ADHD & Autism Functional Assessment and Waiting List Support

Service Definition (G-Cloud 15)

Service Summary

Cerina's Stage Zero Neurodiversity Pathway is a pre-assessment digital pathway for adults awaiting autism and ADHD assessment. Deployed at the point of referral rather than diagnosis, it structures the years-long wait for NHS neurodevelopmental assessment into an actively supported, monitored phase, using the WHO's International Classification of Functioning (ICF) standard rather than a diagnostic label. The service gives patients psychoeducation, self-help and local signposting from day one, and gives the assessing clinician a structured, reviewable functioning profile at first clinical contact, replacing years of silence with something to offer immediately.

Service Description

Adults referred for autism or ADHD assessment currently face an average wait of 4-10 years, during which the NHS offers no structured support. Patients return repeatedly to GPs for reassurance, prescribing and crisis care while waiting. Where Right to Choose referrals are requested, GPs must process them even when the clinical case is unclear, at an average cost of £1,700 per assessment, with no triage tool to inform the decision. When patients eventually reach assessment, the clinician meets them without any structured history, despite years of potential deterioration.

Cerina Stage Zero addresses this gap by giving patients and clinicians something structured to work with from the moment of referral:

Deflection: ICF-scored functioning profiles identify patients who may not meet diagnostic thresholds while ensuring they still receive appropriate support for their functional challenges.
Waiting well: structured psychoeducation, self-help, routines and coping support from day one, so patients do not deteriorate in silence.
Demand structuring: functioning data arrives with the patient at first clinical contact. The assessing clinician receives an ICF report reviewable in 30-60 seconds.

Cerina Stage Zero is not a diagnostic tool and does not replace clinical judgement. It gives commissioners and GPs something structured to offer while the patient waits.

How the Service Operates

Your role as a GP: pre-appointment deployment.

1. Patient contacts the practice via phone, online system or in person ("I think I have ADHD/autism").
2. Triage response includes the **Cerina link** (SMS/Email) added to the standard reply. No new form, no referral letter needed.
3. Patient completes the Cerina Stage Zero assessment at home, a self-completed, adaptive ICF assessment taking roughly 20-25 minutes. No GP involvement required.
4. Patient decides the next step given functioning informative report, cancel the appointment if their need is met, attend with richer context, or proceed to Right to Choose via the tool.

What the patient experiences:

Onboarding: Secure link, plain-language introduction, consent and data handling explained
ICF Assessment: Adaptive 5-stage assessment across attention, regulation, sensory, social and communication domains; only relevant domains explored in depth
Instant Report: Plain-language functioning informative report; strengths highlighted, difficulties explained without clinical jargon
Support & Signposting: Local VCSE services mapped to personalised need; self-help modules (routines, grounding, sensory management); psychoeducation from day one
3-Monthly Review: Assessment repeated; trajectory tracked as improving, plateauing or worsening; escalation flagged if needed
Clinician Report Ready: A structured ICF report is available at the assessment appointment; the clinician reviews it in 30-60 seconds

Cerina is patient-held. Nothing lands in a GP inbox unless the patient chooses to share it.

The patient receives a structured functioning profile; the patient is supported with psychoeducation and self-help; the patient can share their report with their GP if they choose; if the patient attends assessment, they arrive with structured context; the assessing clinician receives a 30-second ICF summary; the patient can self-refer to local VCSE services directly.

Clinical Foundation

Built on the WHO's International Classification of Functioning (ICF), the global standard for measuring how people function in daily life, across four domains:

Body Functions - attention, memory, emotional regulation, sensory processing, rated as single qualifiers
Activities & Participation - learning, communication, social functioning, rated for both capacity and performance
Environmental Factors - facilitators and barriers in home, work and community, the context shaping real-world functioning
Transdiagnostic - works across autism, ADHD and co-occurring conditions without requiring a diagnosis first

Structured report scoring domains (e.g. Attention & Learning, Emotional Regulation, Social Functioning, Sensory Processing, Communication) with a RAG rating per domain and an overall tier (Green <2, Amber 2–3, Red ≥3), alongside a strengths-based profile, capacity-versus-performance gap analysis, environmental barriers/facilitators, and neuro-affirmative recommendations and suggested intervention pathways.

Patient and Public Involvement (PPIE) Evidence

Cornwall PPIE focus group, July 2025 (n=17 adults), supplemented by the WINS study:

- 88% need help most when starting a task; 82% when mentally tired or drained; 71% when hyper focused or losing time; 65% when anxious or overwhelmed
- Highest-rated support needs: building helpful routines (4.4/5), gentle mood shifts (3.6/5), calming body/senses (3.5/5)
- 100% of participants already use coping strategies, but fragmented across 15+ apps, indicating demand for one structured, NHS-backed tool
- Asked whether structured app support would still lead them to seek diagnosis: 24% said it might delay or reduce need for Right to Choose/referral; 35% said they'd still want a diagnosis but with continued app support; 24% said they'd still want a diagnosis as soon as possible

Benefits

Benefits for patients

- Supported from day 0 instead of waiting years with nothing
- Never deteriorates in silence
- Regular (3-monthly) review of how they're doing, with escalation if needed
- Strengths-based, plain-language understanding of their own functioning
- Direct self-referral to local VCSE services

Benefits for GPs and primary care

- No additional appointments or contacts generated
- No new clinical responsibility, interpretation burden or data-sharing agreement
- Fewer repeat GP attendances during the wait
- Better-prepared patients, and potentially fewer urgent Right to Choose requests

Benefits for assessing clinicians

- Pre-done ICF profile on arrival, reviewed in 30-60 seconds
- Routed, not blind, even after years of waiting
- Defensible, auditable clinical context ahead of first contact

Benefits for commissioners and systems

- Deflection of referrals unlikely to meet clinical threshold (currently 40%+) toward appropriate support instead of the assessment queue
- Demand structured upstream of formal assessment
- Defensible audit trail for governance and assurance

Deployment Model

Pre-appointment deployment via standard GP workflows
Delivered as a secure, patient-facing link, no new referral form or letter required
No specialist IT resource required from the GP practice
No ongoing GP clinical or safeguarding responsibility generated by deployment

Scope Boundaries

The service:

- does not diagnose patients
- does not replace clinical judgement or assessment
- does not auto-share patient data with GP clinical systems without patient consent
- is not currently registered as a medical device

Price includes

- White label branded digital front door
- WHO-ICF informed digital support
- Insights and reporting

Pricing notes

- Unlimited eligible residents within the programme area
- No per-referral or per-coach fees
- Designed as a low-complexity enhancement
- No integration required to operate

Technical Specification

Code	Specification
CER01	Available via secure web link (patient self-serve)
CER02	Adaptive ICF assessment, self-completed in 20-25 minutes
CER03	Automated report generation: patient-facing plain-language report and clinician-facing structured ICF summary
CER04	RAG-rated domain scoring with overall tier (Green/Amber/Red)
CER05	3-monthly review cycle with trajectory tracking and escalation flagging
CER06	Patient-held data model; data shared with GP/clinical systems only on patient consent
CER07	Local VCSE service signposting, personalised to assessment outcome
CER08	GDPR-compliant data handling; NHS information governance alignment

Clinical Governance and Safety
Cerina operates within a robust clinical and information governance framework appropriate for NHS digital health services. The automated conversational support does not provide diagnosis or replace clinician-led therapy and operates within an approved clinical safety case aligned with DCB0129 and DCB0160.

Clinical safety and risk management include:
- Approved clinical safety case in line with DCB0129 and DCB0160, covering hazard analysis, risk assessment, safety controls, and incident management.
- Automated monitoring of user inputs, with immediate safety signposting and clear escalation pathways aligned with local NHS safeguarding services.
- Prominent safety information and emergency contact details on key screens, with defined pathways for identified risks.

Clinical governance responsibilities include:
- Commissioning services / buyers retain responsibility for referral appropriateness, pathway placement, local risk management, and overall clinical governance within local care pathways.
- Cerina retains responsibility for platform safety, clinical accuracy of content, risk-detection, incident reporting, and operation of the clinical safety case.

Information Governance, Security and Compliance
Cerina is designed to meet NHS information governance and security expectations. All patient data is processed only for agreed clinical and service purposes and handled in line with NHS records-management and data-retention policies.

Key information governance and hosting measures:
- Hosted on Amazon Web Services (AWS) within the UK
- Complies with GDPR and the Data Protection Act 2018
- Meets NHS Data Security and Protection Toolkit (DSPT) requirements
- Aligns with NHS Digital Technology Assessment Criteria (DTAC)

Security measures include:
- Encryption in transit and at rest, with role-based access controls and audit logging for all access to patient data.
- Multi-factor authentication options, regular penetration testing and vulnerability assessments, defined security-incident response procedures, and business continuity and disaster-recovery plans.

Configuration, Onboarding, and Offboarding

Service Configuration

- Service branding and visual identity within the platform
- Patient onboarding and registration workflows
- Self-care element signposting (podcast, articles, external resources)
- Local crisis helplines and support service details
- Outcome measure collection schedule and frequency
- Service-level alert thresholds and notifications
- Analytics reporting formats and delivery schedules
- Integration parameters for local NHS systems (where applicable)

Onboarding

As part of service onboarding process, clients will receive:

- Online platform demonstration sessions for clinical and administrative staff
- Training on platform, safety and reporting
- Communications materials and digital assets for patient promotion
- Technical integration support (where applicable)
- Dedicated Client Success Manager
- Information governance and data protection documentation
- Any other locally agreed onboarding requirements

Offboarding

As part of offboarding at the end of the contract:

- A minimum of 3 months' notice period will be agreed
- A transition plan will be established to ensure patient safety
- Patient access termination date will be agreed, with appropriate notice to active users
- Clinical safety review will be conducted to ensure safe offboarding of all patients
- Services will receive comprehensive data export including:
    - Aggregate service analytics
    - Anonymised outcome measure data
    - Usage statistics and reporting data
- All patient data will be handled according to agreed data retention and deletion schedules
- Technical access credentials will be deactivated on the agreed end date
- Final service report will be provided summarising contract period performance

Service Level Agreement, Fault Management

Service Availability

The Cerina platform will be available 24 hours a day, 365 days per year for all patients with active accounts.

Service Hours and Support

- Core Service Hours: 08:30 - 17:00 GMT (Monday - Friday, excluding UK bank holidays)
- Out of Hours: Emergency P1 fault reporting available 24/7
- Platform Availability: 24/7/365 for patient access
- Scheduled Maintenance: Planned maintenance windows will occur outside core hours with a minimum of 7 days' notice

Faulty Reporting Process

Faults must be reported to: [support@cerina.co]

All fault reports must include:

- Contact information (name, role, organisation)
- Description of the fault
- Impact assessment (single user, multiple users, service-wide outage)
- Time fault was first identified
- Screenshots or error messages (where available)
- Steps taken to reproduce the issue

Data Management

Data Storage and Processing
All patient data obtained and processed within Cerina is:

- Hosted on Amazon Web Services (AWS)
- Stored within the United Kingdom
- Subject to NHS information governance standards
- GDPR compliant
- Encrypted in transit and at rest
- Backed up regularly with defined recovery procedures

Data Extraction
At the end of the contract, buyers can request:

- Aggregate service analytics (CSV format)
- Anonymised outcome measure data (CSV format)
- Usage statistics and reporting data (CSV/Excel format)
- Patient identifiable data (subject to information governance agreements and lawful basis)

All data extraction requests will be processed within 30 days of contract end, subject to agreed data retention schedules.

Data Retention
- Patient records retained for duration of contract plus agreed retention period
- Aggregate analytics available for service evaluation purposes
- Data deletion procedures follow NHS records management guidelines
- Buyers will be notified of data deletion schedules during offboarding

Service Management and Commercial Terms

Change Request Process
Requests for changes or enhancements outside standard configurations should be submitted via the support portal or Client Success Manager. All requests will be classified and prioritised.

Request Classifications

Classification	Description	Response Time	Delivery Target
Mandated	• Regulatory compliance • Clinical safety requirements • Security vulnerabilities • Performance critical issues	Triaged immediately	95% delivered within agreed sprint (1 month)100% delivered in following sprint
High	• Significant process improvements • Efficiency	Standard schedule	92% delivered within agreed timeline (1

	enhancements • Large user base benefit		month)100% delivered in following period
Medium	• UX/UI improvements • Moderate user benefit • Enhanced functionality	Triaged for next sprint	Delivered as per agreed timeline
Low	• Minor aesthetic changes • Localised improvements	Triaged as needed	Delivered as per agreed timeline

All significant change requests will require a Statement of Works (SOW) with agreed scope, timeline, and costs.

Service Management
Both parties shall establish a Service Management Group with responsibility for:

- Regular service performance review
- Incident and problem management oversight
- Service improvement initiatives
- Strategic planning and roadmap alignment
- Contract compliance monitoring

Reports will be provided monthly via the analytics dashboard and formally reviewed in SMG meetings.

Continuous Service Improvement
Cerina is committed to continuous improvement in the following areas:

- Reduction and improved resolution of P1 incidents
- Transparent Root Cause Analysis with corrective actions
- Proactive problem management to prevent recurring faults
- Enhanced communication and collaboration between parties
- Preventative maintenance activities
- SLA performance optimisation
- Clinical content updates reflecting latest evidence base
- User experience enhancements based on patient feedback
- Platform performance and stability improvements
- Security and information governance enhancements

Improvement opportunities will be communicated via SMG meetings and documented in service improvement plans.

Ordering and Invoicing Process
- Minimum Contract Term: 12 months (subject to mutually agreed extension periods)
- Invoicing Schedule: Monthly in arrears at the end of each calendar month
- Payment Terms: Within 30 days of invoice receipt
- Implementation Fee: Invoiced upon contract signature, payable within 30 days

Note: Alternative invoicing arrangements can be agreed to accommodate specific procurement requirements.

User Responsibilities

Service Provider Responsibilities
- Maintain platform availability in accordance with SLA

- Provide technical support during core hours and P1 emergency support 24/7
- Conduct regular platform maintenance and updates
- Monitor service performance and security
- Provide clinical governance documentation
- Ensure compliance with NHS information governance and data protection requirements
- Provide training and onboarding support
- Deliver regular service reports and analytics

Buyer/Commissioner Responsibilities

- Manage patient referral and access processes
- Ensure patients meet eligibility criteria (adults aged 18+, mild-moderate anxiety/depression)
- Provide clinical governance oversight at service level
- Manage local escalation pathways for patients identified as high risk
- Ensure appropriate use of the service within local care pathways
- Comply with terms of service and acceptable use policies
- Manage distribution of access credentials to eligible patients
- Provide feedback on service performance and improvement opportunities
- Maintain local crisis response and safeguarding procedures

Exit & Portability

On termination, customer data is returned securely or deleted in line with agreed retention schedules. Exit support is provided without additional charge.

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