

1. Organised Stroke Service

An improved and more coordinated approach to management of brain attacks (strokes and TIAs) aims to significantly reduce mortality and morbidity. Full information accompanies this edition of Outreach. For GPs the important messages are to get stroke patients urgently to ED for consideration of thrombolysis and to maximise secondary prevention.

The current TIA primary care management guideline has been changed slightly to reflect the new stroke service. In particular, the vascular ultrasound service at Waikato Hospital hopes to provide carotid Doppler ultrasound within 2 weeks for patients with a TIA in the carotid territory. Check out the revised guideline at www.waikatodhb.govt.nz/GP under primary care management guidelines.

2. Referral tips

Acutes

If you inadvertently contact the wrong specialty registrar but the patient clearly needs acute assessment, that registrar should accept the patient and should resolve internally with his colleagues which service should see the patient. The GP is not to be passed from registrar to registrar.

If you are ever placed in this position, please do not hesitate to contact the consultant on call or, failing that, the ED consultant on duty. If you continue to experience any difficulty please advise the clinical director or head of the service involved, or the GP Liaison.

Outpatients

The Referral Coordination Centre (fax 07 839 8817) and the Regional Referral Centre (fax 0800 867 333) have confusingly similar names but quite different functions! All outpatient clinic referrals except mental health and urology should go to the Referral Coordination Centre.

All community health referrals (district nursing, physio, OT, social work, incontinence nurses) should go to the Regional Referral Centre.

Referrals sent inadvertently to the wrong place will always be forwarded on but your assistance in directing them appropriately is appreciated.

A fully list of referral numbers and addresses is available on www.waikatodhb.govt.nz/GP under referral guidelines.

3. Waikato DHB district nursing service – here to help

The district nursing service works with multi-disciplinary teams (clinical nurse specialists in wound care, medical and IV therapy and continence, physiotherapists, dieticians, occupational therapists, social workers, public health nurses, vision and hearing technicians and ear nurse specialists) to provide health services in a community setting. This includes the management, assessment, support and education of patients and their families/whanau and caregivers. Both the district nurses and the multi-disciplinary teams work from community bases as part of the Waikato DHB's Family Health Teams.

The key services provided by the district nurses are:

- wound management (ACC and non-ACC) (excluding the removal of sutures/clips, for patients who can access the GP)
- Doppler assessments for the differential diagnosis of leg ulcers
- compression therapy for the management of venous leg ulcers
- palliative/terminal care – collaborative care with hospice when chosen by the patient (with the exception of Hamilton City, Ngaruawahia and Cambridge townships)
- advanced IV management e.g. IV antibiotics for cellulitis, Port a Cath management, long-term IV AB therapy, chemo pump management
- ostomy management
- continence assessment/catheter management
- management of respiratory patients and domiciliary oxygen therapy
- acute home support services (non-ACC)
- ACC home-based nursing services contract
- long-term home support assessments for DSL following referral.

For more information about the above services, please contact the clinical nurse managers

- Kathy Penman: 021 531082 (Hamilton City)
- Lyn Pointon: 021 907378 (Huntly, Ngaruawahia, Raglan, Kawhia, Te Awamutu, Cambridge, Morrinsville and Matamata)
- Rebecca Haywood: 021 248 4451 (Te Kuiti, Taumarunui, Tokoroa)
- Vanessa Witt: 021 22262073 (Hauraki, Thames, Coromandel)

Please direct referrals to The Regional Referral Centre – fax 0800 867 333, or phone 8343370

4. Specialist Palliative Care Advice - extension to pilot

The pilot of a more streamlined process of access to specialist palliative care advice, running since 3 March 2008, has been extended.

For medical advice 24 hrs day, 7 days a week, phone the Palliative Care consultant on call via Waikato Hospital switchboard 07 839 8899.

For nursing advice in normal working hours contact the service currently involved with the patient (either Palliative Care Unit via 07 839 8899 or Hospice Waikato 07 839 3889) and out of normal hours (1700 to 0830 Monday to Friday and 1700 Friday to 0830 Monday) phone Hospice Waikato 07 839 3889.

5. Palliative Care General Practice Scholarships

Scholarships are available to general practice to undertake a literature search, review of the Gold Standards Framework (a successful UK palliative primary care model) and any other appropriate activity. The aim of this one off opportunity is to support the provision of primary palliative care. The specifics of the scholarship have been sent to all PHOs. Applications close Friday 27 June 2008. Further information available at 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	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	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	1-4 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	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
Surgical	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 Routine	Within 6 months
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
	Paediatric Gait Clinic CDH/DDH Assess	NB: referrals maybe initially seen by a Generalist Orthopaedic Surgeon Within 3 months 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)
	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	2 months
	Routine	4 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.

Linda Rademaker, GP Liaison - Telephone 07 839 8899 ext 23085, Fax 07 839 8810, Mobile 021 549 790

Email rademakl@waikatodhb.govt.nz

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