

## HAPPY NEW YEAR!

Welcome to the January 2006 edition. I hope you have had, or are planning, a relaxing summer break and taking time to re charge and spend time with your friends and family.

January sees me returning temporarily to GP locums, so that someone at least will be following this advice! I will still be doing some liaison work and will be available half a day per week until mid February when I will return to almost full time.

This year sees the final phase of the Ministry of Health's waiting list plans. Essentially this means that patients who are likely to wait longer than six months for either a second opinion or treatment will be returned to you for ongoing care.

No doubt you have an opinion about this, please email me at [andy.humphrey@bopdhb.govt.nz](mailto:andy.humphrey@bopdhb.govt.nz)

### Acute Referrals

After a request from the emergency department to look at the system of acute referrals to Whakatane Hospital I met with Primary Health Organisation representatives and GP's in the Eastern Bay of Plenty.



GP Liason - Andy Humphrey

A centralised system of referral had been proposed but local GP groups preferred to stay with the original system, pointing out that the direct contact with the admitting clinician was considered valuable.

A system for rapid access to the admitting MOSS was suggested and that adequate referral back to primary care be arranged if the patient is not admitted to hospital. These are being worked on.

## E - REFERRALS

Bay of Plenty District Health Board currently operates a system for accepting non-acute referrals electronically.

As a result electronic referrals from GP's are being processed by both Tauranga and Whakatane hospitals for a number of clinical services.

During the six-month period from April until September 2005, a total of 3794 referrals were received and processed. This equated to approximately 37% of all referrals.

The benefits of using e-referrals are:

- time savings - both from the GP end and during postage
- referrals are captured into a database
- automatic acknowledgement that the hospital has received the referral.

Clinical Systems Project Manager, Lois Cubis, explains that a referral template is used so that essential information only is captured.

"This does require a certain amount of set-up for each GP practice to complete. Also to note is that at this point in time, we are unable to accept urgent acute referrals or referrals for radiology," says Lois.

A further project is under way to look into a more complete referral management system.

### Notifiable Disease Alerts

Bay of Plenty District Health Board can now accept disease alerts for the Medical Officer of Health electronically. This requires a similar set up to the e-referrals.

If your practice wishes to use these facilities then please contact Clinical Systems Project Manager, Lois Cubis, on 07 579 8437.



## MEDICAL DIRECTOR ACCEPTS CHALLENGE

John Kyngdon has recently accepted the challenge of Medical Director for the Bay of Plenty District Health Board. He is a vocationally registered general and vascular surgeon.



Medical Director - John Kyngdon

Having completed training in New Zealand and serving on various committees John is currently on the New Zealand Surgical Board.

He was a house surgeon in Tauranga and thought he would return one day.

"After Tauranga, I travelled a bit (across Africa in a landrover), worked in London and then came back to the Wellington Surgical Training Scheme. I then returned to Norwich as a Commonwealth Fellow for two years and have since worked in public and private in Gisborne," says John.

"I doubt that I will be able to totally give up public hospital clinical work, and I intend to start in a small way next year and help out where possible."

With his wife Jan, he has several offspring. His other interests include diving and game fishing.

## Do you have a passion for CVD risk assessment?

Dr Sharon Kletchko is looking for two or three practices that would like to take part in a CVD risk reduction and risk management pilot for type 2 diabetics with nurse leadership in primary health care.

Funding is available for the GP and practice nurse who are involved. Please email [sharon.kletchko@bopdhb.govt.nz](mailto:sharon.kletchko@bopdhb.govt.nz) for more details.

## Pandemic Update

As they share the same Medical Officer of Health, the Bay of Plenty and Lakes District Health Board's have joined forces to produce a draft pandemic plan. This is now available online at <http://www.bopdhb.govt.nz>

In addition there are pamphlets available upon request, which are aimed informing the general public.

If you wish to receive fortnightly updates or would like to order some pamphlets email [sarah.gorringe@bopdhb.govt.nz](mailto:sarah.gorringe@bopdhb.govt.nz)

GP meetings are planned for the near future.



Emergency Planner Andrew Keenan and Te Ora Public Health Media Coordinator Sarah Gorringe prepare for an emergency.

## Treatment of severely ill patients with antibiotics

A guideline for severely ill patients in whom a blood stream infection or other severe infection is suspected has been put together by clinicians to assist GP's. The use of antibiotics in this situation is very much a matter for the assessment and clinical judgment of the attending doctor. The following points should be noted.

- The patient should be sent to hospital without delay and the emergency room should be contacted to prepare for the patient's arrival.
- Administration of antibiotics should not interfere with the diagnostic process or delay the transfer of the patient to hospital. If you have blood culture bottles, then blood cultures should be taken prior to the administration of antibiotics.
- In severely ill patients intra-muscular antibiotics may be ineffective because of poor absorption from the injection site. For this reason the antibiotics should be given intravenously if possible.
- In the absence of contraindications, such as penicillin allergy, a single intra-venous dose of penicillin G may be appropriate to cover for suspected life-threatening meningococcal, pneumococcal or other streptococcal infection.
- Recommended dose is 300mg under one year, 600mgs one to nine year olds and 1.2g ten years and older, including adults.
- Procaine penicillin G should never be given intravenously.

Dr Brian Dwyer  
Infectious Diseases Consultant

Dr Chris Moyes  
Consultant Paediatrician



The four basic personality types

one-two-one

CONTACT

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