

**EXPECTED AVERAGE WAITING TIMES FOR FIRST SPECIALIST APPOINTMENTS
AND ELECTIVE SURGERY AT WAIRARAPA HOSPITAL
AS AT 16 JULY 2009**

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

FIRST SPECIALIST APPOINTMENT

| | Urgent | Semi-urgent | Routine |
|------------------------|-----------|-------------|--------------|
| ENT | 2-4 weeks | 4-6 months | 7 months* |
| GENERAL SURGERY | 2-4 weeks | 2 months | 4 months |
| GYNAECOLOGY | 2-3 weeks | 1-2 months | 5-6 months |
| COLPOSCOPY | 1-4 weeks | 4-12 weeks | 5-6 months |
| ORTHOPAEDIC* | 2-4 weeks | 2 months | 5-6 months |
| OPHTHALMOLOGY | 2-4 weeks | 6 months | Not accepted |
| PLASTICS | 4 weeks | 4 - 6 weeks | 3 months |
| UROLOGY | 2-4 weeks | 5 months | 6 months |
| MEDICAL | 2-4 weeks | 3 months | 6 months |
| PAEDIATRIC | 2-3 weeks | 3-4 weeks | 3-4 weeks |

*Routine patients on the ENT waiting list are waiting over the 6 months accepted by the MOH. Wairarapa Hospital will not be able to accept routine ENT referrals in the foreseeable future.

**Some Orthopaedic patients are reviewed six monthly by the Orthopaedic Clinical Nurse Specialist if they do not yet meet the criteria for being given certainty for surgery.

ELECTIVE SURGERY

| | Urgent | Semi-urgent | Routine |
|------------------------|------------------|-------------|------------|
| ENT | As arranged | 3 months | 3-4 months |
| GENERAL SURGERY | 2-3 weeks | 6-12 weeks | 3-4 months |
| GYNAECOLOGY | 2-4 weeks | 8-12 weeks | 6 months |
| ORTHOPAEDIC* | 2 weeks-3 months | 5 months | 6 months |
| OPHTHALMOLOGY | 1-2 months | 3-4 months | 6 months |
| PLASTICS | 2-4 weeks | 1-2 months | 2-3 months |
| UROLOGY | 1-2 months | 3 months | 6 months |

*The long range for urgent orthopaedic surgery is because of the wide range of operations done

Wairarapa Primary Care Newsletter

July 2009

Wairarapa District Health Board keeping you informed

Dr Annie Lincoln, GP Liaison, Wairarapa District Health Board
Email: Annie.Lincoln@wairarapa.dhb.org.nz

The winter months have kept both primary and secondary care services very busy with the height of the H1N1 influenza epidemic not expected to peak for another two months. So far general practice has managed extremely well - congratulations everyone.



New CEO for DHB

Chief Executive of Wairarapa DHB, Tracey Adamson, has been in the job for three months and is already making a difference. She has initiated work reviews and change initiatives aimed at improving the patient experience, improving the health of the whole population and reducing and controlling costs.

"I am very aware that the Minister is demanding increased accountability for the use of public funds,

increased involvement of clinicians in decision making and investment around the new health targets. To that end I have introduced the "Going from Good to Great" strategy which is about transformational change which is patient centric, cognisant of risk management and mitigation and which enables improvements in clinical service delivery. There will be increased recognition of the professional and performance development requirements of medical, nursing and allied health staff and I intend to involve clinicians more in decision making. I want to strengthen clinical leadership and governance and strengthen clinical and provider relationships."

Tracey brings an extensive health leadership and management background to Wairarapa. This includes excellent knowledge of the New Zealand health system and valuable experience gained in the Australia and United Kingdom public health systems. Her most recent position was Director of Population Health, Planning and Performance at Northern Sydney Central Coast Area Health Service, covering a population of more than one million.

She led the development of a 10-year area-wide Strategic Clinical Services Plan for North Sydney. This included the development of an acute services plan that covered 32 broad specialty groups and involved reconfiguring services across seven acute facilities. The plan was developed in partnership with 21 senior clinicians and in consultation with the local community, the Minister for Health, local MPs, local government, staff and clinicians.

In Wairarapa you can expect an innovative approach from Tracey to improving links between the primary and secondary care sectors, working in partnership with GPs and hospital clinicians and making sure that systems are in place to support the efforts of all clinicians. If you would like more information about the "Going from Good to Great" initiative check out the Wairarapa DHB website to view Insite, the DHB's fortnightly newsletter:

<http://www.wairarapa.dhb.org.nz/wdwb/aboutwdwb/insite>

Long Term Conditions

The Long Term Conditions project (medicines optimisation workstream) which involves Martinborough and Carterton practices has highlighted some interesting issues. Professor Tim Maling has been looking at patients in both practices who are on multiple medications and the impact this may have on their health. He will be talking about some of the findings at the next CME session.

Smoking cessation update

Ask the Elephant, an online training tool for smoking cessation, is available and equivalent to one hour CME points. This is an online learning tool designed to help health workers give up smoking or advise patients how to stop smoking. It takes less than an hour to complete and you do it in your own time. The programme gives you practical information about the key steps in helping others who smoke and nicotine replacement therapy. Check it out at

<https://smokingcessationabc.org.nz>

Cardiac rehab

Cardiac rehabilitation use after ACS

Attendances at Cardiac Rehab classes are poor and we are endeavouring to improve the numbers and therefore the outcomes for our patients. The cardiac rehab classes held on Tuesday mornings at the Hospital are free and very beneficial for those patients who have a high risk of a cardiovascular event as well as those who have already suffered one. We are requesting your assistance in promoting these classes to your patients when seen as follow-up from a cardiac event or opportunistic screening identifying the patient to be at a high risk of an event.

We are easily contactable and will send copies of the rehab programme to all practices.



Thank you for your assistance,

Jill Trower & June Roseingrave

Cardiac Clinical Nurse Specialists
027 687 5927

Standing orders for nurses

Rob Lewis, DHB Manager Community Nursing & Health Service, will be visiting practices over the next few weeks with the standing orders for district nurses and rural health nurses for GPs to sign.

WDHB Family Violence Intervention Programme

The Wairarapa District Health Board launched the Family Violence Screening programme in April. This means all women aged 16+ will be asked about violence at home when they come to the hospital. To be able to achieve this clinical staff and key administrative staff are attending training on how to screen. The training is a full day covering partner abuse in the morning and child abuse in the afternoon with various presenters throughout the day including the Police, the Family Safety team, CFYs and Women's Refuge. The training is fortnightly on a Thursday.

Fred Wheeler, Unit Manager, says it is vitally important that all staff understand the correct process to follow in suspected abuse and this programme will help them to do that. This is the second stage of a Ministry of Health national initiative and involves many people working together to make a difference. It is intended to take this training out into the community later in the year but the DHB would like to extend an invitation to any GP who would like to attend the free training. Ring 946 9800 ext 5710. Family Violence needs to be at the forefront of all areas of health so we can make a difference.

Wairarapa Clinical Services Plan Steering Committee

The health environment is changing rapidly and it is clear that the way we fund and provide services must change too. Wairarapa DHB is developing a new clinical services plan to inform and guide the changes required. A Steering Group is leading this work, comprised mainly of clinicians from across the full range of services provided in Wairarapa.

Primary care is well represented by GP Liaison Annie Lincoln, and two other GPs on the group - Steve Philip and Tony Becker, as well as two practice nurses - Anne Davies and Helen Kjestrup.



Two of the GPs on the Steering Group, Annie Lincoln and Tony Becker.

The task of the Steering Group is to review how we provide services now and advise on the changes required to ensure that services are clinically and financially sustainable going forward. Our task is to identify and recommend actions that will:

- improve population health
- improve the patient experience, and
- reduce and control costs.

To date the Steering Group has identified many opportunities for improvements in processes and systems that will enable better experiences for patients, and possibly some reduction in costs. A key finding is that all services need to work together and communicate much better than they do now, and that everyone must take some responsibility for this. There has been considerable discussion about the role and responsibilities of clinical leadership.

The next step is to agree on a set of criteria and a process to be used to assess and rank the values of the different services and activities the DHB funds (and those it does not fund but should consider doing so) so that the DHB can ensure it allocates its limited funds to the set of services activities and are of the most value.

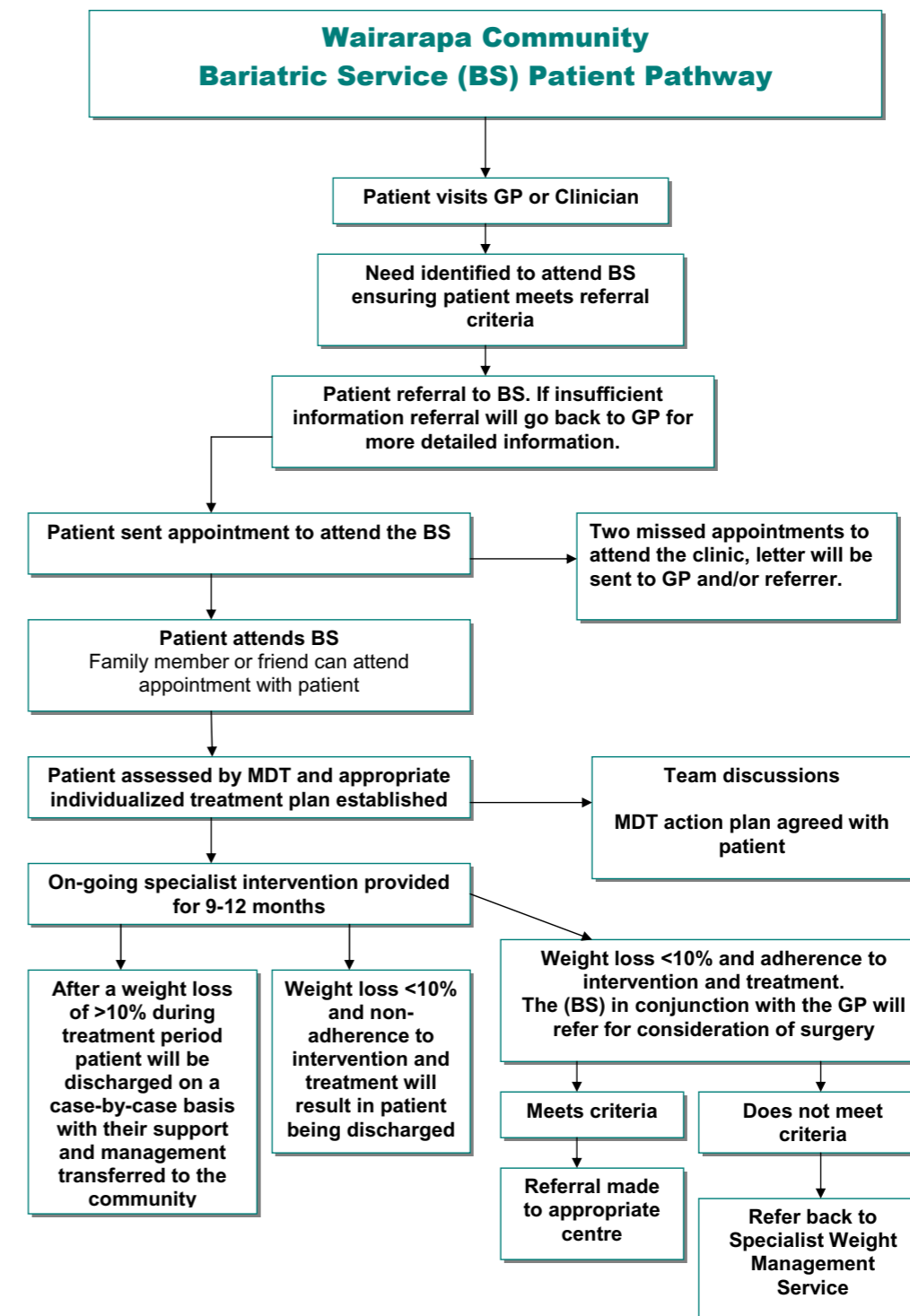
Visiting specialists

Wairarapa DHB employs a wide range of specialists from other areas who visit regularly for hospital clinics and surgery. There are two Ear, Nose and Throat specialists who visit two days a month, a gynaecologist who visits four days each month and three ophthalmologists who work here once or twice a month. We have visits from a respiratory physician, a paediatric surgeon and a psycho-gerontologist. Urology Specialists from Christchurch are here 2-3 days every month and we also provide services

as necessary from other DHBs including oncology, haematology, neurosurgery, plastics and endocrinology. Please consider this when referring your patients to specialists.

Bariatric surgery

Michelle Dowman, Dietician, has reviewed the referral pathway for bariatric surgery and the diagram below explains the details.



Continuing Medical Education

Prescribing Medications Safely Optimed experience

Prof Tim Maling will report his findings about drug prescribing in the elderly with poor renal function and drug interactions.

Date Tuesday 28 July 2009

Time 6.30 -8.30 pm

Venue Wairarapa PHO Office, Level 1,
49-51 Lincoln Road, Masterton