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Health  
South Eastern Sydney  
Local Health District

**DEPARTMENT OF RESPIRATORY & SLEEP MEDICINE**

Date:

Dear

**Re: Respiratory Co-ordinated Care Program (RCCP)**

The Respiratory Co-ordinated Care Program or "RCCP" has been providing medically-supervised respiratory-specific nursing and physiotherapy care to patients in the Sutherland community since 2009. This service has grown significantly with around 150 patients being assessed in their homes regularly according to the medical and social demands of that individual. The main aim of this program is to provide prompt assessment of patients with respiratory disease in their home environment in an attempt to reduce presentations to hospital. There are both chronic care and acute care arms according to the clinical situation and the criteria for entry into the program. This decision making is guided by the Consultant Respiratory Physician involved in the patient's care. Patients may be reviewed after admission to hospital or after assessment in the consultant's rooms.

As part of this service, we can now offer review of your patient already enrolled in RCCP and who is borderline for admission in our clinic at short notice. This review will occur as a matter of priority. The respiratory nurse or physiotherapist assessing your patient would liaise with our advanced trainee registrar and/or Respiratory consultant directly. As the patient's general practitioner, you would be notified about the situation given the change in your patient's clinical status. In essence, prompt review in our clinic and/or review by our Consultant/Registrar/RCCP Team may help streamline admission to hospital or provide further support for ongoing management in the home.

I would be grateful if you would review the referral details below, as it pertains to your patient and allow for review of your patient in our clinic under the Medicare agreement. There is no out of pocket fee charged to your patient to see our medical staff.

If this meets with your approval, would you kindly complete the referral below and fax to: **9540 7711**.

Please do not hesitate to contact me should you have any questions with regard to this important program.

With best wishes  
Yours sincerely

Ben Kwan  
Medical Director of the RCCP  
Ph: 9540 7111

**Patient Name:** ..... **DOB:** .....

**Patients Doctor:** ..... **GP Provider Number:** .....

**Address:** .....

**Signature:** ..... **Phone:** ..... **Date:** .....

Please tick your preferred mode of referral : 12 MONTH REFERRAL  INDEFINITE REFERRAL



The Sutherland Hospital  
& Community Health Service

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