

I hope everyone has had the opportunity for some rest and relaxation over the holiday period, and comes back to work refreshed to face the challenges that 2005 will no doubt present!

Spectacles Subsidy for Children under Eight.

Are you aware that some children under the age of 8 are able to access funded optometric assessment and treatment? In the Waikato it is available through optometrists who have registered to provide the service. Although a list of which are registered is not available, parents could check when making an appointment, or contact the freephone number below, to ensure their child would be eligible for the funding. The funding comes through Enable New Zealand which has provided the following information.

- The Spectacles Subsidy is for children under the age of eight who hold either a valid Community Services Card or a High Health Use Card, or whose family holds a valid Community Service Card.
- The subsidy amount is \$281.25 inclusive of GST per year. The year starts from the date of the first claim that is made.
- Included in the \$281.25 amount is a \$135 incl. GST frame subsidy.
- Clients are welcome to purchase frames that cost more than \$135, however the Ministry of Health (MOH) will only contribute \$135 towards the cost of frames. The excess will need to be met by the client.
- A Higher Level Subsidy can be provided for:
 - Children with rapidly progressing myopia who require assessing six monthly and possible six monthly modifications to spectacles.
 - Children with amblyopia or strabismus who require more extensive intervention.
- Prior approval is required for the Higher Level Subsidy.
- The Spectacle Subsidy manual can be viewed on our web site www.enable.co.nz
- Parents can call to enquire if their children are entitled to the subsidy on 0800 362253

Post-mortem Results

A number of GPs have commented that they would like to receive post-mortem results on their patients. The vast majority of post-mortems are coroner cases. The family of the deceased is entitled to one free copy of the report. The coroner informs each family of this, although only an estimated 30-40% requests a copy. Any additional copies would attract a charge since the coroner's service is not funded to provide more than one copy. If a GP requires a copy of a

coroner's post-mortem result, it would be most easily accessible, therefore, via by the family of the deceased. For the very small number of non-coroner post-mortems Waikato Hospital pathologists would normally be able to supply the GP with a copy on request.

Discharge Summaries

Since September 2003 senior nurses, rather than house officers, have been completing the hand written discharge information for patients in Ward 5, Waikato Hospital, under the care of Dr Paul Reeve. The process was developed to assist in timely discharge from the ward and appears to have been well accepted. The nurses were briefed on the kind of information GPs require to continue management of the patient and a recent audit showed a high standard of information was being included.

This process is to be extended to all Ward 5 patients by the end of February 2005 and will continue to be audited as part of a regular review of the discharge summary process.

If you have any problems with this process or the information you receive please contact Chris Page, Clinical Nurse Leader, Ward 5, Waikato Hospital, 07 839 8899 ext. 6754.

Comings ...

Peter Black, orthopaedics. Peter has moved from the UK with his family. His particular interest is in foot and ankle injuries.

David Flint, ENT. David comes to Hamilton from Auckland, where he grew up and trained. His interests are cochlear implants, complex otology, sinus surgery and sports.

And Goings

Peter Stokes. Peter set up gastroenterology in the Waikato, bringing the first flexible endoscope in his luggage when he arrived here in 1974. Until 1994 he was the only specialist gastroenterologist, as well as contributing to the general medical service. He also completed an MBA at Harvard and founded a successful medical insurance company. In 2003 he was awarded Auckland University's best teacher award.

Rob Jaffray. Rob is moving closer to his family, to a post in palliative medicine at Neringah Hospital, Sydney, after 3 years in the Waikato.

Richard (Ru) Pirrit. After specialist training in the UK and a spell as a senior registrar at National Women's, Ru has been part of the Waikato O&G service since 1971. We wish him a happy retirement.

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
	Central auditory processing test	12 months
Breast Care	Urgent	3 weeks
	Semi-urgent *BCC Imaging	10-12 months 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-4 weeks
	Semi-urgent	12 weeks
	Routine	24 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	2 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	24 hours
	Semi-urgent Routine	6 weeks 6 months
Paediatric Dermatology		7 months
Hands		2 months
Dermatology Lesion Clinic	Urgent	24 hours
	Routine	6 months
Diabetes Consultant (2)	Urgent	3-4 months
	Semi-urgent	5-6 months
	Routine	6 months +
Diabetes Nurse Educator	Urgent Semi-urgent	Within 7 days Within 6 weeks
Endocrinology	Urgent	1-4 weeks
	Semi-urgent	8-9 months
	Routine	3 years
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
General Medicine	Urgent	1-2 weeks
	Semi-urgent	4 weeks
	Routine	5 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
	Routine	12-18 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 radiation) Medical	Priority 1	24 hours
	Priority 2	5-10 working days
	Priority 3	40-50 working days
Radiation	Priority 1	24 hours
	Priority 2	5-10 working days
	Priority 3	40-50 working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	6 months
	Semi-urgent – Adults	12-13 months
	Semi-urgent (diabetic) Minor Operation Clinic	7-8 months 13 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	2-3 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) 6-8 weeks (routine) 2-3 weeks
	Respiratory	4 weeks
	Rheumatology	2 days (urgent)
	Women's Health	2-3 weeks (routine)
Plastics (1) Fax immediate/acute referrals to 07 839 8670	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months +
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months +
Rehabilitation	Day Clinic	1-3 weeks
Renal	Urgent	1-6 weeks
	Semi-urgent	6 weeks to 6 mths
	Routine	6 months +
Respiratory	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
	Routine	6-8 weeks
Rheumatology (3)	Urgent	4 weeks
	Semi-urgent	3 months
	Routine	6 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	2-4 months
	Routine	4-6 months
Adult Mental Health Waiting Times		
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.