

Public sector impact studies

# Healthcare: Supporting young people on neurodiversity waiting lists





## The problem

Extended waiting times for specialist neurodiversity assessments present a significant challenge to the English public health system. Firstly, it generates considerable distress for young people and their families, who lack formal guidance on managing the child's needs, particularly within the educational system. Secondly, it creates a significant failure demand within primary care as GPs face repeated, non-productive consultations from patients seeking updates or support for escalating issues, leading to a profound operational inefficiency, strain on clinical capacity, and erosion of the doctor-patient relationship.

This public sector impact study is based on a talk at Productivity Pitches, a series of events hosted by the Institute for Government and The Productivity Institute, which aims to share and support ways to improve public sector performance levels. The talk is available to watch on the [Institute for Government's website](#).



## The innovation

The Stort Valley and Villages Primary Care Network (PCN) - a group of local GP practices working together to serve a combined population of around 64,000 patients - developed an innovative support service to directly address this problem. The service is explicitly not a diagnostic centre. Instead it involves a new supportive service to manage the patient journey while they wait. Its design is built on three components:

- *A low-cost, multidisciplinary team:* The service is delivered by a small, focused team comprising of an occupational therapist, a mental health coach, and a care coordinator, all operating with GP clinical leadership.
- *Central support hub:* The team became a central provider for all non-diagnostic support for those on the referral waiting list. This relieves the immense administrative burden on individual GPs and ensures that families have a single, knowledgeable point of contact throughout their long wait, providing reassurance and practical help that was previously absent.
- *Focus on 'What Matters to You?':* Rather than focusing on formal diagnosis, the team responds directly to the specific concerns raised by the young people and their families. This includes the occupational therapist providing strategies for sensory issues, the mental health coach supporting parents, and the team helping to navigate the complex paperwork required for school





## The impact

The service has demonstrated evidence of productivity gains:

- *Reduced GP workload:* The primary productivity gain is the near-total removal of neurodiversity-related failure demand from GP caseloads. GPs appreciate it because it provides a constructive pathway for patients who would otherwise repeatedly book appointments with no resolution. Some 91% of GP respondents to a survey reported that it was useful in completing the referrals, while 68% thought that it was helpful in reducing the workload.
- *High patient and family satisfaction:* Families report feeling heard, supported, and less isolated. By providing early, practical help, the service mitigates the stress and confusion around how to meet the child's needs, whilst also helping children and parents navigate the complex and bureaucratic process of seeking a diagnosis. Some 86% of respondents to a recipient survey reported that they had higher levels of wellbeing after the support sessions.
- *System efficiency:* By ensuring referral forms are completed correctly, the service reduces the administrative burden on both primary care and the specialist services, which would otherwise have to reject and return incomplete applications.



## Takeaways

The The Stort Valley and Villages PCN project illustrates several core capabilities essential for public sector productivity.

Firstly, the service demonstrates the value of effective organisational learning. The PCN team diagnosed the problem not as the waiting list itself - which they could not change - but as the unsupported wait. By identifying the profound negative impact this was having on both patients and their own operational capacity (through failure demand), they were able to design an intervention that precisely targeted the root cause of the inefficiency and distress within their sphere of control.

Secondly, the project showcases the importance of prioritisation within the planning process. The leadership made a strategic decision to focus their funding to address a major bottleneck in their service. This required a clear-eyed assessment of where their resources could have the greatest impact. Rather than spreading their new funding thinly across general practice, they consolidated it into a specialist team to solve one of their most pressing problems. This demonstrates a sophisticated understanding that focused investment, even on a small scale, can yield disproportionately high returns.

Finally, this case study illustrates the value of devolution by showing how empowered local leaders can solve systemic problems efficiently. The Primary Care Network, using newly devolved control over the local staffing budgets (the ARRS scheme), designed a low-cost intervention to tackle the failure demand caused by specialist waiting lists - a problem that was most clearly visible from the frontline.

The success of this targeted, local solution provides a clear, scalable blueprint. This model can now be spread either through a top-down government directive or, more organically, by sharing evidence of its productivity gains with other PCNs, proving that local autonomy is a direct enabler for scalable public service innovation.

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