

Primary Care News

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Being able to access a person's full health information is vital if they are to receive better, sooner, and more convenient health care.

Big strides are being made in storing health information electronically so everyone caring for a person – including their GP, hospital doctor, nurse, specialist and pharmacist – can access it from any location.

CareConnect is the new online information service provided by the Northern Region's DHBs to share information between primary healthcare and hospital services. You may be familiar with the TestSafe service, which has been renamed "CareConnect TestSafe" to fit within the CareConnect brand.

Healthcare providers can now see all of a patient's recent and past test results, no matter who requested them, and use this information to make the best decisions about a patient's care.

Dr John Cameron, a GP at Westmere Medical Centre, says CareConnect makes it easier to provide the best treatment to patients.

"I think it's fantastic that we can look up this information when we have the patient in front of us," he says. "Having immediate access to hospital radiology reports and hospital-generated prescriptions makes looking after our patients so much easier and safer."

For more information visit www.careconnect.co.nz

CareConnect brings together several initiatives, including:

- **eReferrals** – integrates with the GP PMS to generate and send referrals electronically, improving information transfer between primary healthcare and hospital services (see "eReferrals ready for rollout").
- **TestSafe** – an electronic database that brings together results from DHB and community laboratories, DHB and community radiology services, and records of medications dispensed from community pharmacies. This includes CareConnect CMDHB, which provides access to additional hospital information for Counties Manukau GPs.
- **eMedrec** – part of the Government's National Medications Programme (NMP), allows clinicians to see an up-to-date list of a patient's medications and provides an alert for any discrepancies.
- **Clinical Documents** – an electronic filing cabinet of selected clinical documents that healthcare professionals involved in a patient's care can view.

The Ministry of Health National IT Board aims that by 2014 New Zealanders should have electronic access to their own health information and all health professionals caring for a person should have secure electronic access to that person's full health information.

eReferrals ready for rollout

Two Medtech pilot practices have been submitting eReferrals for three weeks. Between them, Mt Wellington Family Health Centre and Mairangi Medical Centre practices have submitted 89 referrals. They have been for 26 services and subspecialties.

Thirty-nine referrals have been received for Auckland DHB, 35 for Waitemata DHB, and 13 for Counties Manukau.

PHO trainers have attended their training in preparation for supporting their practices and GPs. All the training materials for the GPs have been loaded on Care Connect's support page.

Planning is now under way to implement a phased rollout of practices across the Auckland metropolitan region and Care Connect will let each PHO know of the timing.

For more information on the Care Connect eReferrals Project, see the [website](#)

Simpler consultant advice

If you need consultant advice on managing a patient, have you considered asking for a virtual first specialist appointment (Virtual FSA) or specialist advice?

Specialists can often provide useful advice on managing patients without having to see them in an outpatient clinic. When you refer to the hospital for an outpatient appointment you can instead ask for specialist advice or a virtual first specialist appointment (FSA).

Many services in all three DHBs provide this service, either on GP request or when the triaging consultant considers it appropriate.

What is a Virtual FSA?

- GPs refer in the usual way – written or electronic.
- A consultant triages the referral letter.
- Consultant may do any of the following:
 - Phone GP to discuss case and get more information
 - Review other medical notes for the patient
 - Review community lab results or x-rays
- Consultant then provides advice to the GP on managing the problem. This is normally provided through a written letter or a phone call to the GP.
- The patient does not go to an outpatient clinic.

What are the advantages of a Virtual FSA?

- The GP receives advice on managing their patient within one to two weeks.
- Patients do not need to attend an outpatient clinic – saving them time and money.
- Outpatient waiting lists are shorter, so patients who really do need to see a specialist are seen sooner.

Cardiology centre promises quicker treatment

Waitemata DHB's new Lakeview Cardiology Centre opened on October 31, promising shorter waiting times for some patients, and improved access to specialist cardiology advice for GPs.

Construction of the 25-bed Lakeview Cardiology Centre started in March this year. The completed centre features a seven-bed coronary care unit, a six-bed step-down unit, a 12-bed cardiology ward, two cardiac catheterisation laboratories (the second will open in January) and a new Siemens Zeego cath lab imaging system, the first of its kind in New Zealand.

The centre's first patients will be transferred from North Shore Hospital's existing coronary care unit and cardiology ward this week.

Patients will face shorter waits for procedures such as angiograms, stenting and permanent pacemaker implants, as the second cath lab will increase capacity from a maximum of nine a day to 14 or more.

INCREASED CAPACITY: When Lakeview Cardiology Centre's second cath lab opens, capacity will increase to 14 or more patients a day.



Hospice study seeks GP input

The Ministry of Health and Counties Manukau DHB have identified improving access to care for Maori, Pacific and Asian patients at South Auckland Hospice as a priority.

In keeping with that priority, Professor Merryn Gott, from the University of Auckland's school of nursing is heading a Counties Manukau DHB/ South Auckland Hospice project examining access to services at South Auckland Hospice.

He is seeking the view of GPs and their patients about the hospice services and will disseminate the results of his study locally to improve access.

GPs are invited to take part in an interview, either by phone or in person, to explore their views on access to hospice services in South Auckland.

They will also receive pre-packaged information (available in English, Maori, Pacific languages or Mandarin) to give at their discretion to patients they believe should know about the study. The information includes a consent form, contact details for the research team and postage-paid return envelopes.

If you are interested in being involved, please contact research assistant: Rosemary Frey at r.frey@auckland.ac.nz or phone (09) 373 -1353

Antenatal HIV screening programme

The Auckland region, including the community labs, is now reporting all antenatal HIV (AHIV) screening data to the Ministry of Health, so feedback on Counties Manukau DHB AHIV screening rates will be available next year.

Counties Manukau DHB highly recommends that you add a separate "Antenatal HIV screen" to your electronic lab forms as a reminder and prompt.

All pregnant women need to be routinely offered and recommended AHIV screening in each pregnancy, with consent, as part of first antenatal bloods.

When an antenatal HIV screening test comes back with a reactive result it's important to follow the instructions from the lab so that confirmatory testing is completed correctly.

Antenatal HIV screening guidelines recommend a recall and blood sample for an "HIV Confirmatory Test in Pregnancy". Please document this on the lab request form. Tests needed for confirmation in pregnancy are HIV viral load and PCR.

Counties Manukau DHB antenatal HIV screening coordinator Tracey Wichman can help you with results, including accessing information for staff, and patient support for confirmed positive HIV results

You can contact Tracey on 021 527 185. You can also find more information from the National Screening Unit website www.nsu.govt.nz or Positive Women: www.positivewomen.org.nz



Progress on shared care IT pilot

Sixty-three patients with long-term conditions from across the Auckland region have now been enrolled on the pilot National Health Shared Care plan.



The patients are from seven GP practices, with four community pharmacies and secondary services from Auckland DHB, Waitemata DHB and Counties Manukau DHB also involved.

Deborah Ross, the primary care training and support coordinator for the plan, said phase one of the pilot involved establishing a clinical user group involving GPs, practice nurses, pharmacists, nurse specialists and hospital consultants.

During this phase software was developed with constant feedback from the user group to ensure it was user-friendly. As well, six patients tested a patient log-in application, so they could see their information on line.

Planning for phase two is now under way, assimilating all the software feedback from the user groups and patients, and also looking at a wider rollout and testing.

For more information on the Shared Care Pilot, see the [website](#)

School services tackle problems early

We all see the negative impact of low income on patients' health. But we don't always see some of the measures that are helping to tackle these problems.

A joint health and education initiative started in Counties Manukau in 2002, and since rolled out across the country, is taking primary healthcare directly to young people in deprived areas.

Since 2002, registered and enrolled nurses have been working in 15 secondary schools, and two teen parent units (TPU), within the Counties Manukau area. The 30 nurses work in decile 1-4 secondary schools funded by the Ministry of Health, Counties Manukau DHB and the schools' operational funds.

In 2008, the initiative was rolled out to decile 1 and 2 schools, teen parent units and alternative education units throughout the country.

Each school-based health service gives students an opportunity to access advice on a wide range of health concerns. The nurses are also funded to offer a comprehensive assessment to all year 9 students.

The desire is to identify any unrecognised health concerns or risk behaviours that could affect the students' well being and academic achievement.

Students are followed up and case-managed with the help of school guidance counsellors and social workers, and other community primary healthcare providers. As the school-based services develop, opportunities arise to add further services, such as GP and physiotherapy clinics.

The free school-based health services are available to all students during school hours and in term time, reducing actual or perceived barriers to accessing healthcare. They also allow students the opportunity to develop and refine good health-seeking behaviours as they move towards adulthood.

The nurses can refer students to a wide range of health providers, particularly their family GPs. They can also support students and ensure they attend outpatient clinic appointments.

By effectively addressing major issues such as obesity, diabetes and heart disease before students make permanent lifestyle choices the school-based services may save the health sector money in the long-term.

New incident, feedback and complaints process

Auckland DHB is committed to providing quality healthcare for patients and is keen to receive feedback from primary care about its secondary services.

You can do this through the new easy-to-use electronic feedback system, available on Healthpoint. This web-based form goes directly to the Auckland DHB consumer liaison department.

You will find the incident reporting form on the ADHB Healthpoint website in the "important links" section of the home page, in the right hand column. Or you can go directly to the form by clicking on <http://www.healthpoint.co.nz/tools/adhbincidentfeedback/>

One-stop menstrual clinic

The Counties Manukau DHB's gynaecology service has introduced one-stop postmenopausal and heavy menstrual bleeding clinics.

The clinics started on October 17.

Women are triaged into the service when the GP referral letter is graded, and will all have a pelvic ultrasound scan before attending the clinic.

If they meet the criteria they will be offered an outpatient hysteroscopy, which will be performed at the clinic.

For more information, contact service manager Adrienne Lang on 276 0044, ext 8381 or acting clinical director Sarah Tout, on the same number.

PATHS back to work

An innovative free programme helps patients with health issues get back to work.

PATHS (Providing Access to Health Solutions) provides free health assistance and case management for patients on the sickness or invalids benefits, aiming to overcome any health barriers so they can rejoin the workforce.

This is an individualised, needs-based programme that helps work-ready patients into suitable jobs.

It is available to patients in Counties Manukau and who are on the sickness or invalids benefit.

You will find the referral form and how to contact the programme [here](#)

ADHB OUTPATIENT WAITING TIMES

ADHB is keen to provide GPs with approximate waiting times for outpatient appointments. The table below provides **approximate** waiting times according to the priority assigned to a referral by a clinician. The waiting times are based on data from the preceding months, are estimates only and subject to change. Services are not able to guarantee how long patients will have to wait in the future. Not all services have been able to provide waiting times

Clinic	Category	Waiting time
Audiology	A B C D	Within 1 day Within 1 week Within 3 months Within 6 months
Breast Clinic	Urgent Semi-Urgent Routine	Within 2-4 weeks Within 2-3 months Within 6 months
Cardiology	A B C	Within 2-3 weeks Within 8-12 weeks Within 12-16 weeks
Cardiothoracic	A B C	Within 1 week Within 2 weeks Within 8 weeks
Dermatology	A B C E (Patch)	Within 1 week Within 3-5 weeks Within 6 months Within 6 months
Diabetes	New Patients booked by the Clinical Director & clinicians	
ECHO	A B B-C C	Within 2 weeks Within 2 months Within 4 months Within 7 months
Endocrinology	A+ A B C	Within 1 week Within 4 weeks Within 8 weeks Within 6 months
Endoscopy	A = P1 B1 = P2 B2 = P3 B3 = P3 C = P3 D = P4	Within 2 weeks Within 1 month Within 3 months Within 5-6 months Within 6 months Within 6-7 months
Gastroenterology	A = P1 B1 = P2 B2 = P3 B3 = P3 C = P3 D = P4	Within 1 week Within 2 weeks Within 1 month Within 1 month Within 1-2 months Within 2 months
General Medicine	A B C	Within 1-2 weeks Within 6 weeks Within 7-10 weeks
General Nutrition	A B	3-4 weeks 5-7 weeks
General Surgery	Urgent Semi-Urgent Routine Non-urgent	Within 2-4 weeks Within 2-4 months Within 6 months When available within 12 months
Gynae General	A Referrals B Referrals C Referrals	2-4 weeks 6-10 weeks 3-6 months
Colposcopy	A Referrals B&C Referrals D&E Referrals	1 week Within 4 weeks Within 6 months
Haematology	A B C D	Within 48 hours Within 1 week Within 4 weeks Within 3 months
Immunology	B C D	Within 4-8 weeks Within 2-4 months Within 4-6 months
Infectious Diseases	A B C	Within 1-2 weeks Within 2-4 weeks Within 4-8 weeks
Liver	A B C	Within 1-2 weeks Within 4 weeks Within 2 months
Medical Oncology	A B C D (now combined tmt)	Within 1 week Within 2-3 weeks Within 4 weeks Within 2 weeks
Neurology Day Stay Outpatients	Urgent Semi-Urgent Routine	1-2 weeks 4-8 weeks Within 6 months
Neurophysiology	Urgent Semi-Urgent Routine	Within 8 hours 1-2 days 2 weeks
	Urgent BMG/NCS Semi-Urgent	1-2 weeks 3-4 months
Neurosurgery	Urgent Semi-Urgent Routine	Within 1 months Within 2 months Within 3-4 months
Ophthalmology	Not available.	
Oral Health	Appointments booked by Dental Assistants	
ORL Head and Neck	Urgent	3 weeks

Clinic	Category	Waiting time
Rhinology	Semi-Urgent Urgent	3-4 weeks 4-6 weeks
Otology Maxillo-facial	Semi-Urgent Urgent Semi-Urgent Routine	Within 8 months Within 4-6 weeks Within 6 months Back to GP
Orthopaedics	A priority B Priority C priority D Priority	1 week 4 weeks 8 weeks 6 months
Paeds Audiology	Urgent Semi-urgent Routine	Within 4 weeks Within 2-4 months Within 6 months
Paeds Cardiac		
Paeds Dermatology		All patients seen within 3 months
Paeds Developmental	Urgent Semi-Urgent Routine	Within 4 weeks Within 1-2 months Within 3-6 months
Paeds Endocrinology	A B C	Within 4 weeks Within 2 months Within 3-6 months
Paeds ENT	Urgent Semi-Urgent Routine	1-2 weeks 2-4 weeks Within 2 months
Paeds General		All patients seen within 4 weeks
Paeds Immunology	Urgent Semi-Urgent Routine	Within 4-6 weeks Within 2-3 months Within 4 months
Paeds Neurology	Urgent Semi-Urgent Routine	Within 2-4 weeks Within 1 months Within 4 months
Paeds Neurosurgery	Urgent Semi-Urgent Routine	Within 1 months Within 2 months Within 3-4 months
Paeds Orthopaedics	A Referral B Referral C Referral Non-urgent	Within 4 weeks Within 2-3 months Within 6 months When available within 12 months
Paeds Rheumatology	Urgent Semi-Urgent Routine	Within 1 month Within 2-3 months Within 4 months
Paeds Surgery	Urgent Semi-Urgent Routine	Within 2-4 weeks Within 2-4 months Within 6 months
Physiotherapy Respiratory	Urgent Semi-Urgent Routine	Within 2 months Within 4 months Within 6-12 months
Radiation Oncology	A B C D	Within 1 week Within 2 weeks Within 4 weeks Within 4 weeks
Respiratory Medicine (Chest Clinic)	A B C D (Sleep urgent) F (Sleep non-urgent)	Within 2 weeks Within 2-6 weeks Within 4 months Within 3 months Within 6-12 months
Respiratory Medicine (Sleep Lab)	D E	Within 1 week Within 2-6 weeks
Respiratory Medicine (Sleep Lab)	D E	Within 1 week Within 2-6 weeks
Rheumatology	A+ Urgent Semi-urgent Routine	Within 6 weeks Within 3-6 months Within 6 months
Sexual Health	Vulval Clinic Female Counsellor	1-2 weeks 6 weeks 6-12 weeks
TARPS	Urgent Semi-Urgent Routine	
Urology	A B C D	Within 2-4 weeks Within 2 months Within 3 months Within 6 months
Vascular	A A + Lab B B + Lab C C + Lab	Within 1-2 weeks Within 1-3 weeks Within 2-4 weeks Within 2-6 weeks Within 3-4 months Within 5-6 months