

GP Initiated Intravenous Cellulitis Management

The facility to provide GPs with access to intravenous cefazolin for selected cellulitis patients continues to be enthusiastically embraced across the region. Over the first four months general practice teams treated 256 patients through this programme, with 80% of treatments delivered by general practice or accident and medical centre teams. The levels of uptake, which are greater than anticipated, indicate the service has been received positively by both general practitioners and patients.

Only a very small percentage (4.7%, 12 patients) of those treated through the programme have eventually needed hospital assessment. In addition, it has been possible to demonstrate probable cost effectiveness in terms of reduced emergency department attendance's.

Because of demonstrated success to date, funding has been secured to provide treatment for 1000 patients over the next year. We do still need to collect information about the treatments provided, but have simplified the re-order form as much as possible. The new form will be enclosed with treatment kits from the end of May. A copy will also be posted on the GP Direct page of the Waikato DHB website www.waikatodhb.govt.nz/GP.

Practices are also welcome to order kits in batches, if that assists with their administrative processes, so long as a reorder form is sent for each kit used. In addition, an increased base stock of kits will be considered for practices that are using large quantities. Please contact Jan Goddard, Pharmacy Manager, Waikato Hospital 07 839 8899 ext 6874.

Gynaecology Outpatients – your assistance requested

The gynaecology service across the Waikato DHB is currently faced with lengthy waiting lists for a number of reasons, including a reduction in specialists and the service receiving more outpatient referrals than it is able to provide appointments. The gynaecology department are exploring every possible avenue, both to provide a service for as many women as possible, and to expand the number of available appointments. A number of options have been introduced so that the maximum number of women benefit and that specialist assessment is targeted to those who most need it.

- Patients waiting more than 6 months will be contacted to ask whether they still require a gynaecology appointment.
- All current follow up patients are being reviewed to assess whether a follow up appointment is still required.
- Written advice will be provided where this will enable the general practitioner to provide ongoing care without the need for a specialist appointment.
- Women are being referred directly for urotherapy assessment when appropriate.
- Women referred for sterilisation are being offered the option of a Mirena IUCD, provided by the gynaecology service.
- Referrers will be asked to provide any important missing information before the referral will be prioritised.

In addition the service would be grateful for your assistance in the following ways:

- Please consider alternative options for any patient you may be thinking of referring to gynaecology and only refer those for whom there is no alternative to a public hospital gynaecologist assessment.
- Please provide all relevant information in the referral letter. A pelvic examination, including cervical smear or swabs if needed, is an essential part of the primary assessment of most gynaecological problems and will normally be expected.
- Please enclose all relevant investigations with the referral, waiting for results to be available before sending the referral, since the urgency of the referral cannot be assessed without them.
- Please consult the heavy menstrual bleeding guideline (www.nzgg.org.nz) for relevant patients. Ultrasound scans are available through the radiology department at Waikato Hospital for women who fulfil the requirements of this guideline. Please annotate the radiology referral "fulfils heavy menstrual bleeding guideline" and they will be prioritised appropriately.
- Some patients have access to Mirena for contraception via PHO funded schemes. Please offer these where possible as an alternative to tubal ligation.
- Please consider using your general practitioner colleagues for a second opinion when possible.
- We would be most grateful for your assistance in advising the service of any patient who is on the waiting list but no longer requires assessment, by contacting Mary Lomas, Operations Manager, Women's Health Service, Waikato Hospital. This will assist the service to ensure maximum impact of the appointments available.

A Request from the Mothercraft Unit

The unit would be most grateful for the inclusion of both the mother and the baby details including full name, date of birth and NHI, on referrals.

Dr Linda Rademaker
GP Liaison
Telephone 07 839 8899 ext. 6795
Mobile 021 549 790
Fax 07 839 8810
E-mail rademakl@waikatodhb.govt.nz

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths Under 17 years Children's hearing aids Adult diagnostic tests Adult hearing aids Central auditory processing test	2 months 2-3 months 4 weeks 4 months 6 months 6 months
Breast Care	Urgent Semi-urgent *BCC Imaging	3 weeks 1 month 2 weeks
Cardiac Surgery	Urgent Semi-urgent	1-3 weeks 3-6 weeks
Cardiology	Urgent Semi-urgent Routine	1-2 months 2-6 months 6 months
Colposcopy	Invasive High grade Low grade Non cervical	Within 7 days 4 weeks 26 weeks + 26 weeks +
Dental	Urgent Semi-urgent Routine	24 hours 3 weeks 2 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent Semi-urgent Routine	24 hours 6 weeks 6 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent Semi-urgent Routine	7 days 4 weeks 6 months
Diabetes Consultant (2)	Urgent Semi-urgent Routine	1 month 2 month 5 months
Diabetes Nurse Educator	Urgent Semi-urgent	Within 7 days Within 6 weeks
Endocrinology	Urgent Semi-urgent Routine	1-2 months 2-6 months 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 Semi-urgent (children) Semi-urgent (adults)	1-6 weeks 4-5 months 6 months
Gastro-enterology	Urgent Semi-urgent	2-4 weeks 2-6 weeks
General Medicine	Urgent Semi-urgent Routine	1-2 weeks 2-4 weeks 2-3 months
General Surgery	Urgent Semi urgent	1-4 weeks 1-5 months
Gynaecology	Urgent Semi-urgent Routine	2-4 weeks 6 months 6 months
Haematology	Urgent Semi-urgent Routine DVT	2-8 weeks 6-4 weeks 4-10 months 4 months
Maxillo-facial	Urgent Semi-urgent Routine	Within 24 hours Within 3 weeks 3 months
Neurology	Urgent Semi-urgent EMG urgent Routine EEG urgent routine	1-3 months 3-10 months 1-4 months 4-6 months 2-8 weeks 2-6 months
Neurosurgery	Urgent Semi-urgent	Within 1 month Within 6 months

Clinic	Category	Waiting Time
Oncology and Medical	Priority 1 Priority 2 Priority 3	1-2 days 5-10 working days 25-30 working days
Radiation	Priority 1 Priority 2 Priority 3	1-2 days 5-10 working days 20-25 working days
Ophthalmology	Urgent Urgent laser Semi-urgent – Children Semi-urgent – Adults Semi-urgent (diabetic) Minor Operation Clinic	within 1 month 1-3 weeks within 6 months 6 months 1 month within 6 months
Orthopaedic	General – Urgent Semi-urgent Routine Paediatrics – Urgent Semi-urgent Routine Paediatric Gait Clinic	1-6 weeks Up to 3 months Up to 6 months 1-6 weeks Up to 4 months Up to 6 months 1-6 weeks
Paediatric Medicine	Urgent Semi-urgent Routine	1-2 months 3 months 3-6 months
Paediatric Surgical	Urgent Semi-urgent Routine	2-4 weeks 4-6 weeks 8-12 weeks
Pain clinic	Urgent Semi-urgent Routine	Up to 1 month Up to 3 months 6 months
Physiotherapy	General musculoskeletal Respiratory Rheumatology Women's Health	5 days (urgent) 6-8 weeks (routine) 2-3 weeks 4 weeks 2 days (urgent) 2-3 weeks (routine)
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent Semi-urgent Routine	2 weeks 4 months 6 months
Plastics Lesion clinic	Urgent Semi-urgent Routine	2 weeks 4 months 6 months
Rehabilitation	Day Clinic (Physio Only)	1-3 weeks
Renal	Urgent Semi-urgent Routine	1-4 weeks 2-4 months 4-6 months
Respiratory	Urgent Semi-urgent Routine	1-4 weeks 1-2 months 4-6 months
Rheumatology (3)	Urgent Semi-urgent Routine	1-4 weeks 1-2 months 2-4 months
Thyroid	Urgent Semi-urgent Routine	2-4 weeks 4 months 4-6 months
Ultrasound	Very Urgent Urgent Priority Routine Non-urgent	1 week 2 weeks 4 weeks 5 weeks 6 weeks
Urology		Within 2 months
Vascular	Urgent Semi-urgent Routine	1-4 weeks 2-4 months 4-6 months
Vascular Surgery	Urgent Semi-urgent Routine	1-4 weeks 2-4 months 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.