Outpatient Services Policy

1. Purpose

The Western Australian (WA) health system is committed to ensuring all Western Australians have equitable access to timely and high-quality public outpatient services by offering a range of free public outpatient services. Public outpatient services are a sub-set of non-admitted patient services within the WA health system. The provision of efficient outpatient services is supported by the Central Referral Service (CRS). The CRS is an operational team within the Department of Health that provides a centralised referral management function on behalf of hospitals, with the primary objective of streamlining the referral allocation process.

The *Outpatient Services Policy* (the policy) establishes the minimum clinically and culturally safe processes and procedures to enable effective management of outpatient services. These processes ensure timely, equitable, and inclusive access to a broad range of public outpatient services, including medical, surgical, mental health, dental, allied health, nursing, and midwifery care.

The policy aims to reduce delays in treatment, improve health outcomes, and enhance system efficiency by ensuring consistent referral processes that are patient centred and culturally safe. The policy also supports continuous quality improvement by guiding services to identify gaps, monitor performance, and respond to patient needs effectively.

The policy is a mandatory requirement for Health Service Providers (HSPs) under the *Clinical Services and Planning Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

The policy is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994.*

The policy supersedes OD 0503/14 *Central Referral Allocation – Outpatient Services* and OD 0530/14 *Specialist Outpatient Services Access Policy*.

Clinical mental health services designated under the *Mental Health Act 2014* may be subject to additional obligations beyond those stipulated in the policy.

The policy is to be read in conjunction with:

- MP 0164/21 *Patient Activity Data Policy*
- Non-Admitted Patient Activity Business Rules 2024
- MP 0111/19 *Performance Management Policy*
- MP 0175/22 *Consent to Treatment Policy*
- MP 0183/24 *Access to Care for Country Residents Policy*
- MP 0067/17 *Information Security Policy*
- MP 0071/17 *Aboriginal Health and Wellbeing Policy*
- MP 0169/21 *Elective Services Access and Management Policy*

2. Applicability

This policy is applicable to WA health entities, excluding PathWest Laboratory Medicine WA and Health Support Services.

The requirements contained within the policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP. The State of Western Australia or HSP contract manager is responsible for ensuring that any obligation to comply with the policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

WA health entities must develop local policies and procedures that align with this policy. The *Outpatient Services Guideline* provides guidance for developing local policies.

3.1 Eligibility

Outpatient services must be provided to patients who:

- are Medicare eligible (i.e. Australian citizens, permanent residents of Australia and visitors from countries with which Australia has a Reciprocal Health Care Agreement)
- require assessment and management of conditions or symptoms unavailable within the primary healthcare setting
- have a valid referral to a public outpatient service.

3.2 Management of referrals

3.2.1 Sufficient referral content

Referrals are a form of clinical handover and must contain sufficient information for safe transfer of care and accurate clinical triage. Referrals must meet the minimum requirements listed in Table 1: WA public outpatient minimum referral requirements, and meet the Referral Access Criteria (RAC), where established, to be accepted into WA public outpatient services.

Referrals that do not contain sufficient information to allow accurate clinical triage of the referral or meet RAC, where established, must be returned to the referrer, by the recipient (either HSPs or CRS), for re-submission with adequate information. Sufficient information is ultimately determined by clinical judgment and reason.

Table 1: WA public outpatient minimum referral requirements

Description	Details
Patient demographic information	• Full name • Date of birth • Residential address including postcode • Telephone number(s) (mobile preferred) • Preferred method of communication (e.g. post, SMS, or phone call) • Sex recorded at birth • Gender • Marital status • Aboriginal status • Australian state or country of birth • Resident status

Description	Details
	• Medicare number, individual reference number and expiry date (if eligible) • Name of next of kin/carer/guardian along with contact details and relationship type • Interpreter requirements (if relevant)
Referring practitioner demographic information	• Full name • Practice name and address • Contact details, including telephone number(s) and fax number • Medicare provider number
Required referral information	• Date of referral • Evidence the patient has agreed to the referral and the sharing of their personal and health information to WA health • Urgency of the referral (immediate, urgent, or non-urgent)
Minimum clinical information	• Reason for referral to the outpatient service including the problem to be addressed and details of any associated medical conditions which may affect the presenting condition, or its treatment • Presenting symptoms including duration and evolution • Any relevant physical findings • Past medical history including, details of current and previous treatment, investigations including radiology, pathology, and other relevant results • Details of any current medications and dosage • Details of any known allergies and adverse reactions • Any mandatory information as detailed in the RAC (where RAC apply)

3.2.2 Referrals processed by the Central Referral Service

The Central Referral Service (CRS) is responsible for the processing of defined external referrals as provided on the Department of Health: Central Referral Service website. Referrals that are not processed by the CRS must be sent to the relevant provider directly.

The CRS does not accept referrals via email or directly from patients and does not clinically triage referrals.

Referrals sent to the CRS for processing must:

- meet the WA public outpatient minimum referral requirements
- be in writing or electronic format (i.e. verbal agreement will not be accepted)
- be sent through an approved communication channel such as secure messaging, facsimile or post
- be signed and dated by the referring practitioner.

3.2.3 Referrals received by the HSP

HSPs are responsible for the processing of referrals sent to their outpatient services. HSPs must ensure:

- regional residents requiring access to public metropolitan outpatient services have referrals allocated in alignment with agreed regional-to-tertiary planned care links and pathways in line with the MP 0183/24 *Access to Care for Country Residents Policy*, or other agreed pathways

- adequate processes and policies are in place to facilitate continuity of care for regional residents
- a notification is generated to the patient and referring practitioner advising of referral acceptance and processing status (either via electronic notification, facsimile, SMS, or post)
- all accepted referrals are registered in a Patient Administration System (PAS)
- where the referral was received via CRS, the HSP must update the CRS referral management system to reflect accurate and complete referral information for every patient
- they notify the CRS of any changes to their service capability information before those changes are implemented, in accordance with the CRS Service Capability Database Business Rules. (This document can be made available upon request via email)

3.2.3.1 Internal referrals

Referrals that are generated internally must:

- meet the WA public outpatient minimum referral requirements
- be in writing or electronic format (i.e. not solely through a verbal agreement).

3.2.4 Urgency categorisation and clinical prioritisation

Assigning clinical prioritisation and a clinical urgency category to a referral must be undertaken with careful consideration and accommodation of patient complexity, extenuating circumstances, vulnerability (e.g. children and young people in care, remote residents), disparities in access to care and related psychosocial factors.

All accepted referrals must be assigned to a clinical urgency category:

- Category 1 (urgent) – appointment required within 30 calendar days
- Category 2 (semi-urgent) – appointment required within 90 calendar days
- Category 3 (non-urgent) – appointment required within 365 calendar days

3.3 Arrangement and management of appointments

3.3.1 Equity of access

HSPs must ensure that patients are prioritised and allocated an appointment according to their clinical urgency.

3.3.2 Timeliness of outpatient services

HSPs must ensure that all patients are to be treated within clinically appropriate timeframes, as per the assigned urgency category, ensuring management practices are transparent, efficient, and patient-focused. Where patients are considered over boundary HSPs must implement strategies to ensure care is received as soon as possible.

3.3.3 Transfer of care between providers

HSPs must have a written agreement in the form of an internal referral for when patients transferred between health care providers, such as those transferring from regional to metropolitan providers. The internal referral must include a comprehensive clinical handover in the referral to ensure safe continuation of care.

3.3.3.1 Transitioning from paediatric to adult services

HSPs must ensure a seamless transition from paediatric to adult health care providers including

planning, preparing, and supporting patients. To avoid a gap in care, HSPs must ensure:

- Patients who are referred to paediatric outpatient services at the age of 15 years and 9 months, or older, and are not assigned to clinical urgency category 1, will be transferred to the appropriate adult service by the paediatric service.
- Patients who turn 16 years of age on a paediatric outpatient waitlist, regardless of the assigned clinical urgency category, and have not had a first appointment, will be transferred to the appropriate adult service by the paediatric service.
- Outpatient clinical staff proactively engage with general practitioners (GPs) and primary care providers in planning and implementing these transitions in accordance with MP 0095/18 Clinical Handover Policy.
- Preparation for transitioning from paediatric to adult services must commence as early as possible, inclusive of a clinical handover.
- A collaborative approach involving paediatric specialists, adult services, support agencies, primary care providers, school professionals, patients, and families is undertaken to obtain an adequate handover.

3.3.3.2 Honouring original acceptance dates

HSPs must maintain the original acceptance date of the referral when a patient is transferred between providers, to ensure the patient's wait time is not extended due to the transfer.

3.3.4 Booking outpatient appointments

HSPs must ensure outpatient appointments must be booked on the provider's PAS. Once an initial appointment is booked, the provider must notify the patient of their appointment.

3.3.5 Reasonable adjustments

HSPs must ensure reasonable adjustments are made; where necessary and reasonably practicable, to ensure people with disability have equitable access to services.

3.3.6 Removals

HSPs must ensure the removal of patients from an outpatient services waitlist or appointment list is undertaken by an authorised staff member in line with appropriate reasons for removal. Contactable patients must receive written advice on the reason for removal.

3.4 Financial classification

3.4.1 Public patients

HSPs must ensure outpatient services are available to eligible persons as a public consultation. The outpatient services are inclusive of the appointment and any associated pathology or diagnostics requested within the appointment. These services and associated follow-up appointments cannot be Medicare billed.

Local policies must not prevent patients from accessing public outpatient services. HSPs must provide access to public care for country residents as per the MP 0183/24 *Access to Care for Country Residents Policy*, to ensure regional patients are given a choice to access public metropolitan services when required either through virtual care or face to face.

The WA Health Services Fees and Charges Manual 2024/2025 provides direction to health services responsible for the overall management of fees and charges.

3.4.2 Private patients

A patient can elect to be treated as a private patient in a public setting if they are referred to a salaried medical specialist who also operates a private practice. If patients choose to be seen as a private patient in a public setting, charges may apply.

HSPs must ensure that the right contract type is selected for private patients and providers must align to the requirements defined in the Medicare Benefits Schedule (MBS) Billed Non-Admitted Services Manual.

This arrangement enables a patient to be treated by a medical specialist of their choosing, however, private patients must not be prioritised over public patients on the waitlist as per the 2020-2025 National Health Reform Agreement (NHRA) (NHRA, clause G17c). HSPs must ensure that the patient is seen based on clinical need and order of clinical urgency

To be treated as a private patient, the Medicare-eligible patient will need:

- to elect to be seen as a private patient
- to have a valid Named referral to their chosen medical specialist (this can be from a GP or another medical specialist)
- to have a Medicare card
- to be seen based on clinical need and order of clinical urgency
- to sign a Medicare 'Assignment of Benefit' form (where a patient is being bulk billed for a service), in which case, the patient will not incur out of pocket expenses
- to provide informed financial consent prior to the service (where a fee is charged, resulting in out-of-pocket expenses), whereby the patient will pay the full fee for the service and may claim a benefit from Medicare, post-service.

Providers are responsible for collecting and recording informed financial consent where a patient elects to be referred off the public pathway (i.e. to a private service) to ensure care options have been discussed, are transparent, and that the implications of making that choice are clear. Providers must complete the collection and recording of informed financial consent for both external and internal referrals. Clear and consistent signage and information must be made available to patients to make an informed choice to be treated as a public or private patient.

3.5 Discharge from outpatient services

HSPs must ensure that the timely discharge from outpatient services, and patient handover to their GP, occurs at the earliest opportunity along with correspondence to inform an ongoing care plan. HSPs must have clear processes in place to avoid unnecessary follow-up appointments.

All discharges from outpatient services must be recorded in the patient's medical record and the PAS. A discharge summary or correspondence letter must be provided to the referring practitioner (and/or usual GP, if not the referrer) with a copy uploaded to My Health Record, aligned to patient preference and any contributing healthcare providers.

3.5.1 Discharge from medical-led outpatient services

HSPs must ensure that patients attending outpatient services provided by a medical specialist must be discharged after a maximum of two consecutive follow-up appointments unless a medical consultant has approved, and documented the approval, of further follow-up appointments. This must be documented at the patient's initial appointment or at any time prior to the second follow-up appointment.

3.6 Governance

3.6.1 Clinical communication

HSPs must maintain communication with the referring practitioner and patient throughout the course of the patient's outpatient services. HSPs must develop systems and processes to implement requirements for all clinical handovers as per MP 0095/18 *Clinical Handover Policy.*

3.6.2 Information management and documentation

All medical information must be contemporaneously documented as per the Australian Commission on Safety and Quality in Health Care (ACSQHC), Communicating for Safety Standard.

To ensure the security of confidential and health information, electronic transfer of patient information and data should only be transmitted through file transfer systems that are protected by encryption or other approved secure means. Refer to MP 0067/17 *Information Security Policy.*

4.0 Compliance Monitoring

The System Improvement Unit (SIU) on behalf of the System Manager will monitor compliance with the policy by reviewing the Health Service Performance Report (HSPR) key performance indicators P2-24a, P2-24b and P2-24c quarterly. These indicators relate to accessibility and waiting times for outpatient services.

Where HSPR outpatient performance targets are not being met, the SIU may conduct audits or elect to access a range of other indicators sourced via the Information and Performance Governance Unit to confirm compliance with the policy. Refer to MP 0111/19 *Performance Management Policy* for more information.

The SIU on behalf of the System Manager may also request WA health entities to submit local policies and procedures to ensure alignment with policy requirements.

5.0 Related documents

The following document is mandatory pursuant to the policy:

- Referral Access Criteria (RAC) (accessed via the Department of Health: RAC website)
- CRS Service Capability Database Business Rules (This document can be made available upon request via email at SIU.CED@health.wa.gov.au)
- Communicating for Safety Standard | Australian Commission on Safety and Quality in Health Care
- MBS Billed Non-Admitted Services Manual
- WA Health patient fees and charges manual 2024/2025

6.0 Supporting information

The following information is not mandatory but informs and supports the implementation of the policy:

- Outpatient Services Guideline
- Guide for referring to WA public outpatient services (Accessed via the Department of Health: CRS website)
- Referral form templates (health.wa.gov.au) (Accessed via the Department of Health: CRS website)

7.0 Definitions

The following definition(s) are relevant to the policy.

Term	Definition
Central Referral Service (CRS)	A service which operates to provide a single point of entry for external referrals that are in scope for initial medical-led outpatient appointments across Perth metropolitan hospitals and select WA Country Health Service locations. The CRS manages the allocation of these referrals to the appropriate health service. Additionally, the service enables systemwide governance by monitoring, auditing, and reporting on these functions.
Clinical handover	Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. The purpose of clinical handover (handover) is to achieve effective, high-quality communication of relevant clinical information that is understood and accepted by the receiver when responsibility for patient care is transferred.
Clinical triage	Clinical triage is the process of determining the urgency of the patient's need for treatment based on the severity of their condition and includes the allocation of a clinical urgency category.
Clinical urgency	A clinical assessment of the urgency with which a patient requires care based on clinical need. • Category 1 (urgent): Assessments that are clinically indicated within 30 days. • Category 2 (semi-urgent): Assessments that are clinically indicated within 90 days. • Category 3 (non-urgent): Assessments that are clinically indicated within 365 days.
Discharge	Agreed separation of patient from outpatient services at completion of an episode of treatment.
External referral	A referral for WA health public outpatient services from a referrer external to WA Health, such as a general practitioner or private specialist.
Follow-up	An appointment for an outpatient patient requiring review from an inpatient admission or following a patient's first 'new' outpatient attendance under the same specialty, clinician, or clinical team.
General Practitioner (GP)	A registered medical practitioner who: • is qualified and competent to provide general practice anywhere in Australia • has the skills and experience to provide patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities • maintains professional competence in general practice • may have Specialist General Practice registration.

Health service	A service for maintaining, improving, restoring or managing people's physical and mental health and wellbeing. It may include: a. a service that is provided to a person at a hospital or any other place; b. a service dealing with public health, including a programme or activity for: i. the prevention and control of disease or sickness; or ii. the prevention of injury; or iii. the protection and promotion of health; c. a support service for a health service; d. the provision of goods for a health service.
Health Service Provider (HSP)	Health Service Provider - A Health Service Provider established by an order made under section 32(1)(b) of the *Health Services Act 2016* and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
Immediate referral	Denotes that a patient is to have an immediate outpatient review (within 7 days) and requires initial telephone contact to be made by the referrer to a specific clinician at the hospital site. These referrals are out of scope for the CRS.
Internal referral	A referral that is initiated during an emergency department visit, or an inpatient or outpatient episode. Internal referrals may be directed to the same specialty (e.g. inpatient to outpatient referral, or outpatient to outpatient referral for a different or new reason) or to a different specialty (e.g. outpatient to outpatient referral) within a particular provider or across other WA public providers. Internal referrals are out of scope for the CRS.
Medical specialist	Credentialed medical practitioner who has become specialised in a specific area of medicine and is recognised by the relevant professional college, board, or association.
Medicare Benefits Schedule (MBS)	The Medicare Benefits Schedule (MBS) is a Commonwealth Department of Health (DoH) and Aged Care publication which contains a list of the Medicare services subsidised by the Australian Government. The MBS is part of the wider Medicare Benefits Scheme, managed by DoH and administered by Services Australia.
Non-admitted patient services	Health care provided to patients who do not undergo a formal admission process and do not require an overnight stay in a hospital. These services can be delivered in various settings, such as hospital outpatient clinics, community-based clinics, or in the patients' home. They cover a broad spectrum of healthcare activities, such as consultations, diagnostic tests, treatments, and follow-up care.
Non-urgent referral	Denotes that a patient is to have a non-urgent outpatient review (beyond 30 days). These referrals are in scope for CRS.

Original acceptance date	The date on which a patient's first referral is accepted onto a waitlist for care or treatment.
Outpatient services	An examination, consultation, treatment, or other service provided in an outpatient setting by a healthcare provider who is recognised by the relevant professional college, board, or association. The scope of outpatient services includes medical, surgical, mental health, dental, allied health, nursing and midwifery clinics. Outpatient services are a sub-set of non-admitted patient services within the WA health system.
Over boundary	Term used to identify cases that have waited longer for their first appointment than the clinically recommended timeframe in their urgency category.
Provider	A person or entity that provides treatment or care to a patient.
Public Hospital	a. a hospital controlled or managed by a Health Service Provider or the Department CEO; or b. hospital declared to be a public hospital by the Minister.
Referral	A documented request for a service or consultation within the public outpatient system. Referrals may be external (i.e. from primary care to public outpatient services), or internal (from one outpatient service to another).
Referral Access Criteria (RAC)	State-wide clinical criteria for public medical-led outpatient services which provide clear guidance regarding: • Examples of presenting issues under each condition which are indicated for referral to an outpatient service. • Mandatory information which must be included in a referral by the referring practitioner. • Highly desirable information which can be included in a referral at the referring practitioner's discretion. • Transparent indicative clinical urgency categories. • Useful information which can assist the referring practitioner in completing the referral. • A list of conditions that are excluded or not routinely seen in public outpatient services, and, if applicable, existing alternative care pathways.
Referrer	Any person who has referred a patient to an outpatient service, including patients who have self-referred.
Referring practitioner	A health practitioner responsible for referring a patient to an outpatient service.
Transition	The process of planning, preparing, and moving from a paediatric healthcare service to an adult healthcare service.
Urgent referral	Denotes that a patient is to have an urgent outpatient assessment or review (within 30 days). These referrals are in scope for CRS.
Valid referral	A referral that meets the minimum requirements for patient, referrer, and clinical information, to facilitate accurate and timely review and clinical triage.

Virtual care	Any healthcare interaction with the public health system between patients, their carers, and health professionals, who are in different locations, using technology.
WA health entities	WA health entities include: (i) Health Service Providers as established by an order made under section 32 (1)(b) of the *Health Services Act 2016*. (ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the *Public Sector Management Act 1994*.
WA health system	The WA health system is comprised of: (i) the Department of Health (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre, and Health Support Services) (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to the policy may be directed to:
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9. Document control

Version	Published date	Review date	Amendment(s)
MP 0191/25	26 November 2025	January 2027	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Deputy Director General, Strategy and Governance, Department of Health
Approval date	31 October 2025

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