

1. Mental Health Services for Older People

Earlier this year Dr John Strachan and his team sent out a one-page survey to all GPs in the Waikato. The purpose of the survey was to find out whether you knew of the service, how satisfied you were with it and what more you wanted. There was also a letter giving information about the service and how to contact them. There was a 45% response rate and the service would like to thank the 107 GPs who returned the questionnaire. The information gathered has been helpful to the service in planning future developments.

Responses to questions were:

Did you know of the service?

YES 92 NO 13

Have you referred in the past 2 years?

YES 89 NO 16

Do you cover rest homes/private hospitals?

YES 63 NO 42

Were you satisfied with service provided?

YES 81 NO 5

(YES+NO – 2)

Would you want a leaflet for your patients about the service?

YES 44 NO 53

Location of practice

Urban 40, Rural 39, Mixed 25

The top 4 requests were for more phone consultation, a memory clinic, more education sessions and faster responses. In response to these requests the service will be producing a leaflet that should be electronically available, are working on starting a memory clinic in conjunction with Older Persons and Rehab Services and are happy to be contacted for advice on Tel 07 839 8603 or Fax 07 839 8737. Thank you for all the very positive comments, which have been passed on to all the staff in the service.

2. A New CME Opportunity!

Many of you may recall responding to a questionnaire circulated by Waikato Postgraduate Medicine, which sought to gauge the level of interest in the possibility of organising for GPs to sit in on specialist clinics as a way of refreshing and extending practical knowledge. There was substantial interest in the idea, particularly in relation to dermatology, ENT and ophthalmology.

These specialties are keen to encourage the idea and a system is now in place to facilitate GP attendance at consultant clinic sessions at Waikato Hospital in the dermatology, ENT or ophthalmology clinics. Please contact Sally Alcock at the Waikato Postgraduate Medicine office (Tel 07 839 8891, email wpgmi@wave.co.nz). Let Sally know which specialty clinic interests you and she will liaise with the clinic to find a suitable time. If this trial is successful we will investigate extending to other specialities and sites.

3. The Waikato Asymptomatic Murmur Study

In the first half of 2004, many of you contributed to this project by assessing patient eligibility for inclusion. You might remember that the project was set up to assess the applicability of the primary care

management guidelines for the management of heart murmurs in asymptomatic adults, which suggest that asymptomatic adults with soft systolic murmurs, normal chest X-ray and normal ECG can be reassured without further need for investigation.

For the study, eligible patients i.e. asymptomatic adults with a systolic murmur present for longer than one month with normal CXR and ECG, initially underwent echocardiography rather than being seen by the specialist in the clinic.

From a total of 253 consecutive patients referred for a first specialist assessment of an asymptomatic systolic murmur to Waikato Hospital from 01-01-01 to 31-10-03, 78 (31%) patients fulfilled entry criteria with 77 undergoing echo. 48% (37) had a normal echocardiogram. 35% (27) had an abnormal echocardiogram which did not require cardiologist review but which would influence management in primary care, such as antibiotic prophylaxis or more aggressive management of hypertension. However, one in six patients (17%, 13/77) required cardiologist review, mostly with moderate-severe valve lesions. These patients could not be predicted on the basis of age, gender or ethnicity.

In conclusion, our results suggest that the current guidelines for murmur assessment may underestimate the potential for valve disease. The results suggest that normal CXR and ECG cannot confidently exclude important valve disease. Conversely, 83% referred with asymptomatic murmurs could be "triaged" with echocardiogram and avoid cardiologist review.

4. Pandemic influenza planning

As part of Waikato DHB pandemic planning, the Public Health Unit has developed an 11-page question and answer sheet about pandemic influenza, personal protective equipment, infection control procedures, and other protection measures. This will be circulated to you by 4 November. Meanwhile, in response to specific questions about personal protective equipment (PPE), the Ministry of Health now advises that all employers have a responsibility for the safety of their own staff. Primary health providers are therefore encouraged to ensure they have sufficient supplies of PPE for an initial response to an event such as a pandemic. Providers themselves are best placed to calculate the quantities they will need, assuming a possible 40% increase in influenza patient numbers (based on worst-case scenario) over a six-week period. Further information about this is in the Qs and As. Provision of PPE for the primary health care sector has been factored into the quantity of national reserve supplies being funded for and stockpiled by the DHBs. These are emergency supplies only and will be distributed anywhere in NZ as the Ministry directs during a Code Red Alert. Contacts: Dr Anita Bell, Medical Officer of Health, Waikato DHB, 07 838 2569; Elizabeth Prior, Emergency Management Planner, Waikato DHB, 07 839 8899; or

www.moh.govt.nz/pandemicinfluenza

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	1-2 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 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	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	4-6 weeks
	Surgical	4-6 weeks 4-6 weeks 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 3 weeks
	Routine	3 months
Neurology	Urgent	1-3 months
	Semi-urgent	3-10 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent routine	2-8 weeks 2-6 months

Clinic	Category	Waiting Time
Oncology (medical and radiation) Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	15-20 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	35-45 working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	6 months
	Semi-urgent – Adults	11 months
	Semi-urgent (diabetic) Minor Operation Clinic	1 month 12 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
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.