

It is good to be catching up with so many of you during visits to local peer groups over the next few weeks. Touching base and having the opportunity for a "reality check" is very valuable. The opportunity to hear first hand what are the most important issues is a useful supplement to the ongoing contact many of you make as specific issues arise.

### **1. Discharge Summaries**

Health Waikato has defined standards relating to the content of hand written discharge summaries and the timeframe within which the summary should be transmitted to the GP (by fax or electronically within 1 working day of discharge). These recognise the crucial nature of the hand written discharge summary in terms of continuing care for the patient once they leave hospital.

A recent audit has shown room for improvement in relation to both timely transmission of, and information contained within, the summary.

As a result of the audit:

- Feedback is to be provided to all Health Waikato Services on the audit results and policy requirements relating to discharge summaries.
- An audit of compliance with discharge summary requirements is to be repeated in 6 months time.
- A working group has been tasked to review the discharge summary process, how it might be improved.

If GPs come across discharge summaries which are not adequate, please send a copy, stating the problem with the discharge summary, to the consultant named on the patient label. This feedback will enable the department to directly address issues.

### **2. Electronically Generated Outpatient Referrals**

Electronically generated referrals have many advantages including efficient use of time and resources for GPs and ease of attachment of results, past history, current medication etc. However, our specialist colleagues are experiencing difficulties in interpreting some of those received.

Importing and including complete consultation notes can be confusing and make the letter difficult to interpret. When using this facility, please consider how readable the letter is to a colleague who has no knowledge of the patient and edit out information that has no connection to the reason for referral.

Thank you for ensuring that the reason for referral is clearly stated, that referrals include a good history, relevant past history, an accurate list of medications, relevant social history and examination finding, and that copies of relevant investigations are attached. A good referral letter ensures the patient's needs are most effectively addressed.

Letters, which do not provide our secondary colleagues with enough detail to safely prioritise the referral, may be returned for further information.

### **3. MRI – good news**

Dr Muthu and the radiology department, with support from the clinical governance structure, have been successful in securing additional resources for MRI examinations for the current financial year. It will mean that an additional 750 examinations can be performed. While, as GPs, we cannot directly request MRIs, this is good news for our patients, who will have improved access to these investigations.

### **4. Contact Tracing Slips**

Enclosed with this month's Outreach are a letter from Health Waikato's Sexual Health Service and an example of the new contact tracing slip the service is piloting. The service is increasingly finding that partners are often informed that they have been in contact with a sexually transmitted disease, either by the index patient or by the service, and then attend elsewhere for a 'check-up' but don't always disclose they are a 'contact' and likely to have been infected. As a result, the index case is being re-infected. To try to address this, the service is piloting the use of the attached contact slip. Your help in this pilot would be greatly appreciated.

### **5. Community Health Services New Premises**

Community Health Services have moved, they are now located at 15/17 Vialou St, PO Box 505, Hamilton. The extension numbers of Health Services in the building have changed. The Health Services located in Vialou St are Dental Therapists, Dietitians, Occupational Therapists, Physiotherapists, Social Workers, Vision Hearing Technicians, Public Health Nurses, the Community Services Management Staff and the Regional Referral Centre.

**Ph: 07 838 3565 / Fax: 07 834 0039**

### **6. Rural Waikato Health Scholarships**

The Institute of Rural Health and the Waikato District Health Board are offering scholarships to encourage rural health practitioners to undertake professional development.

These scholarships are available to support:

- Post-graduate studies
- Attendance at courses and conferences
- Professional development in a secondary setting or at a centre of excellence
- Re-training as a basis for rural retention

The scholarships, worth up to \$5000, are open to rural Waikato-based practitioners, including practice managers, nurses, doctors, allied health professionals and practitioner spouses (special conditions apply). Applicants must be New Zealand citizens or permanent residents.

For more information and application forms

**07 858 0986** or visit

**[www.instituteofruralhealth.org.nz](http://www.instituteofruralhealth.org.nz)**

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths Under 17 years Children's hearing aids Adult diagnostic tests Adult hearing aids Central auditory processing test	2 months 2-3 months 4 weeks 4 months 6 months 12 months
Breast Care	Urgent Semi-urgent *BCC Imaging	2 weeks 2 months 2 weeks
Cardiac Surgery	Urgent Semi-urgent	1-3 weeks 3-6 weeks
Cardiology	Urgent Semi-urgent Routine	2-5 weeks 6 wks - < 6mths 21 wks - < 6mths
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 2 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent Semi-urgent Routine	Within 4 weeks 8-10 weeks 5 months
Hands		No wait
Dermatology Lesion Clinic	Urgent Routine	Within 4 weeks 11 months
Diabetes Consultant (2)	Urgent Semi-urgent Routine	3-4 months 5-6 months 6 months +
Diabetes Nurse Educator	Urgent Semi-urgent	Within 7 days Within 6 weeks
Endocrinology	Urgent Semi-urgent Routine	2-6 weeks 8-19 months < 6 months
Endoscopy/Colonoscopy Medical	Urgent Semi-Urgent	4-6 weeks 4-6 weeks
Surgical	Urgent Semi-urgent	4-6 weeks 24 months
ENT	Urgent Semi-urgent (children) Semi-urgent (adults)	1-3 weeks Up to 6 months Up to 8 months
Gastro-enterology	Urgent Semi-urgent Routine	6-8 weeks 12 months Returned to GP unable to offer appointment
General Medicine	Urgent Semi-urgent Routine	1-2 weeks 10-14 weeks 6-9 months
General Surgery	Urgent Semi urgent Routine	1-4 weeks 2-6 months 6-8 months
Gynaecology	Urgent Semi-urgent Routine	2 weeks 3 months 6-7 months
Haematology	Urgent Semi-urgent Routine DVT	3-7 weeks 5 weeks-13 mths 12 weeks-13 mths < 6 months
Maxillo-facial	Urgent Semi-urgent Routine	Within 24 hours Within 1 week 2 months
Neurology	Urgent Semi-urgent Routine	4-13 weeks 14 weeks-9 mths Returned to GP unable to offer appt

Clinic	Category	Waiting Time
Oncology (medical and radiation) Medical	Priority 1  Priority 2 Priority 3	1-2 days  5-10 working days 50-60 working days
Radiation	Priority 2 Priority 3	5-10 working days 15-20 working days
Ophthalmology	Urgent Urgent laser Semi-urgent – Children Semi-urgent – Adults Semi-urgent (diabetic)	1 month 1-3 weeks 7 months 13 months 5 months
Orthopaedic	Adults – Urgent Paediatrics - Urgent Adult/Paed Semi-urgent Paediatric Gait Clinic	1-6 weeks 1-8 weeks Up to 3 months 1-8 weeks
Paediatric Medicine	Urgent Semi-urgent Routine	2-3 weeks 2 months 4-5 months
Paediatric Surgical	Urgent Semi-urgent Routine	1 week Within 2 weeks 3 weeks
Pain clinic	Urgent Semi-urgent Routine	Up to 3 months Up to 5 months 6 months
Physiotherapy	General musculoskeletal  Respiratory Rheumatology Women's Health	5 days (urgent) 6-8weeks (routine) 2-3 weeks 4 weeks 2 days (urgent) 2-3weeks (routine)
Plastics (1) Fax immediate/acute referrals to 07 839 8725	Urgent Semi-urgent Routine	2-4 week 3 months 6 months +
Plastics Lesion clinic	Urgent Semi-urgent Routine	2-3 weeks 4 months 6 months
Rehabilitation	Day Clinic	1-3 weeks
Renal	Urgent Semi-urgent Routine	1-12 weeks 12 weeks- 7 mths 6-9 months
Respiratory	Urgent Semi-urgent Routine	1-2 weeks 2-5 weeks < 5 months
Rheumatology (3)	Urgent Semi-urgent Routine	3-9 weeks 6 weeks – 5 mths 6-10 months
Thyroid	Urgent Semi-Urgent Routine	2-4 weeks 4 months 2 years +
Ultrasound	Urgent Semi-urgent Routine	2 weeks 7-8 months 12-15 months
Urology		Within 2 months
Vascular Laboratory	Urgent	Within 2 weeks
Vascular Surgery	Urgent Semi-urgent Routine	1-4 weeks 2-5 months 6 months
<b>Adult Mental Health Waiting Times</b>		
Community mental health team	Crisis referrals Non-crisis/routine	Within 24 hours 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. All urgent rheumatology cases should be discussed with the rheumatologist.
4. Carotid studies are now being done by the vascular laboratory.
5. 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.