

Bodywise Paediatric Weight Management Programme

Helping families with obese children aged 5 to 12 years to develop healthy food and activity patterns is the key aim of the Bodywise team. At the start of the programme families come together in a fun and supportive group to learn new skills in keeping kids healthy. They are then supported for 12 months while they try to put those skills into practice. Bodywise has been running for three years now, with a retention rate over 90% and very positive feedback from parents. Changing is challenging for the families, but most have been successfully reaching their goals. Formal evaluation of the programme has shown a marked improvement in children's nutrition and fitness, leading to an overall significant decrease in Body Mass Index for the groups who have completed the programme so far. Bodywise is a Health Waikato and Sport Waikato initiative. Referrals from GPs are greatly appreciated. If you have any queries please feel free to call Helen Stockman - Health Waikato Community Dietician on 07 838 3565, or Mary Barbour - Sport Waikato on 07 838 6359. Referrals can be sent directly to the Health Waikato Referral Centre.

Opportunistic Tetanus Vaccination

The Department of Emergency Medicine, Waikato Hospital, is launching an initiative to provide opportunistic vaccination with ADT to individuals over 50 years of age. People in this age cohort are unlikely to have received a full primary vaccination series. Individuals who consent to receive a dose of ADT will receive their initial dose in the Emergency Department and then be asked to see their GP for the subsequent two doses to complete their immunisation against tetanus. Each dose must be separated by at least one month.

The Department will also be offering Boostrix-IPV to people in the birth cohort 1978 to 1992 who require a tetanus booster. This is an initiative to increase coverage against pertussis particularly in this population, in line with the recent changes to the vaccination schedule for 11-year-olds.

Guidelines

Two years ago primary care management guidelines were introduced for three haematological conditions, haemochromatosis, chronic lymphatic leukaemia and monoclonal gammopathy. To ensure they are practical workable documents both haematologists and general practitioners were involved in their production. The guidelines have recently been reviewed and no changes have been required. You can refresh your memory by checking them out on the GP direct page of the Waikato DHB website, www.waikatodhb.govt.nz/GP, under primary care management guidelines.

... Guidelines

Following requests from several GPs, the Waikato Hospital Palliative Care Service Guidelines have also been posted on the GP direct page of the Waikato DHB website, under primary care management guidelines. It is a very comprehensive document and, although written from a secondary perspective, it has helpful information on pain management, medication and other symptom control, which will be equally appropriate in the primary setting. It should prove a useful reference for general practitioners.

... And more guidelines!

The Waikato Hospital cardiology department has recently made some changes to improve waiting times for outpatient appointments. As a result you may already have begun to notice changes. Some alternative options are being introduced to provide advice for more patients and to target specialist assessment most effectively. Written advice will be provided where, on the basis of the information in the referral letter, this will enable the GP to provide ongoing care without the need for specialist assessment. Some patients will be directed to other services, such as general medicine, when that service can both provide the care needed and see the patient sooner.

As part of these changes a set of guidelines has been produced to assist GPs to manage patients with four commonly referred conditions, chest pain, shortness of breath/heart failure, palpitations and syncope/presyncope. They are designed both to guide GPs in the primary assessment and management of these conditions, but also advise to which specialty referral should be sent when necessary. They are simple and easy to follow, but referrals will still be redirected internally if necessary.

The guidelines are being introduced via the PHO peer groups over the next couple of months. Every GP will receive a set but they will also be posted on the GP Direct page of the Waikato DHB website under referral guidelines. Please note that they relate to Waikato Hospital cardiology department so referral processes for Thames Hospital remain unchanged. However, the information about primary assessment and management is applicable across the DHB.

Farewell...

Melanie Schofield, radiologist, has relocated to the UK to be with her family. Melanie is a breast radiologist, was also involved in gynaecological malignancy imaging and was clinical director for ultrasound.

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 Urgent only	3 weeks 3 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 Routine	Within 1 month Within 6 months
Oncology and Medical Radiation	Priority 1 Priority 2 Priority 3 Priority 1 Priority 2 Priority 3	1-2 days 5-10 working days 25-30working days 1-2 days 5-10 working days 20-25working days

Clinic	Category	Waiting Time
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) 6-8weeks (routine) 2-3 weeks 4 weeks 2 days (urgent) 2-3weeks (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) Day Clinic (OT) Rehab Clinic (Physio) Rehab Clinic (OT) Rehab Clinic (Neuropsychologist)	1-3 weeks 1-3 weeks 1-3 weeks 1-3 weeks
	Urgent Semi-urgent Routine	1-3 weeks 1-6 months 2 years
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.