

1. Permanent funding for GP IV cellulitis management

Good news! Because of the success of the GP initiated IV cellulitis management programme, the Waikato DHB has approved permanent funding. Key outcomes:

- 1276 patients have been treated through the programme since 1 December 2006
- less than 9% of those treated eventually required referral to Health Waikato emergency departments
- there were 29.6% less GP referred cellulitis presentations to emergency departments than predicted
- 74.4% of patients were totally managed by the general practice team
- comparison of savings from avoided ED attendance compares favourably with total cost of the programme
- a significant group of practices nurses have been up-skilled to deliver intravenous therapy.

Please remember that the kits are specifically for treatment of cellulitis and for patients who have not responded to oral treatment or for whom oral treatment is not appropriate.

There will be a small alteration to the reorder form so that several kits can be reordered at once.

Basic details of patients treated will still need to be included.

Copies of the reorder form together with the guideline, patient information sheet and district nurse authority form are available on the GP Direct page of the Waikato DHB website www.waikatodhb.govt.nz/GP, as is the report on the pilot.

2. Secure Electronic Referrals Receipt Pilot Project – another success!

Since November 2007 Waikato DHB and Waikato Primary Health have been piloting the electronic transmission of patient referrals. Five general practices have been sending their outpatient referrals to Waikato DHB using this secure mechanism (Thames Medical Centre, Health Te Aroha, Fairfield Medical Centre, Hamilton East Medical Centre, and Te Awamutu Medical Centre). A formal evaluation has now been conducted.

A generic referral template integrated with GP practice management software allows some information to be auto populated into the referral and prompts the completion of clinical information. The referral is then transmitted through a secure network to enhance the security and privacy of patient information while providing a reliable route. The process still uses a paper system once the referral is received at the Referral Co-ordination Centre.

The pilot will help to assess systems and technological capability for more extensive electronic referral communications in the future. The evaluation report is mostly favourable with benefit for all parties. As expected with a pilot some issues have been

identified and measures are being taken to resolve these.

Triage physicians, responsible for assessing referrals sent to Waikato DHB, report improvements due to the consistent and legible template that has sped up their assessment of patient needs.

Thanks and appreciation go to all those involved in the pilot. The evaluation strongly indicated GP support for continuity of the trial; "*Don't take it away*" was a clear message. The tangible benefits were such that the system will be maintained for the pilot practices while Waikato DHB and Waikato Primary Health consider a more comprehensive solution. This possibility will be evaluated before a decision is made on the best option for wider provision of an electronic referral process. However, thanks to this pilot, electronic referrals are now firmly on the agenda.

3. Paediatric orthopaedic service

An appointment has been made to the vacant paediatric orthopaedic consultant position. However there will be a delay until the successful applicant is able to commence. In the meantime, assessment for some children with urgent need will be provided by neighbouring DHBs. Please continue to send **all** referrals via the Referral Coordination Centre at Waikato Hospital so that patients can be directed to the most appropriate location. The paediatric orthopaedic service will operate fully again from Waikato Hospital when the new consultant arrives.

4. New Emergency Department Positions

Internationally and nationally, the clinical nurse specialist (CNS) role in emergency departments (ED) is well established and Waikato Hospital ED has recently introduced the role into its multi disciplinary team. Four ED nurses, all with post graduate qualifications and with several decades of emergency nursing experience between them, have been appointed: Karen Arnold, Jenny Reid, Lynette Baines and Wendy Sinclair.

They will focus on patients with uncomplicated injury/single system presentations and those eligible for agreed fast track processes. They will assess, treat and discharge these patients within agreed clinical guidelines under the direction and supervision of the ED consultant.

This approach will enable medical staff to be more available to treat the higher acuity patients and help to meet increasing demand on ED services.

At present, there is one CNS rostered each day and plans to increase CNS cover from 0700 until 2300 hours seven days a week in the future. All patients seen by the CNS will have a discharge letter that clearly records that fact.

The CNSs are very keen to work closely with colleagues in primary care so, if you ever want to contact them for any reason, please feel free to give them a call or drop them a line.

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	3 months
	Adult hearing aids	2 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	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	Within 5 days
	Semi-urgent	4 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	1-4 weeks
	Semi-urgent	2-3 months
	Routine	Within 6 months
Diabetes Nurse Educator	Urgent	Within 7 days
	Semi-urgent	Within 6 weeks
Endocrinology	Urgent	6 weeks
	Semi-urgent	5 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)	6 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	2-6 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-6 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
	Routine	
Older Persons & Rehabilitation Service	Assessment & Outpatients	
	Geriatrician Clinic	1-3 weeks
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Clinic	
	PT Clinic	1-3 weeks
OT Clinic	1-3 weeks	
	Rehabilitation Physician Clinic	1-3 weeks

Clinic	Category	Waiting Time
	(Neuropsychologist)	
	Urgent	1-3 weeks
	Semi-urgent	1-6 months
	Routine	2 years
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	35-40 working days
	Priority 1	1-2 days
Radiation	Priority 1	5-10 working days
	Priority 2	20-25 working days
	Priority 3	
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	Up to 4 months
	Routine	Up to 6 months
		NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon
	Paediatric Gait Clinic	Within 3 months
	CDH/DDH Assess	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) 6-8 weeks (routine)
	Respiratory	5 days (urgent) 4 weeks (semiurgent)
	Rheumatology	4 weeks
	Women's Health	5 days (urgent) 3-4 weeks (routine)
	Continence	6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	Within 1 week
	Semi-urgent	3 months
	Routine	5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	2 months
	Routine	4 months
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	5 weeks
	Semi-urgent	5 months
	Routine	4-6 months
Ultrasound	Very Urgent	1 week
	Urgent	2 weeks
	Priority	4 weeks
	Routine	3 months
	Non-urgent	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
Adult Mental Health Waiting Times		
Triage (face to face or phone triage)	Crisis referrals	Within 24 hours
	Non-crisis/routine	Within 2 weeks

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.

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May 2008