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Business Solutions Architect David Noah



Director of Services Improvement Brian Dolan



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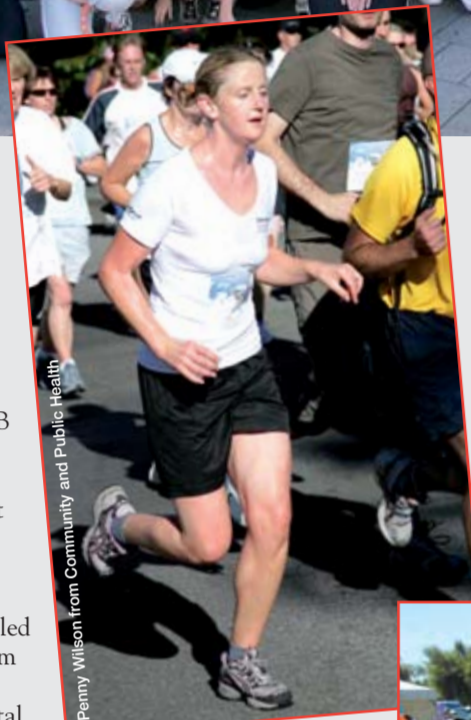
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One Stop Shop for Diabetes Opens



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I found the team of midwives exceptionally knowledgeable, helpful, comforting and friendly in every way. The specialists who attended to me kept me well informed at all times and showed a genuine concern for my baby and I. The catering and cleaning staff were respectful, pleasant and highly efficient.

From my experience I can honestly say that the team of people working closely with the maternity unit at Christchurch Women's Hospital do a remarkable job to help Mums bring new life into this world with the utmost of confidence.

Thank you very much to all the staff at Christchurch Women's Hospital.

*Lisa Brignull
Mount Pleasant, Christchurch*

Theatres Open At Burwood Hospital



Members of the public in the new Theatre Sterile Services Unit



The public opening day of the new theatre



The front entrance

The first elective orthopaedic operations have been carried out at Burwood Hospital's new \$21.5 million surgical unit.

The new Surgical Services Unit was finished at the end of February and the ward started taking its first patients in the last week of March. The first operations were carried out on 12 April.

The new unit consists of four large operating theatres, which will be predominately used for elective orthopaedic surgery. It also has an admitting unit; a sterile services unit, where instruments are cleaned; a post-operation recovery area and a 30-bed post surgery ward, which includes a 12-bed special care unit.

The first stage of the redevelopment project - which included a new Orthopaedic Rehabilitation Unit (ORU), administration building and an upgrade of the Burwood Spinal Injuries Unit - was completed at the end of 2002, costing \$6 million.

Project Manager Alistair Cory-Wright says the new unit was needed because the three current theatres, which opened in 1963, were "outdated and too small". The old Theatre Sterile Services Unit (TSSU) also needed replacing.

He says a major catalyst for the new development had been the Government's Orthopaedic Initiative, which provided funding to double the number of elective major joint operations undertaken each year.

With its four new theatres, the hospital will increase the number of operations it performs. Major joint operations, for example, will increase from 550 a year to 1100 and it is expected around 3000 operations will be carried out in total in the first year.

The design of the new surgical facility, which was carried out by Christchurch architects Sheppard & Rout and Auckland-based Klein Architects, incorporates bold colours, glass and welcoming gardens which are accessible from almost all ward bedrooms.

The old surgical ward was demolished in December 2005 to make way for the new buildings. For the past year, post-operative patients have gone to the ORU at Burwood Hospital, which was temporarily re-located to The Princess Margaret Hospital.

The builders, Mainzeal Construction, who have been on site since last January, completed most of the project by February 9. Installation of equipment and staff training followed.

The project is the second stage of a proposed three-stage development at Burwood Hospital. The next stage is expected to comprise an improved orthopaedic outpatient department and an expanded radiology department.

An open day was held on 18 March to allow the public to see the Hospital's new Surgical Services Unit.



The public open day

Pandemic Planning

Get to know your neighbours

A key step people can take to prepare for an influenza pandemic is to get to know their neighbours and talk about how they would work together if it occurred.

Canterbury District Health Board Chief Medical Officer Dr Nigel Millar says people should be forging relationships with their neighbours now before a pandemic happens.

He says people only have to look at the Spanish flu pandemic of 1918-19 to see that the communities who worked together had emerged from the pandemic the most unscathed.

"The lessons are all in history. Form a relationship with your neighbours and talk about how you will cope. What happened in 1918 was people worked together and helped each other out. It is simple things such as putting together a phone number contact list," he said.

Dr Paul McCormack, GP and Managing Director of Pegasus Health, says during a pandemic it is likely the "battle field" will be in the community. "Hospitals will be unable to cope with the large number of ill people. It will not be enough to mobilise the health system. The whole community will need to mobilise to help each other so that the relatively scarce health workers can put their effort where it will make the most impact."

He says during a pandemic, general practice, pharmacy and community services will work in a different way. "We expect to create "green" stream primary health care services where unwell people with non flu related illness will continue to receive care. A new "red" stream based on community-based assessment centres will assess people for the flu, provide treatment if appropriate and ensure support from other community agencies."

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Mr Creasey says the increase in the number of neighbourhood groups is partly in response to a realisation among the public that an influenza pandemic could occur.

Over the next few months, the CDHB will work with Neighbourhood Support to ensure the organisation's database includes the up-to-date details for every group's "contact person" and their deputies. If a pandemic occurs, it could be up to these people to mobilise their members to help out in the community. "We don't want people to be paranoid about a pandemic. But it's like an insurance policy, you should have all this in place before it hits," he said.

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Patients can be seen by a range of healthcare professionals on this floor, including doctors, nurses, dietitians and podiatrists. There is also a day room where people who have been newly diagnosed with type 1 diabetes can be shown how to use insulin, without having to be admitted to hospital.

The Diabetes Centre administration offices and consulting rooms for a clinical psychologist and a Maori diabetes nurse and field worker are on the second floor. The Diabetes Centre Life Education service, which offers group education for people with diabetes, is also based on this floor.

The Home Dialysis Training Centre, on the third floor, is the country's first purpose-built dialysis training unit for patients from Canterbury, South Canterbury and the West Coast. It includes eight training rooms where people can be taught how to use dialysis at home, offices and a clinic room.

Dr Peter Moore, Clinical Director of the Diabetes Centre, says both staff and patients have benefited from the new centre.

"The previous Diabetes Centre building, which was leased, was cramped and made it difficult to preserve patient privacy. Relocating to a light and pleasant building has been greatly appreciated by patients, their families and the staff providing the care."

He says the building also provides a unique environment for people with diabetes.

"The environment allows for close co-operation between the multi-disciplinary team members. Patients attending doctors' appointments are also often in need of the skills of our dietitians and nurses and will be able to see the appropriate person at the same time. On the other hand, patients seeing the podiatrist, nurse or dietitian may have specific medical issues that need addressing, so these health professionals have ready access to physician advice."

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Lynne Taylor, Community Liaison Officer for Diabetes Christchurch Inc, says moving into the new building has been the realisation of a long term dream for the society.

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Diabetes Christchurch Patron Prof Don Beaven shows Christchurch East MP Lianne Dalziel (left) and Prime Minister Helen Clark around the society's offices.

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Sister Mary Hanrahan and Reverend Hausia Taufu'i

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People with pre-diabetes can halve their chances of developing diabetes by making some simple changes to their lifestyle.

To reduce your risk of developing diabetes you should:

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- Eat healthily. Eat more fruit and vegetables. Reduce your fat intake, for example by choosing low fat milk, cheese and yoghurt and buying lean meat and trimming off any fat. Limit your alcohol intake.
- Reach and maintain a healthy bodyweight.
- Quit smoking.

People who have been diagnosed as having IGT (Impaired Glucose Intolerance) can be referred by their GP to a bi-monthly service run by Partnership Health Canterbury and initiated through funding by the Canterbury Local Diabetes Team. The sessions are run by dietitian Nicky McCarthy, who helps people to make healthy food choices. The next sessions are on 3 and 10 May.

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Every New Zealander with diabetes is entitled to a free annual check-up with their GP or practice nurse. The aim of these is to pick up the any signs of complications relating to diabetes. Your GP may put you on a recall system to remind you when your check-up is due.

The check up will include:

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- testing the sensation and circulation in your feet.
- a kidney function test
- an HBA1c level test, which determines your average blood glucose levels for the previous six weeks.

Pandemic Planning

Get to know your neighbours

A key step people can take to prepare for an influenza pandemic is to get to know their neighbours and talk about how they would work together if it occurred.

Canterbury District Health Board Chief Medical Officer Dr Nigel Millar says people should be forging relationships with their neighbours now before a pandemic happens.

He says people only have to look at the Spanish flu pandemic of 1918-19 to see that the communities who worked together had emerged from the pandemic the most unscathed.

"The lessons are all in history. Form a relationship with your neighbours and talk about how you will cope. What happened in 1918 was people worked together and helped each other out. It is simple things such as putting together a phone number contact list," he said.

Dr Paul McCormack, GP and Managing Director of Pegasus Health, says during a pandemic it is likely the "battle field" will be in the community. "Hospitals will be unable to cope with the large number of ill people. It will not be enough to mobilise the health system. The whole community will need to mobilise to help each other so that the relatively scarce health workers can put their effort where it will make the most impact."

He says during a pandemic, general practice, pharmacy and community services will work in a different way. "We expect to create "green" stream primary health care services where unwell people with non flu related illness will continue to receive care. A new "red" stream based on community-based assessment centres will assess people for the flu, provide treatment if appropriate and ensure support from other community agencies."

Patrick Creasey, Neighbourhood Support Christchurch Co-

ordinator, says there are now more than 1900 neighbourhood groups across Christchurch and the Banks Peninsula. In the past year alone, the organisation has overseen the formation of 170 new groups.

Mr Creasey says the increase in the number of neighbourhood groups is partly in response to a realisation among the public that an influenza pandemic could occur.

Over the next few months, the CDHB will work with Neighbourhood Support to ensure the organisation's database includes the up-to-date details for every group's "contact person" and their deputies. If a pandemic occurs, it could be up to these people to mobilise their members to help out in the community. "We don't want people to be paranoid about a pandemic. But it's like an insurance policy, you should have all this in place before it hits," he said.

Dr Geoffrey Rice, Associate Professor of History at the University of Canterbury, says the major conclusion he came to while researching his book, Black November – The 1918 Influenza Pandemic in New Zealand, was that communities who organised themselves early had the lowest death rates.

He says although our society is more transient than it was in 1918, if a serious flu pandemic developed again, sick people, especially those who lived alone, could have their lives saved by their neighbours.

"You can't be responsible for everybody in your street but you can get to know your neighbours on either side and the three opposite," he says.

A form of avian influenza or bird flu, otherwise known as H5N1, has affected poultry flocks and other birds in more than 50 countries since 2003. So far, more than 280 people have also caught the infection, as a result of close contact with infected birds.

Although there is no firm evidence that H5N1 can pass easily from person to person, there are concerns the virus could develop the ability to do this, or that it might mix with human flu viruses to create a new virus.

A pandemic plan with family, friends or neighbours could include:

- Who could help with food and supplies if you and your household are sick
- Who could help with renewing prescription medicines before they run out
- The telephone numbers of people who live near you and your doctor's telephone number.
- Also talk to them about putting together an emergency supplies kit, which should include a supply of food and drinks to last for a week, Paracetamol or ibuprofen, masks which can be worn by sick people to stop the spread of germs, tissues and plastic bags for used tissues, activities (such as books, games and books) for people who have to stay at home.

At a national level, there has been extensive pandemic planning underway for the past 18 months, culminating in the New Zealand Influenza Action Plan, which was released last September.

The CDHB, along with the country's 20 other DHBs and the Ministry of Health, will take part in an extensive pandemic exercise in May. Exercise Cruickshank will focus on the four pandemic stages; "Keep it Out", "Stamp it Out", "Manage it" and "Recover from it".

New Centre For Diabetes And Dialysis Is Officially Opened

Continued from Page 1

The first floor houses the Diabetes Clinic. Patients attending the clinic can be seen in one of two "check in" rooms where their weight, height and blood pressure are taken and their vision tested. One of these rooms will also shortly have a retinal camera which will be used to check for diabetic eye disease in selected patients.

Patients can be seen by a range of healthcare professionals on this floor, including doctors, nurses, dietitians and podiatrists. There is also a day room where people who have been newly diagnosed with type 1 diabetes can be shown how to use insulin, without having to be admitted to hospital.

The Diabetes Centre administration offices and consulting rooms for a clinical psychologist and a Maori diabetes nurse and field worker are on the second floor. The Diabetes Centre Life Education service, which offers group education for people with diabetes, is also based on this floor.

The Home Dialysis Training Centre, on the third floor, is the country's first purpose-built dialysis training unit for patients from Canterbury, South Canterbury and the West Coast. It includes eight training rooms where people can be taught how to use dialysis at home, offices and a clinic room.

Dr Peter Moore, Clinical Director of the Diabetes Centre, says both staff and patients have benefited from the new centre.

"The previous Diabetes Centre building, which was leased, was cramped and made it difficult to preserve patient privacy. Relocating to a light and pleasant building has been greatly appreciated by patients, their families and the staff providing the care."

He says the building also provides a unique environment for people with diabetes.

"The environment allows for close co-operation between the multi-disciplinary team members. Patients attending doctors' appointments are also often in need of the skills of our dietitians and nurses and will be able to see the appropriate person at the same time. On the other hand, patients seeing the podiatrist, nurse or dietitian may have specific medical issues that need addressing, so these health professionals have ready access to physician advice."

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Facts About Influenza Vaccine



Canterbury District Health Board Virologist Dr Lance Jennings, who is also spokesperson for the National Influenza Strategy Group (NISG), explores why everyone should be getting the influenza vaccine this year.

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Many people wrongly believe that it is better to build up "natural immunity" to the disease through a healthy diet and alternative therapies. But in actual fact you can only be immune to a particular strain of the virus if you've been exposed to it before. As the virus strains change each year,

most people are unlikely to have natural immunity. Most healthy adults are also in contact with someone who is classed as being at "high risk", which includes anyone who is 65 years or over or has a chronic medical condition, such as asthma, cardiovascular disease or diabetes. By getting the influenza vaccination, they are not only protecting themselves but family and friends from a potentially lethal virus.

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How many people generally get the influenza vaccine?

In 2006, 185 doses of the vaccine were given out per 1000 people, which is low compared to the uptake in some countries in the Asia Pacific. Even among at risk groups, the uptake has been traditionally low. Last year only 64% of people 65 and over received the flu vaccine. There are a number of countries, including Canada, who are moving towards a universal vaccination program. The United States is now moving towards this and is recommending vaccinations for anyone aged 50 and over and children aged six months to five years.

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Food Service A Hit With Patients

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She was also impressed Medirest Food Services staff were quick to pick up on what she liked and remembered exactly how she preferred her coffee.

"The variety's been great and I've had fresh fruit every day. And if I've been asleep in the morning they've always brought in a yoghurt or fresh fruit and left it for me," she says.

The Canterbury District Health Board is the first DHB in the country to offer patients the Catering to You service, through a contract with Compass Group's Healthcare division, Medirest.

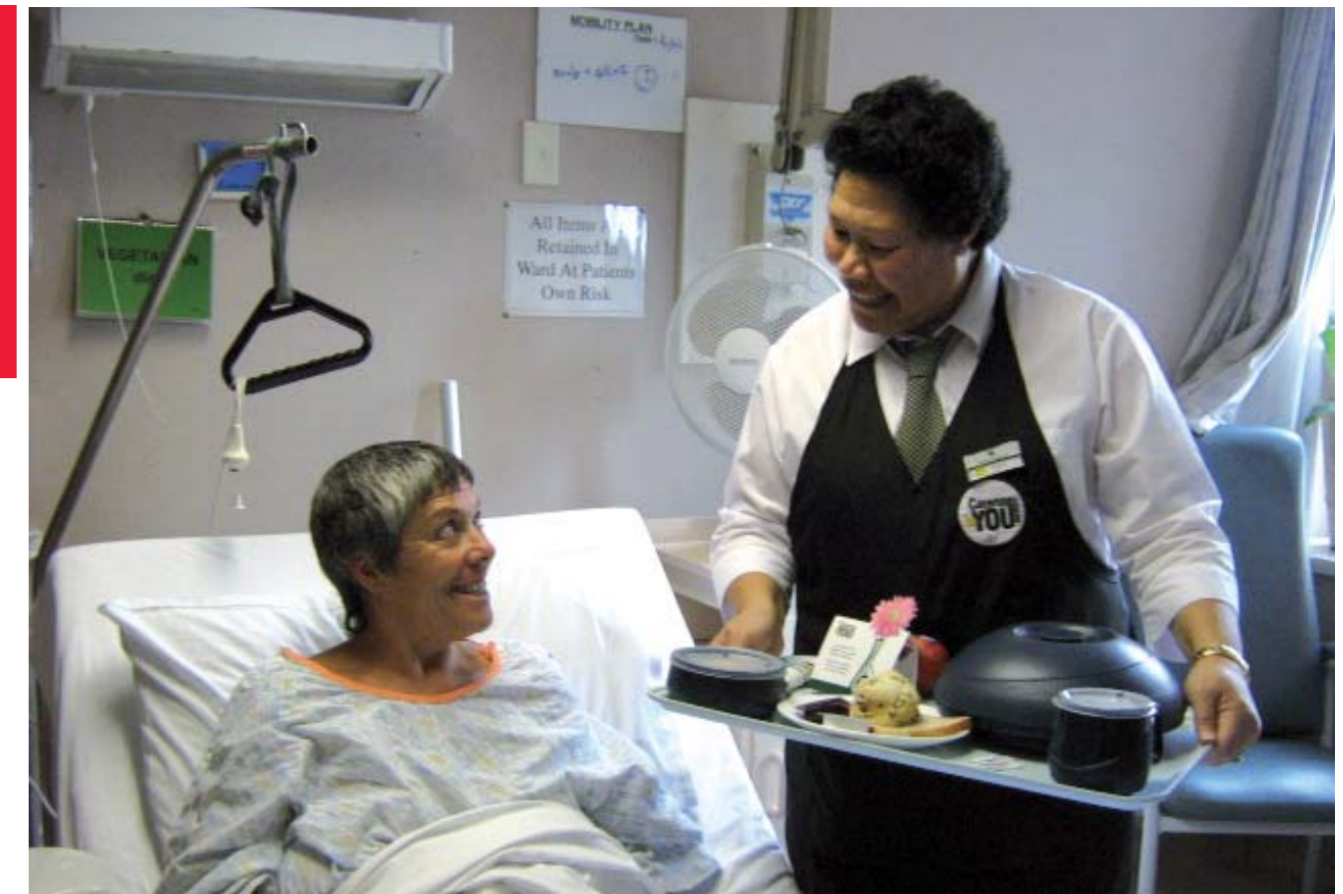
Under the Catering to You programme, which has been introduced to Christchurch, Christchurch Women's and Burwood hospitals, each patient has their own catering associate, who greets them on arrival in their ward. As there are no written menus, associates offer patients a choice of food before every meal time and take their order. They then put the patient's order together before delivering it to them on the ward.

A range of diets are available, such as gluten-free, diabetic and full fluid, and patients are also offered a range of drinks throughout the day.

As part of the programme, a new heat on demand system has also been introduced, which uses a specially designed base to ensure that patients' meals stay hot for up to an hour.

Medirest dietician Clare Leighton says the new system ensures each patient's meal is tailored to their dietary requirements and their tastes. "The catering associate verifies a patient's diet with the nurse before visiting the patient so they are offered food that is suitable for them rather than picking food that they are not able to have. It's an important part of their recovery for them to eat well."

An independent survey of the Catering to You service, when it was piloted at Christchurch Hospital two years ago, had shown that the rate of patient satisfaction with the overall catering was 80% compared to 56% for a standard service.



Catering Associate Tala Sinafoa serves lunch to Heather Davis.

A TYPICAL MENU

LUNCH

Soup and bread
Pumpkin soup (gluten-free or vegetarian)

Or
Fortified Cream of Pumpkin soup

Wholemeal bread
White bread
Margarine or butter

Savoury
Macaroni cheese (soft or vegetarian)

Or
Soft sandwich pack
Or
grilled chicken and sweet chilli sauce wrap
Or
Vegetarian wrap

Bakery
Apple spicy muffin
Fresh fruit or canned fruit

DINNER

Creamed soup (special diets only)

Main course
Lamb and rosemary casserole
Whole steamed potato or mashed potato
Seasonal vegetables

Or
Fish in parsley sauce
Whole steamed potato or mashed potato
Seasonal vegetables
Or
Spanakopita (vegetarian)
Whole steamed potato
Seasonal vegetables

Dessert
Caramel cream
Or
Jelly and ice cream
Or
Canned fruit

Pilot Role Funded To Support Amputee Patients

Debbie Hockley has taken up a pilot role funded by the Canterbury District Health Board which will see her supporting and educating patients facing amputation and their families.

Debbie began a one-year pilot role as an Amputee Specialist Educator with the CDHB after it approved a proposal put forward by the Amputee Society of Canterbury/Westland to take over and expand the amputee educator position she had been doing for them for the past 17 months.

Debbie, who also works as a physiotherapist in Ward 3A at The Princess Margaret Hospital, says her role will include continuing to provide information and support to patients who are facing an amputation or have recently had an amputation, along with their family/whanau. She will also advise other CDHB staff about the management of amputee patients when required and liaise closely with services such as the Artificial Limb Centre and the Amputee Society.

Most of the patients Debbie deals with have amputations due to vascular problems, caused by conditions such as diabetes or peripheral vascular disease. But some amputee patients have also been involved in accidents, have congenital deformities such as club foot, or tumours.

Debbie says her new role, which she will do for 20 hours a week, will allow her to expand on her work with the Amputee Society.

In the role, she will aim to encourage staff to apply semi-rigid removable dressings - which are resin impregnated casts - to all patients who have had their legs amputated below the knee, while they are still in theatre. This helps to protect the patient's residual limb (stump) and to reduce swelling after the operation.

She also hopes to ensure more psychological support is available for patients and their families, who need help dealing with grief and loss issues following the removal of their limb.

Debbie has had a long interest in dealing with amputee patients, which began during her first physiotherapist placement at North Shore Hospital in 1989.

She worked for 10 years as a physiotherapist on Ward 1A at TPMH, where many amputee patients go for their rehabilitation, and also completed a 20-month project for the New Zealand Artificial Limb Board in 2005, which examined the management of amputee patients in Christchurch.

*Debbie can be contacted on (03) 337 8630.



Debbie Hockley with amputee patient Jim Teear, who is wearing a semi-rigid removable dressing.

Canterbury Surgical Patients Benefit From Funding Boost

An additional 975 surgery patients will be treated in the next four months by Canterbury District Health Board as a result of an extra \$3.2 million in government funding provided to the Board this financial year and a further \$1 million allocated to elective services by the CDHB. The first of these operations will be performed this month.

This money is an addition to an extra \$1.7 million that has been spent by the CDHB on treating people who were last year returned to GP care from the CDHB booking system.

The government money is part of a package of \$200 million over four years, which will see extra operations performed in Canterbury for patients with a wide range of diseases and conditions. Nationally, the funding boost is expected to increase elective treatment capacity by around 10,000 people each year over the next four years.

In Canterbury, this financial year, 113 more patients will get the general surgery they need, including people waiting for

abdominal and thyroid surgery. Other operations involve a range of specialties. About 220 people will have a colonoscopy and 41 will get access to cardiology procedures. Another 110 women will benefit from gynaecological procedures and about 42 men from prostate and other urology operations. A total of 66 children will receive the dental surgery that they need and 132 adults and children will be able to have their tonsils and/or adenoids removed. A total of 95 orthopaedic procedures other than hip and knee replacements are scheduled.

"We are delighted to be able to offer these extra operations to Canterbury people. As well as being a bonus for our patients, it will be very rewarding time for front line staff in providing more treatment for people who need it," CDHB CEO Gordon Davies said.

The additional operations will be performed within CDHB hospitals and by a number of private providers including Southern Cross Hospital, St George's Hospital, Oxford Clinic

Hospital and Canterbury Orthopaedic Services. About 459 of the additional operations will be performed privately as CDHB services generally work at full capacity and do not have the resources for large numbers of additional operations.

The government funding for the additional operations has been made available to DHBs that are compliant with the national electives policy, which says that people need to know whether they will be able to see a specialist within six months and whether they will receive their operation.

"This system is about providing patients with clarity, timeliness and fairness around when and if they will receive treatment. Not everyone will meet the threshold for surgery on their first presentation and we need to be open and honest about this," Mr Davies said.

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A TYPICAL MENU

LUNCH

Soup and bread
Pumpkin soup (gluten-free or vegetarian)

Or
Fortified Cream of Pumpkin soup

Wholemeal bread
White bread
Margarine or butter

Savoury
Macaroni cheese (soft or vegetarian)

Or
Soft sandwich pack
Or
grilled chicken and sweet chilli sauce wrap
Or
Vegetarian wrap

Bakery
Apple spicy muffin
Fresh fruit or canned fruit

DINNER

Creamed soup (special diets only)

Main course

Lamb and rosemary casserole
Whole steamed potato or mashed potato
Seasonal vegetables

Or
Fish in parsley sauce
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Or
Spanakopita (vegetarian)
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Dessert

Caramel cream
Or
Jelly and ice cream
Or
Canned fruit

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Debbie, who also works as a physiotherapist in Ward 3A at The Princess Margaret Hospital, says her role will include continuing to provide information and support to patients who are facing an amputation or have recently had an amputation, along with their family/whanau. She will also advise other CDHB staff about the management of amputee patients when required and liaise closely with services such as the Artificial Limb Centre and the Amputee Society.

Most of the patients Debbie deals with have amputations due to vascular problems, caused by conditions such as diabetes or peripheral vascular disease. But some amputee patients have also been involved in accidents, have congenital deformities such as club foot, or tumours.

Debbie says her new role, which she will do for 20 hours a week, will allow her to expand on her work with the Amputee Society.

In the role, she will aim to encourage staff to apply semi-rigid removable dressings - which are resin impregnated casts - to all patients who have had their legs amputated below the knee, while they are still in theatre. This helps to protect the patient's residual limb (stump) and to reduce swelling after the operation.

She also hopes to ensure more psychological support is available for patients and their families, who need help dealing with grief and loss issues following the removal of their limb.

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This money is an addition to an extra \$1.7 million that has been spent by the CDHB on treating people who were last year returned to GP care from the CDHB booking system.

The government money is part of a package of \$200 million over four years, which will see extra operations performed in Canterbury for patients with a wide range of diseases and conditions. Nationally, the funding boost is expected to increase elective treatment capacity by around 10,000 people each year over the next four years.

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abdominal and thyroid surgery. Other operations involve a range of specialties. About 220 people will have a colonoscopy and 41 will get access to cardiology procedures. Another 110 women will benefit from gynaecological procedures and about 42 men from prostate and other urology operations. A total of 66 children will receive the dental surgery that they need and 132 adults and children will be able to have their tonsils and/or adenoids removed. A total of 95 orthopaedic procedures other than hip and knee replacements are scheduled.

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The government funding for the additional operations has been made available to DHBs that are compliant with the national electives policy, which says that people need to know whether they will be able to see a specialist within six months and whether they will receive their operation.

"This system is about providing patients with clarity, timeliness and fairness around when and if they will receive treatment. Not everyone will meet the threshold for surgery on their first presentation and we need to be open and honest about this," Mr Davies said.

Facts About Influenza Vaccine



Canterbury District Health Board Virologist Dr Lance Jennings, who is also spokesperson for the National Influenza Strategy Group (NISG), explores why everyone should be getting the influenza vaccine this year.

Why should people think about getting the influenza vaccine?

Influenza doesn't care how fit, active or healthy you are – it can affect even the healthiest of people as well as those whose immune systems are compromised or those who are in poor physical health. Influenza is more severe than a "bad cold" and can lead to serious complications, such as pneumonia or heart failure, if you already have an existing medical condition. In fact, we believe that about 350 deaths each year are directly or indirectly

related to influenza and in 2004, three children died after contracting the disease. Many people wrongly believe that it is better to build up "natural immunity" to the disease through a healthy diet and alternative therapies. But in actual fact you can only be immune to a particular strain of the virus if you've been exposed to it before. As the virus strains change each year,

What are some of the myths surrounding the influenza vaccine?

The influenza vaccine cannot "give" you influenza. There is no live virus in the vaccine although some people do experience mild side effects, such as redness at the site of the jab or a mild fever. As the virus strains change annually, it is unlikely people will be immune to them unless they have been exposed to them before. It is therefore important that people get vaccinated annually to ensure they are protected from the strains most likely to circulate in the country that year.

How much will it cost me to get a vaccination?

For those considered to be at high risk of contracting influenza and being affected by the serious complications that can arise from it, the vaccine is free until 30 June. At the moment, these include anyone who is 65 or over and those with a chronic medical condition, such as diabetes, cardiovascular disease or asthma. For other people, who are not classed as "high risk", the vaccine will cost around \$27.

most people are unlikely to have natural immunity. Most healthy adults are also in contact with someone who is classed as being at "high risk", which includes anyone who is 65 years or over or has a chronic medical condition, such as asthma, cardiovascular disease or diabetes. By getting the influenza vaccination, they are not only protecting themselves but family and friends from a potentially lethal virus.

How many people generally get the influenza vaccine?

In 2006, 185 doses of the vaccine were given out per 1000 people, which is low compared to the uptake in some countries in the Asia Pacific. Even among at risk groups, the uptake has been traditionally low. Last year only 64% of people 65 and over received the flu vaccine. There are a number of countries, including Canada, who are moving towards a universal vaccination program. The United States is now moving towards this and is recommending vaccinations for anyone aged 50 and over and children aged six months to five years.

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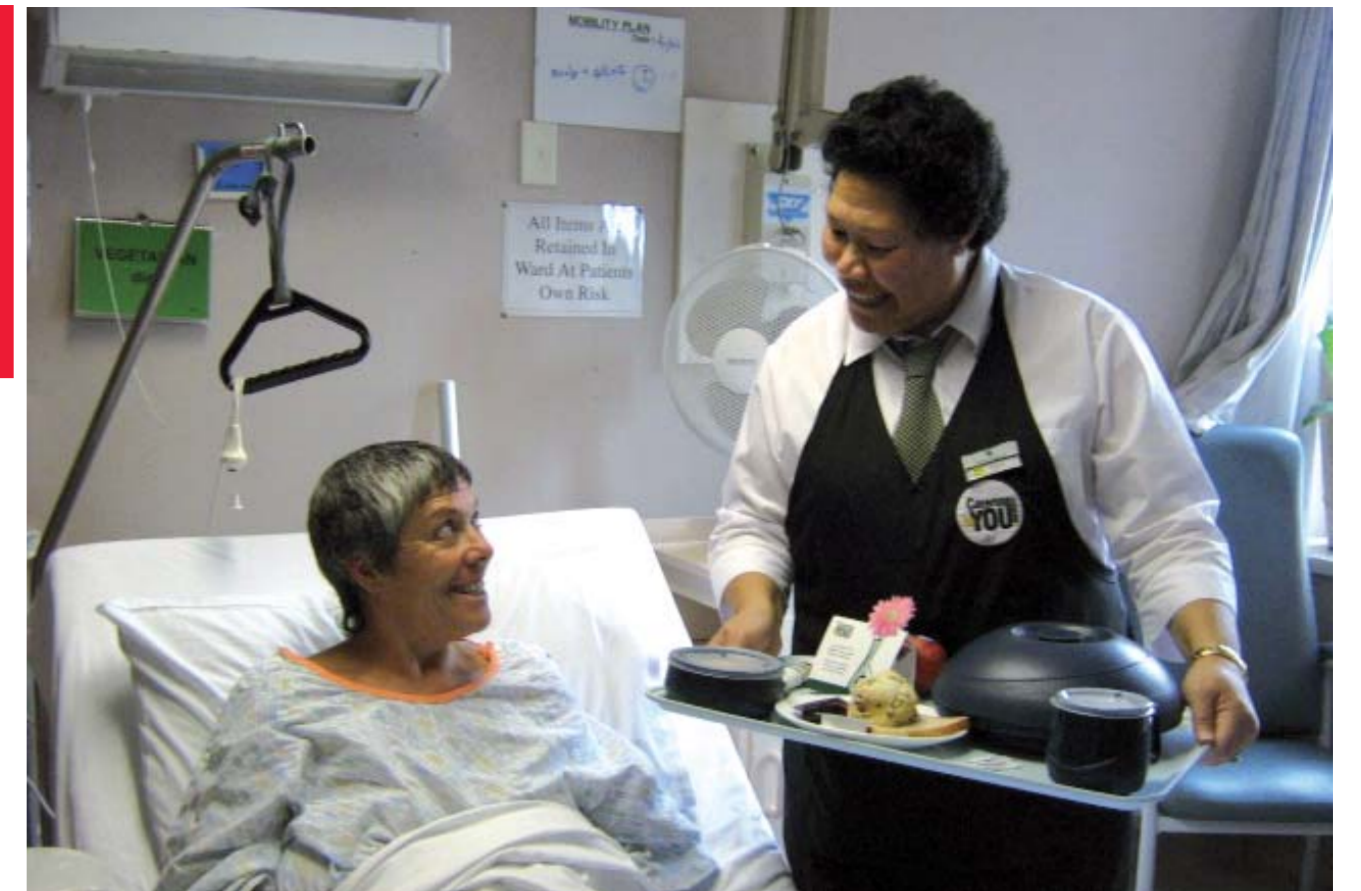
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