

### 1. Internet Address Error!

Apologies to anyone who has tried to access Outreach on the Internet using the address in last month's edition. The correct address is [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP).

This will take you to the GP Direct page of the Waikato DHB site. As well as Outreach, there is a primary care guideline section where you can access copies of the headache, TIA, childhood asthma, childhood gastro-enteritis and three recent haematology guidelines. Other parts of the page are currently under review so it would be most helpful to have suggestions about other information that could usefully be posted on the page. Please send any feedback to Linda Rademaker.

### 2. Radiology Good News

GPs should have noticed an improvement in the turn around time for conventional radiology requests. This is in part due to the department's success in attracting improved funding targeted specifically for those requests received from primary care.

### 3. Outpatient Appointment Duplication

Often there is the need to refer a particular patient to more than one outpatient service. However, the specialist services have noted that patients are, not uncommonly, referred to more than one clinic for fundamentally the same problem, sometimes with identical referral letters. This can result in the patient being seen unnecessarily in the second clinic when the problem has already been addressed by the first. This wastes valuable appointments both by the patient attending two different clinics for a similar problem and by causing confusion for the patients that can result in them failing to attend appointments.

If you are referring an individual patient to more than one clinic please note this on the referral letter so that unnecessary appointments can be cancelled.

When a patient presents with a complex or undifferentiated medical problem it can be difficult to know to which sub-speciality the referral should be directed. In these situations please feel free to refer to the general medical clinic.

### 4. SCR Project Updates

In March, SCR Project construction timelines were confirmed. First up is the Thames Inpatient Unit with demolition taking place in June 2005; construction will begin in September 2005 and end in August 2006. Thames clinical centre construction commences in December 2006 and will be complete in December 2007. The Waikato Clinical Centre construction will take place in two phases, with the first starting in June 2007 and ending in October 2009. The second phase will begin in January 2010 and end in 2011.

The process to finalise Models of Care is moving forward. Submissions received in February have been incorporated, where appropriate, into the final documents, which will be presented for signoff to the executive management group. Once signed off,

service managers will begin the next phase of development work. Full implementation of the models is expected to take three years.

Plans to continue providing a primary birthing facility at the Thames Hospital were announced on 2 March. A new, purpose-built facility will be constructed on the Thames Hospital campus. Final plans for the facility are still being worked through. This project lies outside the scope of the SCR Project, but will be managed by the same team to ensure consistency and continuity.

For more information on the SCR Project, request a copy of the quarterly SCR News video magazine through the SCR Project office - 07 834 3604. Or, view the new SCR Project website at [www.waikatodhb.govt.nz/scr](http://www.waikatodhb.govt.nz/scr).

### 5. Welcome to...

**Stewart Campbell**, gastroenterology/general physician, trained in Glasgow, where he was most recently a consultant. His MD thesis explored the relationship between alcohol, the liver and the GI tract. He will be here for the next year.

**John Clarkson**, ENT, trained in New Zealand but has also spent time in Australia, returning to Hamilton from Queensland. His special interest is sinus surgery.

**Stephen Davitt**, radiologist, studied in Galway, Ireland before training in radiology in London and Australia. His fellowship year was in abdominal imaging/intervention at the liver transplant centre in Melbourne.

**Siva Govendar**, geriatrician, comes to the Waikato from Palmerston North. A keen long-distance runner, Siva is planning to do the Kepler challenge later in the year. Professionally, his special interest is the holistic management of patients with fall and balance problems. Siva, his wife and two children moved to New Zealand eight years ago from South Africa.

**Duncan Lamont**, histopathologist, arrives in the Waikato from Zimbabwe via Timaru and Wellington. He plans to develop a special interest in dermatology. He is accompanied by his wife and young family.

**Elham Reda**, internal medicine and diabetes, originally came to New Zealand in 1997 from an assistant professor's post in Egypt. Elham and her husband (Saeed Reda, currently training in psychiatry) and their children chose NZ for the opportunities, fresh air and greenery!

**Robin Sekerak**, rehabilitation medicine, has moved from the University of Texas. She trained in physical medicine and rehabilitation (or physiatry as it is known in the USA). She is particularly interested in primary and secondary prevention of disability related to stroke, heart disease, and diabetes, and considers education on appropriate diet, exercise and smoking cessation as important as any form of medical treatment

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	Urgent	3 weeks
	Semi-urgent	10-12 months
	*BCC Imaging	2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-9 months
	Routine	9-12 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	6 weeks
Paediatric Dermatology	Routine	6 months
		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	Within 7 days
	Semi-urgent	Within 6 weeks
Endocrinology	Urgent	1-2 months
	Semi-urgent	2-6 months
	Routine	9-12 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	2-4 weeks
	Semi-urgent	2-6 weeks
General Medicine	Urgent	1-2 weeks
	Semi-urgent	2-4 weeks
	Routine	2-3 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	3-5 months
	Routine	11-12 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6-7 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-10 months
	DVT	4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 1 week
	Routine	2 months
Neurology	Urgent	1-3 months
	Semi-urgent	3-10 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent	2-8 weeks
	routine	2-6 months

Clinic	Category	Waiting Time
Oncology (medical radiation) Medical	Priority 1	24 hours
	Priority 2	5-10 working days
	Priority 3	15-20 working days
Radiation	Priority 1	24 hours
	Priority 2	5-10 working days
	Priority 3	35-40 working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	6 months
	Semi-urgent – Adults	12 months
	Minor Operation Clinic	6 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	4 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	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Respiratory	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	4-6 months
Rheumatology (3)	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	2-4 months
Thyroid	Urgent	2-4 weeks
	Semi-Urgent	4 months
	Routine	4-6 months
Ultrasound	Urgent	2 weeks
	Semi-urgent	7-8 months
	Routine	12-15 months
Urology		Within 2 months
Vascular	Urgent	1-4 weeks
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 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 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.

Linda Rademaker, GP Liaison - Telephone 07 839 8899 ext 6795, Fax 07 839 8810, Mobile 021 296 6341

Email rademakl@waikatodhb.govt.nz

April 2005