

# 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) wait many months for treatment. Waiting times vary widely across the country.

There are mandated national standards for waiting times for **young people with psychosis** (two weeks) and for those treated in the community for an **eating disorder** (first contact must be within 24 hours in an emergency, one week if urgent, otherwise four weeks). For others, under the NHS Constitution, no-one should wait more than 18 weeks for any treatment. Although the NHS Constitution applies to consultant led services, CQC will consider that this should also be acceptable practice for any NHS-funded service.

The [Quality Network for Community CAMHS](#) sets the following standards for members:

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

## Evidence required

- Check the provider information request for mean waiting times from referral to assessment and from referral to treatment (actual and target) for the last six months. Look specifically at the 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, check that the service is starting treatment within national waiting time standards.
- Check that the service is meeting the 18-week waiting time target for all other patient groups. No young person should 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?

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

- Check whether the service manages any waiting list safely:
  - Do staff review the waiting list regularly?
  - 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 after a young person has been assessed. How long do they wait, for example, for a psychiatry opinion, to start specialist psychological therapy or for specialist assessment for ADHD or ASD? Check whether holding interventions are substituted whilst waiting for specialist input.

## Reporting

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

Under **access and waiting times** in the responsive section, report on waiting times and the referral process - including internal waits. State whether the service meets relevant national standards or the NHS Constitution 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 **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 12 (safe care and treatment)** might be breached if the long waiting times result in avoidable harm. This might be the case if there is a lack of individual risk assessment of service users and an absence of systems to mitigate those risks.

**Regulation 9 (person-centred care)** if the waiting time from referral to treatment is above 18 weeks but the safety of service users is not at risk. This might be the case if the provider manages the waiting list well and brings forward the appointment of patients whose condition has deteriorated.

**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.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.