

**Counties Manukau
District Health Board**

**Endocrinology
Health Services Plan**

February 2008

1.0 Current Services

Endocrinology Services have been developed at CMDHB in 2007 following a Regional Service Planning process undertaken between 2004 - 2006. The Endocrinology Service is run in conjunction with the Diabetes Service, but has its own distinct model of care.

Services provided include:

- Inpatient services (2-5 inpatient beds).
- Inpatient consultation service to other specialist teams.
- 3 outpatient clinics per week at Manukau SuperClinic or Botany SuperClinic.
- The service is "secondary care based" but provides GP advice/education.

CMDHB provides a comprehensive secondary care endocrinology service with the exception of the following services provided by ADHB:

- Radioactive iodine treatment (inpatient and outpatient).
- "Tertiary" endocrinology inpatients e.g. radioactive iodine treatment, perioperative neurosurgical treatment.
- Bone densitometry service for primary care referrals (contracted 750 scans year at ADHB provider).
- Endocrine bone clinic.
- Dynamic pituitary function testing (Greenlane Clinic Centre) on triage/referral from the CMDHB endocrine service.

There are service linkages with diabetes, general surgery (thyroid, parathyroid, endocrine surgery), ORL and neurosurgery (direct referral and agreed shared care with ADHB clinicians), and Women's Health through joint SMO appointment.

Dedicated resources include:

- 0.74 SMO FTE for inpatient and outpatient services
- 1 RMO shared between diabetes and endocrinology
- 2 Research Fellows shared with diabetes and endocrinology

Endocrinology	2004 (ADHB only)	2006/07 (CMDHB only)	2007/08 (CMDHB Repatriated Volumes) +
New Patient	402	260	536
Follow Up Patient	895	308	1005

SWOT Analysis - Endocrinology

Strengths:	Weaknesses:
<ul style="list-style-type: none"> • Excellent clinicians, with appointments completed in December 2006. • Linkage to ADHB endocrine service via joint appointment, strong peer grouping, and harmonious agreement to devolve service to CMDHB. • Good working relationships, and intentions with related services. 	<ul style="list-style-type: none"> • Initial service was single person, then second endocrinologist and with larger department need to develop shared approach/management is required. • New Service, with clinical linkages not yet "cemented". • No historical clinical database, clinical demand statistics. • Non-contact clinical time shared with diabetes (tension to preserve split). • All clinicians have commitments outside the Department, and Division of Medicine. • High RMO:SMO ratio for oversight.

	<ul style="list-style-type: none"> • Duplication (e.g. medical and surgical teams managing conditions in common).
<p>Opportunities:</p> <ul style="list-style-type: none"> • Willingness to configure service to demand, as well as the range of expertise. • Research potential ,supported by Division with Research Fellow positions. • Develop agreed pathways etc. • Increased opportunity to manage endocrine disorders historically under-serviced. 	<p>Threats:</p> <ul style="list-style-type: none"> • Limitation on outpatient facilities available to introduce initiatives such as multidisciplinary clinics (thyroid), or to expand with demographic growth or new services. • No clinical database, or outpatient health events summary.

2.0 Key Issues

Developmental Stage of Service

The CMDHB Endocrinology Service is still in the development phase and forecasting service volume requirements requires further attention as volumes are set on ADHB historical productivity. Further development of the service will determine specialist expertise areas and inform the development of multidisciplinary clinics.

Bone Densitometry Services

Access to bone densitometry investigations (primary and secondary) is limited and coordination of studies between clinicians could be better developed.

3.0 Trends and Future Directions

Endocrinology services will develop subspecialty areas of practice (e.g. Thyroid ultrasonography) while continuing to work closely with the endocrinology services at Auckland City Hospital. These subspecialty interests also support the range of endocrine surgery undertaken by the General Surgery team at CMDHB.

Development of bone densitometry services in collaboration with other specialist teams and primary care for the people of CMDHB.

Development of multidisciplinary clinics (including “one stop shop” for common conditions) to minimise delays, avoid repeat visits and improve coordination of patient care.

4.0 Key Directions

- ✓ *Development of subspecialty areas of endocrinology practice.*
- ✓ *Collaboration in development of local bone densitometry services.*
- ✓ *Development of multidisciplinary clinics.*