

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

4 February 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.

Headlines in this edition:

- ***Early Immunisation Programme for H1N1*** – Clinics to be held in selected practices – see table of clinics below
- ***New Acute General Medical Clinic and Physician Telephone Advice Service*** – Referral form attached
- ***New Acute Stroke Thrombolysis Service and TIA Clinic; Kapiti education evening 2 March 2009 7-9pm*** – Referral form attached
- ***New brochure on Community Health Service*** – Information for primary care providers
- ***Cancer Centre Collaboration Project*** – Feedback sought on draft project proposal, see attached
- ***Medical Oncology Service new phone service*** – New referrals to receive phone call
- ***Acute Patient flows – Achievement of the 6 hour ED target*** – Expressions of interest sought
- ***New Patient-focused MRI booking programme*** – Direct involvement with the patient to manage waiting list
- ***Updated HealthPoint website*** – Includes clinical and referral information
- ***Update on Clinical Pathway Collaborative (CPC) Initiative***
- ***Cancer Control Plan public engagement*** – Feedback period ending
- ***Palliative Care Programme Plan public engagement*** – Feedback period ending
- ***C&C DHB achieves Certification***

- *Cardiology Bike Ride*
- *C&C DHB Diabetes Indicators*
- *Long Term Conditions – Upcoming Education*

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

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## **Early Immunisation Programme for H1N1**

### **Influenza Immunisation Programme 2010**

The 2010 immunisation programme for influenza commences this month. This year it is a two-stage programme, using two different vaccines:

- **Stage One** (Early Protection) runs from 1 February and uses a monovalent pandemic influenza vaccine, which only protects against pandemic H1N1 influenza.
- **Stage Two** is the usual Seasonal Influenza Immunisation Programme starting on 8 March. This stage uses the seasonal influenza trivalent vaccine, which protects against three strains of influenza, including the pandemic H1N1 influenza strain.

### **Early Protection Programme**

The Early Protection Programme offers early protection against pandemic H1N1 influenza to frontline health workers and those most at risk of more severe outcomes from pandemic H1N1 influenza.

It has been implemented this year because the Ministry of Health expects a resurgence of pandemic H1N1 influenza may occur in autumn (around March) rather than the more usual influenza peak in winter and because there are risks around delays in producing seasonal influenza vaccine.

The Ministry also expects that pandemic H1N1 influenza will be the predominant strain of influenza circulating in 2010.

The vaccine offered as part of the Early Protection Programme is the monovalent influenza vaccine, Celvapan<sup>®</sup>, produced by Baxter Healthcare Limited. This vaccine protects against pandemic H1N1 influenza only.

New Zealand has a limited supply of this vaccine which is why the offer of pandemic vaccine is limited to specific priority groups. Most people will be able to access immunisation against pandemic H1N1 influenza through the usual seasonal influenza immunisation programme.

Note:

- Two doses of the Celvapan<sup>®</sup> vaccine at least three weeks apart are required. It will be offered to the priority groups from 1 February 2010.
- Recipients of monovalent pandemic vaccine will still need the seasonal influenza vaccine. While the pandemic H1N1 influenza strain is expected to be the most common influenza strain there may be other strains of influenza circulating.
- The seasonal influenza vaccine protects against three strains of influenza, including pandemic influenza.

All District Health Boards (DHB) are running specific Early Protection immunisation clinics during February for those eligible for this programme. C&C DHB is running these in selected general practices and at Wellington and Kenepuru Hospitals.

### **See outline of clinics below:**

<b>Clinic Date</b>	<b>Clinic Location</b>	<b>Address</b>
4 February	Waikanae Medical Centre	Marae Lane, Waikanae
5 February	Wellington Regional Hospital	Occupational Health Clinic 2 <sup>nd</sup> Floor, Riddiford Building Wellington Hospital
9 February	Paraparaumu Medical Centre	92-94 Kapiti Rd, Paraparaumu
9 February	Waitangirua Health Centre	201 Warspite Ave, Waitangirua
11 February	Miramar Medical Centre	46 Park Rd, Miramar
13 February	Kenepuru Hospital	Kenepuru Hospital Main Foyer, Kenepuru Hospital, Porirua
16 February	Waitangirua Health Centre	201 Warspite Ave, Waitangirua
17 February	Wellington Regional Hospital	Occupational Health Clinic 2 <sup>nd</sup> Floor, Riddiford Building Wellington Hospital
18 February	Miramar Medical Centre	46 Park Rd, Miramar

The DHB will cover the cost of administering the vaccine.

For more information on the Seasonal Influenza Immunisation Programme refer to the National Influenza Strategy Group's Influenza Kit and/or website [www.influenza.org.nz](http://www.influenza.org.nz).

The Ministry of Health have released an information pack for clinicians containing full details of the two-stage influenza vaccination programme. The pack includes information on the Early Protection Programme and details of the immunisation benefit and payments.

You can view this pack online at:

<http://www.moh.govt.nz/moh.nsf/indexmh/early-protection-immunisation-programme-info-pack-jan10>

For more information about how the programme will be run in our area, contact Helen Hartley, C&C DHB Immunisation Facilitator, on (04) 978 2919.

To assist with the programme, a short multi-dose vial training module has been developed by (IMAC) and can be accessed at [www.immune.org.nz](http://www.immune.org.nz).

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### ***New Acute General Medical Clinic and Physician Telephone Advice Service***

**(See Acute Medical Clinic Referral Form Attached)**

A new Acute Medical Clinic Service has been set up to allow patients who require review by an Adult General Physician within a week – but not acute admission – to be assessed in a timely fashion.

Telephone advice is also available from the on-call Adult Physician of the day if a GP is unsure if a patient requires acute admission or on specific medical management of complex medical conditions.

**This can be accessed by telephone on 385 5999 and then asking to speak to the "Medical Consultant of the Day" for Wellington patients and any patient after 5pm or on 027 2234647 for Kenepuru and Kapiti between 9am and 5pm weekdays.**

**To access the new Acute General Medical Clinic, contact the General Medical Booking Clerk on (04) 806 0992 – if she is not available, speak to the Supervisor or Team Leader of the Booking Centre. They will make an appointment within 5 working days while you are on the phone so that you can inform the patient of the appointment time.**

**Please then fax your referral letter with the attached cover sheet to (04) 385 5402.** You will then receive back by fax the cover sheet to confirm receipt of the referral letter and the appointment letter.

Please note that a Physician will not review or read your letter until the day of the appointment. If you have any urgent concerns or queries that need to be addressed prior to this time, please contact the 'Medical Consultant of the Day'.

It is hoped that this process will allow GPs to access an urgent General Medical assessment or telephone opinion without the patient waiting for long periods in ED or resulting in unnecessary admission.

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### ***New Acute Stroke Thrombolysis Service and TIA Clinic; Kapiti education evening 2 March 2009, 7-9pm***

Wellington Regional Hospital is now offering a comprehensive thrombolysis service for acute stroke. Thrombolysis should occur within 3 hours of the onset of symptoms of suspected acute stroke to achieve best outcomes.

If you suspect acute stroke and it is within 3 hours of onset, please arrange urgent transfer to ED via Ambulance. The ambulance service and ED will fast track such referrals and respond appropriately. Stroke patients outside the 3 hour time window should be referred to the Medical Registrar on call and admitted as before.

The Wellington Free Ambulance paramedics have been educated on this new service and are aware of the FAST criteria.

The new TIA (Transient Ischaemic Attack) and non-disabling stroke service based at Wellington Hospital is now up and running. See attached referral form.

**Referral forms as MedTech Outbox document are available from PHO Managers or from the Compass website for Compass practices.**

The new clinic is based in outpatients and provides an acute telephone advice service from the Stroke Team for suspected TIAs via a **dedicated mobile number during opening hours of Monday – Friday, 8am – 4pm; this number is 027 555 4712**. For the past 2 months, all appropriate referrals have been assessed within 2 working days and investigated within the NZ Guidelines for TIA.

#### **Kapiti TIA Education Evening:**

A special education evening is being offered from 7-9pm on 3 March 2009 at the Kapiti Community Centre, Paraparaumu. Please see the attached **NZ TIA Guidelines Invite** flyer for more details and how to RSVP.

#### **Additional Information:**

**TIA is a MEDICAL EMERGENCY – people with TIA are at high risk of early stroke.** This risk is higher than that for chest pain and TIA therefore warrants urgent attention (NZ TIA Guideline, Stroke Foundation 2008).

An acute telephone advice service from the Stroke Team for suspected TIAs is available via a **dedicated mobile number during opening hours of Monday – Friday, 8am – 4pm; this number is 027 555 4712**.

A next working day urgent clinic service referred by fax or email for probable TIAs, in accordance with the Stroke Foundation guidelines is offered.

High risk patients are to be referred directly to the on-call Medical Registrar.

You can use the recommended pre-populating Medtech32 Outbox document referral form. This form includes an ABCD2 score to identify high risk patients.

The new service will provide next day specialist Stroke Physician assessment, priority access to CT and Doppler USS assessment where appropriate and vascular surgery when required.

The inpatient stroke service aims to have six beds in Ward 7 S (neurosciences ward) and 12 stroke rehabilitation beds. Currently two beds are available on Ward 7S.

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#### ***New brochure on Community Health Service***

The C&C DHB Community Health Service carried out a survey last year on its services.

Subsequently, to provide more information to referrers on what the service offers, a new brochure has been developed.

Please see the attached **Community Health Brochure** for you to print off.

Please note: District Nurses will formalise their meetings with you and your staff on a regular basis.

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#### ***Cancer Centre Collaboration project***

**(See Cancer Centre Collaboration Draft Project Scope attached)**

The Cancer Centre Collaboration Project, facilitated by CCN, aims to support a clinical approach to strengthening specialist cancer services by identifying opportunities for greater levels of collaborative arrangements and future models of service delivery to better meet the needs of the populations within the CCN region. Though the project focuses on the activity around the two tertiary treatment centres (Regional Cancer Treatment Service / Wellington Blood and Cancer Centre); it is taking a whole systems approach, that is considering all services provided regionally.

As such it will engage stakeholders across the region to consider regional solutions. The proposed objectives include:

- Identifying areas that the cancer centres can collaborate on to better meet regional requirements
- Developing a prioritised transition plan to deliver against the identified opportunities
- Developing a clinically led process that supports ongoing improvements across the region

The first phase of the project is planned to be completed by mid May 2010.

**Feedback on the draft project scope is sought by 9 February 2010 and can be directed to Robert Bull at [robert.bull@midcentraldhb.govt.nz](mailto:robert.bull@midcentraldhb.govt.nz).**

### **Call for Advisory Group Membership**

A call for expressions of interest for membership of the Project Advisory Group is also sought.

Please indicate your interest to Robert by 5 February and identify the area which you are representing and if it is an organisation, an indication of the support from that organisation.

The first Advisory Group meeting has been scheduled for 18 February in Palmerston North.

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### ***Medical Oncology Service new phone service***

Patients newly referred to Wellington Blood & Cancer Centre Medical Oncology will now receive a personal phone call to let them know what happens next and when they can expect to have their first visit with a specialist.

Previously, patients were only sent a letter advising them of their appointment time. The initiative was initially put in place because of resource pressures in the Cancer Centre and the need to let patients know about waiting times, however the plan is to keep the phone calls going indefinitely for the benefit of all patients going forward. Meanwhile, the DHB is continuing its focused campaign to recruit more cancer specialists to reduce pressure on the service and decrease waiting times for appointments.

You can be assured that patients will be seen as soon as possible and those with the highest level of need will be given priority.

Referrers will soon start receiving a letter from C&C DHB once the referral has been received, outlining the above process.

Should you wish to make any enquiries about the progress of the referral or relay further information, please do not hesitate to contact the Wellington Blood & Cancer Centre on 027 257 8789. The on-call medical oncologist will return your call to discuss the case.

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### ***Acute Patient flows – Achievement of the 6 hour ED target***

The Emergency Department 6-hour target – to have patients assessed, treated (if appropriate) and moved out of ED to the next appropriate step in their care within 6 hours – is one of the key health targets for the DHB.

The target demonstrates improved patient journeys and experience, and is a priority for C&C DHB and the Minister of Health.

In order to review and improve the complex pathway journeys, a structure has been put in place focusing on 3 areas of the journey:

1. Pre-load – Primary and Community care through to ED
2. HHS – ED and inpatient
3. Discharge – Leaving the HHS into Primary and Community Care.

The first group, chaired by Dr Adrian Gilliland has a multi agency membership but would benefit from 1-2 more General Practitioners.

**If you would like to contribute to this group** and make a difference for patients accessing hospital emergency care, please email Dr Gilliland for further information at: [adrian.gilliland@ccdhb.org.nz](mailto:adrian.gilliland@ccdhb.org.nz)

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### ***New patient-focused MRI booking programme***

**(See Patient Focused Booking MRI attached)**

In October 2008 the Health and Disability Commissioner published three reports highlighting issues with delivery of Outpatient services.

In response to this, the Quality Improvement Committee recommended that patient focused booking is used as a model for managing all outpatient appointments.

From 25 January, 2010 all MRI patients at C&C DHB will be booked according to a new Patient Focused booking system. The new booking system will be managed by Patient Administration Services, and involves direct involvement with the patient to manage the waiting list.

The waiting list is sorted according to clinical priority first and then by waiting time. The patient is given some choice with respect to their final appointment date and time, which will hopefully give the patient a more convenient time and reduce the DNA rate.

In addition patients will be given the option of being included in a priority waiting list to fill spaces at short notice.

The DHB has also reviewed the workflow in MRI to improve access to urgent patients and allow for smoother transition between procedures.

Any urgent patients should be discussed with a Radiologist in the usual way.

Referrers will be sent a copy of the letter sent to the patient.

C&C DHB plan to roll this programme out to the other modalities later in the year.

Please see the attached **Patient Focused Booking MRI** for further information about this process.

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### ***Updated HealthPoint website includes clinical and referral information***

[Healthpoint.co.nz](http://Healthpoint.co.nz) is a new website which has the latest DHB referral and clinical guidelines, protocols and contacts.

We encourage all healthcare professionals to access this site to get the latest information from C&C DHB on:

- Referral criteria and priority
- Management protocols for common conditions
- New patient waiting times – updated quarterly
- Monthly newsletters and DHB updates

You must register and sign in on [www.healthpoint.co.nz](http://www.healthpoint.co.nz) to access the referral and clinical information about C&C DHB services.

For GPs and medical professionals, please register by clicking on the register at the top of the home page.

For all other health professionals we would encourage your practice or PHO to obtain a login from [info@healthpoint.co.nz](mailto:info@healthpoint.co.nz).

The services below are now live:

AT&R	Genetics	Ophthalmology	Renal
NASC	Primary Care	Orthopaedics	Respiratory
Cardiology	Gynaecology	Paediatric Surgery	Sexual Health
Dermatology	Infectious Disease	Chronic Pain	Urology
Diabetes	Internal Medicine	Palliative Care	Vascular Surgery
Emergency	ICU	Pharmacy	Whanau Care

Endocrinology	Maternal Fetal Medicine	Pregnancy Termination	Te Whare Marie
ENT	Neurology	Preparing for Surgery	Te Haika
Gastroenterology	Neurosurgery		

The information on the website is developed and reviewed by each service. The information is updated regularly and each page is dated.

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### ***Update on Clinical Pathway Collaborative (CPC) Initiative***

In our December newsletter, we introduced the new Clinical Pathway Collaborative (CPC).

The initiative forms a structured programme to engage clinicians from across the health spectrum and professional groups to:

- explore issues and challenges
- identify priorities for improvement
- deliver clinical / service/ patient pathways for implementation aiming to improve outcomes and quality of care.

A main focus will be on improving Integrated Care across the Primary, Secondary and Tertiary Interface. This will mean evidence-based planning in order to reduce unacceptable variation in the quality of care and timely access to integrated health services, which are conveniently situated.

The CPC commences early February with the first group meeting for the first wave of membership, which are:

- Palliative Care
- Paediatric to Adult Service Transition
- Cancer
- GI-Endoscopy

All four groups have a good representation, including Hospital Consultants , Primary Care and Mary Potter hospice.

The first wave will be completed by early May, when implementation plans will be produced and effected.

Updates from the group's progress will be communicated at the Primary, Secondary Clinical Governance group.

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### ***Cancer Control Plan – Public Engagement***

The public engagement period for the ***Cancer Control Plan 2010 – 2015***, will close at **5pm on Friday, 5 February**, so get in quick if you would still like to make a contribution.

You can view this document at:

<http://www.ccdhb.org.nz/news/consultation/cancer%2Dcontrol/>

To provide feedback, you can use the following link to an online form:

[http://www.surveymonkey.com/s.aspx?sm=PvjTpuis1b5VfR6sUsR9SQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=PvjTpuis1b5VfR6sUsR9SQ_3d_3d)

Alternatively, you can send your feedback by email to: [viv.murray@ccdhb.org.nz](mailto:viv.murray@ccdhb.org.nz)

#### **Background information:**

The purpose of the Plan is to document service level improvements and public health initiatives that C&C DHB intends to undertake over the next five years. Our objective is to reduce the burden of cancer and reduce the disparities in survival rates within the communities we are accountable to.

The Plan has been aligned directly to the six goals of the New Zealand Cancer Control Strategy (March 2005) and incorporates current and future initiatives from a local, regional and national perspective. The Plan is compiled into three sections:

- **The first section** highlights C&C DHB's service improvement and public health initiatives that are planned over the next five years.
- **The second section** sets out the current services delivered by C&C DHB that directly and indirectly relate to the provision of cancer services.
- **The third section** provides evidential information, both statistical data and research material that informed the development of the Plan.

Through our plan development process and by conducting a stocktake of services currently available, we believe that the communities and people we serve can take comfort in the knowledge that the number, nature and range of cancer services we provide are extensive. However, we have recognised that there are some areas that we can do better and there are others that we have yet to develop. Our Plan is aimed at addressing those service improvements or shortfalls. It also identifies some new initiatives that have yet to be implemented either nationally or locally and additional services that could potentially be offered at C&C DHB.

C&C DHB accepts the challenge to deliver its services according to the preferences of people who are affected by cancer. Putting our Cancer Control Plan into place will provide the proof for how well we meet that challenge.

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### ***Palliative Care Programme Plan – Public Engagement***

The public engagement for the ***Palliative Care Programme Plan 2010-2015*** is also to **close at 5pm on Friday, 5 February**.

If you would still like to contribute to this document, you can view it at:

<http://www.ccdhb.org.nz/news/consultation/palliative%2Dcare/>

You can make comments by using the attached feedback form, or online by clicking on the following link:

[http://www.surveymonkey.com/s.aspx?sm=5EHg7sle06PIL3Wfh\\_2fUV7Q\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=5EHg7sle06PIL3Wfh_2fUV7Q_3d_3d)

You can also contact the Palliative Care Team directly, via email to

[Nancy.Harp@ccdhb.org.nz](mailto:Nancy.Harp@ccdhb.org.nz) or by phone (04) 806 1153.

#### **Background information:**

This draft document contains C&C DHB's five year plan to address service improvements and shortfalls in the delivery of palliative care services to people in the region who could benefit from those services.

Meeting the challenges of changing disease and demographic profiles (see Strategic Context in appendix one), including people living longer with long term and life limiting illnesses, coupled with limited health care resources, requires that we step back and refocus on how we are providing palliative care services in the region.

Palliative care is appropriate not only for people with cancer, but also includes services, support and care for people of all ages who have a life limiting illness and whose needs change over time as the illness progresses.

People with age-related functional changes or with chronic diseases such as diabetes, heart and respiratory disease, and motor neuron diseases may all benefit from palliative care services provided according to the individual's specific needs.

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### ***C&C DHB achieves Certification***

Capital & Coast has successfully completed the hospital Certification process and the assessors, who were on site at Wellington, Kenepuru and Kapiti in September, have

given Certification for the next two years, which is in line with other large tertiary DHBs.

Certification of health and disability standards recognises the safe provision of services to consumers. The DHB's services soundly demonstrated the inclusion of the specific needs of the individual and the aim to support links with peers and families/whanau.

The next step for the DHB is Accreditation, which occurs in June 2010.

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### **Raising Awareness of Cardiovascular Disease**

Three C&C DHB Cardiology staff are taking part in the "Great Ride for Heart", which is an event co-ordinated by the National Heart Foundation.

Cardiovascular disease is the commonest cause of death for both men and women in New Zealand and the aim of the ride is both to raise awareness of the issues and to raise money for cardiovascular research, particularly looking at prevention.

Mark Simmonds and Andrew Aitken are cycling the length of the country in the next two weeks in support of this venture. Paul Peacock is taking the easy way out and just doing the South Island leg.

Below are the links to their respective websites where you can learn more about the challenge they face and follow their progress.

Messages of support and/or financial contributions to this worthy cause are much appreciated!

<http://www.heartracer.org.nz/AndrewAitken>

<http://www.heartracer.org.nz/MarkSimmonds>

<http://www.heartracer.org.nz/PaulPeacock2010/>

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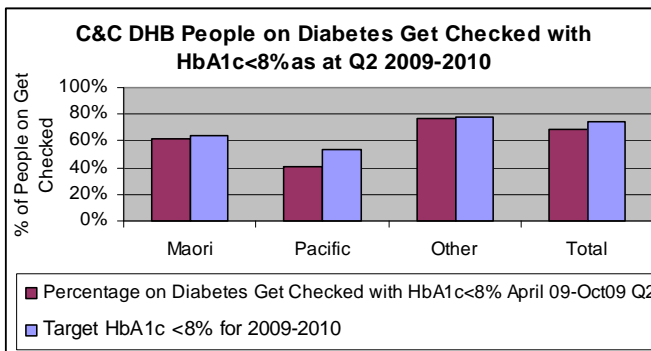
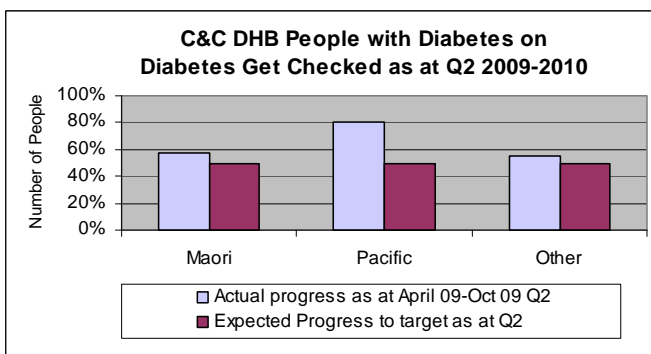
### **C&C DHB Diabetes Indicators**

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

Quarter 2 (2009-2010) performance for C&C DHB is quite positive. The number of people on Diabetes Get Checked is well on track. However of those people on Diabetes Get Checked, the percentage with a HbA1C <8%, remains below the expected targets.

The Pacific population, appear to require more support in achieving lower levels of HbA1c.

The DHB will need to continue collaborative work across the DHB in order to continue the progress made on the number of Diabetes Get Checked completed, and need to do a bit more to improve HbA1c levels.



## ***Long Term Conditions – Upcoming Education***

### **Flinders Self-Management Model Training Workshop**

**March 25 & 26**

**Kenepuru Education Centre – Conference Centre**

**9am – 4:30pm**

The workshop is suitable for health professionals who work with clients with long term conditions and wish to update their skills in providing effective self-management support and collaborative, patient-centred care.

On completion of the workshop participants receive a Certificate of Attendance, including learning objectives and competencies (14 hours CPD) for General Practice Educational Programme Stage 2 and Maintenance of Professional Standards (MOPS).

For further information please contact Astuti Balram on ph 806 2422.

**Please RSVP** to Sharyne on [Sharyne.gordon@ccdhb.org.nz](mailto:Sharyne.gordon@ccdhb.org.nz) or ph 806 2438

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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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