



WA Specialist Referral Access Criteria FAQs for Referrers

What are Specialist Referral Access Criteria (RAC)?

- RAC are standardised speciality referral criteria that provide clear guidance regarding:
 - which conditions will be seen in a public specialist outpatient service
 - when a patient will be accepted by public outpatient services
 - investigations required to support effective and appropriate triage.

What is the aim of RAC?

- The RAC aims to:
 - improve access for patients who require specialist review in public outpatient clinics
 - clarify when a referral to a public specialist clinic is required and the information that should be contained in the referral
 - ensure that patients who are suitable to be managed in primary care do not wait unnecessarily on public specialist waitlists
 - improve referral quality – ensuring health services receive the right information on referral documentation to effectively assess and prioritise referrals, consistently
 - improve consistency in referral allocation and triaging practices
 - improve patient preparedness for their first specialist outpatient appointment

Who has been involved in the development of the RAC? Who was consulted?

- The Department of Health (DoH) has worked closely with a range of key stakeholders to develop each Specialist RAC.
- Clinical Working Groups comprising of key Hospital Clinical Leads and Clinical Planners, Central Referral Service and WA Primary Health Alliance and Hospital Liaison GPs were established to develop each Specialist RAC.

Which specialities are RAC available for?

- Five priority areas have been chosen for RAC development initially - Urology, ENT, Neurology, Ophthalmology and Plastic Surgery.
- These priority areas were highlighted in recommendation 11a of the Sustainable Health Review: Final Report as specialities with high volumes of non-urgent and less complex referrals.
- Once the priority RAC have been implemented, additional specialities will be added based on Clinical Working Group input.

I need to refer my patient to a specialist outpatient service, where can I access the RAC?

- RAC are accessible on the [Central Referral Service webpage](#) on the WA Department of Health website.
- Referrals that do not meet the new criteria or contain the relevant mandatory information, will be declined and returned to the referring clinician with advice regarding the reason for referral rejection and/or a request for additional information to support referral. Patients will not be provided with an appointment or placed on a waiting list until a completed referral consistent with the RAC is received.
- Referrers will be able to re-submit their referral once updated in line with RAC.

What do the indicative triage categories mean?

- The indicative triage categories have been included to provide referrers with a guide as to which triage category their patient may be assigned and thus how long their patient may need to wait for an outpatient appointment. This is intended a guide only and referrals are triaged according to relative urgency based on:
 - presenting symptoms, probable diagnosis & its potential seriousness
 - how long the symptoms have been present
 - severity and impact of the symptoms in the patient
 - comorbidities.

What if my patient doesn't meet the RAC, but still needs specialist review?

- If a referrer feels a patient requires specialist review despite not meeting the RAC, they are encouraged to contact their local speciality to discuss the referral.
- You can access contact details via the relevant request page on the HealthPathways [WA website](#).

How can I refer my patient for an excluded procedure when I believe the procedure is clinically indicated?

- All elective procedures performed in the WA public health system must meet an identified clinical need to improve the health of the patient.
- Procedures will not be performed for cosmetic or non-medical reasons.
- If you believe your patient meets an exceptional indication, make sure you clearly state on the referral that you are aware the referral is for an excluded procedure but believe it is clinically indicated (and include the clinical reasons).

What if my patient requires urgent review?

- Patients who require immediate review (within 7 days) are not to be referred via CRS and should be discussed directly with the appropriate local hospital.
- Referral information for acute presentations can be found in the relevant request pages on the HealthPathways WA website.

How will I know when a specialist RAC has been updated?

- Updates will be provided to alert referrers of new specialist RAC implementation. This may include updates via direct messaging, email and newsletter updates.
- RAC are listed on the [Central Referral Service webpage](#) on the WA Department of Health website.

What is the role of the Central Referral Service (CRS)?

- CRS ensure that a referral contains all mandatory information before allocating it to the appropriate hospital, based on clinical requirements and catchment area. Clinical triage remains remain the responsibility of the receiving hospital.
- All Urology outpatient referrals to metropolitan public hospitals must be submitted via CRS.
- CRS does not process referrals for regional WACHS sites, these should be sent directly to the relevant WACHS site.

How is RAC different to HealthPathways WA?

- HealthPathways WA is a web-based portal with condition-specific pathways. Each pathway supports clinicians with assessment, management and local referral information. The HealthPathways WA site is designed to be used at point of care, primarily by general practitioners but is also available to hospital specialists, nurses and other health professionals across Western Australia.
- The RAC is a separate initiative to HealthPathways WA. The RAC provides specific clarity regarding when patients can access WA public outpatient services.
- The DoH will work closely with WA Primary Health Alliance on the development and implementation of the RAC, and incorporation into HealthPathways WA. The RAC will link to HealthPathways WA as a GP patient management resource.

How will RAC be monitored and evaluated once live?

- After implementation, anecdotal feedback from HSPs, CRS and referrers along with referral and waitlist metrics will be closely monitored for each RAC speciality to ensure any issues are identified and addressed.
- The RAC project team will monitor the implementation of each Specialist RAC at 1, 3 and 6 months post-implementation.
- If you experience any issues associated with implementation of the RAC, please email the project team on: DOHSpecialistRAC@health.wa.gov.au

This document can be made available in alternative formats on request for a person with disability.

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