

Laboratory services contract

Medlab BoP has signed an eight-year contract with the DHB to give certainty that the current high-quality laboratory services the population currently has access to will continue. The new contract has exactly the same criteria for free testing as the previous contract although some non-clinical elements of the new contract do differ from the previous one.

The key change is a shift from uncapped fee for service to a model where Medlab BoP is bulk funded for the lab services it provides. This opens a number of new opportunities for Medlab BoP and Health Care providers to work together to ensure that all laboratory testing is effective and appropriate.

Whilst our new contract came into force on February 1 2007, we do not anticipate any clinical or process changes before April 2007, and certainly not before we have discussed these with you.

Our initial impetus will focus on identifying testing included under this new contract and the previous contract from testing that is excluded. This will allow the Medlab team to concentrate on ensuring that "free to the patient" testing is maintained at the current high levels and we will achieve this with the assistance of our clinical colleagues.

A number of patients may be faced with the option to decline or pay for testing recommended by their doctor. This relates particularly to the worried well or people who like to have annual/routine/"warrant of fitness" checks.

Other groups of patients who will need to arrange payment for their lab tests include those having Employment, Immigration, Life Insurance and Research related testing. This has of course always been the situation but perhaps has not been as studiously managed under the previous "fee for service" contract. Screening programmes such as the National Cervical Screening Programme and Aotearoa Breast Screening are separately funded and fall outside the new contract.

Further information is being sent to you explaining some of the detail that will be required for "free to the patient" testing to be identified and provided.

Ian Beer, Pathology Associates Ltd
Phone 577 4505 or email ianb@medbop.co.nz

New regional referral and call centres for both Eastern and Western BOP

Just a reminder...

Regional Referral Receipt Centre

A regional referral receipt centre has been set up to provide a single point of entry for all GP referrals for surgical, medical and women child & family services:

Phone 0800 88 77 44 (this is NOT the number to give out to patients!!)
Fax 07 578 9571

Regional Call Centre

A new regional call centre is now available for GPs and patients to contact regarding any surgical, medical, or Women Child & Family service queries

Phone 0800 333 477 (this IS the number to give to patients!!) It is staffed from 8.00am – 4.30pm. An answer phone is available for GPs or patients to leave a message outside of these hours.

Imported fevers and influenza

The importance of follow up of possible imported fevers and in particular possible imported influenza.

Recently, a patient presented to ED unannounced with fever and respiratory symptoms following his return from a trip to Nepal.

He was immediately isolated and all people who had been in contact with him - including staff - were isolated until his swab came back NEGATIVE for influenza.

Isolation was downgraded and situation managed.

He had seen his GP two days previously and was told by the GP to "come to ED if feeling worse"

ED staff were not notified that this patient could potentially come to them. If this were done, the patient could have avoided contact with people in waiting room and frontline staff by telephoning ahead to say he was coming.

Please let ED know if you send anyone who has suspected imported fever of any type!

National Travel Assistance

National Travel Assistance Coordinators have recently been appointed for the Bay of Plenty District Health Board.

Tiare (Desiree) Williams is based at Whakatane Hospital; she will be implementing and coordinating the National Travel Assistance Policy and is available to assist patients and staff determine eligibility for travel assistance.

Tiare can be contacted by email at desiree.williams@bopdhb.govt.nz or Phone 07 306 0708
Pager 1932.

Briefly

Referrals for Child behavioural problems in the EBOP

Here are some agencies who are able to help you with your children who have behavioural problems. These are :

- Family Works (was James Family) phone 307 1133
- Barnados phone 308 7653
- A private organisation "Chrysalis" phone 308 7473

The latter has Caren Mandemaker (SW) and Ann Doree (psychologist) but is not state funded.

Nursing textbooks for Africa

Mr Alwash, Surgeon at Whakatane Hospital, has a small request:

Nursing text books in the following subjects are needed for training nurses in Africa:

- 1 Anatomy and Physiology
- 2 Pharmacology
- 3 Communicable diseases and tropical medicine

You can drop them to the receptionist or the surgical ward in the hospital. Thanks for your help, Haydar Alwash.

Sign language week

The majority of butterflies do not have a sense of hearing and do not produce sounds or use them to communicate. Like butterflies, deaf people make more use of their eyes. They also use their hands and body to feel vibrations. Butterflies are free, independent and liberated, Sign Language allows Deaf people to be free and independent too!

That's why the butterfly is the symbol of the first New Zealand Sign Language Week set down for May 7-13.

The Deaf Association of New Zealand intends to use the week to raise awareness of its new legal status. To launch the week of events, 15,000 butterflies will be released across the country.

For more information about New Zealand Sign Language Week, contact Amanda at nzslweek@deaf.co.nz

Primary secondary forum

The primary secondary forum continues to meet. In February we met in Whakatane and all your PHOs were represented, as well as Pacific Health and the BOPDHB.

Current items discussed were:

- The recent district nursing review
- Should district nurses become part of the primary care team?
- Co-payments for patients issued a script from the hospital
- Currently not much progress here. We hope to get some more accurate figures on the size of the problem from a short in-hospital audit.
- The discharge summary re-audit

We wrote to the auditors to say that we thought patients should not leave hospital until their discharge summary was completed. There is a medico-legal "duty of care" issue here. The full audit will be available soon and I will send you all a copy. The rate of completed discharge summaries is now 65%.

The GP triaged minor surgery scheme

As you know, this has started and runs until the end of June. There are several similar trials operating in different DHBs. Depending on the results of these trials, we will be looking at the best option for minor surgery in the BOPDHB.

The acute referral project

A small group has now formed to look at the issue of a "single portal" for all acute referrals from GPs. Once this has developed a proposal, hospital specialities and GPs as well as ED will be consulted. It is proposed that this trial in Tauranga first.

Innovation fund

The innovation fund announced by BOPDHB chief executive Phil Cammish in October has attracted a healthy number of proposals. In all, 19 applications were received in Round One, collectively valued at about \$983,000. They are from a cross-section of the provider community and encompass a wide and varied range of initiatives.

The internal Evaluation Team recommended the acceptance of eight of those applications:

- Ngaitai Iwi Authority, Ngaitai EBOP
- Samaritans of Tauranga Inc, WBOP
- Nga Mataapuna Oranga PHO, WBOP
- Runanga Ngai Tamawhariua Health and Social Services, WBOP
- CG Consulting, WBOP
- Eastbay REAP, EBOP
- Te Kaha General Practice, EBOP
- Negotiations are continuing with Total Health Doctors and Radius Medical Solutions, EBOP.

The initiatives included undertaking research into how the wider social environment impacted on the health of a local Maori community; the provision of Noho Marae support and mentoring to three Bachelor of Nursing First Year students; self-advocacy training for community representatives to enable individuals and communities to advocate for access to appropriate services including health; the pilot of a Nursing Service Co-ordinator role within Te Kaha; and the development and implementation of an advisory group in regard to the health of older people.

Collectively, these applications totalled \$338,000 but on completion of negotiations it is expected that \$260,000 will be contracted. Round Two of the Innovation Fund Applications closes on April 20. BOPDHB is staying with its commitment of funds for the second round and encouraging providers and organisations to develop and submit their applications for consideration. Application forms are available from Phil Back, Planning and Funding, on 579 8067 or via email philip.back@bopdhb.govt.nz