

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

Pregnancy counselling

We are a team of four social workers that provide specialist pre-decision counselling for women with unintended or crisis pregnancies.

We provide non-judgemental counselling where we explore with women their circumstances in relation to their options.

These could be continuing with the pregnancy and parenting, adopting, Whangaii, fostering or terminating the pregnancy.

We give information about the appropriate supports for each of these options.

We also offer counselling/funding for women seeking second trimester terminations including foetal abnormalities, and post termination counselling.

Referrals can be made by health professional or self referrals by contacting Chris on 579 8460.

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.

Debbie O'Halloran is based at Tauranga 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.

Debbie can be contacted by email at debbie.ohalloran@bopdhb.govt.nz

Phone (07) 579 8438

Call Centres

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.

Pain Service

As you may be aware the pain service is looking at how it offers its service in Tauranga.

Rod Gouldson is the clinician in charge. He has been an anaesthetist since 1988. He obtained his FRCA in England in 1992 and has been interested in chronic pain since he was a senior registrar in the UK. He was asked to fill the role in Tauranga in 2002 due to the abrupt departure of the incumbent pain specialist and has been struggling to improve service delivery ever since!

Andrea Kettman is the Clinical Nurse Specialist for chronic pain management across the DHB. She originally worked as an Acute Pain Nurse from 2000 – 2006 and has been working with the Chronic Pain Clinic at Tauranga since 2003 and also at Whakatane Chronic Pain Clinic since 2005. She originates from Sussex, U.K.

She participates in joint assessment of patients with the Consultant Anaesthetist and runs Nurse-led clinics offering medication review, basic CBT and teaching chronic pain coping strategies for patients.

Women diagnosed with breast cancer

It is well known that receiving support helps in the recovery process. The Tauranga Breast Cancer Support Service (BCSS) is wanting to inform women diagnosed with breast cancer about their service.

The sooner they become aware of the service, the sooner they will have access to information, resources and one-on-one support from someone who has experienced the breast cancer journey.

Currently most women receive the BCSS information pack when they enter the hospital

system but often before that they are anxiously awaiting test results and wanting answers to questions. BCSS provides a comprehensive information pack that can be given to a woman by her GP.

The women or her family can then make contact with the service early in the process, in that way relieving some of the stress and anxiety that goes along with diagnosis. If your practice would like to find out more about this resource or have someone come and talk to your staff, Phone Julie Blake 07 571 3346.

Paths update

Last year, you will have received a flier regarding the PATHS programme. If you look at the figures from September 2001 the number of people in receipt of a benefit fell from 12,371 to 8,462, a 31% decrease. DPB fell by 10% and unemployment benefit fell by 95%. However, in stark contrast, Sickness Benefit numbers rose by 37%. Sickness beneficiaries are generating 135 GP visits a week in this area.

This rise in figures is not indicative of an ageing population as sickness eligibility ceases after age 65. This is one of the reasons the PATHS

scheme has been formulated around the country.

It is there to assist you as GP's to help those of your sickness or disability patients who need "something extra" to help them back into the workforce.

So... don't forget whenever you are signing those SB forms to think of PATHS. You never know, there might be something we can do to help your patient which will make all the difference.

Peter Tomkins, GP and PATHS advisor

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.