



All ERH Specialist clinics will adhere to and comply with the 'Specialist clinics in Victorian public hospitals: Access policy 2013' ('the Access policy').

PROCESS

The purpose of the Specialist Clinics referrals process is to ensure fair and equitable access which is based upon agreed criteria and provides consistent and timely responses to referrals. Timely access to non-admitted specialist services, Patient-centered care with a focus on outcomes, and transparent and meaningful performance targets informed by timely and reliable data

Referral communication

To improve access and appropriateness of referrals to public hospitals, the Department of Health and Human Services (DHHS) has developed [state-wide referral criteria](#) for certain medical and surgical conditions.

All referrals must contain information that allows ERH Specialist Clinic to meet the Department of Health and Human Services (DHHS) Access Policy. All referrals must comply with statewide referral criteria and are made with the patients' consent.

At a minimum each referral must include:

- Patient demographic information
- Referrer demographic information
- Reason for referral
- Presenting problem
- Service requested
- Current patient management and supports
- Impact of the problem on the patient
- Current medications list

[Minimum information for referrals to non-admitted specialist services | health.vic.gov.au](http://health.vic.gov.au)

Referral information for each clinic is available on the ERH website and src.health.vic.gov.au

Receiving and Managing referrals

A referral to a specialist is valid for 12 months from the specialist's first meeting with the patient unless a different duration is noted on the referral instrument.

GPs can refer beyond 12 months or indefinitely if the patient needs ongoing care. However, a new referral is needed if the patient has a new or unrelated condition while on an indefinite referral.

If patient is being referred with a Medicare GP Team Care Arrangement or Mental Health Treatment Plan, a new referral is required every 12 months.

Referral information is screened against state referral criteria [Specialities | src.health.vic.gov.au](https://www.health.vic.gov.au/specialities) and local health service acceptance criteria for eligibility and adequacy/completeness within 8 working days after receipt by intake to:

- determine the type of referral
- Identify the patient
- Ensure all required referral components are complete and accessible

All referrals are triaged by specialists. Referrals that are compliant and contain all required information at triage will be accepted and placed on the appropriate waiting list.

Incomplete Referrals

Referrals that do not meet the statewide referral criteria are likely to be delayed in processing, resulting in delays of the patient being seen. Patients will not receive an appointment or be placed on an appropriate waitlist until a complete specialist clinic referral has been received. If a referral is deemed incomplete and requiring additional information, the referring clinician will receive correspondence explaining why the referral has not been accepted, and the referring clinician must resubmit the referral again in full. If the incomplete referral is categorised as urgent, the referrer will be contacted verbally for additional referral information. The referral will be closed if no response from referrer is received after 30 days.

The referral will be rejected if:

- Client does not require the outpatient specialist service
- Referral does not meet State-wide referral criteria or is incomplete – returned to referrer for additional information
- Requires services not provided by the specialist clinic. The referral will be referred back to referrer to arrange an alternative treatment plan.

Clinical prioritisation / Triage

- Screening of referral suitability – within 8 working days
- Referral acceptance/rejection/redirected – within 8 working days
- Clinical prioritisation – within 8 working days
- Referral acknowledgement to referrer– within 8 working days
- Closure of referrals pending further information – 30 working days following request for updated referral
- First appointment for urgent patients – within 30 calendar days or as nominated by treating specialist
- Waitlist times for appointment for routine referrals – 24 months from date of acceptance or as nominated by treating specialist
- Discharge letter to referring clinician– within 8 working days following final appointment

Referrals are triaged using the clinical prioritisation category based on clinical needs of the patient. Clinical prioritisation is guided by State-wide referral criteria and triage guidelines, where they exist.

A priority of either 'Urgent' or 'Routine' is assigned for all accepted referrals. Priority is given to patients with an urgent clinical need. Patients are allocated appointments according to the clinical classification and the date their referral was received and accepted. All patients will be 'treated in turn' to ensure patients are treated equitably within clinically appropriate time frames.

Urgent priority category – If patient has a condition that has potential to deteriorate quickly, with significant circumstances for health and quality of life if not managed promptly. Urgent patients will be added to waiting list and booked directly into an appointment. Patients who require high priority access will be contacted to arrange an appointment within 8 working days of acceptance referral and an appointment will be scheduled within 30 calendar days of referral triage/acceptance.

Routine category- A condition is categorised as requiring routine access if a person's condition is unlikely to deteriorate quickly or have significant consequences to their health and quality of life if service is delayed beyond 30 calendar days. The patient will be placed on the waitlist and an appointment will be made within 365 days of acceptance of the referral.

Written communication

Patients and referring clinicians are notified of clinical prioritisation outcome, appointment booking, referral rejection or expected waitlist time for an appointment within 8 working days following clinical prioritisation and referral acceptance.

If the referring clinician is not the patient's nominated GP, a copy of all communications about treatment and ongoing care will be sent to the patient's nominated GP if the patient consents to sharing the information.

Waitlist management

Weekly desktop audits are completed to ensure waitlist is accurate and up to date, checking for duplicate outpatient waitlist entries, and that clinical urgency category has been assigned for every patient.

Patients on waitlists for 12+ months without a scheduled appointment and have not been audited with the previous 6 months, will be contacted, at minimum, every six months to ensure patient still requires an appointment.



Patients will be removed from the waitlist if:

- The no longer require the appointment because they have been seen, or will be seen, elsewhere or the condition has resolved
- Have declined treatment
- Have failed to attend an agreed appointment on two consecutive occasions without adequate explanation.
- Have not responded within a reasonable period to three attempts to contact them, including at least one by telephone, and alternative contact details cannot be obtained from the referrer or other source
- Are deceased

The referrer/GP will be advised when patients have been taken off the waiting list.

APPOINTMENT SCHEDULING

Selection of patients for appointments (treat in turn)

Appointment management is patient-focused and based on clinical urgency and the Treat in Turn principle.

New patients will be booked in the following order of urgency:

1. Patients triaged as urgent
2. Patients triaged as routine with no 'appointment by date' timeframe specified and placed on wait list. Appointments will be booked according to the date their referral was received.

Confirmation of appointment time and date is provided to patients in writing. A reminder text message is sent to patient 24 hours prior to scheduled appointment

Review appointments:

These appointments have the primary purpose of reviewing the patient following a previous Specialist Clinic appointment or following treatment as an inpatient or day surgery patient. Confirmation of appointment time and date is provided to patients in writing. A reminder text message is sent to patient 24 hours prior to scheduled appointment

Review patients will be booked in the following order of urgency:

1. Urgent review
2. Routine review

Delivery Modes

There are various modes of service delivery available for outpatient appointments. These include in-person, audio telephone or telehealth modes. The delivery mode for a given appointment is selected based on clinical appropriateness and in alignment with patient preferences. This may change over time based on patient needs and the care journey.

Did not attend (DNA)

If a patient fails to attend an appointment, the team will attempt phone contact with patient. A failure to attend letter will be sent to the referrer and patient, and patient will be placed back on wait list. It is the patient's responsibility to contact the Specialist Clinic to reschedule the appointment.

If a patient is a DNA on two consecutive times without notifying the clinic in advance, a letter will be sent to referrer and patient that the referral has been cancelled and the patient has been discharged from Specialist Clinic Services.

A patient that does not attend a scheduled appointment they may be subject to a fee set by the Specialist.

If a client is running late for a scheduled appointment, the specialist, at their discretion, may see the patient for the remainder of the appointment time.

Information for booked patients

Patients booked into their first Specialist Clinic appointment receive written information about Specialist Clinics which includes:

- Their rights and responsibilities as patients and any information needed to prepare for the appointment:
- Way-finding information in the form of a map
- Patient responsibilities (such as notifying the service of change of address or contact details, inability to attend an appointment or appointments that are no longer required):
- Patient rights, including patient advocacy and the process for addressing complaints
- Information about how to access interpreting services and transport assistance (if required)
- Specialist Clinics policy regarding missed appointments
- Instructions about what to bring or how to prepare for the appointment
- A telephone number for patient enquiries about specialist clinic appointments. Telephone contact details for all ERH Specialist Clinics are available on the ERH website (erh.org.au)

It is the patient's responsibility to notify the Specialist Clinic if there is any change to their contact details, if the appointment is no longer required, or they are unable to attend a scheduled appointment.



References

Virtual care (Telehealth) - [Telehealth](#)

[Respecting your Privacy](#)

Department of Health and Human Services (DHHS) Access Policy Statewide Referral Criteria for Specialist Clinics - src.health.vic.gov.au

Victorian Health Complaints Commissioner for advice and support: Phone: 1300 582 113

• www.hcc.vic.gov.au/make-complaint

Consulting Suites Specialist Clinics Information Brochure - [Medical Consulting Suites](#)

Non-admitted Care - [Non-admitted \(health.vic.gov.au\)](http://health.vic.gov.au)

[Access to non-admitted services in Victoria | health.vic.gov.au](http://health.vic.gov.au)

[Minimum information for referrals to non-admitted specialist services | health.vic.gov.au](http://health.vic.gov.au)

[Specialist clinics communication toolkit | health.vic.gov.au](http://health.vic.gov.au)