



1. GP DVT diagnostic pathway

The pilot of the GP DVT diagnostic pathway has gone very well. Work is now taking place to roll access out to the whole DHB. In the meantime access will continue for those in the pilot area i.e. patients of GPs who use Anglesea Clinic as their nominated after hours provider. All associated information is available on the Waikato DHB website www.waikatodhb.govt.nz/GP under primary care guidelines and the Pinnacle website

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)

Any questions contact Linda Rademaker (details below)

2. Subcutaneous methotrexate administration in general practice

Subcutaneous methotrexate is used in both gastroenterology and rheumatology in the long term management of selected patients. Overall numbers of patients on this treatment are very small and where possible patients are being taught to self administer. However after consultation with their GP, some will be referred by the specialist to their general practice for delivery. All patients will remain under follow up from the specialist and prescriptions for methotrexate will be written by the specialist.

Because methotrexate is a cytotoxic, specific procedures must be followed in its administration and all materials used must be disposed in a cytotoxic waste container. Pinnacle has developed a protocol to guide anyone involved in administration of subcutaneous methotrexate. The protocol is available on the Pinnacle website Pinnacle Clinical Resources/ Main / Nurse Training <http://www.pinnacle.org.nz/clinical/pmwiki.php?n=Main.Training> and via a link from the Waikato DHB website www.waikatodhb.govt.nz/GP -> primary care management guidelines -> subcutaneous methotrexate.

3. New district/hospice nurse authority form for syringe drivers

A new authority form has been developed to help prescribe subcutaneous medication for syringe drivers more accurately and with less confusion. The form has three sections: infusion over 24hrs, increments of increase or decrease and subcutaneous boluses. The form can either be printed from the Waikato DHB web site www.waikatodhb.govt.nz/GP -> referral forms -> syringe driver authority or ordered through Waikato DHB printshop, form number A3403HWF. Please continue to use our previous form, T1301CSF, for IV medication, enemas etc. Thank you for working with the District Nursing service with this change.

- Lyn Pointon, CNM District Nursing

4. Chronic Pain Service constraints

The recent resignation of two pain physicians has limited the ability to provide a full chronic pain service. Current resources will focus on inpatients and trying to see the backlog of patients on the waitlist for outpatient assessment. We regret that this will limit the new

outpatient referrals that can be seen in the short term. Any patients who can be seen by private pain services should consider this option.

However, Waikato DHB recognises the need for this service, is committed to continuing to provide a chronic pain service to the Waikato community and is actively recruiting to the vacant positions.

Dr Alan Farnell has been temporarily appointed to the position of clinical director of the Chronic Pain Service in addition to his palliative care role. He will triage all referral letters and aim to provide either formal assessment or some indication of a plan of care for both the referrer and the patient. Dr Farnell has a strong background in chronic pain services having managed the Palmerston North Hospital chronic pain service for many years.

Dr Farnell will continue to be supported in the provision of this service by Drs Carpenter, Barnard and Chin from the Anaesthetic Department. In addition to this, other staff currently working in the service will remain in their roles. During his tenure Dr Farnell will work with the chronic pain team planning for the ongoing development of the service. We appreciate the difficulty the current constraints will cause for you and your patients and thank you for your understanding and assistance.

5. Pharmacy chronic care role

The Pharmacy Service at Waikato Hospital has recently employed a team of four pharmacists dedicated to helping people with chronic conditions and the people that support and care for them.

The pharmacists will obtain medication histories on admission and oversee discharge prescribing to ensure accuracy of information. Details of any changes made to medication in hospital should be clearer and will also be made available to community pharmacies.

The chronic care pharmacists may also call the patient's GP and/or community pharmacy to get accurate information about pre-admission medicines.

Patients will be offered education about their medicines and a medication card to take home. Any issues related to a patient's poor understanding of their medication will be discussed with their doctor, nurse or community pharmacist.

The team will focus on patients who are over 65 years old, or over 55 years for Maori and Polynesian, who have a chronic condition, two or more co-morbidities, several medications and who may have had several admissions to hospital. The chronic conditions that will be initially targeted are cardiovascular disease, diabetes and smoking related COPD. In time, mental health and cancer will be included.

Any questions can be directed to the team leader, Grant Macdonald, on 021 243 5399.

6. Farewell

In the last few months we have bid farewell to a number of specialists. Neale Thornton (Emergency Department at Waikato and Tokoroa), Ruth Angell (oncology), Elham Reda (general medicine), Alison King (neurology), Rick Fielding (renal), and Anders and Marion Johnson (both anaesthetics/pain services) have all moved on to pastures new.





OUTREACH

A newsletter for general practitioners

August 2009 edition

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

Clinic	Category	Waiting Time
Oncology and Medical	Priority 1 Priority 2 Priority 3	NA 2-4 weeks 2-4 weeks
Radiation	Priority 1 Priority 2 Priority 3	24 hours 10-15 working days 3-4 weeks
Ophthalmology	Urgent Urgent laser Semi-urgent – Children Semi-urgent – Adults Semi-urgent (diabetic) Minor Operation Clinic	within 1 month 1-3 weeks within 6 months 6 months 1 month within 6 months
Orthopaedic	General – Urgent Semi-urgent Routine Paediatrics – Urgent Semi-urgent Routine Paediatric Gait Clinic CDH/DDH Assess	1-8 weeks Up to 3 months Up to 6 months 1-6 weeks Up to 4 months Up to 6 months NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon Within 3 months 1-6 weeks
Paediatric Medicine	Urgent Semi-urgent Routine	1-2 months 3 months 3-6 months
Paediatric Surgical	Urgent Semi-urgent Routine	2-4 weeks 4-6 weeks 8-12 weeks
Pain clinic	Urgent Semi-urgent Routine	Up to 1 month Up to 3 months Up to 6 months
Physiotherapy	General musculoskeletal Respiratory Rheumatology Women's Health Continence	5 days (urgent) 6-8weeks (routine) 5 days (urgent) 4 weeks (semi urgent) 4 weeks 5 days (urgent) 3-4 weeks (routine) 6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent Semi-urgent Routine	Within 4 weeks 3 months 5 months
Plastics Lesion clinic	Urgent Semi-urgent Routine	2 weeks 2 months 4 months
Renal	Urgent Semi-urgent Routine	1-4 weeks 2-4 months 4-6 months
Respiratory	Urgent Semi-urgent Routine	1-4 weeks 1-2 months 4-6 months
Rheumatology (3)	Urgent Semi-urgent Routine	1-4 weeks 1-2 months 2-4 months
Thyroid	Urgent Semi-urgent Routine	6 weeks 6 months Within 6 months
Ultrasound	Very Urgent Urgent Priority Routine Non-urgent	1 week 2 weeks 4 weeks 3 months 6 months
Urology		Within 2 months
Vascular	Urgent Semi-urgent Routine	1-4 weeks 2-4 months 4-6 months
Vascular Surgery	Urgent Semi-urgent Routine	1-4 weeks 2-4 months 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

Linda Rademaker – GP Liaison

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Waikato District Health Board