

Non New Zealand Residents - eligibility for publicly funded healthcare (non maternity)

There has been a usual summer increase in non-NZ residents presenting for health care - some are eligible for publicly funded health care, but some are not.

The Bay of Plenty District Health Board has a responsibility to identify those who are ineligible for free health care and recoup the costs - if the health board does not bill for these services, the tax payer meets the costs.

A couple of clarification points that have arisen recently:

- UK and Australia have reciprocal agreements to provide acute care for their residents; any elective services must be billed.
- Eligibility for medical (non-maternity) services is not affected by marital status - ie a person is not eligible for free health care simply because they are married to a New Zealand citizen. They must meet the eligibility criteria on their own merits.
- While the Bay of Plenty District Health Board has a policy of providing health care to all, regardless of ability to pay, bear in mind the costs involved when advising non-NZ residents. An ineligible non-NZ resident referred to ED, triaged, treated and discharged will generate a minimum fee of \$170.00 and can be considerably more.

Charges also apply to district nursing services so referrals need to note non-NZ residents and the patient must be advised that there will be a charge for district nursing visits so they have a choice of district nurse or general practitioner follow up. District nursing charges are set at \$75.00 per visit without consumables.

Hospital level care is NOT free to people who are ineligible for publicly funded care. For more information on eligibility refer to the web address www.moh.govt.nz/eligibility

Please contact ACC Manager, Jayne Emerson, on 07 579 8066, email jayne.emerson@bopdnhb.govt.nz or Elaine Secker on 07 57 for further information.



Endoscopy Referrals

Patients are now being asked in writing to confirm that they wish to go on the endoscopy waiting lists. If they do not respond in one month, all endeavours are made to make contact with the patient. If that is not possible then the referral is returned to the source of referral. To date no referrals have been returned due to non-patient contact. However, some patients have been returned to their GP as 'not wanting procedure'. Please include complete referral information such as blood tests and stool samples to help your patient's treatment journey easier for them.

For further information contact Jennifer Goodson on 07 579 8915.

PHIL SHOEMACK back from Canada

I spent from August till December last year in Canada as part of a job swap arrangement with Dr Paul Martiquet, a Medical Officer of Health colleague from the Sunshine Coast, just north of Vancouver. We lived in Paul's wonderful house looking out across the Straights of Georgia at Vancouver Island while he and his family were here in our home. Impressions: public health issues are pretty much the same as here but Canada is a more affluent country and spends about 50% more per head on health than we do. People (including doctors) still complain about the same old issues though, like waiting times, lack of finance, inefficient administration, staff shortages etc. The more things change, the more things stay the same!

Phil Shoemack
Medical Officer of Health

Moving On...

Mr Rob Cable will be known to many of you. He has been a senior surgeon at Tauranga Hospital for many years and has made major valuable and innovative contributions to the ongoing development of both the general and vascular service for the organisation. He leaves the Bay of Plenty District Health Board on 10 March 2006, but will continue consulting from his private rooms.

Dr Sharon Kletchko leaves the Bay of Plenty District Health Board to join Nelson Marlborough District Health Board in the role of General Manager Planning and Funding, and will also be in a national role as Chief Quality Advisor to the Ministry of Health as a part-time secondment.

Moving In...

Dr Matira Taikato has recently joined the Bay of Plenty District Health Board as a consultant psychiatrist. Originally from the Bay of Plenty with iwi affiliations to Te Arawa and Ngaiterangi. She graduated from Otago medical school in 1983 and is a member of the Royal College of Psychiatrists (UK) (2005). She has recently returned from being in Scotland for nine years.

UPDATE FROM ELECTIVE SERVICES

To assist in providing the Bay of Plenty population with regional equity to public hospital services, it has been decided to offer a regional service for Neurology. This means that all neurology referrals will be graded by a neurologist at Tauranga Hospital, and, if accepted, added to a regional waiting list. Clinics will then be booked from Tauranga Hospital by highest priority/longest wait. This means that although most Whakatane patients will be seen in clinics at Whakatane Hospital, if a more urgent appointment is required and the closest appointment available is in Tauranga, Whakatane patients may be offered a clinic at Tauranga Hospital.

It is planned to make Dermatology a regional service in April 2006.

During December, January and February extra Gastroenterology lists were carried out at Whakatane Hospital to treat long wait patients on the Tauranga gastroenterology treatment list. Around 200 patients were treated during this time.

There have been some returns of Plastics low-priority first specialist assessment (FSA) referrals recently. As you will be aware, Grade 3 referrals for this service will no longer be accepted at this health board. Just a reminder that the Bay of Plenty District Health Board has a limited visiting Plastic Surgery service consisting of two outpatient clinics and two theatre sessions a month.

Gynaecology clinics are running in Te Puke for Tauranga patients wishing to see Whakatane specialists. A comparison of wait times is as follows.

Dale Shewan and Kathie Sale, Elective Services Team
Phone 07 579 8219 or email dale.shewan@bopdhb.govt.nz

| GYNAECOLOGY TAURANGA | | GYNAECOLOGY WHAKATANE | |
|-----------------------------------|-------------------|-----------------------------------|-------------------|
| <i>1st Specialist Assessments</i> | <i>Wait Times</i> | <i>1st Specialist Assessments</i> | <i>Wait Times</i> |
| Waiting priority 1 | next clinic | Waiting priority 1 | next clinic |
| Waiting priority 2 | up to 20 wks | Waiting priority 2 | within 4 wks |
| Waiting priority 3A | up to 6 mths | Waiting priority 3 | within 6 mths |
| Waiting priority 3B | never | Waiting priority 4 | within 52 wks |
| Waiting priority 4 | never | | |
| <i>Treatment List</i> | | <i>Treatment List</i> | |
| Waiting priority 1 | next list | Waiting priority 1 | next list |
| Waiting priority 2 | next list | Waiting priority 2 | 2-4 wks |
| Waiting priority 3 | 12 mths | Waiting priority 3 | 6-8 mths |
| Waiting priority 4 | not doing | Waiting priority 4 | not doing |

CANINE COMMUNICATION

A dog goes to the post office.

"I'd like to send a telegram," he says to the postmaster.

"Certainly, sir, what would you like the telegram to say," says the postmaster.

"Well, I'd like it to say WOOF, WOOF, WOOF," says the dog.

"Hmm," the postmaster says, "Normally that would be \$1.00 a word and would cost you \$3.00. But today, we have a special promotion and you could send seven words for the price of three"

"So then, the postmaster continues, "You could send WOOF WOOF WOOF WOOF WOOF WOOF WOOF for the same price as WOOF, WOOF, WOOF!"

"Really?" says the dog.

"Yes, really," says the postmaster.

The dog thinks for a moment and is puzzled.

"But," says the dog, "The only problem is that wouldn't make any sense."

Treating Children with Asthma

I have seen a number of children here at the Asthma and Respiratory Centre who have been prescribed the LABA Salmeterol and have been told to stop taking their ICS inhaler. I think this may be due to the fact that Salmeterol is now more accessible.

Best practice evidence-based guidelines state that in the Stepwise Pharmacological Management of children with asthma, regular preventer therapy of an inhaled steroid should be started before adding in the LABA. Once an LABA is started, though, children should continue with the inhaled steroid. This is because the use of LABAs without inhaled anti-inflammatory therapy is associated with an increased risk of treatment failure including exacerbation.

Lyn Tissingh, Nurse Manager, Asthma and Respiratory Management BOP Inc
Phone 07 577 6738



Tauranga Hospital Acute on-call Registrars for admissions

| | |
|-----------------|-------------|
| Acute Paed Reg | 021 2221329 |
| Acute Med Reg | 021 2234971 |
| Acute Gynae Reg | 021 473543 |
| Acute Ortho Reg | 021 473489 |
| Acute Surg Reg | 021 473494 |

one-two-one

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