

1. GP DVT Diagnostic Pathway goes live

From 4 August 2008 improved access to investigations for DVT will be piloted.

Main elements of the pathway

- Funded private ultrasound examinations.
- Funded access to Enoxaparin (Clexane) via Anglesea Clinic Accident and Medical if a delay of > 6 hours for either ultrasound access or D-dimer result.
- Patients will continue to pay for the initial GP consultation.
- ACC patients and those who are pregnant or less than four weeks post partum are excluded from the pilot and need to follow the normal referral process.
- First year pilot covers patients of practices who use Anglesea Clinic Accident and Medical as their after hours provider, so that the pilot could be carefully monitored and also to simplify delivery of Enoxaparin at this stage. If successful it will be piloted in the whole DHB area for a further year.
- Patient assessment will use the Modified Wells Criteria.
- Referral must be on the special GP Diagnostic Pathway referral form.
- Diagnostic pathway only. All patients with proven DVT will be referred to Waikato Hospital Emergency Department to initiate treatment.
- If clinical suspicion is high but the patient does not fit the project criteria, consult the ED consultant on duty or refer to ED.

GPs in the pilot area should have received an information pack including a pathway flow chart with accompanying notes, a "frequently asked questions" document and a copy of the GP DVT Diagnostic Pathway referral form. The documents are also available on both the projects page of the Pinnacle website and on the Waikato DHB website www.waikatodhb.govt.nz/GP under primary care guidelines. The referral form will be available electronically to practices that use Medtech or VIP practice management software. Details of how to install this are included in the information pack.

Any questions contact

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This pilot is the culmination of a lot of work by a large group of people. It should improve access for our patients so let's make it work!

2. Cellulitis – Simply the Best

The GP Initiated Community Management of Cellulitis programme was the winner in the Waikato DHB Simply the Best Awards. This is real endorsement of the enthusiasm with which general practice teams took to the opportunity presented by the programme and their desire to do their best for their patients.

Judges commented that the entry "ticked all the boxes", was very well planned and executed,

demonstrated collaboration between teams and between primary and secondary care, was able to demonstrate clearly defined outcomes and showed benefit to patients.

Key to the success were all the teams involved, especially those at the "coal face" who really made it work - the general practice teams, pharmacy staff, accident and medical centre staff and district nurses. Congratulations and thank you to all involved.

3. Vaccine chilly bins

Recently a member of the public who had found some empty vaccine chilly bins contacted Population Health Services concerned that vaccine may have been stolen. Follow up with identified practices established that no vaccine was missing and that the chilly bins had simply been taken from the rubbish by a passer-by.

To avoid further concern to the public and health practitioners, practices are asked to review their disposal of chilly bins. Snapping the lids to prevent reuse or removal of the vaccine labels to enable safe reuse could be considered.

4. Additions and updates to guidelines

- Waikato Hospital Palliative Care Service Guidelines have been updated and are available on www.waikatodhb.govt.nz/GP under primary care management guidelines.
- New Child Development Centre referral guidelines are also on www.waikatodhb.govt.nz/GP under referral guidelines.

5. Welcome to....

Melissa Haines, gastroenterologist, recently returned from Melbourne to take up a position at Waikato Hospital. Melissa worked at Waikato Hospital as a house surgeon, registrar and advanced trainee in gastroenterology before completing her fellowship in Melbourne. Her interests include inflammatory bowel disease, coeliac disease and functional gut disorders and she is looking forward to being a part of the Waikato medical community.

Paul Haggart, vascular and general surgeon, trained in Aberdeen and Edinburgh and completed research in MI in aortic surgery at the University of Birmingham. He then worked in Adelaide as a fellow prior to moving here. His main clinical interests are infra-inguinal revascularisation as well as diabetic foot care. Paul, his wife and family are enjoying the lifestyle and Waikato area immensely.

6. Linda on Leave

Linda Rademaker will be on leave from 7 August to 7 September inclusive so will address any enquiries you may have during that time on her return.

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
Breast Care	Central auditory processing test	6 months
	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	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 Routine	3 weeks 3 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	Within 5 days
	Semi-urgent Routine	4 months 6 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent Routine	4 weeks 6 months
Diabetes Consultant (2)	Urgent	1-4 weeks
	Semi-urgent Routine	2-3 months Within 6 months
Diabetes Nurse Educator	Urgent	1-4 weeks
	Semi-urgent	2-3 Months
Endocrinology	Urgent	4-6 weeks
	Semi-urgent Routine	Within 6 months Within 6 months
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
	Urgent Semi-urgent	4-6 weeks 12-18 months
ENT	Urgent Semi-urgent (children) Semi-urgent (adults)	1-6 weeks 6 months 6 months
Gastro-enterology	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
General Medicine	Urgent	1-2 weeks
	Semi-urgent Routine	2-4 weeks 2-3 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
Gynaecology	Urgent	2 weeks
	Semi-urgent Routine	3 months 6 months
Haematology	Urgent	2-8 weeks
	Semi-urgent Routine DVT	6-4 weeks 4-6 months 4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent Routine	Within 3 weeks 3 months
Neurology	Urgent	1-3 months
	Semi-urgent	5 months
	EMG urgent	1-4 months
	Routine EEG urgent routine	4-6 months 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 OT Clinic Rehabilitation Physician Clinic	1-3 weeks 1-3 weeks 1-3 weeks 1-3 weeks

Clinic	Category	Waiting Time
	(Neuropsychologist)	
	Urgent	1-3 weeks
	Semi-urgent Routine	1-6 months 2 years
Oncology and Medical	Priority 1	1-2 days
	Priority 2 Priority 3	5-10 working days 35-40 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	20-25 working days
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children Semi-urgent – Adults	within 6 months 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 maybe initially seen by a Generalist Orthopaedic Surgeon Within 3 months 1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent Routine	3 months 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 Up to 6 months
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8weeks (routine)
	Respiratory	5 days (urgent) 4 weeks (semiurgent)
	Rheumatology Women's Health	4 weeks 5 days (urgent)
	Continence	3-4 weeks (routine) 6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	Within 2 weeks
	Semi-urgent Routine	3 months 5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent Routine	2 months 4 months
Renal	Urgent	1-4 weeks
	Semi-urgent Routine	2-4 months 4-6 months
Respiratory	Urgent	1-4 weeks
	Semi-urgent Routine	1-2 months 4-6 months
Rheumatology (3)	Urgent	1-4 weeks
	Semi-urgent Routine	1-2 months 2-4 months
Thyroid	Urgent	4-6 weeks
	Semi-urgent Routine	Within 6 months 4-6 months
Ultrasound	Very Urgent	1 week
	Urgent	2 weeks
	Priority	4 weeks
	Routine Non-urgent	3 months 6 months
Urology		Within 2 months
Vascular	Urgent	1-4 weeks
	Semi-urgent Routine	2-4 months 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 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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