

Welcome to the February Newsletter

Having completed some summer GP locums, I am now working back in the GP Liaison position.

By now you will have met with patients whose names have been removed from the waiting list as a result of the Ministry of Health's drive to reform this area.

The deadline for the changes to have been made is June 2006 so expect more patients to be returned to you.

Feel free to contact me with your thoughts on the whole issue.

Email andy.humphrey@bopdhb.govt.nz

Ministry of Health increases funding for joints and cataracts

The orthopaedic initiative, a Ministry of Health scheme, has increased funding to perform more joint surgery in the future.

Figures presented recently to a conference on waiting lists showed that 06/07 expenditure will be \$58m, and 07/08 is predicted to be \$70m. This represents a 100% increase on previous spending and increases major joint surgery from 1890 procedures in 2005 to 4570 in 2007.

The plan with cataract surgery is to increase the number of publicly funded procedures by 50% over three years.

TAURANGA HOSPITAL REDEVELOPMENT

The refurbishment of Tauranga Hospital's 'blue corridor' building began last month and will reopen in around a year's time. Many GP's will have used this corridor on their way to Tuesday lunchtime meetings. The former administration area is being revamped to accommodate a new theatre sterilising unit, a section for theatre support staff and a new space for medical records. All blue corridor staff relocated to new offices before Christmas. The most complex move was the hospital's library, which moved to the old dining room at Pohutukawa House.

Meanwhile, foundation work for the north wing ward block and podium buildings will continue throughout February.



Tauranga Hospital under construction

THE PERSONAL TOUCH

I am not the complaints officer! However, I do appreciate feedback and encourage you to contact me with 'issues'. If this is in the form of a complaint I'll do my best to direct you to the proper person so that you can vent your spleen.

I thought you'd be interested in the type of 'issues' that have been raised so far:

- Non-appearance of return email to confirm e-referral
- Request for a list of GP patients present in the hospital
- Difficulties with a GP request for information from community mental health
- Problems arranging proper discharge planning for patients from Whakatane
- A request for copies of all hospital lab tests performed as an inpatient to be sent to the GP
- Laptops for remote access of scanned documents on MedTech
- Inability of Tauranga hospital to access lab reports from Waikato
- Emergency department discharge summaries to go to the referring GP as well as the patient's own GP.

Some of these have required just a phone call, others may well require the Earth to move closer to Venus to achieve... But I'm working on it.



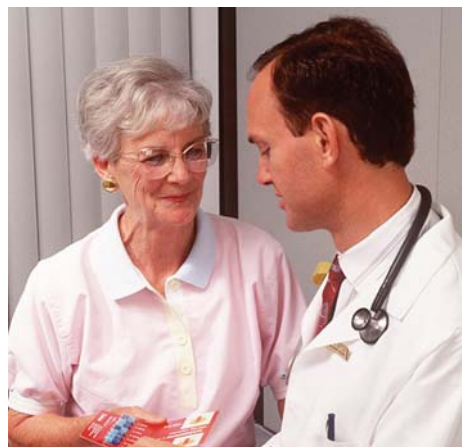
GPSI

No, this is not an incorrect spelling of the Romanic wandering tribes of central Europe, but stands for General Practitioners with a Special Interest.

Now of course, we have always had these. Mostly they have taken the form of corridor consultations with a colleague who's 'done a bit of dermatology' about your patient's odd skin rash and the like. Most STD services here work along a GPSI line.

What is happening in the United Kingdom is that it has been recognised that GP's have a huge pool of talent and experience to draw on, and the movement is flourishing there with the support of the Government.

In the NHS, GP's are now involved in endoscopy clinics, dermatology outpatients, joint injection clinics etc.



With the 'return to GP care' that has occurred after the waiting list culls in New Zealand there is a lot of interest in how a similar scheme could work here.

Current GPSI arenas in New Zealand

- STD clinics
- Sports medicine
- Industrial health
- Minor Surgery
- Addiction medicine
- Natural therapies

Possible future GPSI arenas in New Zealand

- Endoscopies
- ENT second opinion and grommet insertions
- Ophthalmology opinions and minor eye surgery
- Dermatology opinions
- Office gynaecology
- Minor skin surgery and some plastic work
- Mental health opinions
- Joint injections, ingrown toenails and other minor orthopaedic procedures
- Paediatric opinions
- Diabetes management

Information will be provided to keep you informed as to progress both here and outside this health board.

Return of patients from the treatment list

Ministry of Health Elective Services guidelines require DHB's not accept patients for first specialist assessment or add to treatment lists if the patient cannot be treated within six months of being accepted to a list. The key principles underlying the new system are clarity, timeliness and fairness; clarity, where patients know whether or not they will receive publicly funded services; timeliness, where services can be delivered within the obtainable capacity, patients receive them in a timely manner; and fairness, ensuring that the resources available are directed to those most in need. There is an acknowledgement that resources are insufficient to meet all needs. These guidelines can be viewed on the following website www.electiveservices.govt.nz

By 30 June 2006 the MOH expectation around Elective Services is that all DHB's will be compliant with the Elective Services Performance Indicators (ESPI's). Only those patients who will receive their FSA/treatment within six months of entering a list will remain on lists. While this DHB has progressed well with ensuring the lists are clean, improving referral information, consistent grading, diverting patients to Whakatane we still have a way to go to meeting compliance and further returns can be expected.

During December 2005 109 non-joint procedure patients were removed off the Tauranga orthopaedic treatment list and returned to their referral source. This followed the return of 87 Ear, Nose and Throat first assessment referrals that had been waiting for an appointment well in excess of six months. For many hospital services access thresholds have been set to assist this DHB to manage patient flows and access to services. General Practitioners have been notified of the services where restrictions to access have been established.

Dale Shewan and Kathie Sale
Elective Services Team

Phone 07 579 8219
Email dale.shewan@bopdhb.govt.nz

Clinical Advisory Board

The Clinical Advisory Board met again in December 2005. During the meeting it was discussed that an audit had revealed that only 70% of patients were getting a discharge letter sent to their GPs for ongoing care.

The GP members of the board voiced their frustration with this ongoing problem.

One of the Clinical Advisory Board's suggestions was that house surgeon and registrar contracts should stipulate this requirement with financial penalties if not adhered to.

Andrew Keenan presented ongoing pandemic planning and told us that GP meetings locally are planned for 2006.

The issue of a local clinical school has progressed to the selection of members for a steering group.

QUOTED!

"Architecture is like frozen music."

Goethe

"When I order rectal thermometers, I get spark plugs. Both useful items, to be sure, but hardly interchangeable."

Colonel Potter, M*A*S*H



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CONTACT Dr Andy Humphrey GP Liaison
Ph 07 579 8243 Fx 07 579 8119
andy.humphrey@bopdhb.govt.nz