Dear Sir/Madam,

I am writing on behalf of BMA Cymru Wales in response to the above consultation which is being conducted by the Welsh Government. We are grateful for the opportunity to comment.

Whilst we will not be providing a comprehensive response on this occasion, and will not therefore be offering a view in relation to all the questions that have been posed, we would however like to make a few points for the Welsh Government’s consideration based on the experience of some of our GP members regarding the way in which the system currently operates. These issues do not appear to be sufficiently addressed in the revised version of the strategic action plan and we would therefore suggest that they be given appropriate consideration before the plan is finalised.

Crossover between childhood and adult

Currently services are predicated on age and whether a child is still in school. When a child attains the age of 16 they are maintained within CAMHS (child and adolescent mental health services) if they are attending sixth form education, but not if they leave school. Whilst they should be transferred over to come under the scope adult services at the appropriate time, in our members’ experience this does not happen consistently. Thus many patients are simply discharged and no specialist is assigned to look after them even though they may still need support, and sometimes medication, in order to transition to independent living.

27 May 2016

Ref Freshened Autistic Spectrum Disorder Strategic Action Plan Wales

Prif weithredwr/Chief executive:
Keith Ward
**Sparsity of service provision**

There is an issue in our view with services being underfunded and under resourced. This leads to long waiting lists and also little co-ordinated support between community paediatrics and CAMHS as to which service has responsibility for different aspects of a patient’s care. In our experience, the extent of this problem varies area by area. We feel it is important that families can have adequate support and easy access to both assessment and ongoing services whether in community paediatrics or CAMHS.

For adults, whilst there are a few clinics with psychiatrists who are able to assist, this is also variable across Wales. Some GPs report that that there is no access in their part of Wales to psychiatry for adult patients with ASD because the psychiatrists in those areas don’t feel they have the competency to prescribe for, or otherwise support, these patients. This can lead to a significant gap in service provision and GPs may be faced with the dilemma of continuing a medication for a patient’s benefit whilst not themselves feeling competent to prescribe it, or withdrawing a medication the patient and their family perceive they need with no plan for the future and no specialist support being available.

Despite a lack of service provision in some parts of Wales, patients do still need support however – perhaps even more in the case of adults – and we therefore feel this issue needs to be addressed.

**Lack of shared care prescribing**

As this is quite a specialist area of medicine with very specialised drugs in use, some individual GPs feel that the ability to prescribe appropriately lies outside their competency or knowledge, and thus quite rightly they are reluctant to prescribe. If they do agree to do so, then we feel there needs to be specific and agreed shared care protocols put in place in every area of Wales, backed up by appropriate resourcing. Services also need to have both capability and capacity to provide this prescribing function if a GP feels they are not able to do so. Many GPs report to us that they are reluctant to prescribe, especially for adult patients, due to a lack of clear and adequate monitoring.

**Lack of psychological support**

In the experience of our GP members, this is variable across Wales and this needs to be consistently and quickly available for both adult and child patients. We also feel that the provision of appropriate family support is critical.

**Transition doesn’t need to involve a GP**

We feel there needs to be clarification provided around the route of referral for those transitioning to adult care. We would suggest that it should be via schools/educational psychology, but there is a need for a robust assessment of capacity to ensure this can be achieved effectively. We also feel that schools and local authorities should not be signposting patients to GPs, as referrals from GPs are not accepted.

When a child transitions to adult services there should in our view be confirmation that there are services available, and referrals should be made directly from child psychology to adult psychology.

In concluding, we hope that these views are helpful in highlighting some quite significant concerns that we feel need to be addressed. We hope that these issues can be taken into account prior to the revised plan being finalised.

Yours sincerely,

Dr Rodney Berman
Senior Policy Executive