Flying outreach clinics in the Northern Cape – a student perspective

Wendy Brown

The Northern Cape of South Africa has a surface area larger than that of Germany, yet a population of less than 1 million.1,2 Between the capital Kimberley and the eastern border town of Springbok lies over 900 km.3 How, then, are the health needs of this sparsely populated region met? The answer lies in part in the flying outreach clinics run by Kimberley Hospital.

Each of the main small towns in the Northern Cape, such as Kuruman and Springbok have small hospitals, which generally employ two doctors in their community service year (doctors’ second year post qualification). Around once a month consultants from various specialties such as orthopaedics, anaesthesics and paediatrics based at Kimberley Hospital, visit these small hospitals. About four different rural hospitals are visited by the outreach clinics, meaning that these doctors go on an outreach clinic about once a week. On the other days of the week the one plane owned by the service is used for other outreach clinics such as dentistry clinics. The surgeons have a full day in the theatre, and the paediatricians see patients referred by the junior doctors in the clinic all day.

Around the world, other similar services exist, particularly for those living in rural areas. The Royal Flying Doctor Service of Australia,4 which serves over 200 000 patients and makes over 58 000 landings every year, is slightly different, providing emergency and primary health care services to those in rural Australia, as opposed to the planned secondary care services provided to those in the Northern Cape. The Flying Doctors Service of Africa, operated by the African Medical and Research Foundation5 (AMREF), provides emergency medical care and hospital transfers to those in East Africa.

Some may suggest that this is no more than an extravagant waste of taxpayers’ money, giving doctors the opportunity to go jetsetting around the country. On the contrary, outreach clinics are generally highly cost-effective, providing that there is adequate work at the centre the consultant is visiting.6 It saves patients a significant amount of time and travel money; many of these patients could simply not afford to pay if they had to travel to the consultant’s base.7 The service also saves the state money as it means patients are seen at secondary instead of tertiary centres, which is substantially cheaper for the state.8 Additionally, if patients are operated on at these rural hospitals there is less strain on beds at the hospitals where the visiting consultants are based.7 It obviously also substantially increases access to services.9 Demonstrated valuable effects of the service include reduced infant and maternal mortality, successful monitoring of chronic diseases, and successful implementation of antiretroviral treatment programmes.7 When consultants visit they also train the staff, which is invaluable and greatly increases the skills of those working in outlying areas.7

I was fortunate to be able to spend some time with this service when I was on placement at Kimberley Hospital. I visited Kuruman and Springbok – a 2-day drive by road, but a mere 2 - 3 hours by air. The visiting doctors provide an immensely important service to the people living in these rural areas, with marathon clinics and operating lists. The speed at which these patients are seen in clinics and theatre is second to none, yet the standard of care is very high, and provided by experts. The staff at the rural hospitals are then left to provide postoperative care to the surgical patients, which they are more than capable of doing. Outpatients are cared for by the local staff until the outreach team’s next visit, when they can again be reviewed by the visiting consultants. The service sees around 15 000 patients a year, and boasts several major accomplishments – it has substantially reduced cataract blindness, now offers chemotherapy at local sites, and has completely eliminated the orthopaedic waiting list.10 I had an amazing experience, and feel very privileged to have seen first hand what a valuable service is being provided, to such a large number of patients.

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References