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Dr Joe McGirr
Director of Clinical Operations
Greater Southern Area Health Service
PO Box 10
WAGGA 2650

Dear Joe,

Re. IPTAAS Funding and Outreach Clinics from Tertiary Institutions

As you are aware, I have been a paediatrician in Wagga for over ten years. When I first started, there were no specialised out-patient clinics in paediatrics in the Wagga region. Over the past twelve years, we have established multiple clinics, as listed:

- (a) paediatric cardiac clinic three times per year for two to three days each visit,
- (b) spina bifida outreach clinic twice per year,
- (c) paediatric urology clinic twice per year,
- (d) paediatric endocrine clinic twice per year,
- (e) paediatric neurology clinic four times per year,
- (f) paediatric haematology clinic two times per year,
- (g) and most recently, a paediatric cystic fibrosis/respiratory clinic, which has occurred once and is currently planned to occur twice per year.

This week, I have had discussions with Sydney Childrens Hospital, to establish an outreach paediatric nephrology clinic, initially three times per year. Given that we are part of the GESCHN area health network, our tertiary institution is Sydney Childrens Hospital. Sydney Childrens Hospital has been extremely helpful at supporting outreach clinics, and during recent discussions with their executive, the hospital is prepared to provide the salary for staff specialists doing outreach clinics within the GESCHN network. The costs of salary is in part covered by a generous donation from Big W. The traditional model of specialty clinics is for children to travel with their families to Sydney and to reclaim the cost of travel and accommodation from IPTAAS. I do not believe we are referring more patients to sub-specialty clinics because they are providing outreach services. This is partly because the specialty clinics are structured for referral by paediatricians only. There is a problem in providing ongoing specialty clinics in Wagga. The major issue is the cost of transport for specialists to come from Sydney to Wagga, the provision of an out-patient facility and some relatively small sundry items. However, a conservative analysis of figures would suggest that the cost of providing an outreach clinic is significantly less than the cost of providing transport and accommodation for patients to go to Sydney for health care.

In my view, it would seem logical that money currently used to transport patients and family to specialist clinics in Sydney, be used to provide services in regional areas. There are multiple potential advantages of this. These include:

- (a) decreased time off work for parents of children with complex medical needs,
- (b) decreased time off school for children with multiple medical needs,
- (c) access to the specialty clinics for mothers, fathers, siblings and other family members,
- (d) involvement in sub-specialty clinics from local paediatricians and allied health workers,
- (e) increased educational opportunities for paediatricians, junior medical staff and allied health workers;
- (f) lastly, support and validation of regional sub-specialty care.

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...2 letter Dr Joe McGirr, dated 17.10.2006, re IPTAAS funding & outreach clinics

I wonder if you would be kind enough to consider the enclosed information and particularly whether some IPTAAS funds can be channelled towards the provision of outreach services.

I am aware that this precedent has already been set in other areas, most notably the Albury/Wodonga region, where IPTAAS funds have been used to support outreach services.

I would be very happy to discuss this at any stage by phone or arrange a face to face meeting with appropriate personnel at any stage.

I would be very grateful if you could consider the enclosed information.

Kind regards.

Yours sincerely

Dr JOHN PREDDY
Consultant Paediatrician