

A message from your friendly local radiology service NCX (North Canterbury X-ray)

- From Dr Lynne John, GP and Clinical Advisor to NCX.

Dear **Referrer**

As we approach the end of 2018, the team celebrates a coming of age-18 years of operation. Our team haven't changed much, but we notice burgeoning of the population we serve and those GPs (+ physios/specialists/chiropractors) providing care to them. Some of the team YOU work with may be new to our district, so we thought it timely to contact you, remind you of what we can do, and ask for feedback/ wish lists. Please pass on this info to new staff/ GP registrar trainees/locums.

(If you know our systems well, please feel free to skip to the "ACC/plastering " paragraph below for **fee reductions** which will greatly benefit those in our community who struggle financially, with our warm wishes for **happy festive season!**)

Our team



We operate from central Rangiora -237 High St, (co-sharing rooms with the blood-testing folks, Southern Community Lab). Our staff are local, long-standing and experienced (several of our MRTs- radiographers- also work for PRG and CDHB using similar machines with the same high quality standards). Images are sent digitally to Kiwi radiologist Bruce Allen at 'Horizon'. We work closely with the Canterbury hospital PACS (image-storing) radiology administrators. Audits of quality of our imaging have always been excellent.

Our system

A state-of-the-art upgrade of machines 18 months ago has enabled us to see more patients, more quickly, and get the result to your computer screen within minutes of the patient being investigated. Reports are fast-tracked to an hour if you select 'Acute Demand' (but, for assessing a critical case, **you must first view the image** yourself), a little longer for 'Urgent referrals'. You need a **login for Inteleviewer** allowing you to see both NCX/Horizon and Pacific Radiology/PRG images- let us know if you need help to set this up for new staff. We have a website <https://northcanterburyxray.co.nz/> with our location and info about us for patients and providers, including pricelists <https://northcanterburyxray.co.nz/fees>.

Our service

We do 'plain' X-rays only.

We prefer you send us your **referrals via ERMs**- ensuring we have full data for feedback, and less 'sundry notes' in our archives.

Once you send it, don't bother to print out forms or ring us, as **we will do the work** and contact your patient very promptly. Tell the patient we will fit them in to our busy schedule as soon as is practical- we try to avoid having sick elderly, or distressed kids in the waiting room (give the patient our landline- 03 313 2369- if they want to check progress).

On ERMS, just select the body site for the X-ray, choose NCX as provider, and select (from the drop box)

- **CRR** (Canterbury Referred Radiology)- free to your patient if access criteria are met. We hold the contract for **CRR to all patients 'north of the Waimak bridge'**. If your patient arrives at a Christchurch site (Pacific Radiology/PRG) with a CRR referral note, they will be charged a full (private) fee by PRG for their CRR X-ray - we have had some rueful patients telling us this has happened to them! However, if your patient lives in Christchurch and it is more appropriate, you may request CRR imaging in the city – only at Burwood hospital, or the main 'public' hospital.
- **ACC**. Add the ACC45 # and details from the drop box too- easy as! Please write a few lines to alert the reporting radiologist to the exact site suspected to be fractured, if possible. 'Cut and paste' is fine as long as succinct info given-please add co-morbidities/classifications if relevant. Tell the radiologist if there is previous imaging which should be compared- they can source these from other providers easily
- **Private**. Patient pays full fee (see our price list) <https://northcanterburyxray.co.nz/fees>. All of the ChCh orthopaedic surgeons are able to view the NCX images, and we know many of their 'personal likes' in terms of 'pre-op views' etc. (Ed Newman still runs a clinic in Rangiora and works happily to optimise patient care locally.) Ask for a copy of the report to go to the specialist, if you know one is involved.
- We are the certified Dept of Immigration **X-ray Provider** for northern Christchurch. Alert us if you need an Immigration CXR; we then attach the image digitally to the online clinical examination form, liaising with the local accredited GP examiner, Medical Corner Doctors.
- **Acute demand**, just send the (ERMS) AD referral to the ChCh team, with all of the info (choose NCX as the radiology provider) and NO SEPARATE ERMS RADIOLOGY FORM. The AD team will do **all** the work, i.e. ring NCX and the patient - job done! The image will appear on Inteleviewer for you to inspect, and act upon, within minutes. NCX will to get the report to you in an hour in AD cases.

Referral to hospital- if you want the image to accompany your patient to hospital, **acutely** or down the track at an **outpatient clinic**, please alert the NCX staff to 'send' the image to the hospital PACS system. NCX will ensure this goes through acutely but, **you must organise it yourself after hours** (after 5pm). Ring switchboard at CDHB on our usual GP access and ask to be put through to the 'on-call after-hours PACS administrator'. Request 'get **the image pushed**' from our Horizon PACS storage site to the CDHB one. (Provide only the patient NHI # and date image taken) Within 10 minutes you will be able to speak to any acute medical/surgical/ orthopaedic doc about the NCX image, view it concurrently on your screens, and get advice. Hospital **outpatient clinics will download the images to CDHB PACS** if you alert them that the X-rays have already been done in Rangiora- they will not have 'to come to Burwood 30mins before for re-X-raying '

Clinical info- A plea for adequate detail for the reporting radiologist in order to best interpret the imaging for you- add brief (edited) consultation notes. Please add relevant classifications e.g. CXR- patient - CCF, prostate cancer, COPD - these are NOT automatically loaded to ERMS for radiology requests.

ACC/plastering in North Canterbury?? Can we help each other?

Over the past 2 years working as a locum in various sites, I have come across a quandary- how to treat injured patients (with simple fractures) locally when the Practice does not have 'plastering facilities'? As an 'old hand', I, and others, have often made use of our local colleagues (thanks!) - easy for the patient, less travel for treatment (and later follow up) but lots of 'ring-around' for me. How do you feel about a GP-to-GP auto-referral within our district? Our experienced radiographers (MRTs) currently provide the following service for the patient if they suspect a fracture;

- Inform the patient there may be a fracture
- Phone the GP to ask where they want the patient sent - if they are not returning to a local 'plastering' practice. ("Some referrals already say to send to Bone Shop if there's a fracture seen".)
- If there is suspicion of a fracture, but it is less obvious, the MRT talks to radiologist Bruce, to confirm, before talking to the GP.
- All suspected and obvious fractures are marked for urgent radiologist attention.
- If the patient is from out of town we keep them at NCX until we have a definite report and have liaised with the GP

If the above steps are completed, it would be helpful to the MRT to be able to refer acutely to one of a **pre-arranged** list of **local** providers for assessment/ plaster /review. (Of course, if a case proved too complex, the 2nd GP could then on-refer to the Chch hospital 'Bone Shop'.)

Does this streamlined process sound useful to you and your patients? If YOUR Practice is happy to receive such referrals, **let NCX know and also advise of any fees you would charge.** (Note the patient has by now paid an 'ACC fee' to the original GP, and for their X-Ray. In my experience, the generous subsidy for plastering has resulted in waiving of '2nd GP ACC fees' to such patients). Also **advise if you would NOT like your patient to be 'auto-referred' locally** in this way.

Disappointingly, in view of the recent increase in Primary Care subsidies for children <14 yrs and Community Services Card (CSC) holders, the subsidy for the imaging has not changed. Further, ACC inform me that there is **no** plan to increase the imaging subsidy – seems to make nonsense of the drive to reduce barriers to access to medical care for the impoverished! At current fees of \$43-58 for an 'ACC X-ray', this means we GPs are driven to send many economically- challenged patients straight to the Bone Shop, all paid for by the tax-payer in any case, with long (costly) travel and waiting times to boot ! This runs counter to the mantra of our DHB, 'better, sooner, more convenient'.

At NCX, we regard this as a glaring barrier to optimal care, so we are **delighted to announce a trial to reduce fees** to help our local community. Please note that from 1st January (to Easter in the first instance), NCX will apply these **reduced ACC imaging fees**

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| ❖ children under 14 yrs | \$20 |
| ❖ CSC holders | \$25 |

Finally- **contact me**, Lynne John, directly if you have any clinical/access concerns re NCX - even after hours!! It won't work if I am out of the country or up a mountain, but I will try to be there in need! Let us know if something has **not gone to plan with our service and you are unhappy- but we always welcome compliments!** Likewise if you have suggestions as to how we might improve our service, drop us a line to ncx.rangiora@snap.net.nz.