

## **GP Liaison News September 2004**

How wonderful to feel spring in the air. It certainly puts a smile on the face and creates a renewed sense of enthusiasm! There is considerable activity around the Service and Campus Redevelopment Project, recognising the significant opportunity this presents for the future health care of the Waikato community, while continuing "business as usual".

### **1. Asthma Guidelines Published**

The joint primary/secondary guideline for the management of acute asthma in children has been published in the June 2004 edition of the New Zealand Family Physician, the journal of the RNZCGP. Waikato GPs involved in producing the guideline are to be congratulated on their work in contributing to this development that will now be of value to colleagues around the country. The same group of GPs has contributed to a similar guideline on the management of acute gastro-enteritis in children, which is now with the printers prior to distribution. Like the asthma guideline, it will be used in both primary and secondary care to encourage a consistent approach for this group of patients, and will contain attractive information sheets for parents/caregivers. In a recent evaluation of the asthma guideline by Pinnacle, more than 70% of GPs who responded have changed their practice as a result of the guideline, particularly in relation to using spacers instead of nebulisers for acute asthma and prescribing oral steroids early in acute asthma. There has been movement towards nurse initiated management, including the use of standing orders for practice nurse initiation of salbutamol via spacer, oral steroids and oxygen.

### **2. Acute referrals**

Everyone will be aware of the current considerable demand on hospital beds as well as on general practice. Our secondary colleagues are grateful for the support from general practice in continuing to provide care, where appropriate, in the community. Please use the faxed referral system only for those patients who definitely need acute, on the day assessment. If in any doubt, please contact the appropriate speciality registrar or consultant. This will avoid patient inconvenience, for instance where an urgent clinic appointment or planned intervention the following day may be more appropriate. To ensure best service to your patients please remember:

- If your patient has a potentially life threatening condition, contact the registrar by phone as well as faxing the referral.
- If in any doubt about the need for acute assessment, please contact either the on call registrar or consultant.
- If the patient problem is sub acute or chronic, but you need help with management or an earlier clinic appointment, please contact the on call specialist or registrar.

- Remember that ophthalmology, ENT and dermatology referrals should still be phoned to the registrar on every occasion. This is because diagnostic facilities required are not sited in ED, so sending patients there creates unnecessary obstacles for the patient.
- You remain free to contact the registrar at any time should you prefer to do so.
- Clinical staff do not review the fax until the patient is triaged on arrival in ED. There is no telephone hand-over so it is very important that the fax contains all relevant information about the patient.

### **3. Bodywise**

Just a reminder about a new service for childhood over weight and obesity. It covers parent education on nutrition, physical activity and lifestyle, and aims to increase children's nutritional knowledge, level of involvement in physical activity and promote greater self-esteem, through a multidisciplinary approach. It is a 5-week programme involving twice weekly group sessions with parents and children. Criteria for inclusion in the programme are:

- Aged 5 -12 years.
- Current BMI for age falls within the overweight or obese percentiles.
- Willingness to commit to the programme.
- Able to attend all aspects of the programme.

Referrals to Bodywise Clinic Co-ordinator, Level 02 – Paediatric Outpatient Department, Elizabeth Rothwell Building, Waikato Hospital.

### **4. Handshakes...**

**Welcome** to Dr Phillip Kriel, Thames Hospital. Phillip and his family have come to New Zealand from Nelspruit, South Africa, where he had been working in general practice and anaesthesia. Phillip is working as a MOSS at Thames (in between golf, squash, archery and fly-fishing) and, in the longer term, is keen to develop his interest in anaesthesia. **Farewell** to Dr Memhet Guzel (general medicine) who is taking up a new post in Hawaii, Dr Nadir Hasan (histopathology) who has returned to the UK, Dr James Troutman (Thames paediatrics) returning to the USA after his year in NZ and Dr Keith Laubscher (Thames Drug and Alcohol Service). And finally, **congratulations** to Dr Geoff Knight from Te Kauwhata, who was awarded a QSM for services to the community in the Queen's Birthday Honours list. Geoff is recognised for his considerable contribution to many aspects of his community, as well as his dedication as a GP and wider contribution to general practice nationally over many years.

### **5. Referrals to ENT Clinic**

The Director of ENT requires that referrals for patients who have difficulty swallowing must be accompanied by a Barium Swallow result. This is to enable accurate prioritisation of the referral and forward to another Department if appropriate.

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	2 months
	*BCC Imaging	2 weeks
Cardiology	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
	Routine	
Colposcopy	Urgent	2-5 weeks
	Semi-urgent	6wks - <6mths
	Routine	21wks - <6mths
	Invasive	Within 7 days
Dental	High grade	4 weeks
	Low grade	26 weeks +
	Non cervical	26 weeks +
Dermatology (1)	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	2 months
Fax urgent referrals to 07 839 8670	Urgent	Within 4 weeks
	Semi-urgent	8-10 weeks
Hands	Routine	5 months
		No wait
Dermatology Lesion Clinic	Urgent	Within 4 weeks
	Routine	11 months
Diabetes Consultant (2)	Urgent	3-4 months
	Semi-urgent	5-6 months
	Routine	6 months +
Diabetes Nurse Educator	Urgent	Within 7 days
	Semi-urgent	Within 6 weeks
Endocrinology	Urgent	2-6 weeks
	Semi-urgent	8-19 months
	Routine	< 6 months
Endoscopy/ Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
Surgical	Urgent	4-6 weeks
	Semi-urgent	24 months
ENT	Urgent	1-3 weeks
	Semi-urgent (children)	Up to 6 months
	Semi-urgent (adults)	Up to 8 months
Gastro-enterology	Urgent	6-8 weeks
	Semi-urgent	12 months
	Routine	Returned to GP unable to offer appointment
General Medicine	Urgent	1-2 weeks
	Semi-urgent	10 -14 weeks
	Routine	6 - 9 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
	Routine	6-8 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6-7 months
Haematology	Urgent	3 -7 weeks
	Semi-urgent	5 weeks-13mths
	Routine	12 weeks-13mths
	DVT	< 6 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 1 week
	Routine	2 months
Neurology	Urgent	4-13 weeks
	Semi-urgent	14 weeks-9 moths
	Routine	Returned to GP unable to offer appt

Clinic	Category	Waiting Time
Oncology (medical and radiation)	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	50-60working days
Radiation	Priority 2	5-10 working days
	Priority 3	15-20working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	7 months
	Semi-urgent – Adults	13 months
	Semi-urgent (diabetic)	5 months
Orthopaedic	General	Under 6 months
	Back pain	Up to 8 months
	Paediatrics	Up to 7 months
	Paediatric Gait Clinic	1-4 weeks
Paediatric Medicine	Urgent	2-3 weeks
	Semi-urgent	2 months
	Routine	4-5 months
Paediatric Surgical	Urgent	1 week
	Semi-urgent	Within 2 weeks
	Routine	3 weeks
Pain clinic	Urgent	Up to 3 months
	Semi-urgent	Up to 5 months
	Routine	6 months
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8weeks (routine)
	Respiratory	2-3 weeks
	Rheumatology	4 weeks
	Women's Health	2 days (urgent) 2-3weeks (routine)
Plastics (1)	Urgent	2-4 week
	Semi-urgent	3 months
	Routine	6 months +
Fax immediate/acute referrals to 07 839 8725	Urgent	2-3 weeks
	Semi-urgent	4 months
	Routine	6 months
Plastics Lesion clinic	Urgent	2-3 weeks
	Semi-urgent	4 months
Rehabilitation	Day Clinic	6 months
		1-3 weeks
Renal	Urgent	1-12 weeks
	Semi-urgent	12 weeks- 7 mths
	Routine	6-9 months
Respiratory	Urgent	1-2 weeks
	Semi-urgent	2-5 weeks
	Routine	< 5 months
Rheumatology (3)	Urgent	3-9 weeks
	Semi-urgent	6 weeks – 5 mths
	Routine	6-10 months
Thyroid	Urgent	2-4 weeks
	Semi-Urgent	4 months
	Routine	2 years +
Ultrasound	Urgent	2 weeks
	Semi-urgent	7-8 months
	Routine	12-15 months
Urology		Within 2 months
Vascular Laboratory	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.