

1. New Child & Youth Mental Health Primary Care Liaison Service

The Werry Review (2006) identified a gap in service relating to the availability and accessibility of mental health and addictions services for children and youth and their family/whanau. Currently there is no formal system of linking children/youth and their families from primary to secondary care, either before or after referral. To address this gap, Waikato DHB has indicated an intention to contract for a Primary Care Liaison Service as a part of comprehensive child and youth mental health and addictions services.

The new service will provide specialist advice and information to other services and providers who retain responsibility for care. This advice will focus on the care of specific individuals affected by mental illness, as well as more general circumstances of care for eligible groups who would benefit from such specialist advice.

Potential providers of these services will be working together to develop proposals for the provision of this service. Relationship manager Debbie Goodwin will be facilitating these discussions.

Further information can be found in the recently released Child and Youth Mental Health and Addictions Implementation Plan (www.waikatodhb.govt.nz) and/or via Debbie dwgoodwin@gmail.com Phone 027 4470 208 or 07 854 9085; Fax 07 854 9475

2. Outpatient Referrals

Thank you for sending all outpatient referrals to the Referral Co-ordination Centre (RCC). The only exceptions are mental health, community health and urology which still go direct to the service. If you want to check on the progress of a referral, or whether it has been received, please contact the RCC. In particular, it is not necessary to send duplicate referrals by various methods to RCC e.g. fax and mail, or to send duplicates to the actual departments. In fact, duplicates can lead to confusion and can slow down triage and processing of referrals in general.

Referral Co-ordination Centre Fax: (07) 839 8817
Phone: (07) 839 8943 Post: Waikato Hospital, Private Bag 3200, Hamilton

3. Rural Radiology

At some Health Waikato radiology sites (Thames, Tokoroa, Te Kuiti and Taumarunui Hospitals) there is no resident radiologist. The Medical Radiation Technologists (MRTs) working in these locations operate within clear clinical guidelines and imaging protocols set down by the clinical director, Radiology, Waikato DHB and applicable across the whole DHB. The guidelines support the MRT, in the absence of a radiologist, to provide appropriate and clinically indicated imaging, as well as compliance with the Code of Safe Practice - C5 which requires all radiology services to minimise radiation exposure to the general population.

The MRT may contact you for clarification of a referral, particularly if a similar x-ray has been performed on the same patient in the recent past, or if a different approach might be warranted in light of the information on the request form. Your assistance is much appreciated both in supporting the MRTs and in providing comprehensive information on the referral. This is particularly valuable in circumstances where the patient has had similar imaging done recently, but where the clinical situation has changed.

Where there is debate about the need or otherwise for a particular examination, you are welcome to contact Dr Kim McAnulty, clinical director, Conventional Radiology Services via the Waikato Hospital switchboard.

4. District Nursing and clip removal

The District Nursing Service currently receives many referrals from both private and public hospitals for the removal of clips following surgery. As the majority of these clients are mobile and do not require ongoing visits from the district nurse for wound care, Community Services are recommending that this client group are referred directly to their GP for the removal of their clips. The district nurse will, of course, continue to be available to provide care for those clients with complex wound needs or who find mobilisation to attend the GP difficult.

You are welcome to ring Marg Carey, 021585213, if you have any concerns

5. Welcome to...

Sanjeevan Pasupati, cardiologist, is an interventional cardiologist who was initially trained at Greenlane Hospital and then spent two years in Vancouver on a heart foundation scholarship. Since returning to the Waikato he has already set up trans-septal alcohol ablation for HOCM patients and is in the process of setting up mitral balloon valvuloplasty, percutaneous PFO/ASD closures and aortic valvuloplasty for appropriate patients. His final aim would be to use his training and experience to introduce percutaneous aortic valve replacement to New Zealand.

6. Outreach circulation

Printed copies of Outreach are currently mailed to a significant number of GPs and referrers in the wider Midland region.

This will continue until the end of this year. From 2008 we will be reducing our mailing list to referrers within our DHB district, but issues of Outreach will be available as usual to all referrers and GPs via our website: www.waikatodhb.govt.nz/GP

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	6 months
Breast Care	Urgent	3 weeks
	Semi-urgent *BCC Imaging Urgent only	3 month 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent Routine	2-6 months 6 months
Colposcopy	Invasive	Within 7 days
	High grade	4 weeks
	Low grade Non cervical	26 weeks + 26 weeks +
Dental	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	3 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	5 days
	Semi-urgent Routine	3 months 6 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent Routine	4 weeks 6 months
Diabetes Consultant (2)	Urgent	1 month
	Semi-urgent Routine	2 month Within 6 months
Diabetes Nurse Educator	Urgent	Within 7 days
	Semi-urgent	Within 6 weeks
Endocrinology	Urgent	1-2 months
	Semi-urgent Routine	2-6 months Within 6 months
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
Surgical	Semi-urgent	12-18 months
	Urgent	1-6 weeks
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	3 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 Routine	Within 3 weeks 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 Routine	Within 6 months
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	25-30 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	15-20 working days

Clinic	Category	Waiting Time
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	1-8 weeks
	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
	Paediatrics – Urgent	1-6 weeks
	Semi-urgent Routine	Up to 4 months Up to 6 months
	Paediatric Gait Clinic CDH/DDH Assess	NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon 1-8 weeks 1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent	3 months
	Routine	3-6 months
Paediatric Surgical	Urgent	2-4 weeks
	Semi-urgent Routine	4-6 weeks 8-12 weeks
Pain clinic	Urgent	Up to 1 month
	Semi-urgent Routine	Up to 3 months 6 months
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8weeks (routine)
	Respiratory	5 days (urgent) 4 weeks (semiurgent)
	Rheumatology	4 weeks
	Women's Health	5 days (urgent) 2-3weeks (routine)
	Continance	5 days (urgent) 4 weeks (semiurgent) 3-4 months (non-urgent)
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	2 weeks
	Semi-urgent Routine	3 months 5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent Routine	2 months 4 months
Rehabilitation	Day Clinic (Physio Only)	1-3 weeks
	Day Clinic (OT)	1-3 weeks
	Rehab Clinic (Physio)	1-3 weeks
	Rehab Clinic (OT)	1-3 weeks
	Rehab Clinic (Neuropsychologist)	
	Urgent Semi-urgent Routine	1-3 weeks 1-6 months 2 years
Renal	Urgent	1-4 weeks
	Semi-urgent Routine	2-4 months 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 Routine	4 months 4-6 months
Ultrasound	Very Urgent	1 week
	Urgent	2 weeks
	Priority	4 weeks
	Routine	5 weeks
	Non-urgent	6 weeks
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 Routine	2-4 months 4-6 months
Adult Mental Health Waiting Times		
Triage (face to face or phone triage)	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.