

STATEWIDE REFERRAL CRITERIA FOR SPECIALIST CLINICS COMMUNICATIONS PACK 2024

Diagnostic colonoscopy for positive faecal occult blood tests and diagnostic gastroscopy for dysphagia

BACKGROUND INFORMATION

The Victorian Department of Health has developed new ‘companion’ statewide referral criteria to enable direct access to colonoscopy and gastroscopy for category one patients for these selected indications:

- [positive faecal occult blood test \(FOBT\) – diagnostic colonoscopy](#)
- [dysphagia – diagnostic gastroscopy](#).

The new criteria were developed by a clinical review panel of GPs and hospital-based clinicians, who have expertise working with affected patients. They come into effect in Victorian public hospitals from 1 February 2024.

The use of these companion criteria **will not** be mandatory for referrals for colonoscopy or gastroscopy.

The need for an endoscopy for other indications should be considered during a consultation between a patient and a gastroenterologist.

They are intended to replace locally described referral criteria which have until now been used to streamline access for these procedures. They could also support other health services to move to a streamlined access model.

When a referring GP uses the new criteria to refer a patient to a public hospital that is using a streamlined access model, patients can be placed directly onto the wait list for their procedure without needing to wait for an outpatient appointment. This is why more information is needed in referrals – to support the assessment of anaesthetic and bleeding risk as well as risk factors for poor bowel preparation.

This project is supported by the Victorian Government

The Victorian Department of Health is advising public hospitals and health services that do not use a streamlined access model to continue to use the gastroenterology statewide referral criteria for patients with [rectal bleeding](#), [persistent iron deficiency](#) and [dysphagia](#). Referrals for [all other indications](#) should be assessed against the appropriate [gastroenterology statewide referral criteria](#). Patients would then be reviewed in specialist clinics prior to a colonoscopy or gastroscopy.

Health services using a streamlined access model have been advised to use these criteria from 1 February 2024 and should publish updated information about making referrals on their websites.

GPs and other primary care providers should check their local [HealthPathways or care pathways website](#) when making referrals – this will be the quickest way to understand their local public hospital's requirements.

The new criteria were developed where there are identical indications for the procedure in the [Victorian Colonoscopy categorisation guidelines](#) or the [Upper gastrointestinal endoscopy categorisation guidelines for adults](#), national guidelines and the Medicare Benefits Schedule.

The aim is to:

- reduce overall wait times for patients through safe, streamlined access to these procedures (patients can be placed directly on the wait list for their procedure, so this means one less appointment for eligible patients)
- offer choice to referring clinicians (between referral for an endoscopic procedure, or referral to a specialist clinic based on what they know about the patient and their needs)
- give public hospitals and health services the tools and opportunity to redesign local processes, if and how they want to
- facilitate access to colonoscopy for the [National Bowel Cancer Screening Program](#)
- support use of eReferrals.

Statewide referral criteria apply to public hospitals and health services only. They do not apply to private hospitals.

KEY MESSAGES

What is the main information for GPs?

- New 'companion' statewide referral criteria for [Positive faecal occult blood test \(FOBT\) – diagnostic colonoscopy](#) and [Dysphagia – diagnostic gastroscopy](#) come into effect from 1 February 2024.
- These criteria are designed to reduce overall wait times for these procedures by enabling direct access to diagnostic colonoscopy and gastroscopy for eligible category one patients. When a referring GP uses the new criteria to refer a patient to a public hospital that is using a streamlined access model, patients can be placed directly onto the wait list for their procedure without needing to wait for an outpatient appointment.
- The use of these companion criteria **will not** be mandatory for referrals for colonoscopy or gastroscopy. They are intended to replace locally described referral criteria which have until now been used to streamline access for these procedures. They could also support other health services to move to a streamlined access model.
- Statewide referral criteria apply to public hospitals and health services only. They do not apply to private hospitals.
- The need for an endoscopy for other indications should be considered during a consultation between a patient and a gastroenterologist.
- GPs and other primary care providers should check their local [HealthPathways or care pathways website](#) when considering a referral.
- GPs can visit [\[insert HealthPathways link\]](#) or visit src.health.vic.gov.au to view the criteria.

NEWS ITEM FOR GP NEWSLETTERS

Title: New criteria to reduce wait times for eligible patients requiring colonoscopy or gastroscopy in Victorian public hospitals

New 'companion' statewide referral criteria for category one patients with specific indications that require colonoscopy or gastroscopy come into effect from 1 February 2024.

The criteria are:

- [positive faecal occult blood test \(FOBT\) – diagnostic colonoscopy](#)
- [dysphagia – diagnostic gastroscopy](#).

It's important to note that the use of the new criteria is **not mandatory**. They are designed to reduce overall wait times by replacing existing locally described referral criteria, potentially aiding public hospitals and health services to move to a 'streamlined access model'.

The need for an endoscopy for other indications should be considered during a consultation between a patient and a gastroenterologist.

When a referring GP uses the new criteria to refer a patient to a public hospital that is using a streamlined access model, patients can be placed directly onto the wait list for their procedure without needing to wait for an outpatient appointment. This is why more information is needed in referrals – to support the assessment of anaesthetic and bleeding risk as well as risk factors for poor bowel preparation.

The criteria also offer referring clinicians the option to choose between referral for an endoscopic procedure, or referral to a specialist clinic based on what they know about the patient's needs.

The criteria were developed by a clinical review panel formed by the Victorian Department of Health and comprising GPs and public hospital-based clinicians specialising in these patient groups.

They provide public hospitals and health services with tools and opportunities to redesign local processes as needed, while also facilitating access to colonoscopy for the [National Bowel Cancer Screening](#) Program and supporting the use of eReferrals.

Richmond GP Dr Jeannie Knapp is a GP advisor at North Western Melbourne Primary Health Network. She said the criteria are good news for patients and another step towards a more consistent health system.

"When used appropriately, these new companion statewide referral criteria mean one less appointment for patients who qualify to go to direct to the waitlist for their procedure," she said.

"I'm also hopeful that public hospitals with less efficient referral procedures for these indications can now streamline them."

Health services using a streamlined access model have been advised to use these criteria from 1 February 2024 and should publish updated information about making referrals on their websites.

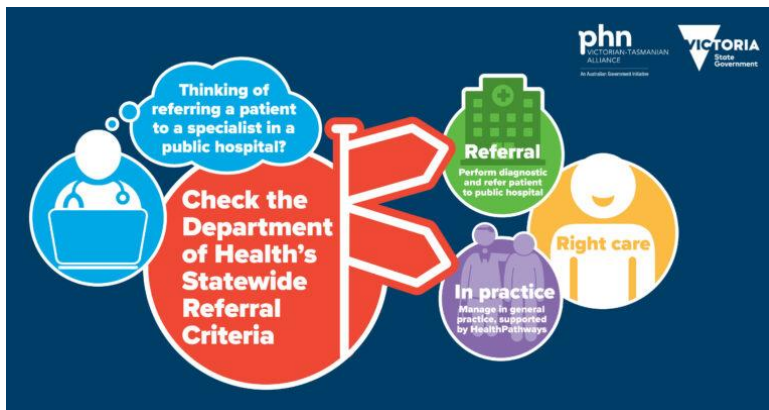
GPs and other primary care providers are encouraged to check their local [HealthPathways or care pathways website](#) when making referrals – this will be the quickest way to understand their local public hospital's requirements.

GPs can visit [\[insert HealthPathways link\]](#) or visit src.health.vic.gov.au to view the criteria.

Statewide referral criteria apply to public hospitals and health services only. They do not apply to private hospitals.

SOCIAL MEDIA MESSAGES AND GRAPHICS

Message 1:



New 'companion' statewide referral criteria are now in effect, giving category one patients with specific indications direct access to colonoscopy and gastroscopy in public hospitals.

This means one less appointment for eligible patients.

GPs can use the criteria to refer patients with a positive faecal occult blood test (FOBT) for diagnostic colonoscopy, and those experiencing dysphagia (difficulty swallowing) for diagnostic gastroscopy.

Check your local [HealthPathways or care pathways website] or visit <https://src.health.vic.gov.au/specialities> when considering a referral for a patient.

Read more: [link to news item]

#StatewideReferralCriteria #ClearConsistentCriteria

Message 2:

Clear Consistent Criteria



GPs: do you have a category one patient who needs a colonoscopy or gastroscopy?

New 'companion' statewide referral criteria are now in effect for category one patients in public hospitals and health services with these indications:

- positive faecal occult blood test (FOBT) – diagnostic colonoscopy
- dysphagia (difficulty swallowing) – diagnostic gastroscopy.

While using the criteria is not mandatory, they will help decrease overall wait times for patients across our public health system.

Check your local [HealthPathways or care pathways website] or visit <https://src.health.vic.gov.au/specialities> for more information.

Read more: [link to news item]

#StatewideReferralCriteria #ClearConsistentCriteria