

Cynulliad Cenedlaethol Cymru
 Bil Awtistiaeth (Cymru) drafft
 Llythyr Ymgynghori DAB17
 Ymateb gan Bwrdd Iechyd Prifysgol
 Hywel Dda

National Assembly for Wales
 Draft Autism (Wales) Bill
 Consultation Letter DAB17
 Evidence from Hywel Dda University
 Health Board

Please refer to questions in the [Consultation Letter](#).

Question	Answer
01	Yes
02	It is suggested that it would be more appropriate to refer to current accepted international classification systems. ICD 10 is current operational criteria but increasingly DSMV is used whilst waiting for ICD 11, which is thought likely to be very similar to DSMV. In principle would prefer a Neurodevelopmental act if it is to be "Rights Based Legislation", in which Neurodevelopmental definitions would need to be included. This would ensure that groups whose developmental disorders do not fit into a particular category would not be excluded. Currently there is a review of the Mental Health Act definitions and it will be important to ensure that there is synergy between current and any proposed new Mental Health Act statute law.
03	Yes, it is suggested that commissioned services also be included and that regulatory bodies such as Estyn, HIW and CSSIW also have to demonstrate regard to the proposed Bill.
04	The views from the consultation were variable; one of the questions posed regarding this was, if the power were available, how would its use and non-use be scrutinised?
05	It is suggested that the stipulated time scales are too short, giving little time for consultation and implementation of the strategy/act.
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08	Yes, however where possible this should be supported by a formulation based approach to ensure that positive consequences of diagnosis are felt. At times a longer timescale of assessment maybe required however needing a longer time to move towards diagnoses should be an active rather than a passive process.

09	Using a two month timeframe could concentrate agencies but there are risks of a reductionist/paper exercise. Preference would be that care planning be started within the two month timeframe and that a review with recorded outcomes is completed within a year.
10	Yes this is helpful at the early stage of service development, however level of competence, experience or seniority is also important to ensure governance of the clinical process required for diagnostic assessment.
11	Paediatrician, Specialist Nurse/ Advanced Nurse Practitioner, GP's (potential), Psychotherapist, Teachers
12	An integrated service would eliminate any discrimination due to a pre-existing condition. The current IAS service indicates not working directly with some groups of people, those with LD and moderate/severe mental illness. The relationship with paediatric, specialist mental health and learning disabilities would benefit from a statement of principles with greater detail in the supporting guidance and implementation monitoring.
13	Data collection should be in the implementation guidance and form a vital part of the audit cycle to measure the impact of the Bill. There needs to be robust service evaluation based on outcomes and include qualitative measures. The ability to collect anonymised data from relevant bodies is appropriate to ensure transparency.
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17	It is suggested that a continuous programme to raise awareness and understanding is run, with a campaign evaluation on a 3 year cycle so that the campaign can be adapted to reflect any identified themes.
18	By taking our consultation comments into consideration, we feel this would increase the positive impact of the proposed bill and ensure that equity, diversity and inclusion for those with pre-existing conditions will be improved.
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