



**Waitematā**  
District Health Board

Best Care for Everyone

### Hospital Services

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Dear [REDACTED]

#### **Re: OIA request – Wait times for children with Autistic Spectrum Disorder**

Thank you for your Official Information Act request received 27 February 2020 seeking information about wait times for children with Autism Spectrum Disorder (ASD) at Waitematā District Health Board (DHB).

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 7,500 people across more than 80 different locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

Assessments for children who are thought to have ASD are generally undertaken by the Paediatric Outpatients Service. On occasion, an assessment will take place within the Child and Adolescent Mental Health Services when a child has a co-existing mental health issue. We have interpreted your request as being about the children seen through our Paediatric Outpatients Service.

This service receives approximately 10,000 referrals a year. Once received, all referrals are reviewed and prioritised according to clinical need. In 2019, the service received approximately 300 referrals where it was identified that a child may have ASD and required an assessment.

In response to your request, we are able to provide the following information:

#### **How long does it take on average to get an initial appointment with a specialist to assess whether a child is on the autism spectrum?**

Waitematā DHB has an ASD clinical pathway to guide clinicians in the assessment of a child. When a referral is received and a child is determined to require an ASD assessment, the first stage of the process is for the family/whānau and child to meet with a developmental co-ordinator and health care professionals with specific expertise in ASD. The developmental co-ordinator gathers detailed information about the child's development and health and educational history to assist with assessment and diagnosis.

On average, the wait time to meet with a developmental co-ordinator is three months. At this time, the support needs of the family/whānau are also explored and addressed.

Following this, children are assessed by a specialist paediatrician. Information is not available on the specific wait times of children with suspected ASD, as Paediatric Outpatient appointments are not coded in a way that provides this information. However, all children referred to Paediatric Outpatients are seen within four months of the referral being received.

#### **How does this compare to the previous year?**

In 2019, there was an increase of approximately 50 children referred with suspected ASD. This resulted in children waiting for up to two weeks longer for an initial appointment with a developmental co-ordinator.

There has been no change in the length of time families wait to see a paediatrician.

#### **How long is it on average between the first appointment to diagnose a child with autism and the second appointment?**

The follow-up requirements for children diagnosed with ASD are determined on each child's needs. Some children do not require follow-up with a specialist paediatrician and are referred back to their general practitioner for on-going care. Children may also be referred to community providers, the Child Development Service or other providers for further support, assessment and/or intervention.

As above, information is not available on the specific wait times of children diagnosed with ASD. However, if a child does require follow-up with a paediatrician, appointments are scheduled according to the needs of the child and their family/whānau. Generally, follow-up appointments occur three, six or 12 months after the initial assessment has been completed. There are no specific guidelines that define the timeframe of the follow-up appointment. The clinician bases the decision on the child and family support needs, the child's level of functioning (i.e., mild to severe behavioural issues), community agencies involvement and any other medical needs.

#### **After a diagnosis of autism, how many appointments for treatment does a child receive? How does this compare to the previous year?**

ASD is not a single disorder; rather, it is the name for a group of conditions where a child has delay or difficulty in thinking as well as social development, which includes play and communication (language). The conditions can range from very mild through to severe and children can have a wide range of symptoms and presentations.

There is no 'cure' for ASD, but there are a range of interventions, including behaviour and communication therapies and medicines, to control symptoms.

Following diagnosis, the development co-ordinators meet with families/whānau to assist them to access the support and resources available and understand the diagnosis. They also work with families to facilitate access to a range of services that meet the specific needs of the child. This includes referring the child and their family/whānau to agencies such as Taikura Trust, the Ministry of Education, Explore, Altogether Autism, Autism NZ and the Children's Autism Foundation.

Waitematā DHB does not collect information on the number of appointments each child receives as these may be provided by a range of different services, both within and external to the DHB.

#### **How do all these figures compare to other DHBs?**

Waitematā DHB does not have information on the wait time of services provided by other DHBs.

**What is the percentage of children who are diagnosed as being on the autism spectrum, compared to those who are not, out of the ones who are suspected to have autism?**

As outlined above, ASD is a group of complex conditions that can be challenging to diagnose. Of the referrals received by Waitematā DHB, approximately 40% of children received a diagnosis of ASD. This is consistent with the diagnosis rate from the previous year.

Please note, some children who are not diagnosed as having ASD are identified as having traits consistent with ASD (i.e. diagnosis cannot be confirmed due to the child's age). Where appropriate, these children are followed up by the service at a later date to assess whether further features of ASD emerge with age.

**What is the funding allocated to diagnosing and treating conditions on the autism spectrum for the current year, compared to the previous year?**

There is no specific funding received for the provision of paediatric outpatient appointments for children with ASD. Waitematā DHB internally allocated approximately \$2.84m for the provision of first specialist and follow-up paediatric appointments across all diagnostic groups (including ASD), for the 2019/20 financial year. The funding allocated is consistent with the funding allocated in the 2018/19 financial year.

Waitematā DHB has received \$202,900 for the provision of developmental co-ordination services for the current financial year. There has been no change in funding received from the previous year.

**What is the increase or decrease in staff numbers who diagnose or treat autism compared to the previous year?**

There has been no change in staffing numbers compared to the previous year.

**How many staff vacancies are there for nurses or doctors who work in the area of autism?**

At present there are no paediatrician or developmental co-ordinator vacancies.

**What is the budget in the current financial year for autism training, compared to the previous period?**

There is no specific funding allocated for autism training. Waitematā DHB has processes in place to enable training and actively supports staff to access both internal and external training based on their individual needs.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



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Waitematā District Health Board