



1. Waikato DHB weight management options

Waikato DHB offers two adult weight management services: the Adult Weight Management Programme and the Weight Loss Clinic, as well as Bodywise for children. Please make referrals via the Referral Coordination Centre, specifying which service the patient is being referred to.

Adult Weight Management Programme. This operates under the umbrella of the Diabetes Service, but is not exclusively for people with diabetes. It is a group education and follow-up programme run by a multidisciplinary team and includes a total meal replacement phase using the product Optifast. It is medically supervised with defined entry criteria which have previously been circulated and are available on www.waikatodhb.govt.nz under health practitioners/referral guidelines. For further information contact Jill McClymont, co-ordinator AWMP, Waikato Regional Diabetes Service.

The Weight Loss Clinic. This clinic is run by the Waikato Hospital Clinical Dietetic Service. Although there are no set referral criteria, the service is focused on those with a BMI of >30 who are willing to participate in losing weight and make lifestyle changes. Patients initially attend a two-hour group education session. Following this they have an individual appointment with a dietician and follow up on a regular basis until their weight goal has been achieved. Attendance at the group session is a prerequisite for continued participation. For further information contact Helen Wallwork, manager Clinical Dietetic Services.

Bodywise. A weight management programme for obese children 5 -12 years of age. It is a family based intervention programme focusing on healthy lifestyle changes and maintaining or reducing Body Mass Index (BMI) and not weight loss. Bodywise includes parent education covering nutrition, physical activity and lifestyle, and increasing children's nutrition knowledge, level of involvement in physical activity and promoting greater self-esteem, through a multidisciplinary approach. It is a 12 month intervention that starts with a 6-week group programme involving twice weekly group sessions with parents and children. One session will focus on education and therapy, while the other involves the family participating in physical activity. Follow-up with families is monthly after this initial group participation.

Criteria for inclusion in the programme are:

- Aged 5 -12 years
- Current BMI for age >95th percentile
- Willingness to commit to the programme
- Able to attend all aspects of the programme

2. Child and youth mental health and addictions service changes

A realignment mental health and addiction services for children and young people has led to groups of providers clustering together to provide a community based secondary service. For referrers, referral to a single entry point in their area should lead to a more responsive and timely service for children, young people and their families. There are three geographically based 'clusters', Greater Hamilton (Waikato District, Matamata-Piako District, Hamilton City, Waipa District excluding Te Awamutu), Hauraki (Thames-Coromandel District, Hauraki District)

and Southern (Waipa excluding Cambridge, Otorohanga District, South Waikato District, Waitomo District, Ruapehu District) with specific entry points for each. For full details of referral numbers and addresses see www.waikatodhb.govt.nz – health professionals/referral guidelines/acute and elective referrals mental health.

3. OP and RS and Orthopaedics initiate Orthogeriatrics Unit

The Older Persons and Rehabilitation Service (OP and RS) and Orthopaedic services will be opening a new service, hosted on Ward 26, on 15 June. This is a 12 bed unit which will primarily focus on improving the rehabilitation of those elderly patients who have suffered a fractured neck of femur. This is an intermediate step along the way to Older Persons and Rehabilitation Service having access to an enlarged facility within the new build in 2012.

Staff will be shared between the services and the goal will be improving outcomes and efficiency. The ability to offer formal rehabilitation within Older Persons and Rehabilitation Service will be improved. General practitioners may not note any specific change as most such patients are already seen by both services, although not in a coordinated fashion. Discharge summaries of such patients are more likely to arise from Older Persons and Rehabilitation Service.

Examples of similar services are seen widely though Australasia and evidence of benefit is acknowledged in the literature.

- Dr Phil Wood, Clinical Leader, Older Persons and Rehabilitation Service and Mr Bob Kyd, Orthopaedic Surgeon

4. Foot and ankle orthopaedic problems

The Orthopaedic Service regrets that its ability to see and operate on patients with some specialised foot and ankle problems is temporarily constrained until a further specialist in foot and ankle problems can be appointed. During this time, the service will advise you and the patient if an appointment cannot be offered so that other options can be explored. The service will do all it can to provide advice about other management options.

5. Congratulations to Lakshmi Ravikanti

Lakshmi, a specialist gynaecologist at Health Waikato, has recently been chosen to receive the Asia Oceania Federation of Obstetrics and Gynaecology Young Gynaecologist Award 2009. The Award is for a young gynaecologist who has contributed significantly to their national society and demonstrated leadership qualities. Lakshmi did most of her post graduate training at Waikato Hospital and now works there as a consultant with a particular interest in endometriosis and pelvic floor problems.

6. Welcome...

Sandeep Patel, orthopaedics, did his medical and orthopaedic training in New Zealand, recently completing sub-speciality training in hand and upper extremity surgery. This will be the focus of both his public and private work, with the majority of his time spent at Waikato Hospital.

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OUTREACH

A newsletter for general practitioners

June 2009 edition

| 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 | Within 4 months |
| | Routine | 6 months |
| Diabetes Consultant (2) | Urgent | 1 month |
| | Semi-urgent | 6 months |
| | Routine | 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 | 2-3 weeks |
| | Semi-Urgent | 4-5 weeks |
| Surgical | Urgent | 2-3 weeks |
| | Semi-urgent | 4-6 weeks |
| | | |
| 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 | 1-6 weeks |
| | Semi-urgent | 2-4 months |
| | 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 | 2-8 weeks |
| | routine | 2-6 months |
| Neurosurgery | Urgent | Within 1 month |
| | Semi-urgent | Within 6 months |
| | Routine | |
| Older Persons & Rehabilitation Service | Assessment & Outpatients | 1 week |
| | 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 |
| | (Neuropsychologist) | |
| | Urgent | 1-3 weeks |
| Semi-urgent | 1-6 months | |
| Routine | 2 years | |

| Clinic | Category | Waiting Time |
|--|--|---|
| Oncology and Medical | Priority 1 | 1-2 days |
| | Priority 2 | 5-10 working days |
| | Priority 3 | 5-6 weeks |
| Radiation | Priority 1 | 1-2 days |
| | Priority 2 | 5-10 working days |
| | Priority 3 | 3-4 weeks |
| Ophthalmology | Urgent | within 1 month |
| | Urgent laser | 1-3 weeks |
| | Semi-urgent – Children | within 6 months |
| | Semi-urgent – Adults | 6 months |
| | Semi-urgent (diabetic) Minor Operation Clinic | 1 month within 6 months |
| 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 CDH/DDH Assess | NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon 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) |
| | Contenance | 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 |
| Adult Mental Health Waiting Times | | |
| Triage (face to face or phone triage) | Crisis referrals Non-crisis/routine | Within 24 hours 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.
- 3 All urgent rheumatology cases should be discussed with the rheumatologist

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