

C&C DHB Partner Update

10 August 2010

Capital & Coast DHB will regularly be providing information packs to stay in touch with our colleagues in primary health and to keep everyone up to date with what's going on.

Please help us by distributing this to other Primary Health Care Providers who you think might find this information useful.

This edition and previous editions are available to view on healthpoint.co.nz under the Medical Professional section – News.

Headlines in this edition:

- ***New Guideline for Dietary Management of Functional Gut Disorder being launched on 1 September***
- ***Te Haika (single entry point for all Adult Mental Health Referrals) now taking Crisis Calls.***
- ***Primary Health Care Nurses' Reference Group meeting***
- ***C&C DHB Cellulitis Management in Primary Care Pilot***
- ***Pandemic Planning: Influenza 2010***

Update on the second wave of influenza Pandemic A (H1N1)

- ***Plastic surgery encouraging photographs with referrals to improve patient service***
- ***C&C DHB Diabetes Performance***
- ***Review of Mental Health Services***
- ***Review of Youth Health Services***

See below for further details on each of these issues. Documents attached to the newsletter are identified in **bold and underlined**

New Guideline for Dietary Management of Functional Gut Disorder (Irritable Bowel Syndrome) being launched on 1 September.

The C&C DHB Gastroenterology Clinical Pathways Collaborative Group is launching new guidelines for Primary Care on the dietary management of functional gut disorder. This will be launched on 1 September, 2010 with a presentation at Compass Health from 6.00pm - 8.30pm (**see attached flyer**):

A practical guide to managing irritable bowel syndrome in primary practice, and the use of the low FODMAP diet

Irritable bowel syndrome and other functional gut disorders are experienced by 10-30% of the population and are one of the most common reasons for medical consultation and specialist referral. This session aims to provide primary care practitioners with practical tips for diagnosis and management of these disorders, and will describe the new low FODMAP diet which is fast becoming a mainstay of symptom control.

Dr Rees Cameron, Gastroenterologist at C&C DHB and Sarah Elliot, Immunology Dietitian will be presenting on this subject and subsequently launching the guideline endorsed by C&C DHB Gastroenterology Clinical Pathways Collaborative Group which includes Gastroenterologists, General Surgeons and GPs from across the Wellington region.

Te Haika (single entry point for all Adult Mental Health Referrals) now taking Crisis Calls.

Te Haika is the central point for all referrals to Capital & Coast DHB Adult Mental Health Services and is open from 8.30am to 5pm Monday to Friday. The Mental Health line remains the first point of contact for all calls outside of these hours.

CATT, Maori Mental Health and Health Pasifika Crisis Calls are now all integrated through a single phone and fax number, and over the past month has fielded nearly all calls without the use of the answer machine.

Te Haika dispatches crisis teams when required and can be contacted by telephone (landline or mobile), fax, and email.

Phone (04) 918 2267
Mobile 027 500 1569
Fax (04) 918 2284
Email TeHaika@ccdhb.org.nz

For more information on Te Haika go to:
<http://www.healthpoint.co.nz/default,134457.sm>

Plastic surgery encouraging photographs with referrals to improve patient service

The Plastic Surgery Department at Hutt Hospital is encouraging GPs to send in photos with their referrals so they can be triaged appropriately.

As a picture 'tells a thousand words' only minimal written information is required which will reduce the time taken for referral. This will also improve the service for patients so that urgent and significant lesions can be quickly and appropriately treated. The lesions which are of less concern and can be monitored by the GP can be quickly referred back, minimising patient anxiety. This will also avoid waiting extended periods to find out if a lesion is of concern. Providing photographs will improve care for the patient and timeliness of decisions for GPs.

Any camera with a USB cable and VGA quality (640*480 pixels) should take an adequate photo for triage purposes. The photograph will require a ruler for scale and some landmarks so that you can tell where the lesion actually is eg on face or hand. Also required is some basic information about how fast the lesion is growing, co-morbidities (especially immuno-suppression and warfarin) and whether there are any wound management issues ie. dressings.

Referrals can be sent as;

1. Hard copy photograph attached to paper referral and sent via post to Plastic Surgery Outpatients Department

With patient consent regarding unsecured email:

2. Photo and referral emailed to plastics_referrals@huttvalleydhb.org.nz
Please include NHI and date of birth.

Primary Health Care Nurses' Reference Group meeting

September 1st, 5.30pm – 7.30pm

Kenepuru Education Centre, conference room
(next to Kenepuru Hospital entrance)

Theme for the evening:

Sharing innovation & learning in Primary Health Care practice –
a follow-on meeting from our strategic planning in April.

Programme:

5.30pm – 6pm light refreshments and catching up time

6pm – 7.30pm Presentations and discussion (30 minutes each):

Chris Kerr, Compass Health Clinical Services Manager – Cardiovascular Risk Assessment / Diabetes Annual Review (DAR) project that Capital PHO have been running with success

Fiona Osten, Nurse Team Leader, Newtown Union Health Service – potential use of screening tools for nurses using Medtech

Carol Langbein - Medtech use, including: Bold Promise, recalls, DARs, tips and hints that are useful; responses to questions from the group

Please RSVP to linda.polaschek@ccdhb.org.nz ph 8062448

C&C DHB Cellulitis Management in Primary Care Pilot

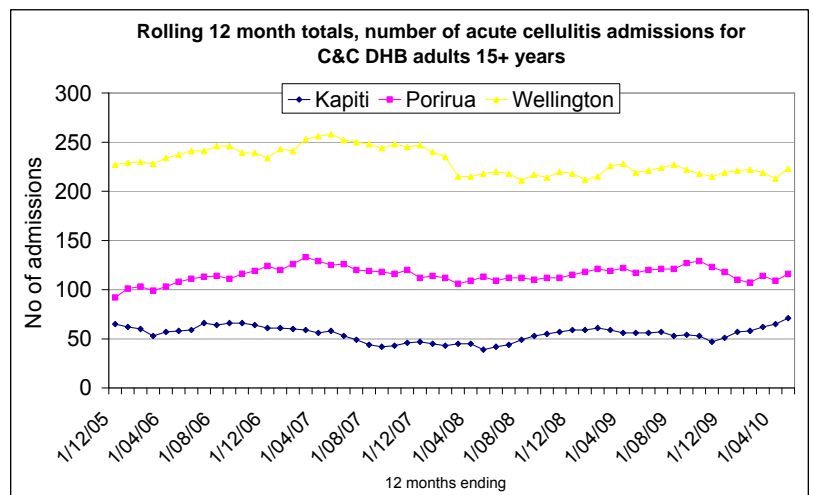
The Cellulitis Management in Primary Care Pilot was established in 2009 to evaluate whether the use of intravenous antibiotics for cellulitis in the community would reduce cellulitis related hospital admissions. The pilot was carried out in targeted practices in the Porirua area and they were provided with treatment guidelines, IV antibiotic treatment packs, training and treatment funding.

A Clinical Pathway Collaborative (CPC), including clinicians from across primary and secondary care, has been established to guide the pilot review. The members are:

Adrian Gilliland	Chris Kerr	Astuti Balram	Nigel Raymond
Ann Boland	Chris Sharma	Vicky Noble	Nicky Manawaiti
Brent Krivan	Jean Kelly	Larry Jordan	Richard Tyler
Brijul Morar	Kim Harriss	Bryan Betty	Robyn Toomath

The group met in late July to discuss impact of the pilot; based on the information available the CPC group agreed that the pilot did not show a reduction in admissions. However, there is enthusiasm to develop an improved cellulitis management programme, with a more holistic approach. The group agreed that following the completion of the current pilot, a new service delivery model should be developed over the next 6 months, during which the impact on admissions and ED presentations will continue to be monitored.

Admissions were the key performance indicator for the pilot. The number of admissions in the pilot's targeted area of Porirua has remained relatively stable over the years, similar to Wellington and Kapiti. There was a possibility that the admissions in 2009 were more complex patients, of which diabetes may have been a contributor, however this was not found to be the case. It was also noted that



there were approximately 320 cellulitis admissions per annum for C&C DHB which is not a very large number of patients for a cellulitis project to target.

Although ED rates were not identified as a performance indicator for the pilot, these were investigated as well. Similar to the admission information, the ED data that was available was not able to show an impact of the pilot.

The uptake of the project by primary care continued to increase each quarter, with 99 patients receiving treatment in the most current quarter. This number of patients

is larger than the number of patients expected to be admitted over the same timeframe. Considering that there were no changes in the number of admissions during the pilot, this suggests that a significant larger number of patients are receiving IV cellulitis treatment altogether in the DHB. The CPC group discussed that the pilot treatment algorithms and guidelines provided appear to be appropriate, however there is likely to be variation in their application.

The outcomes of other similar programmes in other DHBs in New Zealand were shared with the group and it was found that other DHB programmes focused on providing improved access to treatment which had some impact on ED presentations.

The CPC group meets again on Aug 24th and as the future model is developed primary care will be kept updated. If you require any further information or would like to discuss anything related to the project, please contact Astuti Balram, Service Development Manager ph: 04 806 2422 or email astuti.balram@ccdhb.org.nz.

Pandemic Planning: Influenza 2010

New Zealand is currently experiencing a second wave of Pandemic A (H1N1) 2009. Influenza activity is continuing to increase, but so far it is looking more like a seasonal flu wave than the 2009 pandemic wave. Regional variation is very apparent, with most lab-confirmed Pandemic H1N1 cases to date occurring north of Taupo into greater Auckland, and often in areas with lower numbers of H1N1 hospitalisation in 2009.

The great majority of positive influenza swabs are still either Pandemic H1N1 or influenza A – un-subtyped (most likely Pandemic H1N1). The nature of the virus remains unchanged and is still sensitive to antiviral medication.

Key messages in the NZ response continue to focus on:

- Getting vaccinated against seasonal influenza which includes protection against swine flu: there is still time but act quickly
- Washing and drying hands frequently, covering coughs and sneezes and staying at home if you are sick.
- Phoning for medical advice early (GP or Healthline on 0800 611 116) for anyone with symptoms of influenza, to be assessed for antiviral medicine and other treatment, particularly if they have underlying health conditions. This is also important for pregnant women, who appear to be at particular risk of more severe illness

Management principles:

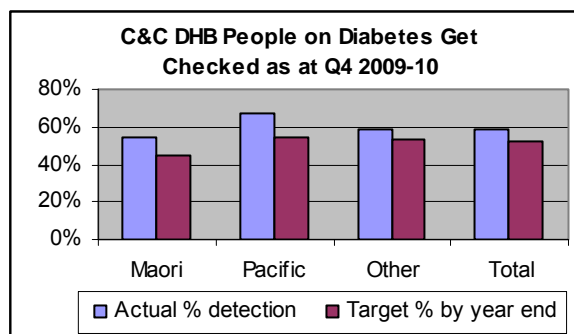
- To be most effective oseltamivir (Tamiflu) should be given early, within the first 24 hours. For those with underlying respiratory disease or obesity, this is the recommended target .
- Not all people with influenza have classical symptoms, so flu should be thought of in those with deteriorating respiratory symptoms, including pneumonia. Fever may not be present in elderly or immunocompromised patients
- Remember to ask about vaccination history: vaccination this year or proven influenza last year make influenza very unlikely in a symptomatic person
- Pregnant women and those with morbid obesity appear to be at higher risk of dying, and there should be a lower threshold for using oseltamivir, even if later in the illness.

- Bacterial pneumonia cannot be distinguished from viral pneumonia, so antibiotics and antivirals together should be used for probable cases admitted to hospital
- There is greater pharmacy availability for MOH-funded oseltamivir
- Use of alcohol hand rub together with fluid repelling surgical masks or N95 will protect (unvaccinated) people from the flu
- Patients with influenza symptoms should not be admitted to MAPU or other multibedded rooms
- Contact the microbiologist on call or the Infection Prevention team if you need specific advice

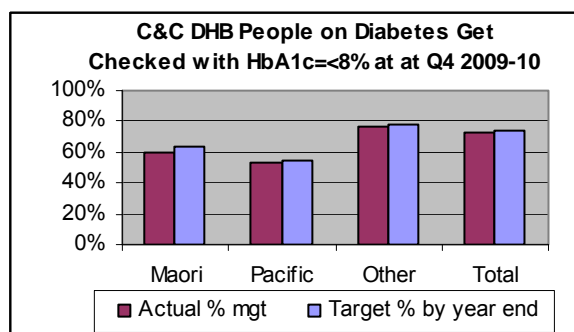
Please see [the attached document](#) for an update on the second wave of influenza Pandemic A (H1N1) 2009 which is currently affecting parts of New Zealand

C&C DHB Diabetes Performance

Diabetes is a key focus for C&C DHB. Ensuring that those with diabetes receive regular care and are able to achieve their diabetes management goals is vital. The national diabetes health targets aim to monitor patients by measuring the number that have had a Diabetes Get Checked completed and who have achieved HbA1c <8%.



Quarter 4 (2009-2010) performance for C&C DHB is quite positive. The number of people on Diabetes Get Checked has exceeded annual targets, however of those people on Diabetes Get Checked, the percentage with a HbA1c =<8%, remains below the expected targets. Despite this, there has been significant progress made in the number of patients who have achieved HbA1c =<8% over the year.



Continued efforts with managing diabetes are underway and the DHB will continue to collaborate across the DHB in order to progress with diabetes outcomes.

	2008-09 Q4 People with HbA1c ≤8%	2009-10 Q4 People with HbA1c ≤8%	Increase in number of people from 08-09 to 09-10	% Increase 08-09 to 09-10 Q4
Maori	388	309	79	26%
Pacific	534	416	118	28%

Other	4193	3607	586	16%
Total	5115	4332	783	18%

Review of Mental Health Services

Baseline work is currently underway to establish the wider needs model for mental health in C&C DHB, ensuring that the services provided meet the needs of our population. This will help us understand how the needs of the population can be met now and inform future local contracting. It is a substantial piece of work that will need extensive engagement with all stakeholders, including those in primary care.

One of our key objectives for 2010/11 is to realign mental health services. We want mental health services in our district to deliver a comprehensive group of services that ensures people can access the right services, at the right time, in the right place. The end result will be more flexible options for community care and the development of partnerships between primary and specialist services.

We are planning a series of forums with providers of mental health and addiction services, as well as the primary care practices that link in with them, over the next twelve months to develop our services. The forums will help us understand common issues and themes, the people that use our services, and how providers can support the users of their services.

The goal of the strategic development forums is for everyone who is involved on the day would be able to see how their work fits in with the services delivered by others. It is also important for C&C DHB as the funder of all providers to understand this too.

We have extended an invitation to the CEOs and service managers of service providers as they have a clear understanding of the operational role in delivering mental health services contracted by C&C DHB. Other providers that work with the services are also welcome to attend.

Planned Forum	Forum Date (9am-4pm)	Follow –up Forum Date (9 – 11am)
Residential	13 August 2010	31 August 2010
Community Support Work	20 August 2010	9 September 2010
Alcohol and Other Drugs	27 August 2010	16 September 2010
Kaupapa Maori (tentative dates)	10 September 2010	1 October 2010
Other Community support services	17 September 2010	7 October 2010
Children and Youth	24 September 2010	15 October 2010
Primary Mental Health	8 October 2010	26 October 2010

For information see **the attached document** or contact Pauline Dennis on 806 2452 or pauline.dennis@ccdhb.org.nz to find out how you can attend one of the forums.

Review of Youth Health Services

Capital and Coast District Health Board (C&C DHB) is undertaking a review of youth health services within this district, which will include reviewing school based nursing services in secondary schools, youth health services, and primary sexual health services.

We are undertaking this review to understand the youth health services currently provided in our district. The review is to ensure young people, aged 12-25 years, have access to appropriate and sustainable health services, and that they are facilitated by a service delivery that works cohesively across the youth health sector.

This project will take place over the next three months and the first phase will be a stocktake of the youth health services that are currently funded within C&C DHB. We'll use this information to make sure we fully understand the full range of service delivery models, rates of access, the issues faced by youth health providers, as well as the successes and best-practice models being used.

If you have any queries please contact Project Coordinator, Justine Mecchia on 806 2353 or justine.mecchia@ccdhb.org.nz

If you have any feedback, suggestions or questions regarding these communications please do not hesitate to contact us.

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For C&C DHB information for the general public about Primary Care, visit:
http://www.ccdhb.org.nz/planning/Primary_Care/Primary_Care.htm

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