

1. Thames Hospital Changes

Construction has begun on the programme of work for the Service and Campus Redevelopment Project at Thames Hospital, which will be undertaken over the next two years, resulting in a new Clinical Centre. Several Thames Hospital services will move into temporary accommodation while this building takes place. These are as follows:

- Radiology – construction of clinic rooms and a film editing room. Two new radiology machines will be installed in late October
- Outpatients Department – this will move from the current ground floor location to Level 3, with some clinics being delivered in the Manaaki Centre (e.g. Audiology)
- Emergency Department - will move into the vacated outpatients department on the ground floor, with a temporary ambulance entrance being constructed north of the main doors.

Construction relating to these moves should be completed in November, with services being delivered from the above locations from then. Jacqui Mitchell, Area Manager, on behalf of Thames Hospital, asks that you bear with the team there while these changes are underway. Communication channels for referrals and advice will remain as they are currently.

2. Folic Acid Supplements in Pregnancy

Folic acid supplements sold in health food shops are not medicines, and are not subject to rigid specifications and quality control. Thus they may not contain adequate folic acid for prophylaxis of neural tube defects.

It is recommended that all women planning pregnancy, or who are in the early stages of pregnancy take a 0.8 mg folic acid tablet daily for at least four weeks before and 12 weeks after conception. Those at high risk should take a 5 mg folic acid tablet for the same period of time.

These are registered medicines and are available over the counter from pharmacies.

3. Death Notification

Following last month's Outreach item about Waikato Hospital processes for informing GPs when one of their patients dies while an inpatient, a very proactive GP asked about the best way to notify the hospital services when a patient under hospital follow up dies in the community.

A brief letter to the Medical Records Department is all that is required to ensure that all appointments or waiting list entries are cancelled. The Ministry of Health does have a process, using death certifications, to advise DHBs of deaths but this is several months behind, so more immediate notifications via GPs are the best way to avoid any unnecessary distress to families.

If you wish to advise any individual specialist, then it is best to write to them personally.

4. Outpatient Appointment Duplication

Often there is the need to refer a particular patient to more than one outpatient service. However, the specialist services have noted that patients are sometimes being referred to more than one clinic for fundamentally the same problem, sometimes with identical referral letters and sometimes to the same specialist in both the private and public services. This can result in the patient being seen unnecessarily in the second clinic when the problem has already been addressed by the first, potentially wasting appointments and leading to confusion for the patients that can result in them failing to attend appointments.

If you are referring an individual patient to more than one clinic please note this on the referral letter so that unnecessary subsequent appointments can be cancelled if the problem has been completely addressed at the first clinic attendance.

When a patient presents with a complex or undifferentiated medical problem it can be difficult to know to which sub-speciality the referral should be directed. In these situations please feel free to refer to the general medical clinic.

5. Plastics Semi-Acute Referrals

When, after discussion with the plastic surgical registrar, a patient is to be referred to a semi-acute clinic appointment, please include the correct name of the doctor you spoke to on the referral letter.

In the interests of continuity of care, the patient will then be booked to a clinic that doctor is attending. Including the doctor's name will indicate to the clinic that the patient has been given semi-acute priority and ensure they are seen as quickly as possible. Referrals without the registrar's name will go through the normal booking process, which may lead to a longer wait for the patient.

6. Welcome to...

Angus Colquhoun, specialist oral and maxillofacial surgeon, with a special interest in maxillofacial trauma and head and neck cancer, has trained extensively at the University of Dundee in Scotland and in Dunedin. Angus completed his FRACDS (OMS) examination in 2005 and has previously worked for Waikato DHB for two years as an advanced surgical trainee in Oral and Maxillofacial Surgery. He and his wife Katie and their two children, Sophie and Campbell, are enjoying living in the warmer climes of Hamilton!

| 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 | 1 month |
| | *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 |
| Dermatology Lesion Clinic | Urgent | 7 days |
| | Semi-urgent | 4 weeks |
| | Routine | 6 months |
| Diabetes Consultant (2) | Urgent | 1-3 months |
| | Semi-urgent | 3-5 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 | 1-6 weeks |
| | Semi-urgent (children) | 4-5 months |
| | Semi-urgent (adults) | 6 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 | 1-5 months |
| Gynaecology | Urgent | 2-4 weeks |
| | Semi-urgent | 6 months |
| | Routine | 6 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 |
| Neurosurgery | Urgent | Within 1 month |
| | Semi-urgent | Within 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 | | 45-50 working days | |
| Ophthalmology | Urgent | within 1 month | |
| | Urgent laser | 1-3 weeks | |
| | Semi-urgent – Children | within 6 months | |
| | Semi-urgent – Adults | 6 months | |
| | Semi-urgent (diabetic) | 1 month | |
| | Minor Operation Clinic | within 6 months | |
| Orthopaedic | General – Urgent | 1-6 weeks | |
| | Semi-urgent | Up to 3 months | |
| | Routine | Up to 6 months | |
| | Paediatrics – Urgent | 1-6 weeks | |
| | Semi-urgent | Up to 4 months | |
| | Routine | Up to 6 months | |
| | Paediatric Gait Clinic | 1-6 weeks | |
| Paediatric Medicine | Urgent | 1 month | |
| | Semi-urgent | 2 months | |
| | Routine | 4-5 months | |
| Paediatric Surgical | Urgent | 1-3 weeks | |
| | Semi-urgent | 2-3 weeks | |
| | Routine | 3-4 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 (Physio Only) | 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 | 1-2 weeks | |
| | Semi-urgent | 1-3 months | |
| | Routine | 3-6 months | |
| Urology | | Within 2 months | |
| Vascular | Urgent | 1-4 weeks | |
| | Semi-urgent | 2-4 months | |
| | Routine | 4-6 months | |
| 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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