

Dear General Practitioners,

Department of Medicine

Letter from Clinical Director, Dr Alasdair Millar:
Many of you will be concerned over recent staffing difficulties in the hospital, particularly in Medicine. In particular, you will have observed the departure of several senior medical officers. You may have wondered whether this represented a chronic and continuing systemic problem in the Department. While I regret the departure of valued and skilled consultants, I am writing to advise that from April 2010 we will be fully staffed by a team of talented doctors, most employed under long-term appointments, including several familiar faces such as Drs Maloney, Giola, Meyer and myself (I hope I can be counted as such!), and will have a full complement of registrars. It is true that we have gone through a very rough patch, but we have weathered that storm and the future looks bright. We will be embarking on new policies and procedures to promote retention of all staff and return of juniors (who invariably enjoy their stay in Invercargill) as they ascend through the medical educational system towards seniority. A new constructive relationship with the hospital management based on the divisional structure has emerged; a research officer (funded by the Southland Medical Foundation) has been appointed and will foster research at Southland; and last but not least I hope that we can resume and expand our role as a teaching hospital. The future does contain challenges such as the merging of the two southern Boards, pressure for services in the Wakatipu Basin, and the unresolved question of the appropriate number of physicians in the Department, but we are undaunted. Regards, Alasdair.

[Any GP who wishes to discuss this newsletter entry is welcome to ring Dr Millar via the hospital or meet him at the Grand Round]

Diabetic multidisciplinary clinics are held on a Friday once a month. This team includes Drs Jim Mann, Victoria Stott and Anne Maloney and diabetic nurse educators. They are happy for GPs to come at 12.30-1.30pm if you want to discuss a diabetic patient. Next day for this is April 16th 2010. They meet upstairs in the Clinical administration room.

Retinal Screening for Diabetics

Some GPs haven't realised this is running smoothly at the moment. If you have diabetic patients who have not had their retinal photographs taken for longer than 2 years

please refer them to the hospital eye department with a recent HbA1C.

Hospice Southland Contact Details

The hospice changed its phone and fax numbers some time ago. Some of us have been sending faxes to the old number which is why they may not have been actioned in good time. They are ph: 03 2113081 and fax 03 2113082.

Medical Imaging

Thanks for your patience regarding the restriction in availability of these services as part of nation-wide industrial action.

Laboratory notes

When you fill in lab forms to request TSH or other thyroid function tests, please say if the patient is on thyroxine (or carbimazole). This will help the laboratory staff interpret the results and make sensible comments.

CAFS update

Diane Galette is the new manager at CAFS. All CAFS referrals are screened and prioritised daily by her, the duty worker and Dr Keyter. Referrals are either from GPs, other health professionals, schools, NGOs or from families/young persons themselves. The client is offered a 'choice appointment' which is an assessment with an experienced clinician to find out what their presenting concerns are, and assess their mental state/risk. Some clients proceed to go on for further assessment or treatment, others are provided with psycho-education etc, and/or recommendations to other agencies more appropriate for their needs. Sometimes referrals from GPs will contain enough information to make this step unnecessary. Any young person up to 18yr (and 20 if appropriate) with a suspected psychiatric disorder (moderate to severe), dysfunction, acuity/risk can access the service. At times severe behavioural problems that are consistent in the home/school environment can be an initial symptom of psychiatric disorder, so it is great to get referrals that provide some history around the context in which 'problems' exist. CAFS says it has been getting some fantastic referrals from GPs – so thanks to all!

Psychiatrist Linda Keyter is happy for GPs to phone her if they are in need of advice around Child or adolescent mental health problems.

Estimated Waiting times for a First Specialist Assessment – March 2010

Speciality	Priority	Estimated Wait
Audiology	All referrals	2-6 months
Cardiology	Urgent	6-8 weeks
	Semi-urgent	8-12 weeks
	Routine	5-6 months
Dental	Adult routine	6 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 month
Endocrinology	Routine	6 months
	S-urgent	1-2 months
ENT	Urgent	2-4 weeks
	S-urgent	8 months
	Routine	12 months
Gastroenterology Medical OP	Urgent	3-4 weeks
	Semi urgent	5-6 months
	Routine	6 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		3-4 months
Gynaecology	urgent	6-8 weeks
	S-urgent	4-5 months
	Routine	6 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	4 months
	S-urgent	6 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	5 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	1-2 months
	Routine	2-3 months
Urology	Urgent	1-3 weeks
	S-urgent	6-8 weeks
	Routine	3 months
Minor surgery	Urgent	4 weeks
	S-urgent	4-6 weeks
	Routine	4-6 months
AT and R	Urgent	< 4 weeks
	S-urgent	2-3 months
	Routine	< 6 months

Mental Health	
SMHET Invercargill Community Mental Health Team (ICMHT)	Triaged same day Within 2 weeks
Rhanna	Contact made same day
CAFS	Urgent < 24 hours Routine 1 month

Oncology		
Haematology	Urgent Semi-urgent	5 days 16 days
Oncology	Urgent Semi-urgent	3 days 18 days
Radiotherapy	Urgent Semi-urgent	1 days 16 days

Medical Imaging Waiting Times		
MRI	Urgent	Same day
	Semi-urgent	2 weeks
	ACC	10 days
	Private	10 days
	Routine	2 weeks
CT	Semi-urgent	1 -2 weeks
	ACC	Within 10 days
	Private patients	Within 10 days
	Routine OP	6 weeks
Ultrasound		30 weeks
Mammography	Recall patients	4 weeks
	Urgent	1 week
Nuclear Medicine	Urgent	<2 weeks
	Semi-urgent	<6 weeks
	ACC	10 days
	Private	2 weeks
	Routine	4 weeks
	Cardiac scans	6 months
X-ray appointments	X-ray	6 weeks (2 for CXR or AXR)
	Urgent	please phone MRTs ext 8459
IVU		6-8 weeks
Ba. F Thru / Ba Enemas		6-8 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		6-8 weeks
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	