

Dear General Practitioners,

The Medical division is short of physicians and registrars at the moment. Apparently there is a national shortage of medical registrars so only 2 of the 7 positions at SDHB have been filled. There is a copy of the list of Medical staff at Southland hospital posted on the GP Liaison page of the SDHB website. Remember it changes often but is helpful if you want to know who is on the staff at the moment. www.sdhb.govt.nz

H1N1 Pandemic update

The Ministry of Health is offering a monovalent pandemic influenza strain vaccine during February as it is possible the next wave of pandemic influenza could arrive as early as March - April. Target groups are health care staff in general practice, ED, ICU, respiratory clinics, paediatrics, ambulance services and high risk patients (pregnant women, those with morbid obesity and younger patients with chronic illness especially respiratory conditions). There is no cost for vaccine but it requires 2 doses 3 weeks apart and comes in multidose vials which have to be used within 3 hours. The trivalent seasonal vaccine includes the pandemic strain and will still be needed to give full protection against influenza.

Immunisation co-ordinators and Occupational health nurses will lead delivery of this targeted programme at clinics across the region.

Please offer this programme to your staff and high risk patients - the aim is to ensure health services can respond should the next wave of pandemic influenza comes early.

However the usual **seasonal influenza campaign starting late March remains the priority for practice teams** with the focus this year on

- Pregnant women (a 6 fold increased risk of serious illness)
- Younger patients 6mths - 64 years with chronic conditions especially respiratory
- The usual target group of those over 65 appear to already have some immunity

Marion Poore will be talking to Midwives about targeting pregnant women at Southland Hospital on 3rd February 12-12.30 and February 11th, 1.15-145pm in the Clinical services Building, GPs are very welcome.

The Haematology service is losing Dr Charles Beresford to retirement soon so this service will be short staffed. Our referrals are

triaged as part of an Otago-Southland service, and the doctors doing this will sometimes offer suggestions to non urgent referrals if the appropriate information is provided in the referral. This means if you refer someone for low neutrophils it is helpful to put how low. Please say if you have checked this after an interval, whether there is/was concurrent disease and what medication they are on.

Obstetrics and Gynaecology has long waiting lists, but is working on sorting this to ensure access to the service is fair. Some referrals will be treated as a "Virtual FSAs" ie First Specialist Assessments without the patient being seen. If the referral has enough information one of the specialists will send the referral back with a care plan for us to use with our patient. Please be patient when this happens – I have told the O and G team I would appreciate this happening much closer to the time of referral. They are aiming to do that from now on. For a public referral regarding Fertility we do have to refer through SDHB but if we put the right information in our referrals the patient will get to the Fertility clinic quicker. Wayne Gillett sent a letter out last year with the referral criteria. We have copied it and put it on the GP Liaison page of the SDHB website.

Southland Hospital has recently been reaccredited as a **Baby Friendly Hospital**, meeting "The 10 Steps to Successful Breastfeeding" set by the World Health Organisation. This improves mother and baby experiences at each stage of contact regardless of the method of feeding. Changes in practice have included increased education requirements for all staff involved in mother baby care, (including obstetric, paediatric, and anaesthetic medical staff) mother-baby skin to skin contact for the first hour after birth even in Caesarean deliveries, increased rate of exclusive breastfeeding, (from 50% to 80 % at discharge) increased durations of breastfeeding (2 years and beyond as recommended by WHO) Improved safety of formula feeding, and understanding of babies' cues. New Zealand is well ahead of Australia, UK, Europe, Canada and USA in Baby Friendly practices and breastfeeding outcomes. Mary Grant is the lactation consultant and coordinator of this.

Estimated Waiting times for a First Specialist Assessment – February 2010

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 months
	Child Routine	2-3 months
Dermatology	Urgent	4-8 weeks
	S-urgent	3-4 months
	Routine	6-8 months
Diabetes	Urgent referrals only please	
Endocrinology	Routine	6 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	4-6 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	4 months
Paediatrics Medical	Routine In'gill	7 months
	Gore	7 months
	Queenstown	7-8 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	6-8 weeks
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	2-3 weeks
	ACC	4 weeks
	Private	4 weeks
	Routine	6 weeks
CT	Semi-urgent	Within 1 week
	ACC	Within 10 days
	Private patients	Within 10 days
	Routine OP	5 weeks
Ultrasound	28 weeks	
Mammography	Recall patients	6 weeks
	Urgent	5 weeks
Nuclear Medicine	Urgent	1 week
	Semi-urgent	2-4 weeks
	ACC	2-4 weeks
	Private	2-4 weeks
	Routine	4-6 weeks
	Cardiac scans	4-6 months
X-ray appointments	X-ray	5 weeks (2 for CXR or AXR)
	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	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	