



WA Adult Gastrointestinal Endoscopy Services (WAGES) Project

Direct access endoscopy referrals – Frequently Asked Questions

Q: What is a 'direct access' referral?

A: In order to facilitate quicker access to diagnostic gastrointestinal endoscopy services (i.e. colonoscopy/gastroscopy), most hospitals accept 'direct access' referrals, meaning patients may be waitlisted for a gastrointestinal procedure without first being seen in a specialist outpatient clinic.

If the triaging clinician reviews a direct access referral and determines that an outpatient consultation is required, this will be arranged by the hospital. Specific requests for Gastroenterology outpatient consultation should continue to be made using the General Adult Referral Form available on the Central Referral Service (CRS) website.

Q: If my patient needs an immediate endoscopy (within 7 days) should I still send the referral to the Central Referral Service?

A: No – the process for immediate referrals is unchanged. If you believe your patient needs to be seen within 7 days please contact the nearest hospital directly to discuss the referral with a Gastroenterology clinician

Q: The new endoscopy referral form is quite long. Do I need to fill in all the fields?

A: As the form has been designed for direct access referrals, a sufficient level of demographic and clinical information is required to enable:

- allocation of the referral to the most appropriate hospital by the CRS
- assessment of the requirement for an endoscopy without an outpatient consultation
- allocation of an appropriate clinical urgency category by the triaging clinician
- registering the patient on the endoscopy procedure waitlist and contacting them to schedule the procedure

Completing all relevant fields will help your patient access the services they require in a safe and timely manner. Note that the Ambulatory Surgery Initiative section is not mandatory, but may help to reduce waiting times for eligible patients.

Q: Can I continue to use existing endoscopy referral form/s?

A: For a short period following the release of the forms, if you submit an endoscopy referral to the CRS using an old referral form or another format, your practice will receive a reminder to commence using the new form. However, from March 2017, referrals that are not on one of the new referral templates will be returned.

The new referral form will be available as a writable PDF, or as an electronic template that can be uploaded into Best Practice, Medical Director, Medtech32, Genie or Practix.

Q: I'm not sure whether my patient requires an endoscopy – should I refer them anyway?

A: The new referral guidelines and access criteria (summary attached) will be available on the CRS website or via HealthPathways. GPs are encouraged to familiarise themselves with these as hospitals will be encouraged to return referrals for patients who do not meet the criteria (as determined by the triaging specialist), requesting that the referrer review the patient as clinically required.

Q: Why would a hospital return my referral instead of simply doing the procedure?

A: Currently there are large volumes of patients waiting for a colonoscopy or gastroscopy at public hospitals and demand is steadily increasing. Many of these patients do not have strong clinical indications for a diagnostic endoscopy and this is delaying care for those who do.

Colonoscopy and gastroscopy are also invasive procedures requiring anaesthesia and should therefore only be performed if there are robust clinical reasons to avoid subjecting patients to unnecessary risk.

Where patients do not meet the criteria for an endoscopy, or where there is reasonable clinical uncertainty (especially in lower risk patient groups and in those whose symptoms are of short duration), it is generally appropriate for the GP to review the patient (suggested after 6-12 weeks, or as determined by the GP) to determine if re-referral is warranted, or otherwise to arrange alternative management.

Q: What else is being done to address waiting times for endoscopy services?

A: A range of short-term initiatives have been implemented to address the current endoscopy waitlist, including an audit of the waitlist (resulting in the removal of large volumes of patients no longer requiring a procedure) along with the purchase of additional activity at selected hospitals to expedite care for the longest-waiting patients.

In addition to the new referral templates, referral guidelines and access criteria, longer term solutions include a new triage model being implemented at hospitals to ensure that patients meeting the criteria for direct access endoscopy are seen within appropriate timeframes.

It is anticipated that these solutions will ensure that endoscopy waiting lists are reflective of the true volume and distribution of demand to facilitate appropriate allocation of resources by Health Service Providers.

Q: The WA Primary Health Alliance (WAPHA) is rolling out Health Pathways – is this project related?

A: Although the WAGES (endoscopy) project is a separate initiative, the project team have liaised closely with WAPHA throughout the project. The new referral guidelines and access criteria developed under the WAGES project have informed the development of the relevant Health Pathways, which will also provide links to the new referral templates.

Q: Where can I send my questions or feedback?

A: Feedback is welcome at EndoscopyProjectEnquiries@health.wa.gov.au.

This document can be made available in alternative formats on request for a person with a disability.

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