

Dear General Practitioners,

Have you had a look at the revamped **SDHB website**? These newsletters are posted there under the heading for health providers. www.sdhb.govt.nz

The **District Nursing Service** based in Invercargill is provided by an experienced team of registered and enrolled nurses and has a very low staff turnover. Led by Julie Bridgeman and Karen Cournane, they deal with a range of things including intravenous antibiotics, wound care, terminal care, dialysis, oncology, Meals on Wheels and Domestic Assistance Assessments. Monday to Friday ten nurses cover five areas within Invercargill and its surrounds. At weekends, there are two full time and two part time staff. Each nurse has responsibility for an area to minimise waste of time travelling. The rural district nurses include eight part-timers with three full-time staff at Tokanui and Stewart Island. There are also three part-time staff working at the Wyndham Health Clinic and three part-time Pacific Island Nurses. As in other areas of health care the resources are limited so preference is given to patients who have an ongoing need rather than requiring one visit, especially if it is at the weekend when there are less nurses available. As you can imagine this means that what seems a reasonable request to us for a DN to give a patient some medication or an enema on a weekend can be difficult for them to fit in. The criteria for weekend visits is fairly strict, given the reduction in staff numbers working.

The service prides itself upon keeping up with technology, particularly in the IV antibiotic and wound care fields. DNs have regular inservice updates around all areas of their practice.

Cultural circumcision is not a service provided in the public health system. Private surgeons are your best option. If circumcision is indicated for medical reasons it can be performed at Southland hospital.

Please include cell phone numbers on referrals for patients who are happy to provide them. The hospital is trialling text reminders before outpatient clinic appointments in some areas. They have started with those clinics with traditionally high rates of missed appointments like colposcopy, dental and scoping clinics.

Feedback wanted.

We (GPs) asked the hospital staff to provide us with **ACC numbers** on discharge summaries (as a trade when they asked us to include ACC numbers with referrals) Is this happening any better now? I know ED is trying to organise to put them on the electronic summaries they are sending out. How are you finding the new ED information pages?

Some departments are assessing what management is needed for a patient on the basis of the information we provide in a referral, ie without seeing the patient. This is known as a **virtual FSA** or virtual first specialist assessment and is a way of keeping waiting lists down and using specialists expertise more efficiently. If you are finding the suggestions sent back useful, not useful or whatever, please let me know.

Would you like to know how various specialists **prefer to be contacted** when we have questions. For example by phone, fax, email or letter. How would you feel about me keeping a list of how each of you like to be contacted with questions? It would be helpful for me. For example I find email questions to caroline.corkill@sdhb.govt.nz suit me as I can deal with them from my hospital office or home when I am thinking about hospital and GP Liaison things. Letters are fine and phonecalls when I am at the hospital, but that is usually only on Monday and Thursday afternoons.

Laboratory. Some of you have asked about faecal H Pylori antigen testing. The laboratory can do this. The serology for H Pylori is an IgG test and remains positive for some time. It is useful if someone is symptomatic. If you want to see if treatment has been successful you can check a faecal specimen ten days after treatment for eradication.

High risk breast screening – you will soon be getting a letter from medical imaging with a list of your patients who are currently being recalled by SDHB for annual mammograms. If you have any questions about this you can contact me.

Hypertonic Saline procedures as a work up to joining the Fire Brigade can be done in Southland. SDHB Diagnostic Testing can process these for a charge. GPs can order directly as long as they indicate that the test is as a work up for joining the fire brigade. The patients will be informed of the charge with the appointment letter.

Estimated Waiting times for a First Specialist Assessment – August 2009

| Speciality | Priority | Estimated Wait |
|--------------------------------|---------------|-------------------------|
| Audiology | All referrals | 12-3 months |
| Cardiology | Urgent | 12- 14 weeks |
| | Semi-urgent | 14-16 weeks |
| | Routine | 6 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 | 9 months |
| Endocrinology | Routine | 6 months |
| 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 and C | 6 and 7 months |
| | | |
| Colonoscopy | A | 3-6 weeks |
| | A/B | 7 weeks |
| | B | 4 -6 months |
| | C | 12 months |
| General Medicine | | Now accepting referrals |
| Gynaecology | urgent | 3-6 weeks |
| | S-urgent | 3-5 months |
| | Routine | 6-8 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 | 4 months |
| Paediatrics Medical | Routine In'gill | 4-6 months |
| | Gore | 4 months |
| | Queenstown | 4 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 | | Same day triage |
| Invercargill Community Mental Health Team (ICMHT) | | 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 | 17 working days |
| | Private | 17 working days |
| | Routine | 7 weeks |
| CT | Semi-urgent | 1-2 weeks |
| | ACC | Within 10 days |
| | Private patients | Within 10 days |
| | Routine OP | 4 weeks |
| Ultrasound | 22-24 weeks | |
| Mammography | Recall patients | 12 weeks |
| | Urgent | 1-2 weeks |
| Nuclear Medicine | Urgent | 2 week |
| | Semi-urgent | 4 weeks |
| | ACC and Private | 10 working days |
| | Routine | 4 weeks |
| | Cardiac scans | 3 months |
| X-ray appointments | X-ray | 12 weeks |
| | Urgent | 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 |
| Holters | urgent, | 2-3 weeks |
| | semi-urgent | 3-6 weeks |
| | routine | 6-8 weeks |
| Echocardiograms | 4-6 weeks (ref via Cardiology) | |
| Sleep studies: | 3 months (ref via Respiratory) | |
| Nerve conduction studies | Refer to Peter Taylor at Windsor Specialist Centre and clearly mark whether private, public or ACC. 3 months | |