



C&C DHB Partner Update

April 2011

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

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Attachments to this newsletter are marked as **bold and underlined**

CNN Cancer Services Directory 'goes live'

A cancer services directory has been developed to give cancer patients, carers, family and whanau, and health professionals, access to services and support within the Central Cancer Network (CCN) region, www.centralcancernetwork.org.nz. This site is free to access.

The directory covers eight District Health Board areas in the CCN region: Tairāwhiti, Hawke's Bay, Wairarapa, Hutt Valley, Capital & Coast, MidCentral, Wanganui and Taranaki.

The directory's function allows users to search for services and support in any of these districts as well as national organisations.

Jenny Cawston, Population Screening Manager, and Chair of the Hawke's Bay local Cancer Network says: "CCN is to be congratulated for setting up the cancer services directory. Now people, those affected by cancer and their families, as well as health professionals, will be able to find out what services are available to them by accessing the directory on the internet."

Health professionals can use the site to inform patients and families about cancer help and support that is available as well as being able to list their own services.

Jo Anson, Network Manager, CCN says: "The launch of the Hutt Valley, Capital & Coast, Wairarapa paper-based cancer services directory in August 2010 was the ideal platform to inform the development of the wider web-based directory. The team on that project identified the type of services and supports that could help make the cancer pathway an easier road to travel."

The website also lists the 0800 Cancer information helpline, run by the Cancer Society. This allows users to see that one-to-one guidance and assistance is a phone call away, if needed.

The ability to electronically update listings on the site will ensure users are kept informed with the most current services and support.

Consumer Representative Bob Fox says: "Don't wait to call for support until you are absolutely exhausted. There are people in your community who can help, who can lighten your load immeasurably. Use this tool to find them."

An electronic listing form is available from the CCN website: www.centralcancernetwork.org.nz.

Special Authority Applications for Special Purpose Food

Great News: From the 1st April Vocationally registered GP's will be able to make Special Authority Applications for Special Purpose Foods as listed in the Pharmaceutical Schedule. See www.pharmac.co.nz for special authority forms and how to undertake electronic special authority applications which will give an immediate special authority number.

There are a number of other changes Pharmac have announced effective of the 1st April as well.

- Patients need to have been screened for risk of malnutrition and trialled for a month on food fortification first **before** introducing a subsidised supplementary drink. (**see attached resource**)
- The products listed for use as supplements for adults includes both powders, requiring mixing up, and the ready to drink supplements. These have been referenced priced meaning that only the powders are fully subsidised and there will be a part charge for the ready to drink supplements.
- Those patients who have current special authorities and outstanding repeats to collect will not be charged extra however future prescriptions will be affected. If patients find that the part-charge of their current product places undue financial burden to them, you can consider whether a powder version of the product is suitable (please note Ensure Powder makes up to 1 kcal/ml compared to 1.5kcal/ml for ready to drink supplements) or whether to look at a Disability Allowance as a possible route for added financial assistance.
- Pharmac are developing education materials around 'malnutrition definitions' and 'food fortification' which will be rolled out mid April and providing seminars for GP's on these changes which are likely to be run in May.

Special Authority Applications:

1) Although technically from the 1st April those Dietitians with APC endorsement will be able to undertake these applications, Pharmac have advised that the Healthpac IT systems need an upgrade to allow us to do this, so at this stage Dietitians are unsure when we will be able to start doing these Special Authority Applications.

2) Patients discharged from hospital needing special purpose foods, will still have the special authority numbers undertaken by the hospital consultant until further notice or can be now be undertaken by a vocationally registered GP's.

3) Patients referred to outpatient or community Dietitians must have a clinical need to be seen and referrals for providing prescriptions alone will not be accepted. Our expectation is that food fortification options will have been trialled for a month in patients at risk of malnutrition before they are commenced on special purpose foods (in line with Pharmac's recommendations)

Prescribing Special Purpose Foods

As of the 1st April a number of Dietitians from Capital and Coast DHB will have gained an endorsement to their Annual Practising Certificate (APC)

allowing them to prescribe special purpose foods, vitamin and mineral preparations and oral rehydration solutions.

Most of our community-based Dietitians will be able to do this but only a limited number of our outpatient Dietitians can as many have not worked long enough to be eligible to have undertaken the prescribers course that is a prerequisite to the APC endorsement.

We plan to communicate to you clearly which patients we have prescribed products for, the name, quantity and length of time prescribed for. If the relevant Dietitians is not able to do this, then that will be clearly indicated in the correspondence as well in the hope that you are able to do this for the patient.

Please see Healthpoint under CCDHB Allied Health for:

- A list of CCDHB's Prescribing Dietitians
- Dietitians Referral Criteria
- An algorithm re referring patients in need of special purpose foods
- A resource that can be used for food fortification for your patients

Yours sincerely,

Jo Stewart

Professional Leader, Dietetics, Capital Coast DHB.

Attached Is How to Gain Weight and Outpatients Prescribing (Adrian Gilliland [CCDHB])

Primary Health and Palliative Care Education Series from Mary Potter Hospice

Mary Potter Hospice are holding a series of education sessions on Palliative Care Education. You are invited to attend any of the training sessions that may suit you. There are a number of respected guest presenters from multi disciplinary teams across 3 locations in Newtown, Porirua and Kapiti. This includes presentations on

- Pain and Symptom Management
- Loss and Grief
- Palliative Emergencies
- Initiating Difficult Conversations

See attached brochure for more information. **Attached** Mary Potter Hospice Education Series

Opportunity for GPs to develop a special interest in opioid treatment and addiction management.

The Wellington Opioid Treatment Service provides methadone maintenance for 429 patients across the Wellington region. Approximately 30% – 40% of patients are prescribed by general practitioners under authorisation from the specialist service. It is expected that this number will grow. The creation of a post for a GP with Special Interest provides opportunities to increase the pool of GPs confident to prescribe methadone and help relieve staff pressure within the service.

The methadone maintenance treatment services provide for those who:

- need methadone dose stabilisation
- are diagnosed as having severe opioid dependence *and* are the most unstable in terms of their opioid use
- need high levels of specialist intervention to minimise the harms associated with opioid drug use and to make needed lifestyle and behavioural changes
- need to manage relevant co-existing disorders.

A placement in Opioid Treatment Service would have a number of advantages for GPs. These include experience of methadone prescribing within a closely supervised environment. GPs would also gain experience in managing patients with relevant co-morbid disorders, including benzodiazepine abuse/dependence, alcohol disorders, smoking cessation, and amphetamine-related conditions

GPs would also be able to assess and treat patients with high prevalence psychiatric disorders under the supervision of consultant psychiatrists. In addition it would allow interested trainees to pursue Fellowship of Australasian Chapter of Addiction Medicine (FACHAM) once they have GP Fellowship. The service would pay the GP on a per-session basis, with the opportunity to negotiate the days and hours of work. Proposed Programme

It is expected that the GP would work one session a week; ideally for a period of 6 months to provide continuity and allow skill acquisition.

The GP would cover a clinic of patients who require medical reviews on a routine or urgent basis. Typically, these appointments would relate to routine review of methadone provision and screening of co-morbid medical/psychiatric conditions.

There would be a direct line of responsibility to a named consultant

It is expected that case managers would sit in on all appointments to provide experienced support and capacity to follow up on decisions made within the appointment.

In addition to a direct line of responsibility it is expected that the trainees would meet on a fortnightly basis for one to one supervision of one hour. The supervision provided within this service would relate to clinical supervision of cases; however also provide the opportunity to discuss broader issues of addiction and mental health.

Trainees would also have the opportunity to attend monthly addiction peer review which is currently held on the first Thursday of every month; monthly in-house training and quarterly mortality & morbidity reviews

In addition to this support outlined above there would be the availability of appropriate guidelines and policies relating to methadone maintenance.

There is also opportunity for a permanent role for a Medical Officer Special Scale, Opioid Treatment Service within the attached advertisement.

For information on the proposed GP with special interest role please contact:

Clarissa Broderick at Clarissa.Broderick@ccdhb.org.nz or phone 4949170

or Sam McBride at sam.mcbride@ccdhb.org.nz or phone 4949170

or Jeremy McMinn at Jeremy.McMinn@ccdhb.org.nz or phone 4949170

Attached Medical Officer job description

General Practitioner (part time/casual) for Brain Injury Rehabilitation Provider

We have vacancy for an experienced and enthusiastic GP to work in our brain injury rehabilitation unit, located in Porirua, just 15 minutes north of Wellington. This is a part time/casual position working under the direction of our Rehabilitation Consultant, alongside a team of therapists and nursing staff.

Cavit ABI Rehabilitation is a leading service provider for clients with moderate to severe acquired brain injury. We are looking for a GP who is committed to the provision of quality care, with excellent communication and interpersonal skills, and a willingness to work as part of an interdisciplinary team.

The GP will be responsible for providing general medical services to inpatient clients recovering from a brain injury. Admissions and discharges form the majority of the role.

Applicants must have a current full registration with the New Zealand Medical Council - recent experience in rehabilitation would be an advantage.

If you are available and looking for something different in a dynamic service, please contact the Regional Manager, Andrea McLeod, for more information - andrea.mcleod@cavit.co.nz or 04 237 0128.

Company information available on www.cavit.co.nz

International Nurses Day

International Nurses Day celebration ceremony is taking place on the 12th May 2011 between 4pm and 6.30 pm at the conference room in Kenepuru Hospital. These awards are to acknowledge the outstanding contributions made by Enrolled & Registered Nurses and Health Care Assistants in the Hospital and Health Service. There are separate awards for nurses from the Primary and Aged Care Sector.

The criteria for these awards are for excellence in:

Innovative Practice/ Quality Initiative
Clinical or professional leaders
Team Work

Nominations for these awards can be made by anyone in the health care team and must be supported by at least one other colleague as well as the manager of the nominee/s.

Nominations must be received before 16.00 on Monday April 11th.

Recipients of the awards will be chosen from the nominations by a panel of senior nurses. The Ellen Dougherty Nursing Award will be presented to the nurse who, in the opinion of the selection panel, has demonstrated outstanding excellence that links to the International Nurses day theme of **'Closing the Gap – Increasing Access and Equity'**.

All successful nominees will be presented with their award at the event in the Conference Room at Kenepuru Hospital.

Attached Nomination Form 2011 HHS 7th March, International Nurses Day Invitation 2011 and Application form 2011, Message From Vicky Noble

Porirua Kids Action Plan Sore Throat Protocol now on Healthpoint

Porirua Kids Action Project Launches Sore Throat Protocol for Porirua East

The 'Porirua Kids Action Project' (PKAP) is a joint initiative led by East Porirua Primary Care providers, PHOs, Regional Public Health, CCDHB clinicians and Planning and Funding. The project focuses on raising awareness and improving the health outcomes of children between 0-16 years in Porirua East, while promoting best practice detection and management within primary

health clinics.

Sore throats, rheumatic fever and skin conditions are the initial key health areas to be addressed.

The Porirua Kids Action group has developed a Standing Order and guidelines for the treatment of sore throats based on the National Heart Foundation guidelines for sore throat management for Porirua East. The training for GPs and Primary Care Nursing is underway for Porirua East and we are planning some education sessions for doctors and nurses who work at Kenepuru A&M.

We would encourage all Primary Care clinicians to use the [National Heart Foundation Guidelines](#) for sore throat management particularly for children and young people aged 3- 45yrs who are in a high risk group. This includes all Maori and Pacific peoples and those living in a high deprivation area.

All of these people presenting with a sore throat should have a throat swab taken and often will require a 10 day course of an appropriate antibiotic.

Community training sessions were provided on March 1st and 3rd. At these sessions the resources that will be available to the community were outlined, including flip charts and posters that will be available.

Media, including radio and printed articles are planned for the coming months, including a "launch" of the project on the 6th March at the National Children's Day celebration at Aotea Lagoon led by Dr Larry Jordan, local GP

Visit the site on the intranet by clicking on Healthpoint/ C&CDHB/ Primary Care/ [Porirua Kids Action Project Launches Sore Throat Protocol for Porirua East](#)

National Immunisation Schedule 2011 Vaccine Changes

David Wansbrough Manager Immunisation from the Ministry of Health has issued a fax detailing the changes to the national immunisation schedule from 1st July 2011.

Attached Changes to Immunisation Schedule.

Health Passport

Capital and Coast District Health Board and Hutt Valley Health Board have agreed to take part in the pilot programme of the Health Passport that the Health and Disability Commissioner has initiated.

The Health Passport will be available to patients with disabilities from 4th April from Wellington Regional hospital, Kenepuru Hospital and Hutt hospital. The

Passport is designed to assist nursing and medical staff to understand the care and support needs of people with disabilities.

The original Health Passport document was prepared by Wandsworth Community Learning Disability Team (WCLDT) in London. Using this as a starting point, and with the permission of WCLDT to modify the document to fit with New Zealand systems and practices, HDC has taken responsibility as the lead agency in developing the Passport for New Zealand.

The idea for the passport came about after a disabled patient's family highlighted the benefits that having a Health Passport at the end of each patient's bed could bring. It is envisaged that this document will assist disabled people during all medical consultations and hospital stays and help prevent avoidable stresses for the patient. Each patient can fill out the Health Passport to reflect their needs and can give as much detail as necessary.

Sarah McGill, Executive Director, Organizational Development Patient and Patient Safety and project sponsor said, "The Health Passport will assist health professionals to communicate effectively with those who may have difficulty communicating their needs and wants including many different impairment groups and others such as those with English as a second language, who have frequent visits to hospital or health practitioners."

The Health Passports will be available to download from the HDC, C&C DHB and Hutt DHB websites, from GPs and reception and admission areas within the hospitals. Should patients require assistance in completing the Passport this will be provided.

If you have any further questions regarding the Health Passport please contact Dr. Pauline Boyle, Disability Educator and Researcher at C&C DHB on ext 82436. Feedback on the Passport and your experience of working with it can also be submitted to Dr. Boyle.

Attached Health Passport Document.

C & CDHB Introduction of Yellow Envelopes for Aged Residential Care

On Monday 7th February C&C DHB went 'live' with the use of the "Yellow Envelope" for patients that are discharged or transferred to Aged Residential Care (ARC) providers from C&C DHB wards or units.

The Yellow Envelope (with its contents) will accompany the patient on discharge to their facility. This envelope will also be used for patients that are attending appointments for treatment and surgical procedures in the day procedure unit. The Yellow Envelope is also to be used by the Aged Care Providers when they are sending a resident into Wellington for assessment and admission.

The purpose of this project is to improve the transfer of patient information from and to ARC facilities after it was noted that often important information was lost or left behind – this includes discharge summaries, EPOA forms, medication cards and nursing care plans and other documentation that is often communicated verbally between health professionals but not written down anywhere.

The goal of the Yellow Envelope Project is to improve the safety of the patient during their transfer, assessment, treatment and return to their facility. By keeping all information contained in a handy envelope, its yellow colour will draw attention to its presence and assure better transfer of pertinent information to keep our elderly patients safe.

Capital & Coast will review the effectiveness of this initiative by seeking formal feedback from all the ARC providers and C&C DHB staff.

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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