

The year is already marching on. I hope that you managed to recharge the batteries with a good summer break, even if holidays are already a distant memory! At Waikato DHB there is quite a “changing of the guard” with the announcement of the new CEO and the position of General Manager Health Services currently vacant.

1. Leading British health exec new CEO

A leading British health executive has been appointed chief executive of the Waikato District Health Board. He is Malcolm Stamp, currently chief executive of the Cambridge University Hospital NHS Foundation Trust. His appointment follows an extensive international search to replace Dr Jan White, CEO at Waikato for the past six years, who left in October to take up a new position as chief executive of the Accident Compensation Corporation.

Please see the enclosed media release for more detail.

2. Radiology Good News for Thames

The radiology service at Thames Hospital has been enhanced by the installation of a new CT scanner in December 2005. The CT service at Thames Hospital commenced in 1999 with the number of scans increasing since then from about 300 to over 700 per year. The upgraded technology of the new scanner means most patients will no longer require transfer to Waikato Hospital for more complex scans. The equipment will also be more efficient, enabling greater throughput. Referral for CT is still via a specialist.

3. Renal Failure and Intravenous Contrast

There is a small but definite risk of renal failure as an adverse reaction to iv contrast material. The risk is significantly greater for patients who already have renal insufficiency. To minimise the risk to patients the radiology department will require a creatinine result, no more than 6 months old, on all referrals for investigations involving the administration of contrast. The only GP referred investigation affected by this is IVU. Since creatinine would also be indicated in most situations requiring IVU, this would not usually involve any additional investigation. To avoid

delays for the patient please include a dated creatinine result **on** the radiology request form when referring for IVU.

4. Health and Disability Commissioner Visit

The Health Waikato Clinical Board has invited Ron Paterson, Health and Disability Commissioner to hold an informal talk followed by a question and answer session on “Patient Perspectives – A View from the HDC” on March 15th in the Bryant Centre Auditorium at 12 noon (light lunch served). The session will conclude at 1.30pm. All interested GPs are most welcome to attend.

5. Welcome to...

Hugh Goodman, clinical and laboratory haematologist. Hugh trained in Auckland and spent the last 3 years in London at the UK National Amyloidosis Centre. He has a very strong interest in amyloidosis of all kinds, including cardiac and hereditary.

6. Farewell to...

Philip Crispin, haematologist and clinical director pathology. Philip and his family are returning to Canberra. During his time in the Waikato Philip has made a huge contribution to implementing a robust quality structure in the T hospital laboratories.

Bernie Hyne, physician. Bernie has retired from a long career at Waikato and Thames Hospitals.

7. Exclusion and stool clearance criteria

The Public Health Unit receives numerous requests from practice nurses for copies of the enclosed guide for cases and controls of food and waterborne illness. This was originally sent out with the June05 Public Health Bulletin.

8. Five tips for clean hands

We also enclose one of our very popular ‘handouts’ for you to display on a noticeboard in your waiting room, if you wish.

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 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	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
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	15-25 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	4 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.

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