

Dear General Practitioners,

Grand Round 3rd July Gareth Morgan speaking. Gareth Morgan is speaking at the Civic Theatre on the evening of July 2nd for Southland Hospice and has agreed to speak to the Friday Grand Round 12.30-1.30 on the 3rd.

Medical Update The rheumatology waiting list is down. Dermatology has less specialist clinic time available since Bruce Turnbull stopped doing Southland clinics. It will be interesting to see if GP prescribing of isotane will help prevent the waiting list for this specialty building up.

Surgical update

There is currently a shortage of anaesthetic resource so this is causing a reduction in elective lists. The surgical division is trying to minimize the disruption to patients and avoid last minute cancellation of surgery, but there might be some delays in scheduled elective surgery.

Orthopaedics had a huge unseasonal surge in demand last month which has settled. Often the pressure on this service gets worse with frosty weather and winter sports starting.

Laboratory Update If you are filling in a form for insurance laboratory results can you please be specific about which insurance company is asking for them, and if possible, provide an address so the lab can send the results and bill to the right places.

There is often a note to fax the report to McKesson in Wellington. This company acts on behalf of most of the insurance companies and as such is NOT the one the lab sends the bill to - they need the name of the actual insurance company eg, Asteron, Sovereign etc so that they get billed rather than the GP! McKesson generally issue their own form which has all the details on it.

Essentially what the laboratory needs is:

- 1) The actual Insurance requisition form or
- 2) The name of the requesting insurance company if this form is not available.

Medical Imaging

The waiting lists for routine ultrasounds and xrays is longer than it has been (see over). You may want to point this out to patients so they can consider their options.

Ophthalmology option for children with Community Services cards. Antony Bedggood can see children privately. If a child has a Community Services card Enable NZ provides funding for a consultation for squints.

O and G update

There is going to be a shortage of O and G specialists and junior staff over the next few months. The team are in the process of recruiting and there are a number of locums who have worked here before who are coming south, so there are no plans to cut services at this stage. This is just a warning that you might find you get a gynaecology referral returned to you with suggestions for things that could be done in primary care while the patient is waiting for an outpatient appointment. Please do not be offended by this. If you have any questions or clinical issues you want to discuss please telephone the specialist on call who will be happy to help.

Breast Screening v Breast Diagnosis

Women with breast lumps or other breast symptoms should not be encouraged to get their screening mammogram up dated but need to be referred through a different pathway. We have made a one page poster to show the difference and added it to this newsletter. The breast care nurses have talked to practice nurses about this so you may have seen it but here is a copy for you to use if you want.

Antibiotic policy for rest homes

Apparently Rest Homes are required to have a policy from each GP about their use of antibiotics. I have drafted a basic version which you can use if you want. I have based it on the one Paul Tomlinson and Simon Donlevy drew up for the hospital. If you want to see the SDHB antibiotic guidelines you can email Simon, (simon.donlevy@sdhb.govt.nz) who is the hospital pharmacist, and he will send you them electronically.

Diabetes

Since the return of many diabetics to primary care last year some of us have had a background worry that some patients' care might have slipped, leading to problems in a few years' time. I asked Murray Tilyard and the SouthLink Health team if they could share their figures from Diabetic annual reviews in a way that we could compare diabetic care in Southland with that of Otago. I was pleased to see it is very similar. We will keep an eye on these numbers into the next year too. My interpretation of the figures is that diabetic care in both areas is improving at about the same rate.

Estimated Waiting times for a First Specialist Assessment – June 2009

Speciality	Priority	Estimated Wait
Audiology	All referrals	1-2 months
Cardiology	Urgent	14-16 weeks
	Semi-urgent	16-20 weeks
	Routine	6-8 months
Dental	Adult routine	6-12 months
	Child Routine	2-3 months
Dermatology	Urgent	4-8 weeks
	S-urgent	3-4 months
	Routine	6-8 months
Diabetes	Urgent	1 month
	Routine	4-6 months
Endocrinology		
ENT	Urgent	2-4 weeks
	S-urgent	7-8 months
	Routine	12 months
Gastroenterology Medical OP	Urgent	2-4 weeks
	Semiurgent	4-6 weeks
	Routine	6-8 weeks
Gastroscopy	A	4-6 weeks
	A/B	6-8 weeks
	B	8 months
	C	12 months
Colonoscopy	A	3-6 weeks
	A/B	3 months
	B	8 months
	C	12 - 18months
General Medicine		Now accepting referrals
Gynaecology	urgent	3-6 weeks
	S-urgent	2-4 months
	Routine	4-5 months
Neurology	Urgent	1-2 weeks
	S-urgent	2-6 weeks
	Routine	4-6 months

Speciality	Priority	Estimated Wait
Maxillofacial surgery	All referrals	No waiting list
Neurosurgery	Urgent	Within 1 month
	S-urgent	Within 1 month
	Routine	6 months
Ophthalmology	Urgent	1-2 weeks
	Semi-urgent	2-6 months
	S-urgent cataract	1-3 months
	Routine cataract	3-4 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
Paediatric surgery	Routine	1-2 months
Paediatrics Medical	Routine In'gill	5 months
	Gore	5 months
	Queenstown	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
Minor surgery	Urgent	4 weeks
	Semi-urgent	4-6 weeks
	Routine	3-4 months
AT and R	Urgent	< 4 weeks
	S-urgent	2-3 months
	Routine	< 6 months

Mental Health		
SMHET Invercargill Community Mental Health Team (ICMHT)		Same day triage Within two weeks
Rhanna		Contact made same day
CAFS		Urgent < 24hours Routine 1 month

Oncology		
Haematology	Urgent	7 days
	Semi-urgent	18 days
	Routine	33 days
Oncology	Urgent	0 days
	Semi-urgent	10 days
Radiotherapy	Urgent target	7 days
	Semi-urgent	3 weeks

Medical Imaging Waiting Times		
MRI	Urgent	Same day
	Semi-urgent	2-3 weeks
	ACC	16 working days
	Private	16 working days
CT	Routine	6 weeks
	Semi-urgent	1-2 weeks
	ACC	Within 10 days
	Private patients	Within 10 days
Ultrasound	Routine OP	4 weeks
		20 weeks
Mammography	Recall patients	8 weeks
	Urgent	1 weeks
Nuclear Medicine	Urgent	2 week
	Semi-urgent	4 weeks
	ACC	10 working days
	Private	10 working days
	Routine	4 weeks
	Cardiac scans	3 months
X-ray appointments	X-ray	18 weeks
	Urgent	please phone MRTs ext 8459
IVU		3-4 weeks
Ba. F Thru / Ba Enemas		3-4 weeks

Diagnostic testing		
ECGs, spirometry, arterial brachial indices, Ambulatory BPs	urgent	1 week
	semi urgent	2 weeks
	routine	4 weeks
Holters	urgent,	2-3 weeks
	semi-urgent	3-6 weeks
	routine	6-8 weeks
Echocardiograms	4-6 weeks (ref via Cardiology)	
Sleep studies:	6-8 weeks (ref via Respiratory)	
Nerve conduction studies	Refer to Peter Taylor at Windsor Specialist Centre and clearly mark whether private, public or ACC. 3 months	