

## **GP Liaison News August 2004**

### **1. Health Waikato/Primary Care Liaison Group**

This group provides the formal interface between Health Waikato and Primary Care. They are charged with providing oversight of cross-sector activity and encouraging development of closer working relationships between primary and secondary care. They will provide a particularly important linkage to the Service and Campus Redevelopment project, amongst others. The chair is Mary Bonner, General Manager Health Services. Other Health Waikato/DHB representatives are Brett Paradine, General Manager Planning and Funding, Grant O'Brien, DHB Development and Support Unit, Dr Pim Allen, Chief Medical Advisor, and two Clinical Board Clinician representatives, currently Dr Clive Benseman and Mr Theo Gregor. From primary care, all the PHOs are invited to send representatives, including some GPs, who are Dr Harvey Govender from Pinnacle and Dr Vimal Aorora from North Waikato PHO. Other members are the GP Liaison, representatives from EXPANZ (who represent pharmacists) and an NGO representative.

If GPs have issues they wish to raise through this group, please contact either your PHO or Dr Linda Rademaker.

### **2. Service and Campus Redevelopment**

There will be a significant re-orientation of service delivery towards patient focused ambulatory care. Ambulatory Care refers to care that can be provided without actual hospital admission. Currently a stock take of services is underway to identify how they might fit into this new environment. Since this will be one of the main interfaces with primary care, the importance of primary input to this part of the project is well recognised. The GP Liaison will represent primary care on the Ambulatory Care Reference Group, and the Health Waikato/Primary Care Liaison Group will be regularly updated and consulted by the project team.

### **3. Referral acknowledgement**

GPs may have noticed that a significant improvement has recently taken place in Health Waikato services acknowledging receipt of referral in line with Ministry of Health guidelines. These guidelines state that referrals should be assessed within 5 days of receipt and acknowledged by letter to both the patient and referrer within 10 working days. Furthermore, if an appointment is not anticipated to be offered within 6 months, the GP and patient should be informed within 10 working days.

Health Waikato now has 16 services achieving the above, with all other services working towards that goal.

### **4. New Specialist**

**Dr Jacqui Adams, Medical Oncology.** Jacqui joined the oncology department in June. Jacqui, who qualified from the University of Adelaide, and her

family have moved to Hamilton from Yorkshire where she was working as a locum consultant in Medical Oncology and Cancer Genetics.

Farewell and thank you to Drs Richard Seamark (mental health), Adrian Scott (endocrinology/general medicine) and Stephen Gunn (Thames).

### **5. Peer Group Visits**

Over the next few months, I will be offering to visit all the PHO peer groups. Pinnacle visits are arranged for October with dates for the other PHOs to be confirmed. These occasions are very useful in terms of feedback from GPs and in identifying current issues. I very much value the opportunity to catch up with many of you face to face. In addition, I am more than happy to come to visit individual practices, or other non-PHO groups, so please contact me if you would like me to do so.

### **6. Rheumatology Service**

An enhanced rheumatology service is being developed at Waikato Hospital to improve access to assessment, treatment and rehabilitation for Waikato patients. The service, due to start on 1 September, will deliver an additional 275 first specialist appointments and 825 follow ups a year. As well as improving Waikato patients' access to rheumatology services, it's expected the enhanced Waikato-based service will improve patients' ability to benefit from the close working relationships that already exist in the hospital. Physiotherapists, occupational therapists and nurse educators will also be supporting the service.

The establishment of the service means general practitioners will refer all new patients with rheumatic disorders to their local public hospital - Waikato, Te Kuiti, Thames, or Tokoroa. Currently, a number of Waikato patients are referred directly by GPs to Queen Elizabeth Hospital in Rotorua for assessment and management. While those patients who have an existing relationship with QEH doctors can choose to continue travelling to Rotorua, all new referrals of Waikato residents must be through their local Waikato DHB hospital. Waikato and QEH will work together to review and manage all new referrals. If necessary, rheumatologists will continue to refer the relatively small number of patients to QEH for specialist orthopaedic surgery and rehabilitation.

Until a third part time rheumatologist comes on board, Dr Steven Sawyer from QEH will be assisting Waikato two clinic days a week. While Dr Sawyer will be able to see a number of patients on the waiting list, the number of referrals - 40 to 50 a month - continues to exceed capacity. The hospital is reviewing the current waiting list and the management of this across the DHB.

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths	2 months
	Under 17 years	2-3 months
	Children's hearing aids	4 weeks
	Adult diagnostic tests	4 months
	Adult hearing aids	6 months
Breast Care	Central auditory processing test	12 months
	Urgent	2 weeks
Cardiac Surgery	Semi-urgent	6 months
	*BCC Imaging	2 weeks
Cardiology	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Colposcopy	Routine	1-4 weeks
	Invasive	12 weeks
	High grade	24 months
Dental	Low grade	Within 7 days
	Non cervical	4 weeks
	Urgent	26 weeks +
Dermatology (1)	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	2 months
Dermatology Lesion Clinic	Urgent	2 months
	Semi-urgent	5 months
	Routine	No wait
Diabetes Consultant (2)	Urgent	Within 4 weeks
	Semi-urgent	11 months
	Routine	3-4 months
Diabetes Nurse Educator	Urgent	5-6 months
	Semi-urgent	6 months +
	Routine	Within 7 days
Endocrinology	Urgent	Within 6 weeks
	Semi-urgent	1-4 weeks
	Routine	8-9 months
Endoscopy/Colonoscopy Medical	Urgent	3 years
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
Surgical	Semi-urgent	4-6 weeks
	Urgent	24 months
	Semi-urgent	1-3 weeks
ENT	Semi-urgent (children)	Up to 6 months
	Semi-urgent (adults)	Up to 8 months
	Urgent	6-8 weeks
Gastro-enterology	Urgent	12 months
	Semi-urgent	1-2 weeks
General Medicine	Urgent	4 weeks
	Semi-urgent	5 months
	Routine	1-4 weeks
General Surgery	Urgent	2-6 months
	Semi urgent	2-6 months
	Routine	6-8 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6-7 months
Haematology	Urgent	3 weeks
	Semi-urgent	6-8 weeks
	Routine	12 weeks
	DVT	12 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 1 week
	Routine	2 months
Neurology	Urgent	3 weeks
	Semi-urgent	6 months
	Nerve Conduction Studies (routine)	12 months
	EEG (routine)	2-3 weeks

Clinic	Category	Waiting Time
Oncology (medical and radiation)	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	35-40 working days
Radiation	Priority 2	5-10 working days
	Priority 3	20-30 working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	7 months
	Semi-urgent – Adults	13 months
Orthopaedic	Semi-urgent (diabetic)	5 months
	General & Paediatric:	
	Urgent	1-6 weeks
	Semi-urgent	Up to 3 months
Paediatric Medicine	Routine	Up to 6 Months
	Urgent	1-8 weeks
	Semi-urgent	2-3 weeks
Paediatric Surgical	Routine	2 months
	Urgent	2 weeks
	Semi-urgent	4-5 months
Pain clinic	Routine	1 week
	Urgent	Within 2 weeks
	Semi-urgent	3 weeks
Physiotherapy	Routine	Up to 3 months
	Urgent	Up to 5 months
	Semi-urgent	6 months
Plastics (1)	General musculoskeletal	5 days (urgent)
	Respiratory	6-8 weeks (routine)
	Rheumatology	2-3 weeks
	Women's Health	4 weeks
Plastics Lesion clinic	Urgent	2 days (urgent)
	Semi-urgent	2-3 weeks (routine)
	Routine	2-4 week
Rehabilitation	Urgent	3 months
	Semi-urgent	3 months
	Routine	6 months +
Renal	Urgent	2-3 weeks
	Semi-urgent	4 months
	Routine	6 months
Respiratory	Day Clinic	1-3 weeks
	Urgent	1-6 weeks
	Semi-urgent	6 weeks to 6 mths
Rheumatology (3)	Routine	6 months +
	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
Thyroid	Routine	6-8 weeks
	Urgent	4 weeks
	Semi-Urgent	3 months
Ultrasound	Routine	6 months
	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
Urology	Routine	6-8 weeks
	Urgent	2 weeks
	Semi-urgent	7-8 months
Vascular Laboratory	Routine	12-15 months
	Urgent	Within 2 months
	Semi-urgent	Within 2 weeks
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-5 months
	Routine	6 months
<b>Adult Mental Health Waiting Times</b>		
Community mental health team	Crisis referrals	Within 24 hours
	Non-crisis/routine	Within 10 days

- 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 Carotid studies are now being done by the vascular laboratory.
- 4 Ophthalmology – please note faxed referrals are not accepted unless the patient is acute and you have discussed the case with the registrar. On your acute fax referral please advise the name of the doctor with whom you discussed the case.