

Dear General Practitioners,

**Review of usefulness of this newsletter**

Some of you have told me you find this newsletter useful, thanks. I hope it is, but am always looking for ways to make it more helpful. I have posted a few one page summaries onto the GP Liaison page on the SDHB website [www.sdhb.govt.nz](http://www.sdhb.govt.nz) does anyone use these?

Some of you have made suggestions for me to feed into the hospital. Thanks, these include reports that ED was repeating blood tests we had ordered a day or two earlier. I have talked with the senior nurses in ED and they now access results from blood tests we have ordered.

**Wine and cheese with specialists – Dates for 2009** are going to be 17<sup>th</sup> March, 16<sup>th</sup> June and 13<sup>th</sup> October. All Tuesdays (apologies to those who can't come Tuesdays) from 5-6pm outside the hospital library. Hope to see you.

There have been a few changes in the **Department of Medicine**. Dr Jayasinghe has retired from acute medicine, but is still assisting by holding 1 gastro clinic and 1 scoping session a week. Dr Lo has finished and we are expecting Dr Neville Hodges back for 3 months, starting 9 February 2009, to cover respiratory medicine. Later in February Dr Giola and Dr Redman start for 12 months each. Dr Giola is an Infectious Disease Physician and Dr Redman will be undertaking General Medicine outpatients.

**Insulin classes for 2009**

Classes for introducing people to insulin as an outpatient have been scheduled for the following days.

**Invercargill** : At the PHO 40 Clyde Street,  
0930 – 1200 hours  
26<sup>th</sup> February, 29<sup>th</sup> May, 28<sup>th</sup> August, 30<sup>th</sup> October, 10<sup>th</sup> December

**Gore**: In Gore hospital seminar room  
1000 – 1230 hours  
20<sup>th</sup> February, 14<sup>th</sup> May, 20<sup>th</sup> August, 20<sup>th</sup> November

Please register your patients with the diabetes service Phone 2181949 Extn 8542 or 8448

Liz Kelly and Julie Symons, the Clinical Nurse Specialists for Diabetes would appreciate a referral which contains current medications and recent blood results especially HbA1c.

Your patients would also benefit from putting a profile of blood tests together over the previous week. Testing both pre and 2 hrs post meals (not all of the tests every day but rotating around the 3 main meals).

**Retinal Screening** is going well. There has been a minor hiccup with the reporting letters using codes R0 and M0 etc which mean no retinopathy and no maculopathy. I suggested we are not familiar with these codes and would prefer the diagnosis spelled out. That is going to happen. If you want to have a look at the grading system being used it is on the Ministry of Health website [www.moh.govt.nz](http://www.moh.govt.nz) under Grading for diabetic retinopathy – page 11 in a long document.

**Double referrals** to private and SDHB specialists can lead to confusion so I don't recommend it. Hopefully the waiting times on the back of this newsletter can help your patients decide and they can ring the private specialists' rooms to get their waiting times.

The **laboratory** has turned off paper results. If you find paper results useful you can ring the laboratory and ask for them to be reinstated.

**TIA management** is being talked about again. The documents we received recently from the Stroke Foundation give up to date information on how we should be regarding TIAs as medical emergencies. Simone Macindoe has been doing a lot of work in the hospital along the same lines and has come up with a one page proforma for management of these which some of us will find useful in deciding which TIA sufferers need urgent referral to hospital and which don't. I have attached a copy to this newsletter and posted it onto the GPL page of the SDHB website.

**Changes to the Burial and Cremation Act** - key facts:

- 1) the Act has changed
- 2) New forms for 'medical certificate of cause death' to be completed by a doctor will be available approx mid Feb. In the meantime continue with current forms
- 3) New forms can be ordered from [moh@wickliffe.co.nz](mailto:moh@wickliffe.co.nz) or Telephone - 04 496 2277 - or may be available from a funeral director  
When ordering new forms please quote the form reference numbers:

- Medical Certificate of Cause of Death – HP4720 (previously BDM 50).
- Medical Certificate of Causes of Fetal and Neonatal Death – HP4721 (previously BDM 167).

4) Cremation certificates will still be needed for those being cremated - as provided by the funeral director. The Crematorium arranges for these to be reviewed by Medical referees.

**Estimated Waiting times for a First Specialist Assessment – February 2009**

Speciality	Priority	Estimated Wait
Audiology	All referrals	1-2 months
Cardiology	Urgent	4-6 weeks
	Semi-urgent	8 weeks
	Routine	4-6 months
Dental	<i>Adult</i> routine	12-18 months
	<i>Child</i> Routine	2-3 months
Dermatology	Urgent	4-8 weeks
	S-urgent	3-4 months
	Routine	6-8 months
Diabetes	Urgent	1 month
	Routine	2-3 months
Endocrinology	Urgent	Only accepting these referrals
ENT	Urgent	3-4 weeks
	S-urgent	2-6 months
	Routine	6-8 months
Gastroenterology Medical OP	Urgent	2-4 weeks
	Semiurgent	4-6 weeks
	Routine	6-8 weeks
Gastrosocopy	Urgent	2-6 weeks
	S-urgent	3-4 months
	Routine	3-4 months
Colonoscopy	Urgent	4-6 weeks
	S-urgent	8-10 months
	Routine	12-18 months
General Medicine		Now accepting referrals
Gynaecology	urgent	3-6 weeks
	S-urgent	2-4 months
	Routine	5-6 months
Mental Health	SMHET	Triaged same day
Invercargill Community Mental Health Team (ICMHT)		Within 2 weeks

Speciality	Priority	Estimated Wait
Maxillofacial surgery	All referrals	No waiting list
Neurology	Urgent	1-2 weeks
	S-urgent	2-6 weeks
	Routine	4-6 months
Neurosurgery	Urgent	Within 1 month
	S-urgent	Within 1 month
	Routine	6 months
Ophthalmology	Urgent	1-2 weeks
	Semi-urgent	2-6 months
	Routine cataract	2-3 months
Orthopaedics	Urgent	0-3 months
	S-urgent	3-6 months
	Routine	12 months
Renal Medicine	Urgent	2-4 weeks
	S-urgent	2-3 months
	Routine	4-6 months
Paediatrics Medical	Routine In'gill	5-6 months
	Gore	8 months
	Queenstown	2-3 months
Respiratory	Urgent	< 2 weeks
	Semi-urgent	2-8 weeks
	Routine	4-6 months
Rheumatology	Urgent	1-2 months
	Semi urgent	3-4 months
	Routine	4-6 months
Surgical Services	Urgent	Within 1 month
	S-urgent	2-3 months
	Routine	4-6 months
Urology	Urgent	1-3 weeks
	S-urgent	6-8 weeks
	Routine	3 months
AT and R	Urgent	< 4 weeks
	S-urgent	2-3 months
	Routine	< 6 months
Paediatric surgery	Routine	13 months
Rhanna	Contact made	Same day
CAFS	Urgent	<24hours
	Routine	1-2 weeks

**Medical Imaging Waiting Times**

MRI	Urgent	Same day
	Semi-urgent	2-3 weeks
	ACC	4 weeks
	Private Patients	4 weeks
	Routine Outpatient	6 weeks
CT	Urgent	ASAP (< 24 hrs)
	Semi-urgent	Within 1 week
	ACC	Within 10 days
	Private patients Routine OP	Within 10 days 5 weeks
Ultrasound		12 weeks
Mammography	Recall patients	6 weeks
	Urgent	5 weeks

Nuclear Medicine	urgent	1 week
	Semi-urgent	2-4 weeks
	ACC	2-4 weeks
	Private patients	2-4 weeks
	Routine outpatients	4-6 weeks
	Cardiac scans	4-6 months
X-ray appointments	X-ray Urgent	15 weeks please phone MRTs ext 8459
	IVU	4-6 weeks
	Ba. F Thru / Ba Enemas	4-6 weeks

**Diagnostic Testing**

ECGs, spirometry, arterial brachial indices, Ambulatory BPs	urgent – 1 week, semi urgent 2 weeks, routine 4 weeks
Echocardiograms	6-8 weeks
Nerve conduction studies	– refer to Peter Taylor at Windsor Specialist Centre and clearly mark whether private, public or ACC

Holters: urgent 2-3 weeks, semiurgent 3-6 and routine 6-8  
ETT: 4-5 weeks  
Sleep studies: 8-10 weeks

**Oncology**

Haematology	Urgent 7 days, Semiurgent 18 days Routine 33 days
Oncology	Urgent 0 day Semiurgent 10 days
Radiotherapy	Urgent target 7 days Semiurgent target 3 weeks