



From the Chair

By MARY HACKETT, CHAIR, BOPDHB

This is our first "Health Matters" for the New Year and many things in health have been reported and commented on in the papers and other news media. Perhaps one of the issues of most concern may have been the reporting on sentinel and serious events.

1. Sentinel and Serious Events

We take such events very seriously and have what we believe is a robust system for investigation and reporting. We are working towards a 'no blame culture' which means people can examine what went wrong, look at the failures and learn from the experience and where the systems failed. We discharge over 30,000 persons a year from our hospitals. The numbers of serious and sentinel events is small but we would like it to be smaller if at all possible which is why we do try and learn from such events.

2. Human Resources

During the election campaign in November last year I had a number of people speak to me about "too many people in human resources". Well the CEO and I recently spent a couple of hours with the staff in HR (as we call them) to find out what was happening there and how they support the 2700 staff we employ. There is a group that pays the wages. They check with senior staff to make sure rosters are correct and people are paid on time and the right amount. Nothing would irritate one more than not being paid on time or being underpaid, we owe our staff this security.

Then there were a small group of HR Advisors, four persons, who work with leaders of staff in all disciplines to make sure managers knew why staff were leaving, how to manage performance issues, how to attract and keep their staff and what staff training needs for particular people might be. These four people were very involved in the day to day activity of staffing and ongoing education for all staff both in Tauranga and in Whakatane. They had the trust of senior managers and went to management meetings for all groups, surgical, medical, women and child health etc.

There were three people who did all the paper work for advertising, recruitment and setting up interviews



for relevant managers. They also manned the 'front desk' in HR for all staff enquiries, complaints etc. We have one person working with this group who follows up every enquiry from a professional person and provides information on available jobs, required references and professional qualifications within 24 hours.

When we looked at our systems we found we were losing people because we took too long to get back to them. Now we make sure that if a nurse enquires about a job, we respond promptly with details and the requirements for applying.

There are several other people working within the department, making sure the computers keep running, recruitment of 'hard to find' professionals, educating staff on how to get the best from their job and assisting them to plan their career. I did not think we had too many people sitting behind desks and our turnover figures would suggest that we do seem to be retaining staff for longer periods and attracting more staff to this region. We are one of the few DHBs within the country that does not have a significant staffing shortage and with 2,700 staff that is quite an achievement. We do believe our staff are worth looking after and do our best to let them know that; we provide opportunities for education, learning and career advancement, sabbatical leave and a family friendly environment for our staff. I did not have the impression that we had too many people in HR given how vital our staff are to our success.

Health target update

In the first quarter report to the Ministry of Health on health targets, the BOPDHB has achieved a significant portion of its target to boost immunisation rates among two year olds.

The Ministry has set a long-term nationwide target of 95 per cent of two year olds, and in this region the target is 80 per cent.

"We have achieved 59 per cent in the first quarter of this year, so we are pleased that we are on track," says CEO Phil Cammish.

There are ten health targets set by the Ministry as health priorities, covering areas such as elective surgery rates, cancer waiting times, oral health, immunisation and improved nutrition and physical activity rates.

Each DHB is required to set goals within these areas, that reflect their different population groups. The Ministry says it important to have a core set of targets over a 3-5-year period that does not change so that they

can measure progress consistently.

Health is one of the largest areas (21 per cent) of Government spending - \$10.64 billion in 2006/07. The Minister of Health has nominated priority areas where he wants to go harder and faster. Adopting targets will help the health sector to focus resources on these areas, lift performance, contribute to overall health improvement and reduce inequalities. Setting and measuring performance against targets will also help ensure we are getting value for money in the health sector.

In the Bay of Plenty the health targets have been incorporated into the strategic planning for the next five years. Progress will be assessed each quarter.

"Health targets are a good way for us to focus on areas that will improve the health of our communities," says Phil Cammish. "I expect to see some strong results from this region over the next few years."

Cancer Centre open for business

Whakatane's BOP Energy Cancer Centre is up and running, and celebrated with the official opening last month.

Kerrie Freeman, clinical support services business leader, says the facility, built using community funds raised by Project Hope, was handed over to the DHB in the New Year and has been operational since January.

The public opening day enabled many of those people who had participated in the fundraising and commissioning of the centre to see what they had achieved.

"We are getting lots of good feedback from patients. They are loving the new centre, particularly being able to access the garden directly from the chemotherapy suite," says Kerrie.

"It's a very pleasant environment, and we are also getting good feedback from the Waikato-based consultants who conduct the oncology mega clinics."

Kerrie says the new centre sets the standard for any future developments. The artwork and finishing touches such as handmade quilts and artwork depict Eastern Bay themes and reflect the generous community spirit that enabled this project to happen.

"The size of the centre allows us to wrap support services around the patient, meaning that people can get chemotherapy, see their consultants, as well as access support such as social work services, all in one location."

Meanwhile the groundwork was laid for the Project Hope Cancer



Project Hope treasurer Kaye Graham and committee member Robyn Towersey with the sculpture centrepiece in the garden.

Centre at the rear of Tauranga Hospital on Clarke Street just prior to Christmas.

An early morning blessing of the site was attended by members of the Bay Health Foundation and Bay of Plenty District Health Board, in celebration and acknowledgement that construction was ready to begin.

Former Chair and founding member of the Bay Health Foundation Mike Frolich gave thanks for the tremendous effort of all those who had contributed along the way.



The site for the Tauranga Project Hope centre was cleared in December and blessed, prior to the start of construction.

Free workouts to make elderly stronger

Eastern Bay seniors can now access a free in-home programme designed to improve strength, balance and flexibility, and reduce falls and injuries.

The programme is funded by ACC and delivered by the community therapy team from Whakatane Hospital. Developed at Otago University, it is a 12 month programme that sees physiotherapists or nurses visiting people in their homes.

"Benefits of the programme are increased confidence with walking and decreased risk of falls and injuries," says senior physiotherapist Lois Watson.

Falls are the leading cause of

injury in people over 65 and often result in hip fractures that require a hospital stay.

"It's a simple exercise programme that is having good results around the country," says Lois. "Research shows that participants who have suffered falls before the course have a much reduced rate of falling following the programme. Many participants report that they feel more confident, less fearful of falling and are better able to do the activities that are important to them."

People over 80 years and those who have already had one or more falls gain the most benefit from the programme.

It works by an initial visit where a participant is assessed for strength and balance. An exercise programme is tailored to suit them and they are taught how to do the exercises correctly. They also get a folder with instructions and a small ankle weight if appropriate.

"Participants are visited by their instructor and phoned regularly over the next year. Their strength and balance is assessed again mid-way through, and again at the end," says Lois.

Participants can join the programme by referral from their GP or by calling the community rehabilitation team at Whakatane Hospital, on 307 0788.

Serious and sentinel events

A report published last month on serious medical mishaps in New Zealand hospitals showed this DHB had only one in the 2006-2007 year - one of the lowest rates in the country.

A serious or sentinel event is an adverse event where despite safety systems and the best intentions of clinical staff, sometimes things happen that cause potential or actual harm to patients.

International studies show 10 - 15 per cent of hospital admissions have an adverse event, though most are very minor. Adverse events are rarely the result of one unsafe act, but the consequence of a chain of events set off by small breakdowns in the process of caring for patients.

"Our staff have more than 180,000 patient contacts each year

and for most people it is a positive experience," says chief operating officer Graham Dyer. "Sometimes, despite people's best efforts, things go wrong. When they do, we need to be open with the patient, do what we can to correct the situation and we need to support the clinicians and health professionals involved. We also need to investigate impartially, learn what happened and - most of all - we need to share the information to try to stop it happening again."

Whenever an adverse event occurs in a BOPDHB hospital, it is thoroughly investigated, in some of the more serious events by an external team. "This is standard practice. The key point of the investigation is to see where the system has broken down and how processes can be changed to ensure

it never happens again."

In 2006-2007, 182 people treated in New Zealand hospitals were involved in actual or potentially preventable clinical incidents that resulted - or could have resulted in - serious harm or death. Of these, 40 died as a result of the incident.

Last year the Ministry of Health established a Quality Improvement Committee to provide independent advice to Parliament and make recommendations on quality improvement.

QIC Chairman Patrick Snedden says open and transparent reporting of incidents when something goes wrong is part of moving towards a nationwide quality improvement. "We have good, safe hospitals staffed by highly skilled people that provide a good quality of care - this is about making it even better."

Lifelong learning at DHB

By PHIL GAMBISH, CEO, BOPDHB

Staff at the BOPDHB are among the most highly qualified professionals in our community and many are involved in continual upskilling and development.

Lifelong learning is something we support at the DHB, because we recognise that more highly skilled people can offer patients a wider choice in terms of treatment options and recovery strategies.

The Medical Council requires doctors and surgeons to continue their professional training and development in order to keep practising, and nurses have similar obligations. In addition there are significant post-graduate training options for clinical staff and financial subsidies to assist those willing to put in the time to study.

Our staff are given many opportunities to attend conferences and courses. Within the DHB there are weekly learning opportunities for doctors and nurses, and a variety of programmes and scholarships to support staff who choose to upskill beyond their professional requirements.

We believe it is of huge value to patients if our staff are continually improving their practising skills and processes.

One of our key future innovations is the development of a clinical school, which will offer crucial practical learning opportunities for trainee clinicians of all disciplines. Learning, researching, applying new knowledge are all critical aspects to improved practice and job satisfaction – lifelong learning is a win-win situation for staff and patients alike. It also brings many career opportunities as staff develop specialist skills.

International staff offer the chance to share knowledge and both teach



and learn from their New Zealand trained colleagues.

The media sometimes appears to pick on overseas trained doctors, but reality is that we need these highly skilled people in our health system and their contribution is greatly valued.

The BOPDHB recently underwent a major quality audit focusing on continuous improvement, with the Baldrige Framework. We were delighted to receive a high rating, better than many of New Zealand's top organisations. As the first DHB in New Zealand to undergo the audit, we have helped establish a blueprint for the others to follow.

As winter approaches I am expecting to hear from the immunisation nurse about my annual flu shot. I have one every year and have found it an effective way to ward off influenza. I recommend all adults have one – the flu is a debilitating illness that is highly contagious. Immunisation not only protects me but also those I come in contact with.

Pre-school public health nurse team grows

The number of pre-school health nurses has increased 5-fold in the past year, as more and more children have benefitted from having a specialist team on the job.

Public health nurses have traditionally served children from five – 18 years.

"This DHB recognised there was a gap between plunket and the public nurse, and pre-schoolers with problems were falling through the cracks," says Nicola Chadwick, operations manager, Community Child and Youth Health Services.

Initially one public health nurse was assigned to pre-schoolers, and that has grown to five across the Bay of Plenty, as its effectiveness increased.

"We started in Tauranga and now we have appointed our first pre-school health nurse in Whakatane," says Nicola. "It's not a well-child service – this is done by GPs. Rather we support and assess the children whose needs aren't being met by any other service."

An example is the four year old with behavioural issues who was referred by his pre-school. "We found that child had profound hearing loss. Now he has hearing aids and there's been a major improvement in his behaviour and his quality of life," she says.

The nurses see their role as supporting parents in supporting children, and helping families connect, or reconnect, with services that can help.



The Tauranga pre-school health nurses, from left to right: Claire Birss, Jolene Reid, Nikki Broughton (all standing). Seated is Lydia Snell, pre-school health nurse for Whakatane.

"Sometimes the issues are social, sometimes they are physical. A trained, experienced nurse will be able to assess those needs and make appropriate referrals."

Children are referred to the nurses by preschool centres, childcare centres, paediatricians, GPs, plunket and parents. The nurses will visit the family in a centre they are comfortable with, and there is no charge.

"The benefits are that children with problems can be helped prior to starting school. They are 'school ready' because they've been supported with physical or social issues that might otherwise have impaired their adjustment or learning."

New faces in the Bay

The BOPDHB has welcomed two new specialists, who will work from both Tauranga and Whakatane Hospitals.

Wouter Ten Cate is the newest member of the ENT (Ear, Nose, Throat) Specialist services in the Bay of Plenty.

"My first impression is that this is a lovely place and I am confident that my wife, four children and I will enjoy living here," he says.

Wouter is from the Netherlands where he completed his medical schooling in Utrecht. Subsequently, he worked at the University of Florida for four years, mainly involved in inner ear research leading to his PhD degree. He undertook advanced surgical training at the University

Clinic Essen, in Germany then worked for five years as a consultant in the Netherlands.

Wouter has been in New Zealand since 2003 and has worked in Auckland as a consultant in Middlemore Hospital and, with the Otolaryngology group, in Greenlane Hospital / Auckland City Hospital. He practises all elements of general ENT and his subspecialty interest is Otolaryngology.

Dr Stuart Tie is a Malaysian Chinese who came to New Zealand in the early 90's and attended Otago Medical School in Dunedin. He stayed on to work in Dunedin

Hospital and did his advanced training in Cardiology there. Married with a 16 month old son Elijah, Dr Tie and his wife are expecting their second son in May.

"We have been in Dunedin for the past 16 years but decided to come to Tauranga because we had heard a lot of good positive things," he says. He is particularly enjoying the warmer temperatures and escaping the freezing cold weather in Dunedin! This is Dr Tie's first post as a cardiologist and he is looking forward to providing a good service to the people of BOP during his time here.



Dr Stuart Tie



Dr Wouter Ten Cate

Miracle of birth ultimate job reward



Midwife Esther Humphries with new mum Rosalea Shaw and baby Ali, just a few hours after her birth.

Midwife Esther Humphries is still in awe of the miracle of reproduction, even after seeing hundreds of babies being born. Her interest in midwifery was sparked after feeling her little brother's first kicks and she remains amazed at the ability of women to create, birth, and sustain life.

Amidwife at Whakatane Hospital, she says pregnancy and childbirth are a normal part of women's lives, although it is a part that is often private and personal.

"It is very satisfying to be

involved in that special world. My philosophy is to ensure that women and their families have as positive an experience as possible," she says.

Esther trained in the UK and says the system here is much more supportive for women. "We get to know our clients and build a relationship with them before they have their babies. A lot of our work is post-delivery and we work with the lead maternity carers (independent midwives) to support women with breastfeeding and baby care."

She came to New Zealand

attracted by the lifestyle and the better working conditions and has also worked in Sydney, Melbourne and Cairns. Whakatane has the benefits of a great climate and a coastline position that allows her to go diving in her time off.

"Midwifery is a great career that can take you anywhere in the world. Everyday is different and I get to work across the whole scope of pregnancy, birth and post-natal care."

For Esther, it is much more than a job. "It is part of who I am," she says.

Extra respite beds give carers a break

An additional five respite beds funded by the Bay of Plenty District Health Board will mean those caring for elderly disabled relatives can take a break when they need it.

“Care-giver burn out is a major factor tipping older people into long-term residential care,” says planning and funding manager Helen Mason. “If we can support care-givers by creating opportunities for them to take a break or a holiday, we can keep people in the community longer.”

The respite beds will be available in resthomes and hospital level residential care facilities, for up to 20 days per year. The funding subsidises the difference between

what caregivers are paid, and the cost of the respite facility.

“Previously some families could not afford to pay the difference, so they seldom took a break. Everyone needs a break from full-time caregiving from time to time, to keep themselves healthy,” says Helen.

“Most elderly people prefer to stay with their families in the community for as long as possible. This option supports that,” she says.

Renal educator a boon for region

A specialist nurse educator role has been established in the Western Bay of Plenty, to help people avoid dialysis-dependency.

Renal disease is expected to grow in New Zealand, as a result of increasing age, obesity, Type 2 diabetes and hypertension.

“While we have been fortunate to recruit a renal physician to support acute renal patients, we recognised there was no prevention programme in place,” says planning and funding manager Helen Mason.

“The new renal educator will work with patients to manage their blood pressure and anaemia issues, encourage and educate about lifestyle changes to keep them healthy, and work with GPs and practice nurses on educational issues.”

A key patient group will be those identified as needing dialysis in the future, who can really benefit from prevention strategies.

“This person will primarily be out in the community working with patients in their homes, marae or at their GP practice. We believe that renal support in the early stages will help many people delay or even avoid dialysis-dependency and serious chronic illness. The DHB is working hard to keep people healthy at home, and out of hospital.”

Cataract surgery best in New Zealand

Bay of Plenty residents have the fastest access to cataract surgery than anywhere else in New Zealand, thanks to a highly efficient contract arrangement with Park Street eye surgeons.

“We are able to offer surgery sooner than most other DHBs,” says chief operating officer Graham Dyer. “Our access threshold is 12 points (denotes the severity of the condition) where it is around 20 in most parts of the country.”

More than 500 cataract operations per year are funded by the BOPDHB, and the operations are performed at the Park Street centre.

It’s a day-stay procedure, and the operation takes 30-40 minutes. A local anaesthetic is used and the recovery is relatively painless. Complication rates

are very low, but the improvement in vision is dramatic.

“Most people have reasonably good vision within a week,” says ophthalmologist Peter Haddad.

Cataracts usually occur in both eyes, although surgery is generally carried out on one eye initially. “Have surgery on one eye greatly improves vision and subsequent quality of life,” says Peter.

He believes the system in the Bay of Plenty is fairer than elsewhere and having a single provider ensures access criteria is applied equally to all candidates for surgery.

Landmark agreement for Bay’s ageing population



Smartgrowth chairman Bill Wasley and BOPDHB chair Mary Hackett sign the Memorandum of Understanding.

Western Bay’s baby boomer population grabbed the limelight recently with the signing of an agreement between local government and the district health board to examine the impacts of the ageing population on the sub-region.

On the initiative of the Bay of Plenty District Health Board (BOPDHB), an advisory group has been formed to collaborate with SmartGrowth partners - Western Bay of Plenty District Council, Tauranga City Council, Environment Bay of Plenty and tangata whenua - to improve the social and economic wellbeing of the ageing population.

BOPDHB chairwoman Mary Hackett and SmartGrowth chairman Bill Wasley, signed a Memorandum of Understanding (MOU) at a special ceremony at Western Bay Council in February, to officially launch PATAG (the Population and Ageing Technical Advisory Group).

Mrs Hackett said the Government had mandated health boards to work with local bodies.

“The signing of this MOU is an historic occasion and is an example of how we are going to work with the three Councils and PATAG.”

She encouraged the fostering of age-friendly communities and

for PATAG to “put arms out in to the community” to find out how to plan and work with other groups to achieve its goals.

Mr Wasley congratulated the DHB for its initiative in developing a collaborative approach to tackling the region’s ageing population.

“Given that SmartGrowth is the local government partnership with tangata whenua, it is pleasing to see a government agency taking up the challenge.

“One of the underlying strengths of SmartGrowth has been the collaborative approach to strategy development and implementation – and this is a good example of that extending beyond the local government partners.”

He said PATAG had great potential because of the wealth of knowledge and experience of its members, however he noted the huge challenge ahead and warned PATAG not to “bite off more than it could chew”.

“It is about picking up some issues and working those through and getting some early achievements under your belt.”

The BOPDHB commissioned social and public policy specialist Carole Gordon of Tauranga to

develop the initiative that has been government-funded through a Health Innovations Grant.

The PATAG project arose from a need to examine the social, economic, cultural and environmental impact of increasing numbers of older people and distinct ageing communities in the region.

It is believed to be the first time in New Zealand that a collaboration between local government and a district health board has been formed to examine the challenges of population ageing, such as the social and economic impacts of the ageing population in the present and in the future.

In 2006 (Census), in the Western Bay sub-region, there were 2600 people aged over 80. Under SmartGrowth’s population projections, by 2035 there will be 36,000 people aged over 80 – which equates to four times the current population of Te Puke.

Work already achieved by PATAG includes submissions to the Western Bay of Plenty District Council Built Environment Strategy and Smart Living Strategy and has contacted central government agencies with which it will work.

Insight gained in operating theatres

Whakatane Hospital theatre nurse Brenda Kirk likes seeing how everything in our bodies works – bodies are marvellous things, she says.

Brenda has been nursing for 27 years, and has spent 21 of them in operating theatres in the UK and New Zealand.

Her first introduction was at Waikato Hospital, where she landed in theatre ‘by accident’ and loved it.

“You have to think on your feet, be very adaptable and know your stuff,” she says. “The surgical team can’t do it without you.”

She loves the team work that goes with a small group working intensely together. “We are continually learning from each other,” she says. “Each patient is different and there

is a high level of satisfaction in what we do.”

She loves the small hospital environment of Whakatane, particularly after working in London for 11 years.

“It’s like a family here and everyone pulls together and supports each other. There is a lot of professional respect and I’m very proud of the standard of care here.”

As an experienced nurse she enjoys mentoring the new nurses and says it’s a great career. “Nursing takes you all over the world. Nurses are in demand everywhere.”



Brenda Kirk is used to being under bright lights in the operating theatre.

New course for long term carers



Twenty eight nurses have begun studying for a new post-graduate certificate in long-term condition management.

The programme is funded by the Ministry of Health, and delivered by the University of Auckland in Tauranga.

"The DHB was pleased to support 17 nurses to do the course as we

believe the knowledge gained will benefit the communities in the Bay of Plenty," says executive director of nursing and midwifery Christine Payne.

"Professional development is a priority at the DHB and we encourage our staff to undertake post-graduate studies."

Smokefree parks approved



Toi Te Ora – Public Health staff, from left to right: Russell Ingram-Seal (Researcher/Evaluator), Maria Wood (Programme Leader Social Environments), Brad Clarke (Public Health Development Advisor), Jenna Clarke (Social Environments Health Promotor).

A policy to make outdoor spaces like parks smokefree won widespread approval by the people in Ootiki, before it even officially started.

In mid-January, four Toi Te Ora public health staff members surveyed more than 200 people about the policy, which came into effect this month. People were also asked about their smoking habits.

Sixty nine per cent of those surveyed thought the smokefree outdoor spaces policy was a good idea, and only 12 per cent thought not. (The remaining 18 per cent were unsure.)

The policy means the public will be asked to refrain from smoking in council-owned playgrounds, parks, sports fields, reserves, gardens and beaches. This includes events held in council parks which will consistently be promoted as smoke free events.

The policy aims to normalise non-smoking and encourage positive

role models for both children and young people in Ootiki District. The community-enforced policy gives Ootiki residents the opportunity to provide an encouraging environment for families and makes it a cleaner and healthier place to live.

More field research will occur in May to measure compliance with the policy, public support, and whether or not the social marketing and signage was effective. Further research will happen in January 2009, when the policy has been in place for long enough to have had an effect.

Ootiki is the fourth council in New Zealand to adopt a comprehensive educational Smokefree Outdoor Spaces policy.

It is the first region to undertake pre- and post research on the policy and public health employees counted more than 1000 cigarette butts in the region's five main parks, as part of the research.

Flu jab time again



CEO, Phil Cammish finds benefit in an annual flu immunisation.

GPs are urging everyone to have a flu immunisation in the next month or so, as research shows they keep most people safe from the worst of the winter bugs.

Influenza immunisations are free for people over 65 and those with specific health issues but many other people are choosing to have the vaccine, as it is proving so effective.

Some employers are paying for staff to have the vaccine, as it helps reduce sick days, which can have a serious impact on productivity, particularly in small workplaces.

"I had my first one last winter and it was the first year in a decade where I didn't get unwell," says BOPDHB communications manager Carol Wollaston. "I'm a definite convert – it was great not enduring the misery of the flu."

This year the influenza immunisation campaign is focusing on healthcare workers, as these groups come into contact with so many vulnerable people in the course of their work.

Staff of the BOPDHB are offered a free flu immunisation each year, and the number who take it up increases annually.

Flu vaccine – FAQs

Q. Can the influenza vaccine give you the flu?

A. You cannot get influenza from the vaccine as it is not a 'live' vaccine.

Q. Can the influenza vaccine make you sick?

A. Most people have no reaction to the vaccine, although some people experience a little soreness, redness or swelling where the vaccine was given, or fever or aches. Reactions like these tend to be mild and only last a day or two.

Q. Can you still get influenza even if you have been immunised against it?

A. Not usually although some vaccinated people may get influenza. This tends to be a milder dose of influenza than if they had not had the influenza vaccine.

Q. Why should you get immunised against influenza every year?

A. The influenza strains circulating change every year and the vaccine is changed to match. The vaccine covers the worst of the influenza strains.

Smart ideas hasten scan access

Innovative but simple ideas from the radiology team have seen waiting lists for Bay of Plenty people requiring CT scans and ultrasounds reduced.

"We wanted to get people in for their scan sooner so we looked at ways to increase our capacity," says chief operating officer Graham Dyer. "The team has looked at regional resources and are now doing evening CT scan sessions in Tauranga, and providing a bus to take patients to Whakatane Hospital for their scans.

Te Puke patients now have the option to access CT scans or ultrasound in Whakatane, where the service has been extended from three days to five per week.

"As Te Puke is geographically about 40 minutes from Whakatane, and 30 minutes from Tauranga, most people feel it is worth the extra

ten minutes drive to get their scan sooner.

"People are supportive because they are getting faster access to these important services. We encourage people to ask their GPs about these services, if they are referred for a CT scan or ultrasound."