

Enhanced Primary Care (EPC) / Primary Options for Acute Care (POAC)

Admission Avoidance Scheme

Waikato GP Information Manual

The Acute Demand Programme is designed to support General Practice in preventing admission to hospital/emergency departments, instead managing the patient in their own surgeries or in the community where it is safe to do so.

This document applies to general practice only.

All applications for funding should have ALL relevant notes “copied and pasted” into the application. This encourages both good note taking and also allows robust governance.

If the clinical notes do not support eligibility for EPC or POAC the claim will be declined

Clinical guidance can be found in HealthPathways or by speaking to the relevant specialty as required.

Please note:

- There is a zero co-payment fee for children ≤14 years and under
- All patients ≥15 years and over make a co-payment for an initial GP consultation.

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1. Suspected biliary colic

Eligibility Criteria

- Patients who have right upper quadrant abdominal pain where acute biliary colic is suspected and where an ultrasound will help the GP manage the patient in the community, thus avoiding an emergency referral.
- The patient must be haemodynamically stable and afebrile.

The cost of the ultrasound in a private radiology clinic will be met by POAC.

Inclusions

- Cost of the ultrasound
- Ensure POAC claim number is included on the radiology referral
- GP extended consultation (maximum 30 minutes) at time of suspected biliary colic presentation and management, fee \$75.00
- All patients ≥ 15 years and over make a co-payment for an initial GP consultation
- GP Follow up appointment post imaging, fee \$75.00

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

Funding claim

- GP extended consultation (maximum 30 minutes), **fee \$75.00**
- Follow up post imaging, **fee \$75.00**

2. Frailty Admission Avoidance Service

The acute Frailty Admission Avoidance Service is a service meant to support GPs and their vulnerable elderly patients by providing alternatives to Emergency Department referral.

Target patients are:

“individuals with increased vulnerability resulting from ageing associated decline in reserve and function across multiple physiologic systems such that the ability to cope with every day or acute stressors is compromised”.

The service aims support GP's to link patients into the most appropriate short-term community service:

- Acute Home Based Support – in home
- Respite - in a rest home facility
- START – in own home but provides a rehab service

Inclusion Criteria

- 65 years and over.
- Domiciled in Waikato DHB area.
- Acute event causing a borderline level of function with a reduction in personal activities of daily living or extended activities of daily living meaning it is not safe to send them home.
- Able to stand, transfer and toilet independently or with assistance.
- Patients consents and agrees to be seen by an inter-disciplinary team.
- Patients' make a co-payment for an initial GP consultation.
- ONE extended consult for initial assessment at surgery or patient's residence (Fee \$75.00). ONLY, if the patient is referred via pathway.
- ONE follow-up visit to patient's home or residential care facility following completion of supports, fee \$120.00.

Exclusion Criteria

- Acutely unwell requiring hospital admission.
- Progressive or deteriorating condition where partial or full recovery cannot be reasonably expected within 6 weeks (e.g. palliative care).
- Home environment not safe for patient/staff or appropriate for rehabilitation.
- Not eligible to receive New Zealand publically funded health services.

Funding claim

- One extended consultation for initial assessment, **fee \$75.00**
- One follow-up visit to patient's home or residential care facility, **fee \$120.00**

Contact Details

Referrals can be made by phoning the triage coordinator.

Hours of service: Mon-Fri 0800-1600hrs

Triage Coordinator: Phone 027 552 0187 or 07 839 8669

3. Asthma

Eligibility Criteria

Adults and children with moderate asthma exacerbation that can be safely managed within the community.

Inclusions

- Practice observations by GP/Nurse maximum two (2) hours to cover 2nd and/or 3rd spacer treatment time fee \$120.00 (\$1.00 per minute)
- Zero co-payment fee for children ≤14 years and under
- All patients ≥15 years and over make a co-payment for an initial GP consultation.

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.
- Please note that all these cases need oral steroids as part of best practice.

Funding claim

- Practice observations by GP or nurse up to 2 hours, **fee \$120.00**

4. Cellulitis – IV treatment (non-ACC)

Eligibility criteria

- Adult 15 years or older with moderate cellulitis.

Patient either systemically unwell with no red flags and no co-morbidities or systemically well with co-morbidities such as PVD, diabetes, morbid obesity, chronic venous insufficiency, poor nutrition.

Exclusions

- Cellulitis initiated by accident or injury (ACC)
- Age <15 years old
- Pregnancy
- Septic arthritis/prosthesis present/underlying fracture
- MRSA carrier

Inclusions

Extended consult with GP or nurse practitioner for up to three days treatment.

- Daily visits for up to three days for patients on oral antibiotics where infection review is thought necessary and other co-morbidities and social circumstances require addressing.
- IV antibiotic administration for up to three (3) days where clinician has concerns regarding adherence/absorption of oral antibiotics.
- Subsequent (day 4 and onwards) IV antibiotic administration on approval from Infectious Diseases Specialist.

Clinical Guidance

- Available in HealthPathways (until current version published see below *Antibiotic recommendations for moderate cellulitis*).
- Discuss with relevant specialist as needed for further advice.

Funding claim

- Extended consult with GP or nurse practitioner for up to three days where oral antibiotics are given. Consult to include infection review and addressing comorbidities - **fee \$75.00** per day.
- IV antibiotic administration for up to three (3) days – **fee \$82.50** per day.
- Subsequent (day 4 and onwards) IV antibiotic administration on approval from Infectious Diseases Specialist – **fee \$82.50** per day.
- All patients 15 years and over make a co-payment for an initial GP consultation.

Antibiotic recommendations for moderate cellulitis

Flucloxacillin:

- 1000 mg with Probenecid 500 mg three times daily with food, or four times daily in heavier patients e.g., > 100 kg.
- Lower doses of Flucloxacillin 500 mg and probenecid 250 mg may be required if elderly patient with low body weight.

Alternatives:

- If mild Penicillin allergy, cephalexin 1000 mg with probenecid 500 mg three times daily with food.
- If severe penicillin allergy, clindamycin 450 mg three times daily

5. Chest pain

Eligibility criteria

- Low risk of acute coronary syndrome is considered likely.
- The patient is stable
- The diagnosis is unclear but co-payment issues means that the patient would otherwise be sent acutely to hospital for ECG
- An urgent troponin will be ordered as well
- **Clinical notes must demonstrate that a troponin has been ordered to qualify for POAC funded ECG.**

Inclusions

- Cost of the ECG, fee \$60.00
- All patients ≥15 years and over make a co-payment for an initial GP consultation.

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

Funding claim

- Cost of ECG, **fee \$60.00**

6. COPD

Eligibility criteria

- Patients with acute or sub-acute presentation of COPD requiring further management and/or support.
- May have associated chest infection/pneumonia/heart failure. If uncertain please discuss with COPD hotline.

Exclusions

- Acute respiratory failure
- Acute confusion/delirium

Inclusions

- **CXR** where the cause of SOB is unclear and a CXR may help better management and avoid acute admission (private provider).
- GP extended consultation (30 minutes max) at time of acute COPD presentation and management **fee \$75.00**
- All patients ≥15 years and over make a co-payment for an initial GP consultation.
- A follow-up GP consultation post CXR, **fee \$75.00**

Referral

- Call **027 2 026 208** (you must make a phone call first to access this service followed by an eReferral)
- Send BPAC eReferral to Respiratory-COPD ACCESS

Funding claim

- GP extended consultation, **fee \$75.00**
- Follow up post CXR, **fee \$75.00**

Guidance

The **Acute COPD Community Escalation Service (ACCESS)** is a new expert triage, advice and treatment pathway with the aims of rapid assessment and admission avoidance. **Please call the dedicated COPD hotline on 0272 026 208 to speak to the Clinical Nurse Specialist for advice and referral.**

Opening Hours: 08:30-17:00, excluding weekends and public holidays.

The ACCESS team is co-ordinated by a respiratory clinical nurse specialist (CNS) and includes a respiratory physician, CNS, physiotherapist and the START team. START is an intensive home-based rehabilitation service which provides support for those discharging from hospital, presenting to ED or referred from general practice. If your call is not answered, please leave a brief message including patient NHI, age, name and reason for referral. All calls will be answered within one hour.

If it is not practical or safe to wait for the call-back, please refer your patient to Waikato Hospital Acute Medical Unit or nearest ED, if outside Hamilton. Please let the clinical nurse specialist know you have done this (leave another voicemail).

7. Croup

Eligibility criteria

- Children <5 years with acute croup that can be managed safely in primary care for observation after oral steroid administration.
- Excludes children requiring nebulised adrenaline as they should be admitted.

Inclusions

- Cost of practice observations to a maximum of two (2) hours fee \$120 (\$1.00 per minute)
- Zero co-payment fee for children ≤14 years and under

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

Funding claim

- Practice observations by GP or nurse up to 2 hours, **fee \$120.00**

8. Deep Venous Thrombosis - DVT

Eligibility criteria

- Suspected DVT (excluding pregnancy) with a Wells Score of ≥ 2 or a positive D-dimer.
- Detailed clinical notes to clearly support POAC claim including a Wells Score as detailed below and/or D-dimer (except in pregnancy and superficial venous thrombosis).
- DVT diagnosed in pregnancy must be discussed immediately with relevant hospital specialist;
- No DVT treatment or follow up consultation claims will be allowed in pregnant patients unless instructed to do so by hospital specialist.
- Repeat scans funded in following circumstances:
 1. Wells score ≥ 2 , D-Dimer positive and 1st scan negative.
 2. Below knee DVT on first scan with no initial anticoagulation given.
 3. Persisting superficial venous thrombosis at 7-10 days with no risk factors in an ambulatory patient

Inclusions

Based on treatment provided as documented in clinical notes:

- Oral Rivaroxaban is first choice for administration pre and post diagnosis
- Enoxaparin administration for prophylaxis or treatment – where patient is unsuitable to have Rivaroxaban, fee \$75.00
- Doppler ultrasound (private provider)
- All patients ≥ 15 years and over make a co-payment for an initial GP consultation.
- GP follow-up consultation post ultrasound, fee \$75.00

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

Funding claim

- Enoxaparin administration, **fee \$75.00**
- Follow up consultation post ultrasound, **fee \$75.00**

9. Dehydration

Eligibility criteria

- Adults with moderate dehydration not responsive to oral fluids +/- antiemetic that can be safely managed in the community e.g. gastroenteritis, hyperemesis gravidis, migraine
- Children with moderate dehydration or at risk of getting severely dehydrated due to gastroenteritis that can be managed safely in the community. Please note age 6 months to 15 years can usually be managed with oral rehydration
- Detailed clinical notes to clearly support claim, including signs of dehydration and vital signs.
- IV fluids to treat Hyperemesis are included only where maternity funding is not available.

Inclusions

- Rehydration management including practice observations, consumables including IV fluids if required, and clinician time fee \$150.00
- Zero co-payment fee for children ≤ 14 years and under
- All patients ≥ 15 years and over make a co-payment for an initial GP consultation

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.
- See 1st trimester maternity funding rules

Funding claim

- Rehydration management, observations and including consumables, **fee \$150.00**

10. Epistaxis

Eligibility criteria

- Epistaxis that can be safely managed in the community

Inclusions

- Practice observations for management up to one (1) hour), fee \$60.00.
- Zero co-payment fee for children ≤ 14 years and under
- All patients ≥ 15 years and over make a co-payment for an initial GP consultation

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

Funding claim

- Practice management and observations, **fee \$60.00**

11. Fever unknown origin - children

Eligibility criteria

- Febrile (>38 C) children with moderate/amber symptoms or signs that can be safely managed in the community but would otherwise need to be sent to hospital.
- Detailed clinical notes to clearly support claim including vital signs.

Exclusions

- Any child with severe/red symptoms or signs. Any pre-hospital treatment that has been provided cannot be funded via PO, as admission to hospital is inevitable.
- Any child with mild/green symptoms or signs

Inclusions

- Cost of practice observations and management up to two (2) hours fee \$120 (\$1.00 per minute)
- Zero co-payment fee for children ≤ 14 years and under
- All patients ≥ 15 years and over make a co-payment for an initial GP consultation
- Discuss with specialist as needed for further advice.

Funding claim

- Practice observations and management, **fee \$120.00**

Guidance:

See next page

Traffic light system for identifying risk of serious illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour (of skin, lips or tongue)	<ul style="list-style-type: none"> Normal colour 	<ul style="list-style-type: none"> Pallor reported by parent/carer 	<ul style="list-style-type: none"> Pale/mottled/ashen/blue
Activity	<ul style="list-style-type: none"> Responds normally to social cues Content/smiles Stays awake or awakens quickly Strong normal cry/not crying 	<ul style="list-style-type: none"> Not responding normally to social cues No smile Wakes only with prolonged stimulation Decreased activity 	<ul style="list-style-type: none"> No response to social cues Appears ill to a healthcare professional Does not wake or if roused does not stay awake Weak, high-pitched or continuous cry
Respiratory		<ul style="list-style-type: none"> Nasal flaring Tachypnoea: <ul style="list-style-type: none"> RR >50 breaths/minute, age 6–12 months RR >40 breaths/minute, age >12 months Oxygen saturation ≤95% in air Crackles in the chest 	<ul style="list-style-type: none"> Grunting Tachypnoea: RR >60 breaths/minute Moderate or severe chest indrawing
Circulation and hydration	<ul style="list-style-type: none"> Normal skin and eyes Moist mucous membranes 	<ul style="list-style-type: none"> Tachycardia: <ul style="list-style-type: none"> >160 beats/minute, age <12 months >150 beats/minute, age 12–24 months >140 beats/minute, age 2–5 years CRT ≥3 seconds Dry mucous membranes Poor feeding in infants Reduced urine output 	<ul style="list-style-type: none"> Reduced skin turgor
Other	<ul style="list-style-type: none"> None of the amber or red symptoms or signs 	<ul style="list-style-type: none"> Age 3–6 months, temperature ≥39°C Fever for ≥5 days Rigors Swelling of a limb or joint Non-weight bearing limb/not using an extremity 	<ul style="list-style-type: none"> Age <3 months, temperature ≥38°C* Non-blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures
CRT, capillary refill time; RR, respiratory rate *Some vaccinations have been found to induce fever in children aged under 3 months			
This traffic light table should be used in conjunction with the recommendations in the NICE guideline on Feverish illness in children. See http://guidance.nice.org.uk/CG160			

12. Frequent ED Attendees

Eligibility criteria

- Secondary care will identify these patients and liaise with the GP.

Aim is to reduce rate of acute attendances at ED for “repeat attenders” where these presentations are considered inappropriate.

Inclusions

- Initial consultation with the patient to assess and discuss the management plan to avoid the patient attending ED acutely. Duration of appointment up to 60 minutes, fee \$120.00.
- Cost of GP attendance (in person or by telephone or video) at a multi-disciplinary hospital meeting to develop a management plan for those identified as frequent attendees by Emergency Department clinicians. Duration of meeting up to 60 minutes, fee \$225.00.
- Follow-up GP visits for the events identified in the management plan where the GP has agreed with the patient that they will return to General Practice rather than presenting to ED. Maximum 4 extended consultations up to 30 minutes each in one year, fee \$75.00 per extended consultation.
- Zero co-payment for the initial and extended consultations.

Funding claim

- Initial consultation with GP to discuss management plan to avoid the patient attending ED acutely, **fee \$120.00**
- General Practitioner attendance at a multi-disciplinary hospital meeting and development of a management plan, **fee \$225.00**
- Extended consultations up to 4 per annum, **fee \$75.00** each consultation (**Maximum \$300 in a year**).

13. Imaging available through EPC or POAC or agreed clinical pathway

Inclusions

- **Breathless patient - CXR** where the cause of SOB is unclear and a CXR may help better management and avoid acute admission (private provider).
- **Slipped Upper Femoral Epiphysis - X-ray AP Pelvis** and lateral of the hip for children aged 8-16 years with suspected Slipped Upper Femoral Epiphysis, unexplained hip, or knee pain, especially if the hip is internally rotated and flexed. A frog lateral is useful for comparison with the other side if the slip is subtle (private provider).
- **RPOC - Ultrasound** for investigation of retained products of conception in women post-partum >6 weeks or TOP/miscarriage >14 days (where patient no longer qualifies for maternity funding) (private provider).
- **DVT - Ultrasound** as in DVT pathway (private provider).
- **Biliary Colic - Abdominal ultrasound** for suspected biliary colic (private provider).
- **Renal Colic - CTU** for suspected renal colic, except women <35 year old or pregnant (Available through Waikato Hospital Radiology/see referral information below)
- **Renal Colic - Renal ultrasound** for suspected renal colic in women <35 year old or pregnant (private provider)

Funding Claim

- Post-imaging follow-up consultation for all above listed conditions, **fee \$75.00**
- Please ensure POAC claim number is included on the referral form

Guidance

- Available in HealthPathways.

CTU booking information (renal colic)

0800-1600 Hours: Phone CT Inpatient Booking Clerk on 07 839 8726 ext. 98492 and fax referral to 858 0972 and give referral to patient to bring to Waikato Hospital.

1600-2200 Hours and Weekends: Phone on-call Radiology Registrar, fax referral to 07 858 0972 and give referral to patient to bring to Waikato Hospital front entrance where the Radiology Clinical Assistant will be contacted to take the patient to the 4th floor for the CT scan.

2200-0800 Hours: Manage pain overnight. Admit ED if pain uncontrollable or significant sepsis.

14. IV Adenosine in the Management of SVT

Eligibility criteria

- Patients with rapid palpitations and a systolic BP >100, where an ECG performed shows a regular narrow complex (QRS≤ 120msec) tachycardia in whom vagal manoeuvres have been unsuccessful.
- Detailed clinical notes to clearly support POAC claim including vital signs.
- This can only be claimed by those GP's who are appropriately trained (see pathway, contact PHO for further information regarding training)

Inclusions

- IV Adenosine including GP/nurse time, consumables and invoicing
- Practice observation time (maximum 30 minutes) \$1.00per minute
- Extended GP consultation at time of initial presentation (maximum 30 minutes), fee \$75.00
- All patients ≥15 years and over make a co-payment for an initial GP consultation.

Funding Claim

- Practice observation time (maximum 30 minutes), **fee \$30**
- Extended GP consultation, **fee \$75.00**

Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

15. Renal Colic and Urology

Eligibility criteria

- Patients with acute urological problems that can be managed safely in primary care:
 - Renal Colic as per HealthPathways
 - Acute indwelling catheter insertion for patient in acute urinary retention in the absence of red flags i.e. acute trauma – straddle injury/fractured pelvis, perineal haematoma. After 3 insertions over a period of 6 months, evidence of urology referral is required prior to funding further insertions.
 - Blocked catheter, which cannot be unblocked by flushing, who would otherwise have to go to hospital to have this done. After 3 insertions over a period of 6 months, evidence of urology referral is required prior to funding further insertions.
 - Uncomplicated pyelonephritis – this would fund the administration of a single dose of iv antibiotics, with observation in clinic for 2 hours

Uncomplicated pyelonephritis	Complicated infection
<ul style="list-style-type: none"> • Female, aged 15 to 54 years • Clinically stable • Normal kidney function • Normal renal structure • Not pregnant • No complicating disease e.g., diabetes 	<ul style="list-style-type: none"> • Aged > 55 years • Male • Evidence of sepsis • Known or suspected renal impairment • Abnormality of renal tract • Known or suspected renal stones • Bilateral pyelonephritis • Pregnancy • Immunosuppression e.g., diabetes, steroids, renal transplant • Spinal cord impairment • History of UTI with resistant organisms e.g., ESBL (extended-spectrum beta-lactamase) • Recent admission to hospital with UTI, or hospital acquired UTI • UTI following instrumentation • Catheter in situ • Recent travel to India (resistant organisms) • Failure to respond to a single dose of IV antibiotics in the community

Inclusions & Funding Claim

- Renal Colic – CTU (except women <35 year old or pregnant) accessed via Waikato Hospital Radiology (see information below)
- Renal Colic - Renal ultrasound (women <35 year old or pregnant) through private radiology provider
- GP follow up consultation post imaging, **fee \$75.00**
- Practice observation post analgesia administration for renal colic (maximum 1 hour which allows for two dosages of analgesia 30 minutes apart). \$1.00 per minute, **fee \$60.00**
- Acute indwelling catheter insertion, **fee \$140.00**
- IV antibiotics (once for pyelonephritis), **fee \$75.00**

- Practice observation time following IV antibiotic dose for pyelonephritis up to two (2) hours (\$1.00 per minute), **fee \$120.00**
- All patients ≥15 years and over make a co-payment for an initial GP consultation.

Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

CTU Booking Information

0800-1600 hours: Phone CT Inpatient Booking Clerk on 07 839 8726 ext 98492 and fax referral to 858 0972 and give referral to patient to bring to Waikato Hospital.

1600-2200 hours & weekends: Phone on-call Radiology Registrar, fax referral to 07 858 0972 and give referral to patient to bring to Waikato Hospital front entrance where the Radiology Clinical Assistant will be contacted to take the patient to the 4th floor for the CT scan.

2200-0800 hours: Manage pain overnight. Admit to Emergency Department if pain uncontrollable or significant sepsis.

16. Severe Acute Allergic Reaction/Anaphylaxis

Eligibility Criteria

- Moderate allergic reaction requiring observation in general practice.
- Patients with a severe allergic reaction, who are haemodynamically stable and can be safely managed in the community.
- Patients with anaphylaxis who have received a single injection of adrenaline and have normal observations within 30 minutes and the practice are able to observe safely for four (4) hours.

Inclusions

- Practice observations up to 4 hours to cover GP/nurse management.

Exclusions

- Any patient with anaphylaxis who does not have normal observations within 30 minutes of administering a single dose of adrenaline.
- Any allergic reaction covered by ACC, see ACC cover for allergic reactions as personal injury cause by accident (PICBA).

Clinical Guidance

- Available in HealthPathways.
- Discuss with relevant specialist as needed for further advice.

Funding claim

GP/Nurse observations to a maximum of four (4) hours (\$1.00 per minute), **fee \$240**

17. Acute Referral 'Declined' – so the patient can be managed in the community

Eligibility criteria

- Patient, where an acute admission has been considered by a General Practitioner and after discussion with the relevant Senior Medical Officer (excluding Emergency Department) a management plan has been instigated to manage the patient in the community and to avoid an acute admission to the Hospital.

Inclusions

- Extended Initial Consultation either face-to-face or virtual for up to 30 minutes
- Follow-up consultation(s) either face-to-face or virtual
- All patients' ≥15 years and over make a co-payment for an initial GP consultation.

Clinical Guidance

- Available in HealthPathways
- Discuss with relevant specialist as needed for further advice.

Funding claim

- Extended GP consultation at time of initial presentation (maximum 30 minutes), **fee \$75.00**
- All patients ≥15 years and over make a co-payment for the initial consultation
- GP follow-up consultation, **fee \$75.00per follow up** (maximum 2 follow-ups)
- All claims must accompany a copy of the letter issued by the specialist.

18. POAC – St John Ambulance Redirection Service

Eligibility Criteria

- Domiciled in Waikato DHB district.
- Eligible to receive New Zealand publically funded health services.
- Patient who has called 111.
- Voucher has been issued by St John Ambulance Service to a patient who met the clinical criteria.
- Voucher includes valid date and time of issue.
- Voucher is presented to a General Practice or an Urgent Care Clinic within 48 hours from the time of issue.

Inclusions

- ONE INITIAL patient consultation for assessment and treatment with a General Practitioner.
- ZERO CO-PAYMENT for patients presenting with a St John Ambulance Service VOUCHER. This voucher includes both the co-payment and initial consultation fees, including for ACC cases.

Exclusion

- Patients NOT domiciled in the Waikato DHB district.
- Patients, not eligible to receive New Zealand publically funded health services.
- Patient who has NOT called 111.

Funding claim

- Initial consultation with a General Practitioner for up to 30 minutes, **fee \$75.00**

Note: In addition to initial assessment, **if** a patient meets the criteria for treatment of a condition included in the POAC Service Manual, practice to follow the appropriate POAC pathway both for providing treatment and claiming.

19. Ring Pessary Insertion

Eligibility Criteria

- Patients who have documented symptomatic uterovaginal prolapse POP Stage 1-3
- Patient must have had a gynaecology assessment to exclude pelvic masses.
- Contributing lifestyle factors have been addressed.
- Referral for physiotherapy pelvic floor training considered.

Inclusions

- Insertion and/or change of pessary.
- Provider education for insertion if required.

Exclusion

- Asymptomatic women.
- POP-Q Stage 4 where specialist assessment is indicated.
- Prolapse with voiding dysfunction causing urinary retention.
- Patients NOT domiciled in the Waikato DHB district.
- Patients, not eligible to receive New Zealand publically funded health services.

Clinical Guidance

Pelvic Organ Prolapse Quantification System (POP-Q):

Stage 1 The most distal prolapse more than 1cm above level of hymen.

Stage 2 The most distal prolapse is between 1cm above and 1 cm below the hymen.

Stage 3 The most distal prolapse is more than 1 cm below the hymen.

Stage 4 Complete procidentia or vault eversion.

Funding Claim

Extended consult with GP /Nurse at time of insertion and at change of pessary every 6 months - **fee \$75.**

Grant towards education attendance at Ring Pessary Clinic Waikato Hospital for GP/Nurse Practitioner or Practice Nurse, **fee \$500** (one off payment only).

To arrange education, phone Gynaecology Clinic Waikato Hospital 07 8398899 ext 96733

To obtain pessaries use bpac referral form under Enhanced Primary Care –Ring Pessary Order.