

1. Secure Electronic Referrals Receipt Pilot Project

Waikato DHB and Waikato Primary Health have commenced a joint electronic referrals pilot with five GP practices spread through the Waikato region. The pilot aims to test transmission of outpatient referrals electronically from these GP practices to Waikato DHB. Participating practices will be able to generate referrals using MedTech32 and send them through HealthLink to the Referral Coordination Centre (RCC) in a similar way to that currently used to transfer laboratory and radiology results to GPs.

Pilot practices represent large and small, urban and rural practices. The pilot is limited to outpatient referrals and to practices using MedTech32. Included is the design and installation of a MedTech32 referral template (OutBox Document) that will pre-populate as much information as possible to make the template as simple and quick to complete as possible.

The pilot will be a valuable opportunity to assess systems and technological capability in preparation for more extensive electronic referral communications in the future. The pilot practices, together with the RCC, will focus particularly on the practical aspects of the pilot, to ensure that the resulting processes are compatible with everyday work practices for all involved. Resources and skills from both Waikato Primary Health and Waikato DHB are being pooled to achieve an integrated approach.

The pilot is expected to run for a minimum of two months, followed by an evaluation. Roll out the wider GP community will depend on the success of the pilot.

2. Thank You!

BreastScreen Midland (BSM) thanks all GPs who participated in its 2007 annual GP survey.

The survey identified that most would prefer to receive screening results electronically. BSM is now providing this service to all GPs who have requested this form of communication for all women who are not recalled for assessment.

Our apologies that for a while result letters could only be sent to one named person within a practice; the system is now fixed so the respective GP receives the woman's mammogram results.

Most GPs also indicated that they would prefer to be able to electronically enrol women. Once again this is now possible for GPs on MedTech32.

Please note that the electronic GP candidate referral system:

1. Does NOT send back an acknowledgement of a received referral but DOES send an error message if a referral is unsuccessful.

2. Only recognises the GP name, not the practice nurse. Please ask your practice nurses to use the GP name as the referrer to ensure we fund you accordingly.

As a result of the survey BSM is trying to enhance the level of involvement of GPs in the programme; the first step has been to strengthen links via the PHOs and GP Liaison.

The survey also asked us to feed back to you more - hopefully using this newsletter is leaving you feeling better informed! Any questions, please contact Sandy Wright on 07 839 8899 ext.7541 or 021 356 714.

3. Annual Report Highlights DHB Services Provided

Waikato District Health Board spent \$709 million - \$77.32 million more than the previous year - delivering a variety of health services to the region in 2006/2007.

Half of it went to Health Waikato, the Board's own hospital and health services provider arm, which operates hospitals in Hamilton, Thames, Tokoroa, Te Kuiti and Taumarunui as well as two continuing care facilities in Morrinsville and Te Awamutu and the Henry Bennett Centre Mental Health facility in Hamilton.

The Board's annual report, tabled in Parliament recently, provides a snapshot picture.

It reveals that every day Waikato DHB spends on average \$243,700 on drugs and to pay community pharmacists to provide and dispense medicines and services; \$159,400 to subsidise people's visits to general practitioners and other PHO activities; \$10,400 to subsidise visits to dentists; \$72,300 to pay for the laboratory tests ordered for patients by GPs; \$139,900 for rest home and hospital care of older people and \$49,400 for home-based care and support of older people in their own homes.

This is in addition to the inpatient and outpatient services provided by Health Waikato.

Publicly-funded health services in Waikato are provided by 262 GPs, 52 dentists, 79 pharmacies, 47 community mental health, 30 community personal health, 21 Maori, and one Pacific provider; two community laboratories, four radiology providers, 120 lead maternity carers, 62 rest homes and residential hospitals for older people and five home-based support service providers including Health Waikato.

Waikato DHB covers 21,220 square kilometres or 7.9 per cent of New Zealand's land area. It is home to 342,650 people - 8.28 per cent of the New Zealand population.

4. Welcome to....

Stanley Jaskiewicz, consultant with Crisis Assessment and Treatment Service.

Allison King, Neurology, a board certified American neurologist who received her MD degree from Albany Medical College in New York and completed both residency and fellowship training at the University of Rochester in New York. After completing training she joined the faculty at the University of Rochester as a senior instructor in neurology and paediatrics. Her areas of interest include headache and epilepsy. While not a formally trained paediatric neurologist, she is skilled in this area and enjoys taking care of children as well as adults.

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

Wishing you all a Merry Christmas and very best wishes for 2008

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	3 month
	*BCC Imaging Urgent only	2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-6 months
	Routine	6 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	3 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	5 days
	Semi-urgent	3 months
	Routine	6 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	Within 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	Within 6 months
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
	Semi-urgent	12-18 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 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	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
	Routine	
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)	1 month
	Minor Operation Clinic	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	Up to 4 months
	Routine	Up to 6 months
	Paediatric Gait Clinic	NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon
	CDH/DDH Assess	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	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)
		6-8weeks (routine)
	Respiratory	5 days (urgent)
		4 weeks (semiurgent)
		4 weeks
	Rheumatology	5 days (urgent)
	Women's Health	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	3 months
	Routine	5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	2 months
	Routine	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	1-3 weeks
Semi-urgent	1-6 months	
Routine	2 years	
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	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	2-4 months
	Routine	4-6 months
Adult Mental Health Waiting Times		
Triage (face to face or phone triage)	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.