

As the year draws to the close I hope everyone is able to look back on 2005 with some satisfaction, look forward to 2006 with some optimism, and find time for a well deserved break over the summer.

### **1 Orthopaedic Information on the Web**

Some helpful new information has been posted on the GP Direct Page of the Waikato DHB website. It includes guidance on assessing orthopaedic problems, options for management in the community and information on when patients need to be referred. There is also detail of the information that should be included in a referral letter so that the orthopaedic department can best meet the needs of the patient. Find it on [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP) under referral guidelines.

### **2 DUMP campaign**

Did you know that each year more than 1000 children are hospitalised due to poisoning? Medicines need to be disposed of safely and effectively to reduce the possibility of unintentional poisonings. The removal of surplus medicines from homes also aims to reduce inappropriate self-medication. The Waikato Pharmacy Group (EXPANZ) is currently undertaking a huge D.U.M.P. (Dispose of Unwanted Medicines Properly) Campaign to rid homes and workplaces of unwanted, unused or out of date medicines. Unwanted medicines can simply be taken to pharmacies who will dispose of them safely. A safer alternative to the sink, toilet or rubbish bin!

### **3 Emeritus consultants**

The award of emeritus consultant has been inaugurated to recognise those who have made a considerable contribution to medicine in the Waikato and beyond over long careers in medicine. Congratulations to the initial recipients Denis Friedlander, Hugh Spencer, Peter Stokes and Peter Rothwell.

### **4 Welcome...**

**David Hamilton**, specialist nephrologist. Previously Director of Renal Medicine at the Norfolk and Norwich Hospital in the UK, David is keen to see how things are done in a different environment and hopes to glean some different approaches to renal disease to take back to the UK after his time in New Zealand. He is also looking forward to exploring the country with his wife Cynthia.

**Arun Nair**, neonatal paediatrician, has joining us from Oman with his wife, Poornima, and their 16 year old daughter. Their son is at college in India studying computer science. Arun did his basic paediatric training in India, followed by advance training in Neonatal Medicine in Australia and the USA. He says he has always wanted to work 'down under' and is looking forward to participating in some good quality research. It is also time for a lifestyle change and to explore a new country.

**Neale Thornton**, emergency medicine, has a joint appointment across Tokoroa and Hamilton

Emergency Departments. He will also be providing support to the other southern T emergency departments. Neale, who is originally from Zimbabwe, has been finishing his specialist training in Monash Medical Centre and is glad to be back in the Waikato, where he previously worked.

### **And farewell...**

**Elvin Hamlyn**, neurologist, who has recently retired to the USA. Elvin helped design and introduce the headache and TIA guidelines and is described as a true team player by his colleagues.

**Philip Kriel**, medical officer at Thames, has had an interest in anaesthesia for some time, has been accepted onto the college training programme and starts his NZ training in Hawkes' Bay.

### **5 Service and Campus Redevelopment (SCR) Project Update Service Changes Underway**

During 2005, the SCR Project has focused on planning for the service changes that will take place over the next five years to improve patient care across the district. Key changes that will improve your patients' journey through the hospital system:

**Standardised pre-admit process** – A successful pilot project has been completed at Thames, looking at standardising the pre-admit process. The ultimate aim is to have everything through to a patient's post-op needs planned before they are even admitted to hospital. District-wide rollout of the standard pre-admit process will begin in early 2006 and will take 2-3 years to complete.

**Central referral point** – This project is working on creating a single point of entry for all elective services and standardising the referral process across the district. GPs will have one point of access, which will allow referrals to be easily tracked. Also, patients will have the convenience of having one number to phone to find out where their referral is at in the system. This project begins in January 2006 and will take 18 months to roll out across the district.

**Nurse-led triage** – Waikato DHB has applied to the Ministry for funding to run a pilot project for nurse-led triage in Medicine. If successful, nurse-led triage will be rolled out to all services.

**Transit lounge** – A transit lounge will be attached to the new carpark building at Waikato Hospital and will be used for inter-hospital transfers and people awaiting their ride home.

**Women's health project** – Women's health assessment services will be co-located to create the convenience of a 'one-stop shop' for patients. The unit will be located adjacent to the upgraded delivery suite (part of the campus redevelopment).

### **6 Change of mobile number**

Please note that I have a new mobile number. I can now be contacted on 021 549 790.

Wishing you all a Merry Christmas and a happy, healthy and prosperous New Year.

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 Non cervical	26 weeks + 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
	Routine	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	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 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 and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	10-15 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	15-20 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
<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 OPTHALMOLOGY – 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.