| EIA Reviewer: Victoria Dunn | |
| Date completed: 22 June 2023 | Signature: V. Dunn |