

Dear General Practitioners,

Dr Anoop Nambiar is the **respiratory physician** working in Southland for a year. He has drawn my attention to the fact that the treatment of lung cancer in Southland could be significantly improved. One way of changing that is assuring patients are referred & worked up quickly. He thinks any patient that has a new suspected lung cancer should be referred to him urgently with a formal letter, but ALSO a phone call, or even an email, to ensure an expedited work up is initiated. He is finding triaging referrals based upon 1-2 sentences without additional objective data (CXR, spirometry) quite frustrating. He is not sure how or if this can be changed. One solution may be for him to create a respiratory referral form (mailed out or available online) that will have all of the information needed to determine, a) whether specialist review is indicated, b) whether initial treatments can be done by GP, c) whether additional tests need to be done by the GP, d) whether he needs to order additional advanced tests such as CT, full PFTs, etc., and e) when he needs to review the patient in clinic. Would you find a referral form as suggested useful? If you want to email him his hospital address is [anoop.nambiar@sdbh.govt.nz](mailto:anoop.nambiar@sdbh.govt.nz)

**Laboratory update** – if you want the results of a test copied to a specialist please say whether at private rooms or public-outpatients or both. The test units and range for D-dimers is about to change, with a new reagent kit, it will then be the same as Dunedin's. A newsletter will come out from the lab before this happens. Lab staff have noticed an appropriate increase in the number of BNPs ordered by general practitioners to diagnose or rule out heart failure. A reminder for practices to include NHI numbers on requisition forms please - this makes data entry much more accurate, and avoids errors in patient identification. It is amazing how many people share the same names and ages.

Alistair Calvert and Craig Rodgers are very happy to take your calls or emails if you have any questions or worries about things related to the laboratory. [alistair.calvert@sdbh.govt.nz](mailto:alistair.calvert@sdbh.govt.nz) or [craig.rodgers@sdbh.govt.nz](mailto:craig.rodgers@sdbh.govt.nz)

**Obstetrics and Gynaecology** is short staffed at the moment. They are trying not to limit access but might have to. It will help their efficiency if our referral letters contain relevant results of tests eg haemoglobins or ultrasound scan results if this has been done in private. If the referral to the hospital clinic has been done without tests because, for example, the waiting time for the ultrasound is too long, please say and the hospital will try and work with us to organise this before the woman is seen. If it is advice you want please say this at the start of the letter.

#### **High risk breast screen mammograms**

Thanks to those who have started referring women in for these. It will be quicker and better if you remember to state the age and relation (mother or sister) rather than just saying Family History. It does have to be a first degree relative and a premenopausal cancer. If you are worried about anyone or whether they should be seen, or if they are under 35, it is still a good idea to refer to the Breast Care team first.

**Mental Health Awareness week** was held earlier this month. I thought the messages they were promoting made sense (though it did look a bit as though they had been constructed to fit a mental health related acronym).

**Connect**  
**Be active**  
**Take notice**  
**Learn**  
**Give**

**ENT's** Dick Watson is retiring in early December. He will be missed. Discussions with Dunedin are underway to see how ENT services can best be provided when he leaves. In some parts of NZ, general practitioners with a special interest in ENT work with the secondary care doctors as GPSIs. If any GP in Southland has a particular interest in this area now would be a good time to get in touch with me or Peter Bramley, manager of the surgical division. [peter.bramley@sdbh.govt.nz](mailto:peter.bramley@sdbh.govt.nz)

Urology and General Surgery waiting times continue to be low. Our thanks to these departments.

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

Speciality	Priority	Estimated Wait
Audiology	All referrals	2-3 months
Cardiology	Urgent	6-8 weeks
	Semi-urgent	8-12 weeks
	Routine	5-6 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	6 months
	Routine	12 months
Gastroenterology Medical OP	Urgent	2-4 weeks
	Semiurgent	3 months
	Routine	4-5 months
Gastroscopy	A	3-4 weeks
	A/B	6-8 weeks
	B and C	6 and 9 months
Colonoscopy	A	3-4 weeks
	A/B	4-6 weeks
	B	3-4 months
	C	6 months
General Medicine		Within one month
Gynaecology	urgent	6-8 weeks
	S-urgent	4-6 months
	Routine	8-10 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	3 months
Paediatrics Medical	Routine In'gill	6 months
	Gore	5 months
	Queenstown	7 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	15 working days
	Private	15 working days
	Routine	6 weeks
CT	Semi-urgent	1 weeks
	ACC	Within 10 days
	Private patients	Within 10 days
	Routine OP	6-7 weeks
Ultrasound	24-26 weeks	
Mammography	Recall patients	8 weeks
	Urgent	1-3 weeks
Nuclear Medicine	Urgent	2 week
	Semi-urgent	4 weeks
	ACC and Private	10 & 15 days
	Routine	4 weeks
	Cardiac scans	4 months
X-ray appointments	X-ray	8 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	