

## 1. GP DVT diagnostic pathway update

Analysis of results for the first six months of the pilot show benefits for patients, referrers and the hospital Emergency Department.

- 122 patients with possible DVT benefited from easier access to diagnostics
- GPs from 70% of participating practices have used the programme
- 14.8% of patients were confirmed with DVT on ultrasound
- 15.6% of patients have been protected with enoxaparin when access to ultrasound or D-dimer was delayed
- Average wait for ultrasound was 7hrs 17mins (range 27mins – 23hrs 59mins)
- Emergency Department GP referrals for possible DVT reduced

A couple of key points to remember

- Referral for ultrasound or enoxaparin must be on the special GP Diagnostic Pathway referral form. This will also guide you through the evidence based route for your patient.
- D-dimer is the first step only if the Wells score is 1 or less. If the Wells score is 2 or more ultrasound is the first step. D-dimer is usually not necessary for these patients and may delay definitive diagnosis.
- Funded access to Enoxaparin (Clexane) via Anglesea Clinic Accident and Medical should be considered if there will be a delay of > 6 hours for either D-dimer result, where clinical suspicion is high, or ultrasound access.

All associated information is available on the Waikato DHB website [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP) under primary care guidelines and the Pinnacle website [www.pinnacle.org.nz/clinical/pmwiki.php?n=Main.Clprojects](http://www.pinnacle.org.nz/clinical/pmwiki.php?n=Main.Clprojects).

The referral form is available electronically to Medtech and VIP practices via the projects page of the Pinnacle website for Pinnacle members (password required) or e-mailed to non-Pinnacle practices on request (e-mail: [joanne.spence@pinnacle.org.nz](mailto:joanne.spence@pinnacle.org.nz))

Any questions contact Linda Rademaker (details below) or Erica Amon 07 857 1559/[Erica.Amon@waikatopho.org.nz](mailto:Erica.Amon@waikatopho.org.nz)

## 2. Clopidogrel and proton pump inhibitors

Gerry Devlin, clinical director Cardiology, has provided the following advice:

Evidence suggests that various proton pump inhibitors (PPIs) can inhibit P450 2C19, which may alter the effectiveness of clopidogrel and potentially lead to an increased risk of adverse cardiovascular outcomes. Retrospective clinical studies have recently reported an increased cardiac event rate (mainly re-hospitalisations with acute coronary syndrome) in patients on clopidogrel and PPIs.

It is recommended that PPIs should not be prescribed prophylactically just because the patient is on aspirin and clopidogrel. Unless there is a clear indication for PPI medication, other options should be considered in patients with upper GI symptoms on clopidogrel.

## 3. Alternative treatment option for simple skin cancer (BCC and SCC)

Radiotherapy is a primary treatment option for selected older patients with small, punch biopsy proven BCC and SCC. The Radiation Oncology Department is able to see and treat these patients quickly and is happy to receive GP referrals. For further details see [www.waikatodhb.govt.nz/gp](http://www.waikatodhb.govt.nz/gp) – referral guidelines - radiotherapy for BCC/SCC

## 4. Improving access to physiotherapy

The Waikato Hospital Physiotherapy Musculoskeletal Outpatients Department provides a diverse range of physiotherapy services. Look out for the flyer they are sending to your practice in the near future to raise awareness of the services they provide.

## 5. Option for challenging older people

A new specialised unit based in Hamilton and operated by Guardian HealthCare Group at Rosendale Home and Hospital will commence on 9 April 2009 and provides the space, low stimulus environment and specialist care required for older people with extremely challenging behaviours. Referrals can come either from existing age-related residential facilities or from acute mental health services. Waikato DHB's Mental Health Services for Older People Service (MHSOP) makes the clinical assessment.

Key messages:

- The service is for older people with extremely challenging behaviours
- The service is available from 9 April 2009
- The service is based in Hamilton and will be operated by Guardian HealthCare Group
- People referred to the service must have been assessed as needing long-term age-related residential care
- Entry to the service is based on a clinical assessment by the Mental Health Services Team for Older People
- The service may be short term or long term as relevant, and provide intensive specialised support
- The aim is to discharge older people from the unit back to usual residential long-term care with revised behaviour management plans in place

To make a referral:

Dr. John Strachan - Clinical Director MHSOP  
Health Waikato  
Ph 07 839 8603  
Fax 07 839 8737



Clinic	Category	Waiting Time
Audiology	Children 9-32 mths	4 months
	Under 17 years	4 months
	Children's hearing aids	4 weeks
	Adult diagnostic tests	6 months
	Adult hearing aids	6 months
	Central auditory processing test	6 months
Breast Care	Urgent	2 months
	Semi-urgent	4 month
	*BCC Imaging Urgent only	2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-6 months
	Routine	6 months
Colposcopy	Invasive	Within 7 days
	High grade	4 weeks
	Low grade	26 weeks
	Non cervical	26 weeks
Dental	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	3 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	Within 5 days
	Semi-urgent	4 weeks
	Routine	6 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent	4 weeks
	Routine	6 months
Diabetes Consultant (2)	Urgent	1-4 weeks
	Semi-urgent	2-3 months
	Routine	Within 6 months
Diabetes Nurse Educator	Urgent	1-4 weeks
	Semi-urgent	2-3 Months
Endocrinology	Urgent	6 weeks
	Semi-urgent	Within 6 months
Endoscopy/ Colonoscopy Medical	Urgent	2 weeks
	Semi-Urgent	4-6weeks
	Urgent	2-4 weeks
Surgical	Urgent	6-8 weeks
	Semi-urgent	
ENT	Urgent	1-6 weeks
	Semi-urgent (children)	6 months
	Semi-urgent (adults)	6 months
Gastro-enterology	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
General Medicine	Urgent	1-2 weeks
	Semi-urgent	2-4 weeks
	Routine	2-3 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-6 months
	DVT	4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 3 weeks
	Routine	3 months
Neurology	Urgent	1-3 months
	Semi-urgent	5 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent routine	2-8 weeks
Neurosurgery	Urgent	Within 1 month
	Semi-urgent	Within 6 months
Older Persons & Rehabilitation Service	Assessment & Outpatients	
	Geriatrician Clinic	1-3 weeks
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Clinic	
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Physician Clinic	1-3 weeks

Clinic	Category	Waiting Time
	(Neuropsychologist)	
	Urgent	1-3 weeks
	Semi-urgent	1-6 months
	Routine	2 years
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	30-35 working days
	Priority 1	1-2 days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	10-15 working days
	Priority 3	
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	within 6 months
	Semi-urgent – Adults	6 months
	Minor Operation Clinic	1 month
Orthopaedic	General – Urgent	1-8 weeks
	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
	Paediatrics – Urgent	1-6 weeks
	Semi-urgent	Up to 4 months
	Routine	Up to 6 months
	Paediatric Gait Clinic	NB: referrals maybe initially seen by a Generalist Orthopaedic Surgeon
	CDH/DDH Assess	Within 3 months
		1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent	3 months
	Routine	3-6 months
Paediatric Surgical	Urgent	2-4 weeks
	Semi-urgent	4-6 weeks
	Routine	8-12 weeks
Pain clinic	Urgent	Up to 1 month
	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
Physiotherapy	General musculoskeletal	5 days (urgent)
		6-8weeks (routine)
	Respiratory	5 days (urgent)
		4 weeks (semiurgent)
	Rheumatology	4 weeks
	Women's Health	5 days (urgent)
		3-4 weeks (routine)
	Continence	6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	Within 4 weeks
	Semi-urgent	3 months
	Routine	5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	2 months
	Routine	4 months
Renal	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Respiratory	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	4-6 months
Rheumatology (3)	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	2-4 months
Thyroid	Urgent	6 weeks
	Semi-urgent	6 months
	Routine	Within 6 months
Ultrasound	Very Urgent	1 week
	Urgent	2 weeks
	Priority	4 weeks
	Routine	3 months
	Non-urgent	6 months
Urology		Within 2 months
Vascular	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
<b>Adult Mental Health Waiting Times</b>		
Triage (face to face or phone triage)	Crisis referrals	Within 24 hours
	Non-crisis/routine	Within 2 weeks

1 Immediate & urgent dermatology/plastics cases must be discussed with the specialist or registrar to allow appropriate prioritisation.  
 2 All urgent diabetes referrals can be seen on the same day.  
 All urgent rheumatology cases should be discussed with the rheumatologist

Linda Rademaker – GP Liaison

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