

## 1. GP Initiated Intravenous Cellulitis Management

The programme, which was introduced at the end of November, is going very well with enthusiastic uptake across the region. In the first 6 weeks general practice teams treated 91 patients who would otherwise have needed to attend an emergency department to access treatment. More than 80% of patients had their full course of treatment delivered by the general practice team. Just one or two reminders to ensure the process works well for you and your patients;

- If you are referring to the district nursing service please make sure the patient has a luer in place since the district nurses are not able to insert these.
- If you need the district nurse to deliver any of the treatment doses please be sure to fax the completed Community Cellulitis Medication Authority to the district nursing service. A copy is in the cellulitis kit with the medication and also available on the GP direct page of the Waikato DHB website [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP). Of course, do not send this if the practice team will be administering the complete course of treatment.
- To be effective in slowing excretion of cefazolin so that it is active over a 24-hour period, probenecid must be given at the same time as the cefazolin. If you have requested that the district nursing service administer the cefazolin please make sure the patient has been given the probenecid from the cellulitis kit to take home.
- Dr Graham Mills, infectious diseases specialist, has advised that there is no benefit to giving oral flucloxacillin at the same time as intravenous cefazolin. Indeed it could lead to more side effects. Oral flucloxacillin should commenced on day 4 of treatment.
- Replacement kits are provided only by Waikato Hospital pharmacy by faxing the Cellulitis Kit Re-order Form to the number on the form. There is a copy of the form in each medication kit and it is also available on the website at [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP). Please be sure to place the re-order as soon as you have used a kit and a replacement will be couriered out to you.

## 2. Refugee Health Screening

In July 2006 the Population Health Service began planning for a contract with the Ministry of Health that includes providing free Refugee Health Screening in the Waikato for refugee family reunification migrants and asylum seekers. This service seeks to address the lack of health care they may have received and to facilitate the establishment of their new lives. Screening was previously co-ordinated by RMS Refugee Resettlement.

Waikato GPs will continue to carry out the health screening. It is estimated that approximately 10 clients will access the service in the coming year, so numbers screened will be small. For this reason, a small number of GPs will be providing screening services and will be funded by the Population Health Service on a fee-for-service basis. The contract covers assessment and the treatment of urgent and acute health needs but will not include ongoing primary health or mental health care. A Waikato Refugee Health Screening Handbook for GPs is being developed and information about how to access the handbook will be made available when it is completed. Professional interpreter support is an integral part of the screening service and

screening will continue to include dental assessment and treatment.

Other components of future refugee health work will include health promotion and health co-ordination. The Population Health Service is looking forward to having an increasing positive impact on the health and wellbeing of the Waikato refugee community.

For more information, please contact Lisa Jewkes at the Population Health Service, WDHB.

021 759 794, [JewkesL@waikatodhb.govt.nz](mailto:JewkesL@waikatodhb.govt.nz).

## 3. A Plea From The Ultrasound Department

Despite considerable efforts to reduce ultrasound DNA rates they still run consistently at around 25%! These wasted appointments obviously have a significant impact on the waiting lists. The department would be extremely grateful if you could assist by stressing to patients the importance of confirming and attending their appointments. Thank you also for ensuring that address details are correct on the referral. The inclusion of both home and mobile (where available) phone numbers help the department to be able to contact patients to confirm that appointments will be kept. Many thanks for your help.

## 4. Heroin Overdose Warning

The Ministry of Health has been informed via the World Health Organisation, of an unusually large heroin harvest in Afghanistan this year. The Afghanistan crop alone is believed to exceed global consumption by 30%. The concern is that higher than average purity may reach global markets in the months ahead. Deaths from overdose have increased sharply during similar events in the past.

Dr Murray Hunt of the DHB's Community Alcohol and Drug Services (CADS), has provided the following information:

- Most opiate deaths involve experienced users rather than new injecting drug users
- Male opioid users display higher levels of risk taking behaviours
- NZ users are more experienced with diverted pharmaceutical opioids, and will be at particularly high risk if high purity heroin is available here
- Death rate could increase very suddenly

Risk of overdose is highest when heroin is used with other CNS depressants, e.g. alcohol and benzodiazepines

Risk is increased when users start using again after a drug free interval (often after leaving prison or detoxification.)

Practitioners who care for opiate users should draw this likely increase in risk to the attention of users. Safety advice for users is:

- Never inject alone
- Do not mix drugs
- Learn resuscitation skills
- Call 111 for ambulance assistance early
- Promotion of needle and syringe exchanges, as a source of education and support as well as reducing blood borne virus risks.

Further information is available from CADS phone (07) 839 4352

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
Breast Care	Urgent	3 weeks
	Semi-urgent *BCC Imaging	1 month 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
Cardiology	Semi-urgent	3-6 weeks
	Urgent	1-2 months
Colposcopy	Semi-urgent	2-6 months
	Routine	6 months
	Invasive	Within 7 days
Dental	High grade	4 weeks
	Low grade	26 weeks +
	Non cervical	26 weeks +
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	2 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent	4 weeks
	Routine	6 months
Diabetes Consultant (2)	Urgent	1 month
	Semi-urgent	2 month
	Routine	5 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	1-6 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 routine	2-8 weeks 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	30-35 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) Minor Operation Clinic	1 month 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
Paediatric Gait Clinic	Routine	Up to 6 months
	Paediatric Gait Clinic	1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent	3 months
	Routine	3-6 months
Paediatric Surgical	Urgent	2-3 weeks
	Semi-urgent	4-6 weeks
	Routine	8-12 weeks
Pain clinic	Urgent	Up to 1 month
	Semi-urgent	Up to 3 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
<b>Adult Mental Health Waiting Times</b>		
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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