



1. Primary care pandemic planning

Primary care pandemic planning is being coordinated by a multi agency group, the Pandemic Primary Care Response Team (PPCRT). All four PHOs are represented, as are Waikato DHB's Planning and Funding, Emergency Planning and Population Health services.

The Ministry of Health's NZ Influenza Pandemic Action Plan (NZIPAP), written in 2006 in response to the threat of avian influenza, remains the foundation document but our local plan will be modified for the different morbidity pattern of the current pandemic strain.

The Waikato DHB Primary Care Influenza A Pandemic Response Plan can be accessed via the Pinnacle and Waikato DHB websites from 17 July.

The PPCRT is giving priority to simplicity and optimal care. The philosophy is that primary care, if possible from the patient's usual provider, is the best care available, and should be maintained (with back up) as long as feasible.

The NZIPAP concept of Community Based Assessment Centres (CBACs) would provide a minimum level of care only. However, CBAC plans are now ready for implementation should primary care capacity be exceeded.

Any practice struggling to cope should contact their Practice Liaison or their PHO to discuss what support it needs to continue.

Monitoring systems in place are very simple, and practices have been given maximum discretion in how scarce resources (particularly publicly funded drugs and viral cultures) are used. To date this approach is working particularly well.

In general, publicly funded Tamiflu® should be reserved for those with underlying disease, and for the unusually ill, provided they are able to start treatment within 48 hours of onset.

2. Viral Conjunctivitis

– a message from the Ophthalmology Department

Viral conjunctivitis is a very common condition that is usually self-limiting. We will always see patients when you are unsure of the diagnosis or the vision has dropped significantly. However if viral conjunctivitis is suspected we suggest that you treat the patient in the community if at all possible. The conjunctivitis often lasts two to three weeks and topical chloramphenicol can be used if the eye is a little mucky. A viral swab will often confirm the diagnosis, but unfortunately takes several weeks to come back.

The infection is very contagious. Community treatment where possible also protects other individuals in the ophthalmology clinic waiting room and ophthalmology staff from contact with the infection. Despite being careful with hygiene, two junior ophthalmology staff have been affected in the last six months.

3. Child Development Centre psychology and multidisciplinary services

For several reasons, psychology and multidisciplinary assessments at the Child Development Centre (CDC) are under increasing pressure and resulting in the Child Development Centre temporarily reducing the range of assessment services they offer.

In the short to medium term, Child Development Centre will continue to provide multidisciplinary assessments only for children less than six years of age. School-age children with learning, behavioural and developmental issues will be offered a paediatric appointment but no psychological or multidisciplinary assessment. Children who are already on the waiting list will be assessed as arranged.

Child Development Centre has been aware for some time that they do not have the capacity to provide comprehensive assessment services for the volumes of children referred and, in the coming months, will be looking carefully at the range of services they provide and to whom. They will keep you advised as the situation evolves.

For any questions contact Maureen Anderson, manager CDC Email: andersom@waikatodhb.govt.nz Phone: 07 839 8720 Fax: 07 839 8766

4. Using urinary free cortisol

A urine free cortisol is a very useful test when investigating Cushing's Syndrome - by many considered to be the gold standard. However, urine free cortisol assays are not recommended when investigating adrenal insufficiency. Cut-off values are not well defined and renal metabolism of cortisol will also affect results significantly.

While urinary cortisol has been reported to be lower (on average) in patients with chronic fatigue syndrome (compared with normals) the overlap is significant, making the interpretation of the result difficult. There is a lack of evidence for benefit from supplementation with steroids on the basis of a low urinary cortisol.

Measurement of a urine free cortisol is labour intensive and also costly. Therefore, the laboratory will only perform urinary cortisol when requested by specialists or with prior approval from a Chemical Pathologist.

- From Dr Stephen du Toit, Visiting Chemical Pathologist 027 2421199

5. Mental Health referral detail updates

In addition to the Child and Youth Mental Health & Addictions Service changes outlined in last month's Outreach, there have been some other changes to referral addresses, phone and fax numbers.

For updated details please check www.waikatodhb.govt.nz/gp -> referral information -> acute and outpatient referrals.





OUTREACH

A newsletter for general practitioners

July 2009 edition

Clinic	Category	Waiting Time
Audiology	Urgent	Within 4 weeks
	Semi-urgent	Within 2-4 months
	Routine	Within 6 months
Breast Care	Urgent	1 month
	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	3-4 weeks
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
Surgical	Urgent	4-6 weeks
	Semi-urgent	5-8 weeks
	Urgent	5-8 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 routine	2-8 weeks
	Routine	2-6 months
Neurosurgery	Urgent	Within 1 month
	Semi-urgent	Within 6 months
	Routine	
Older Persons & Rehabilitation Service	Assessment & Outpatients	
	Geriatrician Clinic	1 week
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Clinic	
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Physician	1-3 weeks
	Clinic (Neuropsychologist)	1-3 weeks
	Urgent	1-3 weeks
Semi-urgent	1-6 months	
Routine	2 years	
Oncology and Medical	Priority 1	NA
	Priority 2	2-4 weeks
	Priority 3	2-4 weeks
Radiation	Priority 1	24 hours
	Priority 2	10-15 working days
	Priority 3	3-4 weeks
	Priority 3	3-4 weeks

Clinic	Category	Waiting Time
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	within 6 months
	Semi-urgent – Adults	6 months
	Semi-urgent (diabetic)	1 month
Minor Operation Clinic	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
		NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon
	Paediatric Gait Clinic	Within 3 months
	CDH/DDH Assess	1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent	3 months
Paediatric Surgical	Routine	3-6 months
	Urgent	2-4 weeks
Pain clinic	Semi-urgent	4-6 weeks
	Routine	8-12 weeks
	Urgent	Up to 1 month
Physiotherapy	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
	General musculoskeletal	5 days (urgent)
		6-8 weeks (routine)
	Respiratory	5 days (urgent)
		4 weeks (semi urgent)
	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
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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Waikato District Health Board