

New Victorian Access Policy for Specialist Clinics

GPs will start to see some differences in the communication received from Western Health specialist clinics. The changes in communication processes, as outlined below, are a result of the implementation of the Department of Health's *Specialist Clinics in Victorian Public Hospitals: Access Policy, released 2013*.

Key points for GPs

Referrals to specialist clinics should contain all the relevant demographic and clinical information as well as results from preliminary investigations. Such referrals can be efficiently triaged for urgency and added to a waitlist, and can reduce patient waiting times.

Specialist clinics should communicate with referrers about referrals and the outcomes of specialist reviews within set time frames, which will help with ongoing care management in the community.

The Policy has three main areas of focus:

- **Timeframes** for the completion of key processes relating to specialist clinics
- **Increased data transparency** - implementing a centralised monitoring of access to specialist clinics and other aspects of service performance, hopefully leading to the government releasing information about specialist clinic waiting lists
- To **improve communication between referrers and clinics** in a way that manages expectations and is beneficial to both parties

Timeframes for implementation

The Policy has a two year implementation phase with full compliance expected by all health services by **1 July 2015**. As outlined in the table below Western Health has begun implementing the changes. Western Health is committed to keeping you informed of the changes as we move towards full implementation of the Policy.

What does the Policy mean for you and your patients?

- Clear minimum standard for all referrals
- Clear expectations regarding timelines for processing referrals
- Clear expectations regarding when to expect communication regarding outcome of referral
- Improved access to pre-referral information including pre-referral guidelines
- Improved communication from specialist clinics following appointments

Major changes at Western Health in line with the Policy

Referrals for specialist clinics **must** contain all the information outlined below.

Patient demographic information	Name, contact details, date of birth, Medicare number, Indigenous status and interpreter needs
Clinical information	Reason for referral Presenting problems Preliminary diagnosis Physical examination results Management to date and response to treatment Relevant investigation results Relevant medical and social history
Referrer details	Name, contact information, referrer provider number and signature
Referral details	Date of referral, name of specialist clinic, if known and name of specialist to whom the patient is being referred. A named specialist is required for all referrals to MBS clinics

As per the Policy, referrals that don't include all the information as outlined above will be returned to the referring doctor with a request for more information. Referrals that are awaiting further information will remain 'open' for 30 days. If a new referral with the requested information is not received by the Specialist Clinics within 30 days the referral will be not accepted.

What you can expect from Western Health

Key specialist clinic activity	Details	Timeline for implementation
Each specialist clinic should have designated staff available to respond to information requests from referrers	Contact details for Outpatients Adult Outpatients Ph 8345 6490 Women's Clinic Ph 8345 1727 (press 7 for GP priority) Paediatric Clinics Ph 8345 1616	Implemented
Specialist clinics should have user-friendly and up-to-date information on their websites about referral requirements and services offered	GP Integration page on Western Health website www.westernhealth.org.au/HealthProfessionals/ForGPs/ Development of referral guidelines	Jan 2015 In progress
Clinical prioritisation should occur within five days of receiving a complete referral, with referrals categorised as either 'urgent' or 'routine'	Referrers will be sent notification of receipt of referral Referrers will be sent notification of the patient's appointment or that they have been placed on waiting list as either 'urgent' or 'routine' see below.	Implemented Implemented
Specialist clinics should contact the referrer and acknowledge a referral within 8 days, and request any additional diagnostic tests or information at this time	Referrers will be sent a request for more information to be able to accurately triage a referral within 8 days If further information is not received within 30 days the referral will be not accepted	Implemented
Urgent cases are to be seen within 30 days	Cases that are triaged as urgent (Category 1) will be seen within 30 days of receiving referral. Referrers will be notified of appointment	Commenced – completion June 2015 Implemented
Routine cases are to be seen on a first on, first off basis	'Routine' is classified as any category that is not urgent (Category 2 and 3)	June 2015
Specialist clinics should send a summary within 5 days of the initial assessment appointment and within 5 days of the discharge appointment	An assessment in Specialist Clinics may occur over several appointments.	June 2015

For more information

Please contact General Practice Integration on 8345 1735 or email gp@wh.org.au or visit the Department of Health to view the access policy <http://docs.health.vic.gov.au/docs/doc/Specialist-clinics-in-Victorian-public-hospitals:-Access-policy>.