

Dear General Practitioners,

Thank-you to those who bother to write about or discuss problems you have with the hospital service. I try to get back to you about what I have done as a result of your comments. Many of your comments fit with my experience and it helps when I have evidence the same things bother others, not just me.

One criticism was related to the fact it had taken more than two weeks for a patient to be seen for a temporal artery biopsy. Since then I have met with Dr Alasdair Millar (Director of the Medical Division) and Mr Murray Pfeifer of General Surgery to see if we can streamline these referrals. We are working on guidelines for diagnosing **Temporal Arteritis**, but in the meantime recommend you consider referring these patients to the Surgical team. They will call them in for biopsy in day surgery within two weeks of the date of referral. Treatment should start with 40-60mg/day prednisone before getting the histology result.

These patients should be biopsied

- Patients need to be >50 years (indeed more likely to be >60)
- They have a symptom suggestive of temporal arteritis (temporal headache, abnormal temporal artery, jaw claudication, sudden visual loss, and diplopia)
- They need to have an elevated acute phase response (usually an elevated CRP but ESR or another marker may be a pointer on vary rare occasions)
- An elevated CRP or ESR reinforces the need for biopsy if the previous two are present but can be normal in a minority of patients. Hence if the clinical suspicion is strong, do not be deterred by CRP or ESR that is normal or appears only modestly raised.

Laboratory update – if you want the results of a test copied to a specialist please say whether private or public or both.

High risk breast screen mammograms Each practice should now have received a letter from Medical Imaging with a list of the women the hospital was recalling annually for screening mammography. Thanks to those of you who have contacted the hospital about patients who have moved elsewhere. To those who have complained about the extra workload I apologise, but this is how it is done around the rest of the country. I guess most

people think it is safer for each GP to chase up 4-14 patients annually than a hospital department to try to contact over 500 women by phone and/or letter when the contact details on their lists are not as up to date as ours.

The medical imaging department is trying to reduce waiting times for mammograms but it is probably a good idea to refer your patients the month before they are due. Currently the waiting time for a screening mammography through the SDHB (not Breast screen Aotearoa) is about 10 weeks but there have been some weekend catch up clinics held lately to try and reduce this.

It is absolutely fine to refer women on computer generated forms or the standard hospital medical imaging forms – please just see there is enough information to identify and contact the woman correctly and for the department to see why she qualifies for annual screening.

Reminder - Women deemed to be at higher risk of breast cancer include those who have a history of breast cancer, those who have had high risk breast pathology eg atypical ductal hyperplasia or LCIS, and those women who have a family history in which one or more first degree relatives have had premenopausal breast cancer (specify age and mother/sister please).

Obstetrics and Gynaecology is short staffed at the moment. They are trying not to limit access but might have to.

The **orthopaedic department** has requested some patients be worked up better (ie have xrays, ultrasounds and blood tests) before referral. I replied that the waiting times for public system xrays and ultrasounds are sometimes very long if we cannot justify an urgent request or an ACC referral to a private provider. If this is the case with any of your patients it is helpful to point this out in the referral and the nurse organising the clinics may be able to help organise these tests.

On 7th October, 10am-12.30, the **Future Directions Mental Health Network** will hold its fourth Mental Health and Addictions Open Forum at Elmwood, Invercargill. The Forum will include several presentations and an update from the Southland Mental Health Network. The Forums provide an opportunity to update the local community on what is going on in the Mental Health and Addictions Sector. GPs are welcome.

Estimated Waiting times for a First Specialist Assessment – September 2009

Speciality	Priority	Estimated Wait
Audiology	All referrals	2-3 months
Cardiology	Urgent	10-12 weeks
	Semi-urgent	12-14 weeks
	Routine	5 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	6 months
	Routine	12 months
Gastroenterology Medical OP	Urgent	2-4 weeks
	Semiurgent	3 months
	Routine	5 months
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	5 months
Paediatrics Medical	Routine In'gill	6 months
	Gore	5 months
	Queenstown	5 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	18 working days
	Private	18 working days
	Routine	7 weeks
CT	Semi-urgent	1 weeks
	ACC	Within 10 days
	Private patients	Within 10 days
	Routine OP	4-5 weeks
Ultrasound	22-24 weeks	
Mammography	Recall patients	10 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	2 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	