



IMPORTANT INFORMATION TO BE DISTRIBUTED TO ALL GPs

In response to several further queries that have arisen around the Central Referral Service (CRS) referral processing delays, we would like to offer the following information to clarify how a referral is processed by the CRS and moves through to the hospital system.

The Central Referral Service

- The staff at the CRS process referrals for some, but not all, public hospital medical specialist outpatient clinics.
- Not all referrals should be sent to the CRS.

Please note that the following referrals are **not** processed by the CRS:

1. Immediate referrals

The CRS deals with non-immediate Cat 1 - Cat 3 referrals. Referrals for conditions that require review within the next 7 days. For example, fractures, burns or rapidly deteriorating patients, should not be sent through the CRS.

These patients should be discussed with the on-call registrar or Consultant by phoning the relevant hospital. It is important to clarify with the on-call clinician where they would like the referral to be sent. The options include either directly to their clinic or via central receipting at the hospital. Immediate referrals should never be sent through the CRS as this will incur a delay for the patient.

2. Antenatal referrals

3. Mental health referrals

4. Allied health referrals

5. Referrals for specialist outpatient services at **Peel Health Campus** and services in the **Great Southern, Wheatbelt, Goldfields, Midwest, and Kimberley** regions. Regional sites will be progressively added to CRS scope in a staged approach.

Referrals for immediate review, antenatal, mental health and allied health services need to be sent directly to the appropriate hospital. The contact details for hospitals receiving public referrals can be found in the *Contact details for direct referrals to WA Health outpatient services* dropdown box available on the CRS webpage [here](#).

The CRS processes all other referrals, and the complete list of specialties and services is available via the CRS webpage [here](#).

The Process at the CRS

- Staff at the CRS receive an average of 1250 referrals per day by secure messaging, fax, and post.
 - Please note: Secure messaging is the preferred way for CRS to receive referrals and assists with reducing patient delays. Referrals should not be sent multiple times or via multiple methods as each referral received needs to be opened and processed by the CRS and this contributes to processing delays. All referrals received by CRS are opened and reviewed by a nurse within 1 business day.
- Based on the clinical information provided in the referral, the referrals are sorted into higher and lower priority groups.
- The higher priority referrals are intended to be allocated to a hospital site within 1 business day.
- The lower priority referrals are intended to be allocated to a hospital site within 3 business days.
- Due to current workforce shortages and a backlog of referrals, the lower priority (semi-/non-urgent) referrals may not be allocated to a hospital site within the intended timeframe.
 - Please note: The CRS team have worked hard over the Christmas and holiday period to bring this backlog down from 15 to 7 business days. Urgent referrals are still being allocated to a hospital site within 1-2 business days.
- The CRS may return the referral to the GP for a number of reasons including:
 - The referral was incorrectly sent to CRS instead of direct to hospital site.
 - A request for further information e.g. mandatory clinical information or patient identifiers. For more information on mandatory referral information, please refer to the [WA public outpatient referral requirements](#) and [Referral Access Criteria](#) (which are in place for several specialties).
- When out of scope referrals are sent to CRS (e.g. immediate, antenatal, mental health) AND there is deemed to be a clinical risk to the patient, then these referrals will be faxed on to the appropriate hospital site. This is not best practice as there is still a delay for the patient compared to sending the referral directly from the GP to hospital site. Additionally, the CRS loses visibility of the referral on the referral management system as out of scope referrals are faxed onwards rather than processed.
- When the CRS staff have processed an in-scope referral and the referral has been allocated to a hospital site, the CRS referral system issues an acknowledgement notification to the referring clinician. If you have not received an acknowledgement from CRS or have any concerns about a referral, please call **1300 551 142** to discuss with the CRS team.

Hospital Site

- When the referral is received by the hospital, a specialist reviews the referral.
- The higher priority referrals are intended to be triaged (assigned a clinical urgency category) within 1 working day of receipt.
- The lower priority referrals are intended to be triaged within 5 working days of receipt.
- Following review of the referral, the specialist allocates a clinical urgency category:
 - **Category 1 = Urgent** – indicative timeframe of 30 calendar days for an appointment
 - **Category 2 = Semi-urgent** – indicative timeframe of 90 calendar days for an appointment
 - **Category 3 = Non-urgent** – indicative timeframe of 365 calendar days for an appointment
 - Please note: The hospital specialist may return the referral to the GP (directly or via CRS depending on the hospital) requesting further information or with clinical advice.
- Once the referral has been **accepted** by the hospital site and assigned a triage category, a notification will be sent to **both the patient and the GP** outlining which hospital site has accepted the referral.
- When the appointment is **scheduled** by the hospital site (usually a few weeks prior to the appointment date) **a further letter is sent to the patient.**
- Please note:
 - If you have received an acknowledgement from the CRS this means your referral has been processed by the CRS and allocated to a hospital site but has not been triaged or accepted yet.
 - If you have received a CRS acknowledgement but have not yet received correspondence from the hospital, please contact the **hospital** to clarify when the appointment will be scheduled. The contact list for public hospital outpatient services can be found in the *Contact details for direct referrals to WA Health outpatient services* dropdown available on the CRS webpage [here](#).

We hope this clarifies how a referral is processed by CRS and moves through to the hospital system. We remain open to any feedback on how we can improve our service, both at the CRS and within our public hospitals. Please direct your feedback via the following avenues:

- For the Central Referral Service – CRS.feedback@health.wa.gov.au
- For a hospital specialty – please contact the service directly or contact your local Hospital Liaison General Practitioner.