

1. Mental Health Compulsory Assessment and Treatment; use of sedation

In 2000 the Ministry of Health circulated guidelines for medical practitioners that included information on the place of sedation when assessing and treating a patient under the Mental Health Act. Our Mental Health colleagues would like to remind GPs of these guidelines.

Essentially the Act provides a power for medical practitioners, in circumstances of urgency or risk, to urgently sedate a person whom they have examined and believe may be mentally disordered as defined by the Act. It recognises that the assessment process may be very difficult and that the person being assessed may be so disturbed that their behaviour places themselves or others at serious risk of harm. Guidelines and standards of care and treatment relating to the use of sedation were issued by the Director-General of Health. If you have misplaced your copy it is available on the MOH web site: <http://www.moh.govt.nz>. Go to Publications and Resources, then A-Z of Health Topics, find Mental Health Publications and scroll down to April 2000 and Guidelines for Medical Practitioners using Sections 110 and 110A of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

The guidelines cover circumstances when emergency sedation might be considered, the medical and psychosocial considerations to be taken into account, choice of medication, monitoring of the patient after sedation and transport issues. Fortunately the use of sedation is not commonly required, so a key recommendation, to provide support for GPs, is that sedation should only be contemplated after discussion with a psychiatrist if reasonably practicable.

2. Enhanced Radiation Oncology Service

The building of fourth Linear Accelerator at Waikato Hospital should be completed in the first quarter of 2006, providing increased capacity for provision of radiation oncology services. The new machine will increase capacity by 7500 patient attendances per year to a total of 30,000. In addition, the technological mix of the 4 machines will provide greater flexibility of treatment options. The department have also introduced High Dose Rate Prostate Brachytherapy, a new service for Waikato.

3. Discharge Summary Progress

GPs will soon be receiving electronically generated discharge summaries following patient discharge from Health Waikato.

Two lead services (Renal and General Medicine at Waikato Hospital) will start electronically generating discharge summaries from early 2006 with more services to follow. Initially the electronically generated discharge summaries will still be sent by fax. The next stage of the project will be to transmit the discharge summaries electronically via HealthLink, in much the same way as many GPs receive their laboratory and radiology results.

The potential benefits of transmitting discharge summaries by HealthLink are clearly recognised. However, current technology results in some loss of formatting which needs to be addressed before this route can be utilised.

The Electronic Discharge Summary project is keen to receive feedback or ideas for improvement from the GP community. Please send any feedback via Dr Linda Rademaker (contact details at the foot of this newsletter).

4. No Smoking for Inpatients

From 1 February 2006 inpatients will no longer be able to smoke in our hospitals or grounds.

All designated smoking areas for patients will be closed. It would be appreciated if you would draw the attention of your patients and clients to our policy if they are likely to be coming to one of our hospitals or facilities in the future. The only exception to our Smokefree Policy for inpatients is the Henry Rongomau Bennett Centre.

Systems to support inpatients who smoke have been developed and include:

- Advice about our Smokefree Policy and how to cope without cigarettes.
- Nicotine patches prescribed, if required, while the patient is in hospital.
- Referral to community cessation providers if requested, or self-referral to Quitline.

Some hospital outpatient departments and clinics are actively encouraging smokers to quit before they will be considered suitable for admission.

Leaflets for patients include: "Planning your Smokefree Hospital Stay", "Being Smokefree in Hospital" and "Me Mutu – list of cessation services and resources". These are posted on the Waikato DHB website's GP Direct area as PDF files and can be downloaded or printed.

If you wish to order hardcopies, please fax your request to:

Waikato DHB Printshop, fax 07-858 0922

with the name of the leaflet, and your delivery name and address.

Please reference Cost Code 1011.

5. Bouquets!

In the last month I have received complimentary comments from GPs about two different registrars. It was such a pleasure to be able to pass those on and clearly made the day for the registrars involved. Often it is the negative experiences that attract attention and are remembered, but the positives are very important too and can make such a significant impact. So if you wish to relay a compliment I will happily track down the intended recipient and be a conduit for any "bouquets"!

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
	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
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	15-20 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	30-40 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	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.

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