

# GP Liaison Newsletter

Keeping you informed October 2004

## Greetings everyone

There is a lot of information in this newsletter. I hope it will be useful to you in your practice.

*Lynette Cherry*

## Referral Letters

The importance of referral letters in firstly prioritising the patient, and hence determining the speed at which they will be seen and secondly, assisting the specialist in their assessment during the consultation will be self evident to GPs.

However, many referral letters received by the hospital are not clearly set out and many are incomplete in terms of the information they contain.

As the hospital receives over six thousand referrals per year to its medical and surgical services alone, the clarity and completeness of the referral letter is important.

I reviewed 100 consecutive letters arriving at outpatients and asked the specialists for their feedback on what they needed in a referral letter.

The results of the review and feedback are attached. I hope you will find this both interesting and useful to your practice.

## Radiology Service

### Ultrasound

Attempts to recruit a new ultrasonographer have yet to result in an appointment. As reported last month a reduced scanning service continues to be provided with the assistance of ultrasonographers from Pacific Radiology.

### Requests for imaging

The radiology department currently receives requests for imaging from several different sources. These include delivery by hand, patients phoning, doctors phoning, fax and post. It has become clear that this is creating inefficiencies in appointment scheduling.

The main problem arises with phone appointments where an appointment is made without the request form available. This is particularly the case when patients ring in. Patients are often unaware which examination is required, the urgency of the examination and are unable to provide the clinical details required in the request form. This can lead to inadequate time being allotted for

examinations and hence increased waiting time for patients.

To improve the process, the radiology department would like to receive imaging requests in the following ways:

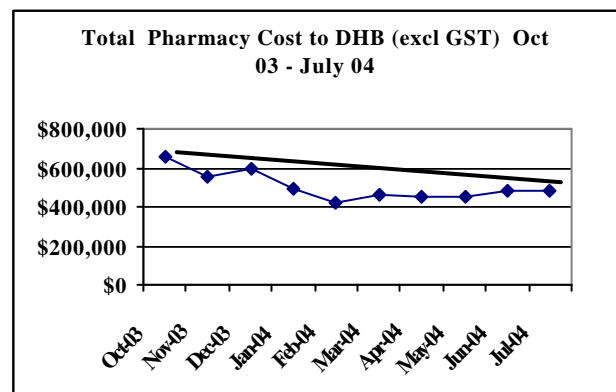
- *Urgent:* Fax or phone by GP
- *Non-Urgent:* Post or hand delivery

No appointments will be made over the phone except in urgent situations.

## Developments in Community Pharmacy

Wairarapa community pharmacies have all signed up to a new pharmacy agreement with the DHB. The Agreement includes the establishment of a Working Party to advise the DHB on positive ways forward for the delivery of pharmacy services in the Wairarapa. The working party has DHB, pharmacy and PHO representation. Its first meeting was on October 28.

The graph below shows the trend in the total cost of community pharmacy services to the DHB since the introduction of stat dispensing. The cost of pharmacy services will be one of the issues discussed by the Working Party.



## Staff Changes

### General Surgery

We have two new general surgeons starting in November, Mr Tubb and Mr Ritchie.

### Anaesthetics

From December we will have 4 anaesthetists at the DHB. Dr Dimock, Mr Smith, and Mr Bruwer. In addition Mr Dmitriev starts 6 December till 14 January and Ms Iwanska starts on 24 January for six months.

## The Surgical Booking Process

In my last newsletter I outlined the principles underlying the principles for the allocation of first specialist appointments. This month I want to look at the direction in which the DHB surgical booking process is moving.

### Principle behind booking process

The principle behind the process is that patients are, as much as possible, given certainty of treatment status and a plan of care. The situation where a patient is put on a list with no indication of when treatment will be given should become a thing of the past.

### Booking process

During the specialist appointment those patients for whom surgery is appropriate will be advised as such. The specialist will then determine the patient's clinical score using a standardised scoring tool. This score is the clinical assessment of the severity of the patient's condition and is used by the DHB to prioritise treatment.

Those patients that meet the DHB treatment threshold should be treated within six months of their first specialist appointment. Current treatment thresholds were attached to my September newsletter.

Following the specialist appointment, a patient will be assigned a status and the patient and GP informed of this.

There are four status categories.

### Booked

Those patients with highest priority will be booked for surgery immediately following the specialist appointment and the patient and GP notified of this.

### Certainty

Those patients that meet the DHB treatment threshold but are not in the urgent category will be sent a letter telling them that they will be treated within six months of their first specialist appointment. When, for reasons beyond the DHBs control, the patient cannot be given a date for treatment within six months they will have their status reviewed and updated. The DHB is working on ensuring that this only happens in exceptional circumstances.

### Active Review

Those patients for whom elective surgery/treatment is considered the best option for their care but do not meet the DHB treatment threshold *and* there is a realistic probability that the patients condition may meet the commitment threshold for treatment in the foreseeable future, will be put on Active Review.

Active Review is not a long term holding place and those patients in active review will have their level of priority and their plan of care reviewed and updated every six months by the DHB.

### GP care

Those patients whose score falls below the treatment threshold will not be offered treatment by the DHB. They will be returned to GP care with advice on conservative management of their condition should this be appropriate.

## Waiting Times for Elective Services

This month I have attached the expected waiting times from referral to First Specialist Appointment [FSA] and from FSA to treatment.

The DHB manages the services so as to fit within the national target waiting times but circumstances are constantly changing and this is not always possible. For example, the closure of the hill during the bad weather during winter resulted in the cancellation of clinics and surgery, as had the influx of medical patients resulting in a shortage of surgical beds.

Conversely, doubling the number of clinics and theatre sessions in Urology will improve waiting times. The DHB also increased the number of ophthalmology clinics and theatre sessions reducing waiting times in this speciality.

I will update any changes in the waiting time information to you each month so that you have the most current information on which to base your patient plans of care.

## CME 2005

Many of you will be aware that WIPA coordinates the CME programme for the PHO. Planning for 2005 is beginning soon the aim being to provide a programme that meets your educational needs without overwhelming you with meetings.

I am aware that our hospital specialists are in a unique position to see areas that are in need of CME in both the acute and chronic realms. Such areas may be obvious through the nature of referrals received or through awareness of new developments in their own fields that may not have filtered through to general practice.

I am meeting with PHO and WIPA representatives about the CME programme and hope to be able to pass on any ideas that specialists or GPs might have for CME topics for 2005. Please feel free to contact me with suggestions.

## Urology CME Meeting

Unfortunately I have been unable to find a meeting date that suits both Mr King and Mr Russell and doesn't clash with other already scheduled CME meetings for this year.

There is a lot of interest in the topic of prostate cancer screening and management of elevated PSA so I will aim to organise this meeting for January 2005.

## Clinical Society meetings

| Date        | Topic                      | Speaker            |
|-------------|----------------------------|--------------------|
| 26 October  | Surgical Pathologists      |                    |
| 1 November  | Diagnosis of Autism        | Dr Aaron Bernstein |
| 9 November  | Toxicology                 | Dr Gabriel Lau     |
| 15 November | Surgical Case Presentation |                    |
| 23 November | Surgical Case Presentation |                    |

## EXPECTED WAITING TIMES FOR FIRST SPECIALIST APPOINTMENTS AND ELECTIVE SURGERY AT MASTERTON HOSPITAL AS AT 29 OCTOBER 2004

*Unforeseen events may cause waiting times to change so please use this information as a guide only*

### FIRST SPECIALIST APPOINTMENT

|                        | Urgent    | Semi-urgent | Routine   |
|------------------------|-----------|-------------|-----------|
| <b>ENT</b>             | 2-4 weeks | 7 months    | 10 months |
| <b>GENERAL SURGERY</b> | 2 weeks   | 4 weeks     | 4 months  |
| <b>GYNAECOLOGY</b>     | 2-3 weeks | 6 weeks     | 5 months  |
| <b>COLPOSCOPY</b>      | 4 weeks   | -           | 6 months  |
| <b>ORTHOPAEDIC</b>     | 2 weeks   | 6 weeks     | 7 months  |
| <b>OPHTHALMOLOGY</b>   | 4 weeks   | 8 weeks     | 4 months  |
| <b>PLASTICS*</b>       | 4 weeks   | 5 months    | 10 months |
| <b>UROLOGY</b>         | 6 weeks   | 6 months    | 6 months  |
| <b>MEDICAL</b>         | 6 weeks   | 5 months    | 5 months  |
| <b>PAEDIATRIC</b>      | 2-3 weeks | 2-3 weeks   | 2-3 weeks |

\*Plastics is provided in the Wairarapa by the Hutt DHB

Waiting Time = time from receipt of referral at Masterton hospital to outpatient appointment

### ELECTIVE SURGERY

|                        | Urgent      | Semi-urgent | Routine   |
|------------------------|-------------|-------------|-----------|
| <b>ENT</b>             | As arranged | 2 months    | 6 months  |
| <b>GENERAL SURGERY</b> | 2-3 weeks   | 2 months    | 4 months  |
| <b>GYNAECOLOGY</b>     | 1-2 weeks   | 6-8 weeks   | 6 months  |
| <b>ORTHOPAEDIC</b>     | 3-4 months  | 6-8months   | 12 months |
| <b>OPHTHALMOLOGY</b>   | As arranged | 4 months    | 6 months  |
| <b>PLASTICS*</b>       | 1 month     | 6 months    | 12 months |
| <b>UROLOGY</b>         | 4 weeks     | 1-2 months  | 4 months  |

\*Plastics is provided in the Wairarapa by the Hutt DHB

Waiting Time = time from date of outpatient appointment to treatment

## VISITING AND WAIRARAPA SPECIALISTS

**AS AT 25 October 2004**

| Speciality                 | Visiting Specialist(s)  | Visiting Frequency                                       | Wairarapa Specialist(s)   |
|----------------------------|---|--|---|
| General Surgery            |   |  | Mr Shirley<br>Mr Sahakian<br>Mr Martyak ceases 5 Nov<br>Mr Tubb starts 8 Nov (12 months)<br>Mr Ritchie starts 8 Nov – 24 Feb 05 |
| Urology                    | Mr King<br>Mr Russell   | 2 days per fortnight<br>2 days per fortnight             |   |
| Orthopaedics               | Mr Jamison<br>Mr Love<br>Mr Lander<br>Mr Williams<br>Mr Davey |  | Mr Denholm<br>Mr Schwanecke   |
| Psychiatry                 |   |  | Dr Seifert-Jones<br>Dr Shuaib<br>De Kamenica  |
| Child Psychiatry           | Dr Stokes-Taylor<br>Dr Perry                                  |  |   |
| Paediatrics                |   |  | Dr Mao<br>Dr Bornstein<br>Dr Smith<br>Dr Prior  |
| Obstetrics and Gynaecology |   |  | Mr Harrild<br>Mr Popov  |
| Oncology                   | Mr Chander<br>Dr Isaacs                                       | 1 day per month<br>1 day per month                       |   |
| Radiation Oncology         | Dr Nel  | 1 day per month  |   |
| Haematology                | Dr Phillips<br>Registrar                                      | 1 day per month<br>1 day per month                       |   |
| ENT                        | Mr Morrissey<br>Ms Fergusson<br>Mr Hall                       | 1 day per month<br>1 day per month<br>1 day per month    |   |
| Endocrinology              | Dr Krebs<br>Dr Delahunt                                       | 1 day per month<br>1 day 2 monthly                       |   |
| Neurosurgery               | Mr Wikremsekera   | 1 day 2 monthly  |   |
| Physicians                 |   |  | Dr de Silva<br>Dr Scott<br>Dr Matthews<br>Dr Beehre   |
| Radiologist                |   |  | Dr Fitzjohn   |
| Rheumatology               | Mr Taylor<br>Mr Harrison                                      | 1 day per month<br>1 day every second month              |   |
| Ophthalmology              | Mr Logan<br>Mr Warden<br>Mr Foo                               | 2 days per month<br>2 days per month<br>2 days per month |   |
| Plastics                   | Mr Calcinai   | 1 day per month  |   |
| Psychogeriatrician         | Dr Duncan   | 1 day per month  |   |

