

## ***C&C DHB Partner Update***

**July 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](http://healthpoint.co.nz) under the Medical Professional section – News.

Headlines in this edition:

- **Electronic Referrals coming to GP Practices**
- **After hours access to Palliative Care Medication**
- **ORA (Older Adults, Rehab and Allied Health) Service Information**
- **Specialist Geriatrician Service for Wellington City**
- **Better Help for Smokers to Quit Health Target**
- **Integrated Care Collaborative**
- **New Anticoagulant (Dabigatran) fully funded from July 1 2011.**
- **Alzheimers Wellington offering free Education Program**
- **Attention all nurses planning to enrol in postgraduate papers in 2012**

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

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### **Electronic Referrals coming to GP Practices**

Capital & Coast DHB in partnership with Compass Health will be rolling out an electronic referrals tool for all GP practices in the C&C DHB region over the next 4 months. The benefits of e-referrals to you are:

- Instant acknowledgement that your patient's referral has been received by the DHB Booking Centre;
- Guaranteed delivery of the referral with an electronic receipt saved in your PMS notes;
- Saved time due to reduction in the number of referrals rejected or requests for more information;
- Reduction in return rates of incomplete referral forms from missing demographic information;
- Reduced risk of your referral being lost or mixed up with another;
- Better clinical decision making as a result of greater control over the quality of data on referral forms; and
- Reduction in fax and postage costs;

Electronic referrals will allow GP's throughout the CCDHB region to electronically submit outpatient referrals to the DHB Booking Centre from within MedTech32, rather than by fax or post as is currently the case.

We will initially roll out a generic referral form that can be populated from MedTech32. The use of one generic form will run for up to six months, after which time the use of specialty specific referrals will be considered and reviewed.

HealthLink are the providers of the electronic referral system, and we will continue to work with them and Intrahealth to find a suitable solution for those practices that currently have Profile as their PMS.

The generic referral form will be for all Specialist Outpatient Referrals but will **exclude** the following in the first phase:

- Mental Health,
- Care Coordination and Allied Health
- all ACUTE ie ED and other acute referrals eg acute eye clinic

C&C DHB and Compass Health will pilot the electronic referral tool in six practices to ensure that the tool is working as required, and that the necessary systems are in place between General Practice and the DHB Booking Centre. This pilot phase all going to plan should be completed by Mid-August with an aim to have the tool rolled out to all practices by the start of September.

Compass Health will communicate with practices and provide updates along the way, and will support all practices in C&C DHB to get this tool installed and going live by September. Compass Health will be in touch to arrange installation of the required components in the near future – as well as providing details of some group training sessions on how to use the tool.

If you have any questions please contact Dr Adrian Gilliland at [adrian.gilliland@ccdhb.org.nz](mailto:adrian.gilliland@ccdhb.org.nz)

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## After Hours Access to Palliative Care Medications

The After Hours access to palliative care medications project is now underway and has been operating for the last few months. It was formed as a result of the findings of the Palliative Care Work Stream by the Primary Secondary Governance Group.

### Who the programme is designed for:

Palliative care patients who are under the care of Hospice, Hospital or GP services during hours from 17:00 to 08:00 am Monday to Sunday.

### Reason for the Service:

The service was been set up to avoid admissions to the Emergency Department for Palliative Care patients who wish to remain at home and who in the past would have been admitted after hours to get medicines.

### Who is involved?

The project, which is led by community pharmacists, involves a number of community pharmacies across the Capital & Coast district. Pharmacies are required to hold stocks of 11 items that were identified by the Pharmacists and GPs involved. The list of pharmacies involved is on the Healthpoint website and has been provided to every GP surgery, Hospice and the Hospital in the area.

Pharmacists will contribute to an after hours roster, where they will deliver medications to patients homes if required. This would be initiated by the GP leading the patients care.

### Steps to take to arrange for palliative medication after hours?

- GPs can log into healthpoint [www.healthpoint.co.nz](http://www.healthpoint.co.nz) and go to the C&C DHB Primary Care section
- or
- Call the Wellington Hospital Switchboard 04 385 5999 who have access to this roster on the Healthpoint site.
- then
- Check the roster for the closest participating pharmacy
  - Call the Pharmacist and arrange for them to deliver the medication to the patient's house.

Further information on the service is available on [www.healthpoint.co.nz](http://www.healthpoint.co.nz) or by contacting Pam Bremford on 04 3879254 or [kilbirniepharmacy@xtra.co.nz](mailto:kilbirniepharmacy@xtra.co.nz) .

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## ORA (Older Adult, Rehabilitation and Allied Health) Community Services Information

The C&C DHB Older Adult, Rehabilitation and Allied health service now have an updated service profile attached and also available on healthpoint under [CCDHB/AT&R](#).

This service previously known as Therapies or Capital Coast Rehab Community Teams) includes Geriatricians, Physiotherapists, Occupational Therapists, Social Workers, Dietitians, Speech Language Therapists, Registered Nurses, Clinical Nurse

Specialist, Nurse Practitioner, Neuropsychology, Family Therapist and Rehab Physician.

This service provides a number of specialised health and disability services as outlined in the attached document.

All referrals for Community services should be made via the Care-Coordination Centre (CCC) who screen referrals and forward on to the most appropriate team. Please use the appropriate referral form **attached**.

A Medtech friendly version is available for download on Healthpoint at CCDHB/Primary Care/ Medtech Outbox documents  
[http://www.healthpoint.co.nz/default,119325.sm?medpro=show&solo=mpTreatmentGuideline\\_sList&index=1](http://www.healthpoint.co.nz/default,119325.sm?medpro=show&solo=mpTreatmentGuideline_sList&index=1)

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### **Specialist Geriatrician Service for Wellington City**

Due to illness and the impending return to the UK of Dr Gerry McGonigal we are experiencing difficulties in Wellington with managing referrals for specialist geriatrician input.

At the moment, we are trying to reschedule some patients with geriatricians based at Kenepuru Hospital and Kapiti Health centres however demand exceeds availability. Other patients are being referred to general medical physicians for review.

Please accept our sincere apologies for any inconvenience this may cause.

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### **Better Help for Smokers to Quit Health Target**

The Ministry of Health would like to confirm that the Better Help for Smokers to Quit Health Target for 2011/12 will be extended to include activities that are undertaken in Primary Care.

From 1 July 2011, the Health Target Indicator for Primary Care will be:

***90 percent of enrolled patients who smoke and are seen in General Practice, will be provided with advice and help to quit by July 2012.***

In 2010, the Ministry informed District Health Boards that the Better Help for Smokers to Quit National Goal for 2010/11 would be '80% of current smokers enrolled in a PHO will be provided with advice and help to quit by July 2011'. Data sourced from Primary Health Organisation (PHO) Performance Programme (PPP) has been used to measure this goal.

In parallel, the PPP has informed PHOs that its Programme Goal for 2010/11 is '65% of enrolled patients who are current smokers, have been given brief advice and/or given or referred to cessation support services in the last 12 months'. The Programme Goal has been set, based on the assumption that only 82% of patients enrolled in a PHO will visit their general practitioner within a 12 month period. Given the Ministry's National Goal is 80%, this equates to 65% of the enrolled population.

The PPP will communicate the Programme Goal that will apply for the 2011/12 Primary Care Health Target Indicator to PHOs in due course.

Further information is available on the Health Improvement and Innovation Resource Centre's website ([www.hiirc.org.nz](http://www.hiirc.org.nz))

### **Support for practices from the Ministry of Health:**

- There are a wide range of cessation options - ranging from referral to services like Quitline, Aukati Kaipapa and local DHB services, through to nicotine therapies and prescription medications such as Champix and Zyban. There's [more information on each of these](#) on the HIIRC site.
- Are you aware of and using one of the data-recording and decision-support software tools (*Medtech, Dashboard, My Practice, Dr Info etc*). The Ministry has provided [screenshot examples of a range of tools here on the HIIRC site](#) - they invite you to exchange comments, experiences and recommendations with each other on the site. For those who use Medtech, they have also added some of the [most helpful keyboard shortcuts](#) to the same page .
- **STEPS Training** - STEPS is a '*Train the Trainer*' programme designed to strengthen New Zealand's smokefree training workforce towards delivering effective, brief ABC training for registered health professionals within both secondary and primary care. Excellent training for both practitioners themselves and those who work with practitioners to encourage smoking interventions. [Learn more here](#).

### **Things for practices to consider:**

- Do you know what proportion of your patients are currently recorded as smokers?
- How does this compare with the [prevalence of smoking in their region](#)?
- How does the prevalence for your region compare to the prevalence among your enrolled patients?

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## **Integrated Care Collaborative**

We are working on the process for how we determine our integrated care workplan, in line with the *Better Sooner More Convenient* policy direction from the Ministry of Health. We expect to have four workstreams in the areas below, with the workplan completed and agreed in November.

In the coming weeks we will be seeking people to participate in the workstreams, if you would like to participate please talk to your PHO about how you can register your interest.

### **Workstreams**

- Acute Care and After Hours
- Health of Older People
- Living well with Long-term conditions (including co-morbidity and vulnerable populations)

- Enablers (IT, communications, workforce, infrastructure)
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### **New Anticoagulant (Dabigatran) fully funded from July 1 2011.**

Dabigatran is an oral direct thrombin inhibitor anticoagulant that is now approved in New Zealand for the prevention of stroke in patients with atrial fibrillation and for short-term use to prevent thromboembolism after hip or knee replacement surgery.

It therefore provides an alternative to warfarin or enoxaparin (Clexane) for these indications. Dabigatran (Pradaxa) will be listed on the Pharmaceutical Schedule, without restriction from July 1 2011.

Dabigatran (Pradaxa) is indicated (and registered in New Zealand) for:

- Prevention of stroke, systemic embolism and reduction of vascular mortality in atrial fibrillation (AF);
- Venous thromboembolism (VTE) prophylaxis following major orthopaedic surgery.

You could consider prescribing dabigatran to the following patients:

- patients with AF considered at increased thromboembolic risk who should be on warfarin, but are currently on no, or inadequate treatment;
- patients already on warfarin for AF, who are having trouble managing the monitoring regime or not achieving control, or who wish to change for convenience;
- patients who need short term treatment for prophylaxis of VTE post major orthopaedic surgery.

The following patients should remain on warfarin:

- patients with mechanical heart valves;
- patients with severe valvular disease requiring anticoagulation;
- patients on long term treatment for deep vein thrombosis (DVT) and pulmonary embolism (PE);
- patients with severe renal impairment (<30ml/min creatinine clearance).

For further information on how to prescribe dabigatran and the risks and benefits particularly bleeding risk see the **attached** information sheet from Pharmac.

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### **Alzheimers Wellington offering free Education Program**

The Alzheimers Wellington free education program is available to healthcare and community providers as well as carers.

**Where :** In the Training Rooms SPROTT HOUSE, Messines Road. Karori

Wednesdays, 9.30—12 noon

3/8/11 — What is Dementia

10/8/11 — Keeping Communication  
channels open

24/8/11 — Behaviours of concern and

what to do about them  
31/8/11 — Legal Issues, Care Options  
and Caring for the Carer

This programme is run by Alzheimers Wellington. Any queries about attendance can be discussed with Jill Judson, Education Coordinator, [educator@alzheimers.org.nz](mailto:educator@alzheimers.org.nz) or Leonie on 04 972 2595.

Numbers are restricted so registration is desirable.

Future sessions to be held: **NEWTOWN SEPTEMBER 2011**  
**PARAPARAUMU NOVEMBER 2011**

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### **Attention all nurses planning to enrol in postgraduate papers in 2012**

You are warmly invited to come and learn how to access funding for your paper/s. The funding comes from Health Workforce NZ and is available through the local DHB to all nurses studying relevant postgraduate papers .

The information session dates are: 25th August, 11am - 6.30pm, level 12 Wellington Hospital, Ward Support Block. Come anytime that suits you during these hours. If you'd like to hear a presentation, come at 11am or 3pm

Or

26th August, 3pm - 6.30pm, Kenepuru Education Centre. Presentation is at 3pm.

The four local tertiary providers will be there and you can drop in and talk with them about the papers and programmes they offer and what study plan might suit you best. NB Applications for funding close Sunday 2nd October 2011.

For more information contact:Linda Polaschek, Nurse Leader, Primary Health Care and Integrated Care on [linda.polaschek@ccdhb.org.nz](mailto:linda.polaschek@ccdhb.org.nz)

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If you have any questions please contact Dr Adrian Gilliland at [adrian.gilliland@ccdhb.org.nz](mailto:adrian.gilliland@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](http://www.ccdhb.org.nz/planning/Primary_Care/Primary_Care.htm)

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