

1. Antenatal HIV Screening in the Waikato

From 20 March, when GPs in the Waikato tick 'First Antenatal Screen' on a laboratory form, six tests will be generated – the current five tests with the addition of an HIV test. Waikato DHB is the first to implement the routine offer of an antenatal HIV test, and it is anticipated that other DHBs will follow over the next two years. Most practitioners in the Waikato have already attended training sessions.

The change will require the GP to have a brief discussion with the pregnant woman on the six tests including HIV with the assistance of a 'First Antenatal Bloods' booklet. This resource gives women information on the six blood tests including HIV. It can be ordered, free of cost, together with copies of 'HIV Screening in Pregnancy: Information for Health Professionals' by faxing a request with the name of the booklet, your name, and delivery address to Waikato DHB Printshop fax: 07 858 0922. Quote reference cost code 1990 and Waikato DHB will cover costs.

Verbal consent for testing and documentation in the woman's notes is strongly recommended. If the woman declines one or more tests, please clearly indicate that on the laboratory form.

If you would like more information, or have queries, please contact project co-ordinator Lisa McLoughlin, 021 759 794

2. Review of Acute Referral System

In June 2005 a new referral process for Waikato Hospital introduced a single phone number for GPs to contact the hospital switchboard and cellphones for all on call registrars. The aim was to facilitate verbal contact between GPs referring patients for acute assessment and the responsible on call registrar. This process has recently been reviewed.

Thank you to everyone who responded to the request for feedback. The information received, together with a survey of registrar and emergency department experience, has been reported to the Health Waikato Clinical Board. Some of the key outcomes of the review were

- The majority of GPs and registrars felt communications with each other have been positive and polite.
- Voicemail has raised some issues. It was set up to be used on rare occasions only, but is being used more often than anticipated. Some GPs who left messages did not receive replies. Some GP messages did not leave clear contact details.
- Some registrars continue to pass patients between specialities where the responsibility is unclear.

Although some issues still require attention, the Clinical Board recommended that the current system should continue.

Registrars will be reminded that it is their obligation to accept patients from GPs and ED when requested to do so, and that they should make onward internal referrals

themselves if necessary. In addition, all voicemail messages should be cleared and actioned as soon as possible, and always before the end of their shift. Voicemail should be used only if the registrar is genuinely unable to take the call. GPs are asked to ensure that any voicemail messages include clear details of their name and contact number.

3. Primary/Secondary Care Electronic Communication: Research Opportunity

An exciting research opportunity has arisen as a result of collaboration between the University of Waikato and the Waikato DHB Knowledge and Information Service. The research, being undertaken by Dr Jenny Gibb, lecturer at the Management School of the University of Waikato will identify the information and communication needs of primary health providers, especially general practitioners, in relation to the interface with Health Waikato. These results will be important in informing the future direction for electronic communication between the primary and secondary care sector in the Waikato.

The Waikato DHB Knowledge and Information Service is developing an approach to support continuity of care through the integration of primary, secondary and tertiary information, in particular electronic information. Most GPs already receive laboratory and radiology results electronically, and electronic generation and transmission of discharge summaries will be piloted in the near future. With advancing technology much more is on the horizon. To utilise new opportunities to the greatest advantage there is a need to define more clearly what information general practitioners wish to receive from Health Waikato, what is of most value to them and how they wish that information to be transferred. In addition there is a need for better understanding of the potential value, to general practitioners and their patients, of electronic access to clinical information on the Health Waikato Electronic Patient Record, as it develops.

Dr Gibb's research will address these issues in a way that will have meaningful and practical application for providers in both primary and secondary care. Between the months of March to May 2006, Dr Gibb will initially conduct face to face interviews with several randomly selected Waikato GPs, as well as other health providers in order to identify their information sharing and communication requirements with Health Waikato. Those GPs interviewed will be offered payment as a token recognition of time involved. These findings will then form the basis for the development of a comprehensive questionnaire that will be sent to a very wide range of primary health care providers in the Waikato. Please contact Dr Jenny Gibb on 07 838 4466 ext 6057, 021 182 7219 or jennyg@waikato.ac.nz if you have any questions.

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 Semi-Urgent
		4-6 weeks 4-6 weeks
	Surgical	Urgent Semi-urgent
		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
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	25-35 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.

Linda Rademaker, GP Liaison - Telephone 07 839 8899 ext 6795, Fax 07 839 8810, Mobile 021 549 790

Email rademakl@waikatodhb.govt.nz

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