

Dear General Practitioners,

The **Department of Medicine** is currently well staffed with general physicians. (Alasdair Millar, Massimo Giola, Jens Richter and Ravneet Thind). Medical referrals not definitely requiring sub-specialty input may be seen quicker if they are seen by one of the general physicians. The department is going to trial a system of having two clinics a week available for semi-urgent general medical problems. Dr Thind will be in charge of these clinics so if you want to run a problem past her to see if this is a suitable option for one of your patients, give her a ring, or fax a referral to 03 2147242.

All cardiology referrals are triaged by Alasdair Millar. Some will be seen in general medical clinics. The following general principles apply:

1. The usual process will be to defer an appointment till relevant investigation results are available. eg 24 hour Holter (palpitations); Exercise Tolerance Test (angina); Echo (dyspnoea). If the investigation is normal and effectively excludes serious heart disease, then the result only will be sent to the GP. Patients with significant dyspnoea but a normal Echo will often be offered pulmonary function tests.
2. Letters requesting an investigation only will be subject to the same process as above but an OPD appointment will be made if the investigation reveals significant abnormality.
3. NZ guidelines counsel perfection in the investigation of new-onset atrial fibrillation, that every patient should have an Echo. Dr Millar has discussed this with Dr Williams and they agree this advice should not be applied routinely but that echocardiograms should be restricted to patients with a specific diagnostic need such as exclusion of thrombus prior to cardioversion etc.
4. Investigation of asymptomatic abnormalities on clinical examination may be rejected.

The above is not a perfect system. In particular, the reliability of the ETT as a measure of obstructive coronary artery carries a sensitivity and specificity of only around 60-70%. Nevertheless, Dr Millar accepts a negative result of the ET at face value unless the history is strongly suggestive of coronary disease.

Pain clinic referrals can now be made directly to the pain clinic in Dunedin. Persisting pain (ie>6/52) is the criteria, but not if it is the result of an accident under ACC. Eligible patients can access National Transport

Assistance funding by phoning or going to see Natasha Nicolson, the receptionist for social work at Southland hospital 03 2145719

Please send your referral letter with the fully completed screen form (attached to this newsletter and on GPL page of website). The time since onset of the problem makes a big difference to triage category. Currently Otago does not have access to Southland results and clinical information so please include copies of any relevant reports, investigations etc. as well as full contact details.

This service is trialling a patient focused booking system. After triage the patient is sent a letter informing them they have been placed on the waiting list and to phone the pain service to make an appointment. Contact **Jenny Sandom, Clinical Nurse Specialist, Pain service** 03 474 0999 ex 8648 if you are unsure if your patients meets criteria for referral.

Non-residents of NZ are not eligible for subsidised healthcare. Hospitals around the country are looking at this to check public money is spent on those who are eligible. Outpatient appointments with tests are expensive so if your patient is not a resident it may be cheaper for them to go private. I have attached a copy of the poster explaining who is eligible and put it on GPL webpage.

Acute Eye and ENT problems are covered by Dunedin hospital but most days during normal working hours, there are specialists in these departments at Southland hospital who may be able to see your patient or give advice. If switchboard doesn't know who is here consider phoning the relevant department. Edel Kretschmer is the nurse specialist for eyes and Jaye Peacock for ENT. (Jaye will be away for August and September so Tracey Hall will be in this role over that time.)

Annual mammograms for high risk women Staff in the Breast clinic are concerned there are less women coming in for these than they expect. If any practices are having difficulty following these up can you please contact the Breast care nurses (Elizabeth Kelly and Jan Jacobson). There will be less women coming through the hospital system because some are opting to go private, and some will be having alternate mammograms through Breast Screen Aotearoa, but we want to check.

Bariatric surgery – there is limited public funding for bariatric surgery. Patients with BMI >50 considered. Prof Van Rij does this surgery for the South Island.

Estimated Waiting times for a First Specialist Assessment – May 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	4 months
Gastroenterology Medical OP	Urgent	2 weeks
	Semi urgent	4-5 months
	Routine	6 months
Gastrosocopy	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		No waiting list
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	4-6 months
Orthopaedics	Urgent	2 months
	S-urgent	4-6 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	10 weeks
	Routine	6 months
Rheumatology	Urgent	1-2 months
	Semi urgent	4-5 months
	Routine	6 months
Surgical Services	Urgent	Within 1 month
	S-urgent	1-2 months
	Routine	3-4 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	2-3 days
	ACC & Private	14 days
	Routine	10 weeks
	STRIKE action	July 23-30
CT	Semi-urgent	1 -2 weeks
	ACC	Within 10 days
	Private patients Routine OP	Within 10 days 7-8 weeks
Ultrasound		9 months
Mammography	Recall patients	Up to date
	Urgent	1 week
Nuclear Medicine	Urgent	2-3 weeks
	Semi-urgent	4-6 weeks
	ACC	2 weeks
	Private	0
	Cardiac scans	3.5 months
X-ray appointments	X-ray	3 months
	Urgent	please phone MRTs ext 8459 (same day)
IVU		6 weeks
Ba. F Thru / Ba Enemas		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	