

SUBMISSION FROM NHS AYRSHIRE AND ARRAN

1. The previous comments submitted by Officers of the Board in March 2010 [to Hugh O'Donnell's pre-introduction consultation on the Bill] are relevant and highlight why an autism bill would support people with autism. The key elements are as follows—
 - A strategic approach would bring Scotland into line with the rest of the UK.
 - Resolution of issues regarding access to services and the development of clear care pathways in relation to assessment and support.
 - A co-ordinated and consistent process to support and extend existing good practice.
 - Recognition of the range of presentations and needs of people with an autism spectrum condition.
 - Improved facilitation and co-ordination of care pathways between agencies.
 - Recognition that autism is a lifetime condition and a strategic approach would support and facilitate transitions, and recognise the different needs at different life stages.
 - Implementation of care pathways to access diagnostic services and appropriate social and clinical interventions post-diagnosis.
 - Recognition that this is an “invisible” condition, often poorly understood by the general population, including health, education and social care services who have a responsibility to provide support, ie individuals on the spectrum may occasionally fall through gaps within the system.
 - Recognition that this is a vulnerable group who often experience a range of associated difficulties in relation to mental health difficulties, social isolation, and intellectual difficulties.
 - Recognition that many individuals with autism are able to work and contribute effectively to their local community. This group would benefit from legislation which would provide assistance for accessing education, training and employment.

Additional comments for consideration

Diagnostic issues

2. An additional area of concern relates to the use of autism and autism spectrum as diagnostic labels.
3. The formal diagnostic criteria for autism and asperger's syndrome are set out within the diagnostic systems of DSM IV and ICD 10. Over time the use of “autism spectrum disorder” as a diagnostic label has become more prevalent e.g. the SIGN Guidelines published in July 2007 specifically chose to use the term autism spectrum disorders.

4. At one level this is helpful as a way of recognising the range of presentations and abilities associated with autism – it is a term that we use regularly as part of clinical practice while still using the formal diagnostic systems. This becomes a concern where the use of “autism” and “autism spectrum” are possibly too fluid. The diagnostic criteria in relation to “autism” are developing outside of the formal systems; one example of this is the use of Gillberg’s criteria in relation to asperger’s syndrome. This becomes problematic where it encourages a range of understanding of what constitutes autism and autism spectrum. There is a risk that the use of “autism spectrum” as a catch-all term for many individuals with social or communication difficulties does a significant disservice to those with the recognised core features of autism.
5. If the intention of the Bill is to recognise individuals with autism as a vulnerable group, and act to safeguard support for their very specific needs, the use of an appropriate definition of autism is important (as detailed in the triad of impairment defined by Lorna Wing, 1981), which recognises the specific, and invisible, vulnerabilities of this group.

Uncoordinated training

6. A consistent approach to training and training methodology would support staff and allow them to move across the various provider agencies. This would also reduce the duplication of training efforts and enhance recognition of skills.

Partnership consultation

7. Improved partnership consultation to assist with planning autistic units to ensure any related GP practice or other healthcare provider can guarantee capacity was available for supporting an increased clientele.

Dentistry

8. The inclusion of dentistry within the Bill.

Officers of the Board of NHS Ayrshire and Arran
8 October 2010