

1. Update from the Orthopaedic Clinic

In November 2005, Orthopaedic Outpatients commenced a Nurse/Physiotherapy Joint Assessment scoring clinic. The purpose was to prioritise patients for the orthopaedic waiting list using recognised and verified scoring tools and screen for "flags" e.g. associated medical problems that may delay surgery. The assessment also includes weight/BMI/smoking and community service assessments/referral or recommendations.

The Ministry of Health require that the waiting list is prioritised in a clear and equitable way.

Patient scores fall into three categories and the patient is informed of the decision by letter:

- Certainty, where surgery will be provided within 6 months.
- Active review, where the patient's situation will be reviewed in 6 months.
- Discharged to GP care for patients who are stable and assessed as a lower priority for treatment relative to others with similar conditions.

If the patient's condition deteriorates their GP can re-refer them for specialist assessment.

Waiting times for these reviews will be minimal.

2. Soft Tissue Trauma in the Lower Extremities

We all know how difficult it can be for GPs to recall to which service particular patient presentations should be referred. In the case of soft tissues trauma to the lower limbs the two specialities involved, orthopaedics and plastic surgery, have given some guidance in an attempt to clarify the situation for GPs and hospital staff alike.

Refer to Orthopaedics:

- If there is underlying fracture or injury to muscle, tendon etc and primary or delayed primary closure of wounds will be possible.
- If there is no underlying fracture or injury to muscle, tendon etc and the wound can be closed or covered by simple means. Many of these patients are managed totally in primary care and will not need referral.

Refer to Plastics:

- Where there is no underlying bone, joint, muscle or tendon injury, but skin trauma is substantial and would require more than simple split skin graft.

However, the departments understand that it is not always possible to be definitive about these situations in general practice, nor easy to recall the guidelines in the heat of the moment. The registrars have been reminded that they should accept referrals when asked to do so by GPs and make any onward internal referrals themselves when necessary.

3. Specialist Advice

There are times when GPs are happy to continue to manage their patients without recourse to an outpatient referral, but do need some advice from a

specialist colleague. If you feel this type of advice would help you to provide the care your patient needs then you should feel free to seek this from the appropriate specialist. You can do this either by telephone contact or by letter, depending on the patient circumstances. If you are requesting advice by letter please make it clear that advice rather than a clinic appointment is being sought.

4. Welcome to.....

Grant Christey, Trauma Service, who is returning to the Waikato where he was born and raised. Grant trained in surgery with an interest in trauma, and comes to us from the Liverpool Hospital in Sydney, after spending time as part of the Auckland trauma services. Grant will participate in the general surgery roster with an interest in liver surgery and will be establishing a dedicated trauma service.

Colette Torrance, Breast Physician. Colette qualified in 1989 and her main postgraduate interest has been general practice. She will continue to do some general practice in addition to 0.5 fte as a breast physician, seeing the roles as complimentary. Her husband, John is an intensive care specialist at Waikato Hospital.

Rajiv Singh, Clinical Service Director, Mental Health and Addiction Services. Rajiv comes from Canterbury DHB where he worked as a Child and Adolescent Psychiatrist for the past year. Prior to that he spent 5 years as a child and adolescent psychiatrist at Monash Medical Centre in Melbourne and was previously head of psychiatry at the Lady Hardinge Medical College, New Delhi.

5. Carpark Building at Waikato Hospital

Construction of the new carpark and entrance building at Waikato Hospital is underway, with Mainzeal Construction locking off the site to begin earthworks.

Although this means Public Car Park B is no longer available, a range of temporary parking sites within the campus are under development. Already an additional 34 parks have been created, with more planned. These offset the parks lost to carpark and entrance building construction.

When complete in July 2007 the carpark building will provide at least 800 generously sized parks, and approximately 40 disabled parks. Key benefits include increasing the overall number of parks on site by at least 200 and establishing a centralised main parking area, which is level and mostly under cover. The entrance building provides the link to the clinical centre, with four lifts providing access at levels one, two and three.

6. Outreach Newsletter

We have updated our mailing list and there are many new names on this list, please email suttona@waikatodhb.govt.nz or fax 07 8343673 if you do not wish to receive this newsletter. Thank you.

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	4-5 months
	*BCC Imaging	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	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	2-4 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	2-8 weeks
	routine	2-6 months

Clinic	Category	Waiting Time
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	20-30 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	25-35 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 4 weeks
	Respiratory	2 days (urgent)
	Rheumatology	2-3 weeks (routine)
	Women's Health	
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	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.