

Brief guide: waiting times for community child and adolescent mental health services

Context and policy

Many young people referred to community child and adolescent mental health services (CAMHS), including some with serious conditions, wait many months for treatment, with waiting times varying widely across the country.

Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment. However, there are no specific national standards for waiting times for CAMHS patients. The exceptions to this are:

- Patients with psychosis (two weeks)
- Those treated in the community for eating disorders (First contact must be within 24 hours in an emergency, one week if urgent, otherwise four weeks).

Evidence required

- Use the routine provider information request (RPIR) to check mean waiting times from referral to assessment and from referral to treatment (actual and target) for the last six months. From April 2017 the RPIR will also include the median waiting time. Use the RPIR to look specifically at the length of waiting times for young people to be assessed and treated for attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD).
- For patients with psychosis or eating disorders, look for evidence that the service is treating patients within national waiting time standards and following guidance from the National Institute for Health and Care Excellence (NICE).
- Check that the service is meeting the 18-week waiting time target for all other patient groups. It is unacceptable for children and young people to wait more than this to start treatment, except in occasional and exceptional circumstances.
- Check the context:
 - What referral to treatment time is set by commissioners? Is this different for different patient groups?
 - How many referrals are received? Has this changed recently? If so, what factors have contributed to this?
 - What are the referral criteria? Has the threshold risen to manage demand? What proportion of referrals are accepted? What are the triage arrangements?
- Check whether the service manages any waiting list safely:
 - Do staff review the waiting list regularly?

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- Do they ensure that patients and families know that they can contact the service if the patient's condition deteriorates?
- Do staff phone or meet patients who may be deteriorating?
- Do they offer rapid appointments to those at risk?

Ask about internal waiting times. Once a young person has been assessed, how long do they wait for a recognised treatment for the identified need, for example, a psychiatry opinion, for specialist psychological therapy or for specialist assessment for autism or ADHD. Check that the treatment required is being provided and that holding interventions are not substituted whilst waiting for specialist input.

Reporting

Under **access and waiting times** in the responsive section, report on waiting times and the referral process including internal waits. Make specific reference to whether the service meets relevant national standards or the NHS Constitution expectation of a maximum of 18 weeks from referral to treatment.

- It would be unusual to rate a service as good for responsive if waiting times from referral to treatment breached a national standard or exceeded 18 weeks, including internal waits, in other than occasional or exceptional standards.

Under **assessing and managing risk** to patients and staff – management of risk in the **safe** key question, report on whether any waiting lists are managed to ensure that patients on the lists are kept safe.

Under **governance** in the **well-led** key question, report on how waiting times are monitored and increased demands addressed in a timely way. Comment here if there is oversight of all referrals including any actions with partners to address gaps in provision.

Link to regulations

No regulation deals specifically with timeliness of care. However, problems with CAMHS waiting times might breach the regulations below in the following circumstances.

Regulation 9 (person-centred care) might be breached if the waiting time from referral to treatment is above 18 weeks and evidence suggests that the safety of service users is not at risk as a result of the lack of timely treatment. This might be the case if the provider can demonstrate that they manage the waiting list appropriately and have a care pathway to bring forward the appointment of patients whose condition has deteriorated.

Regulation 12 (safe care and treatment) might be breached if there is evidence that long waiting times result in harm that is avoidable. This might be the case if there is evidence of a lack of individual risk assessment of service users and an absence of systems to mitigate those risks.

Regulation 17 (good governance) might be breached if the waiting time exceeds 18 weeks and the provider is not managing the waiting list well, does not operate an effective system to identify this as a risk and does not have an effective plan to resolve the problem.

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Appendix

The [Quality Network for Community CAMHS \(QNCC\)](#) is part of the Royal College of Psychiatrists' Centre for Quality Improvement. They have set six weeks as the standard for treatment whereby:

- 90% of children and young people (and parents or carers) wait no more than 6 weeks between Assessment and Treatment [or Choice to Partnership]
- An initial assessment /choice is offered within 6 weeks for 90% of all non-urgent referrals

However, these are not mandated standards.

Its views on standards link with the NHS England policy [CYP IAPT principles in Child & Adolescent Mental Health Services. Values and Standards. Delivering With and Delivering Well](#) (Dec 2014).

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