

PROMOTION FOR MANAGING REFERRALS TO NON-ADMITTED SPECIALIST SERVICES POLICY

The Victorian and Tasmanian Primary Health Network Alliance (VTPHNA) is working with the Victorian Government's Department of Health to raise awareness of the [*Managing referrals to non-admitted specialist services in Victorian public health services policy*](#) to general practitioners (GP) and other primary care providers.

Please use this pack and the graphics to promote through your e-news and social media networks over May and June 2023 and ensure your GP Liaison Officers (GPLO) also have a copy. Please email Julie.Sucksmith@nwmpnhn.org.au for more information.

This comms pack includes:

1. Key messages
2. Suggested copy for a news article
3. Suggested copy for social messages and graphics

1. KEY MESSAGES

What is the main information for GPs?

- The new policy provides GPs with clear expectations of management for non-admitted specialist services in Victorian hospitals.
- The new policy outlines how referrals to specialist clinics are managed by hospitals, and the expected timeframes and principles of when hospitals communicate to a referring GP.
- The new policy states that health services can request but can no longer insist on having a name on a referral. It is not a prerequisite, or a reason for rejecting a referral. A doctor can include the name of a specialist on the referral if it is known or published.

Calls to action

- HealthPathways (or equivalent care pathways for SEMPHN) has the details GPs need to submit successful referrals to specialist services in Victorian hospitals or visit the [Statewide Referral Criteria for Specialist Clinics webpage](#).
- Read the news item for a summary of important items in the policy for GPs and other referring health providers.

This project is supported by the Victorian Government

For example:

(Links will go to the PHN news article with a summary of important items in the policy)

- *Message 1: Managing specialist referrals for non-admitted patients is now easier and clearer. See our [GP summary of the Managing referrals to non-admitted specialist services in Victorian public health services](#).*
- *Message 2: There are new protocols governing timeframes for hospital-GP communication about non-admitted patient referrals. See [our summary of the Managing referrals to non-admitted specialist services in Victorian public health services policy](#).*
- *Message 3: Health services can request, and GPs can still send, a named referral to public hospital specialist services. But it's no longer a reason for rejecting a referral. See [the changes in the new Managing referrals to non-admitted specialist services in Victorian public health services policy](#).*

2. DRAFT NEWS ITEM

Changes ease non-admitted referrals for GPs, hospitals and patients

A new Health Department policy to streamline access to non-admitted specialist services in public hospitals, to be phased in over the next two years, will make the process easier for patients and the GPs who refer them.

Non-admitted hospital services are provided to public patients in a range of settings. These patients do not undergo a formal admission process and do not occupy a hospital bed.

In the past there has sometimes been confusion around the requirements and responsibilities of GPs, specialists and hospitals in governing this process. Following a review of non-admitted service referral protocols this has now been resolved, with clear guidelines established. The result, called the [Managing referrals to non-admitted specialist services in Victorian public health services policy](#), is the first major overhaul of the system in a decade.

The new policy provides simple and clear pathways for Victorian public health services and referring GPs.

Health services can request a specialist be named in referral documents, however, it is no longer a reason for rejecting a referral. The policy also commits hospitals to informing GPs about their referrals within 8 working days.

“This policy provides a level of assurance that we haven’t had before for non-admitted patients,” said Dr Jeannie Knapp, a GP advisor to the North Western Melbourne Primary Health Network.

“Victorian hospitals already provide these levels of communication for surgery, and most hospitals have this referral management in place. As a GP, it is reassuring that there is now a process of clear communication in place.”

Dr Knapp added that as new directives in the policy come into effect over the next two years they will have a positive impact for doctors and consumers.

“Knowing that my patients are informed of waiting times allows me to better support them over this time,” she said.

“Having this transparency reduces stress and anxiety for both me and the patient.

“I still regularly check HealthPathways to ensure I have all the details needed for a referral – so it is accepted the first time. And in a perfect world there’d be a universal e-referral system for all hospitals. However, I feel better knowing that if I make an error on an urgent referral, the hospital will phone me to follow up and ensure the patient doesn’t fall through the cracks.”

For more detail on the implications of the new policy see [here](#). [LINK to a new page or use below]

Important sections of the policy for GPs: [This is a collapsible table – using copy directly from the policy. Highlighted sections can be made bold]

5.3 Public and private patients

All non-admitted specialist services **must be** available as a public consultation provided in public rooms.

All follow-up, non-admitted specialist services, after a public admission to the health service **must be** provided as a public consultation provided in a public room.

Local policies must not prevent patients from accessing free public hospital non-admitted specialist services.

A referral to a named medical specialist must not be used as a prerequisite for access to non-admitted specialist services.

6.3.1 Outcomes of referral request

Within eight working days of receiving a valid referral the Victorian public health service **must inform the patient in writing**, using their preferred method of correspondence available from the health service, if the referral has been:

not accepted,

accepted and an appointment has been scheduled and if the service can be provided by virtual care or in the person’s home (if the service is required within 30 calendar days of the referral being received by the health service), or

accepted and that they have been placed on a list of waiting patients.

If the referral is accepted, but an appointment is not yet scheduled, **the health service must inform the patient in writing about the expected waiting time, based on current wait or clearance times for the service**, for an appointment. For example, an appointment will be available in a specified number of months. (Also see section 7.2.)

6.4 Communications with referring clinicians

Victorian public health services **must communicate with referring clinicians using their preferred methods of written and verbal communication** from the options available at the health service.

6.4.1 Incomplete referrals

Referrals that are incomplete or do not have the required information to assess the referral, **must not** be accepted.

The Victorian public health **service must notify the referring clinician in writing of this decision within eight working days** of the health service receiving the referral request.

Where a referral is incomplete but likely to be categorised as 'high priority', **the referring clinician should be contacted verbally for the remaining information so the referral can be assessed immediately**.

6.4.2 Complete referrals

Within **eight working days** of receiving a valid referral the Victorian public health service **must inform the referring clinician in writing**:

- if the non-admitted specialist service is not available through the health service and the referral cannot be accepted
- if the referral has not been accepted because the referral does not meet the statewide referral criteria or for any other reason
- if the referral has been accepted and an appointment has been scheduled with the appropriate service
- if the referral has been accepted and that an appointment will be provided and the expected waiting time for an appointment based on current waiting times or clearance times for the service (for example, an appointment will be available in a specified number of months).

7. Access management

Access management impacts the Victorian public health service's ability to manage non-admitted specialist services. It begins when a referral is received and should be performed by people with the required skill set and authority.

Victorian public health services are strongly recommended to support electronic referral within the health service, between health services and from external clinicians.

After a referral has been accepted additional/initial clinical assessments may be required to identify the patient's current or ongoing needs, or to identify an individualised care plan, or both.

While a referral may be addressed to a specific non-admitted specialist service there may be instances when another service is more appropriate to meet the patient's needs. To streamline care,

health services should direct referrals internally to the most appropriate non-admitted specialist service available. For example, a referral to a medical clinic may be directed to a multidisciplinary service, or a referral to a specific campus may be directed to a service at another campus.

All services must be available as a public consultation provided in public rooms and referral to a named medical specialist **must not** be used as a prerequisite for access to non-admitted specialist services. Referrals should be addressed to the clinical service rather than individual clinicians at the health service.

7.2 Referral acceptance and clinical prioritisation

The following **must not** be used as reasons for not accepting referrals that meet statewide referral criteria or local clinical criteria:

- where the patient lives
- to whom the referral is addressed
- a long list of patients waiting for appointments
- a lack of appointments for public consultations.

9. Discharge management

Within **five working days from the date the patient is discharged** from the non-admitted specialist service the health service must provide a written clinical handover to the referring clinician, the patient and the patient's nominated GP (unless the patient indicates they do not want to receive this information)

For more information visit [HealthPathways](#) **[or equivalent]**

[HealthPathways Melbourne](#) includes state-wide specialist criteria to support GPs to submit successful referrals to specialist services in Victorian hospitals.

If you are experiencing issues with referrals to your local hospital, please email the General Practice Liaison Officer.

3. SOCIAL MEDIA MESSAGES AND GRAPHICS

Message 1:

Clear guidelines for managing referrals to public hospital specialists mean transparency for GPs and equitable patient access. See our [summary of changes in the new *Managing referrals to non-admitted specialist services in Victorian public health services policy*](#)

Clear referral process and expected timelines

Check the new policy for managing non-admitted specialist referrals



Message 2:

Clear communications and timelines to improve patient access and GP experience. See our [summary of changes to the new *Managing referrals to non-admitted specialist services in Victorian public health services policy*](#).

Visit [HealthPathways Melbourne](#) or [Statewide Specialist Referral Criteria](#) for referral information to non-admitted specialist services .

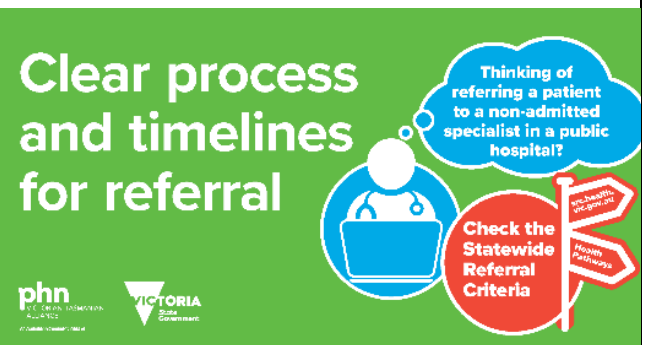
Clear referral process and expected timelines

Check the new policy for managing non-admitted specialist referrals



Message 3:

GPs will be contacted by health services about referrals within 8 working days. Check out our [summary of changes in the new *Managing referrals to non-admitted specialist services in Victorian public health services policy*](#) or visit [HealthPathways](#) for specialist referral criteria to non-admitted specialist services.



Message 4:

Health services can request, and GPs can still send, a named referral to public hospital specialist services. But it's no longer a reason for rejecting a referral. See [our summary of updates for GPs for *Managing referrals to non-admitted specialist services in Victorian public health services policy*](#)

