

Victorian public hospital specialist clinics

Access guidelines



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Accessibility

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www.health.vic.gov.au/outpatients

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Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

Printed on sustainable paper by Typographical Services, 97 Tope Street, South Melbourne.

February 2009 (090101 FM).

Contents

1. Introduction	1
2. Access standards	2
Managing demand and capacity	2
Patient rights and responsibilities	3
Working with people with special needs or from diverse backgrounds	3
Patient transport to specialist clinics	4
Appointment information for patients	5
3. Patient journey standards	6
A. Referral management	6
Referral information	6
Referral processes	7
Standard referral protocols	8
B. Treatment management	9
First clinical assessment	9
Prioritisation	10
Continuity of care	10
Appointment scheduling	11
Missed appointments	12
Hospital-initiated cancellations	13
C. Discharge management	14
Discharge protocols	14
4. Reporting standards	15
Funding arrangements and activity targets	15
Data management	16
Evaluation and process improvement	16
Appendix 1: Sample appointment confirmation letter	17
Appendix 2: Sample referral content	18
Appendix 3: Sample patient letter confirming receipt of referral	19
Bibliography	20



1. Introduction

Ensuring timely and equitable access to care is a core principle underpinning public hospital specialist clinics, and a key priority for the Victorian Government.

The *Victorian public hospital specialist clinics access guidelines* (the guidelines) have been developed by the Department of Health (the department), in collaboration with the Specialist Clinics Improvement and Innovation Strategy Advisory Committee and the Nurse Unit Managers Benchmarking Group. The purpose of the guidelines is to provide authority and to guide health services when developing local access policies and protocols for specialist clinics. They are intended to promote consistency in practice across public health services, improved transparency of processes that determine access, and better communication between health services, the community and referral providers.

The guidelines have been developed in the context of the *Victorian public hospital specialist clinic strategic framework*¹, which aims to improve access and quality of care, and to deliver system improvements and broader reform. They apply to all specialist clinics in public health services regardless of the funding mechanisms.

The department is refining systems for monitoring the patient journey from referral to discharge. This work will inform planning for service delivery. It is anticipated that the guidelines will be reviewed and revised over time to ensure they reflect changes in specialist clinic care and the Victorian Government's health policy directions.

The guidelines define best practice principles that public health services are expected to work towards. Health services are expected to work with all stakeholders, including patients, to identify and act on opportunities for continuous improvement in access to specialist clinics.

¹ Department of Human Services, 2009, *Victorian public hospital specialist clinics strategic framework*, State Government of Victoria, Melbourne. Available at <www.health.vic.gov.au/outpatients>.



2. Access standards

Waiting times for specialist clinics may impact on patient outcomes and overall waits for treatment (such as elective surgery). In recognition of this, the specialist clinics strategic framework places an emphasis on timely and equitable access to care.

The following section outlines the department's expectations in relation to access to specialist clinic services. It presents guidelines for:

- managing demand and capacity
- patient rights and responsibilities
- working with people with special needs or from diverse backgrounds
- patient transport to specialist clinics
- service information for patients
- appointment information for patients.

Managing demand and capacity

Guidelines

Health services demonstrate a clear understanding of service capacity, activity levels, demand for services, and patients waiting for care at specialist clinics.

Health services make optimal use of available resources to improve access and flow through to specialist clinics.

Notes

Health services are encouraged to explore and implement strategies to manage demand and improve the capacity of specialist clinic services. Activities that may support timely and equitable access to specialist clinics include:

- patient-focussed booking systems
- scheduling management tools
- understanding of queuing theory
- capacity planning, including use of activity, capacity and demand forecasts
- 'process redesign' activities aimed at improving service processes and patient flow
- workforce redesign to support innovative models of care
- feedback from frequent service users to ensure their needs are being met
- development of access protocols for high-demand specialities
- development of protocols promoting timely discharge from the service.



Patient rights and responsibilities

Guidelines

Patient rights and responsibilities are documented and communicated to patients.
Respect for patient rights underpins all interactions with patients.

Notes

Public hospitals, as public authorities, are bound to comply with the *Victorian Charter of Human Rights and Responsibilities*,² which came into operation in January 2008. The Charter protects and promotes the human rights of all people in Victoria.

The *Public hospital patient charter*³ presents a set of principles that outline the rights and responsibilities of patients in the public hospital system, including principles for obtaining informed consent to treatment.

Working with people with special needs or from diverse backgrounds

Guidelines

Services meet the special needs of patients, including those with a disability and those from culturally and linguistically diverse (CALD) and Indigenous and Torres Strait Islander (ITSI) backgrounds.

Notes

Patient-centred care involves delivering services that meet individual needs and which respect the patient's cultural and religious beliefs.

People with special needs may experience difficulties in accessing services because of their communication difficulties, lack of proficiency in English, or beliefs that are not well understood by service providers.

Health services are encouraged to document specialist clinics' provisions for patients with special needs, provide cultural awareness training for staff, and consider how the patients' language, culture or religion may affect their care needs at all stages of the specialist clinic pathway.

The department's language services policy outlines requirements for providing access to professional interpreting and translating services.⁴ Specialist clinic consumer information, *Frequently asked questions*, is available in 17 community languages.⁵

The department also provides information on improving accessibility and communication for people with a disability on its website.⁶

² www.equalopportunitycommission.vic.gov.au

³ www.health.vic.gov.au/patientcharter

⁴ www.dhs.vic.gov.au/multicultural

⁵ www.dhs.vic.gov.au/disability/publication-library

⁶ www.dhs.vic.gov.au/disability/publication-library



Patient transport to specialist clinics

Guidelines

Patients are encouraged to provide their own transport, or use public transport, where they are able to do so safely.

Transport options for patients are documented and readily available for responding to queries from referral providers and patients.

Patients' access to specialist clinics is not compromised by their inability to travel to the service.

The provision of transport assistance is based on assessment of clinical need.

Notes

Where patients require assistance with transport, health services are generally responsible for meeting the cost of transport to and from specialist clinics for patients who hold pension or concession cards. Further information about authorisation and payment for non-urgent ambulance transport is provided on the Ambulance Victoria website.⁷

Service information for patients

Guidelines

There is effective communication between patients and health service staff regarding the specialist clinic service.

Written information provided to patients about specialist clinics is meaningful, clear and easy to read.

Notes

Effective communication between patients and professionals is fundamental to good clinical practice. There is evidence that effective communication about the benefits and risks of treatment contributes to consumer satisfaction and better outcomes.

To improve the experiences of patients attending specialist clinics, materials have been developed that provide information about Victorian public hospital specialist clinics. These are available on the specialist clinics website.⁸ Health services are encouraged to supplement this information with specific details of their local services.

A resource kit, *Communicating with consumers: good practice guide to providing information* (2007),⁹ has been developed to help health services assess the quality of information provided to patients.

A training tool, *Making decisions about tests & treatments: principles for better communication*,¹⁰ was developed by the National Health and Medical Research Council as an educational resource designed to improve interaction and decision making between patients and health professionals.

⁷ www.ambulance.vic.gov.au/Main-home/What-We-Do/Non-Emergency-Services/Clinic-Transport-Services

⁸ www.health.vic.gov.au/outpatients/resources

⁹ www.health.vic.gov.au/consumer/pubs/communicate

¹⁰ www.nhmrc.gov.au/PUBLICATIONS/synopses/hpr25syn.htm



In line with the strategic framework for specialist clinics, health services are encouraged to develop specialist clinic telephone information lines ('infolines') to improve communication with patients, streamline appointment management, improve access, and support continuity of care.

Appointment information for patients

Guidelines

Comprehensive information is provided to patients about their specialist clinic appointments.

Notes

Health services are encouraged to provide comprehensive information to patients to assist with their preparation for specialist clinic appointments. This information should cover:

- way-finding information in the form of a map or written instructions
- the *Frequently asked questions* and/or local specialist clinic services consumer information
- written confirmation of appointment details, including anticipated length of time of the appointment
- patient responsibilities (such as notifying the service of change of address or contact details, inability to attend an appointment, or appointments that are no longer required)
- access to interpreting services
- patient rights, including consumer advocacy and the process for addressing complaints
- health service policy regarding missed appointments
- instructions on what to bring to the first appointment.

*Specialist clinics way finding guidelines (2008)*¹¹ have been developed to assist health services improve the experience of patients finding their way to a specialist clinic.

Appendix 1 provides an example of a letter template for confirmation of appointments.



3. Patient journey standards

The Victorian public hospital specialist clinics strategic framework introduced the concept of the patient journey standard. This aims to ensure that patients' care is managed across their whole journey, from referral to treatment and discharge.

This section presents guidelines for key components of the patient journey.

A. Referral management

The guidelines for referral management encompass:

- referral information
- referral process
- standard referral protocols.

Referral information

Guidelines

The scope of specialist clinic services provided by the health service is documented and communicated to patients and referral providers.

Referral providers are informed of referral requirements for specialist clinic services and supported to provide adequate referral information.

Follow-up with referral providers is undertaken when inadequate information is provided.

Other necessary information is gathered about the referral to inform decisions about eligibility, acceptance, assessment and prioritisation.

Referrals from all sources, including those internal to the health service, must contain the clinical information necessary to appropriately triage and manage the patient at the first appointment.

Notes

Patients are referred by general practitioners (GPs), specialists and clinicians in emergency departments, inpatient units and other areas of the hospital, and the broader health system. Patients may also access services through self-referral for clinical specialties such as maternity services.

Availability of comprehensive referral information supports timely and appropriate management of patients. Regardless of the referral source, referrals should provide adequate information for specialist clinics to undertake triage, assessment and prioritisation of patients. Communication of patient information must comply with relevant privacy legislation.¹²

Documented protocols should exist for managing referrals originating from within the health service.

For external referrers, health services are encouraged to provide information about their referral protocols on their websites.

There should be timely follow-up of incomplete referrals, with discretion exercised to commence management of patients if non-essential information is omitted and the patient has urgent clinical needs.

Appendix 2 presents an example of referral information that supports timely management of patients.

¹² Information about privacy of health information is available from the Office of Health Services Commissioner at <www.health.vic.gov.au/hsc/index>.



Referral processes

Guidelines

There should be standardised use of terminology across health services to support the collection of specialist clinics patient level data.

Notes

Development of a specialist clinics minimum dataset (MDS) will lead to greater consistency in how patient information is collected. There has been statewide consultation on definitions and, as concepts and terminology are developed and agreed, changes made to the MDS will be circulated to stakeholders. An annual cycle reviewing the specialist clinics MDS will be undertaken. For the purposes of this document the definitions and terminology used are those described in the specialist clinics MDS.¹³

The department is working towards more clearly defining the expected referral process, based on a concept of referral encompassing four steps:

1. Receipt of referral
2. Referral acknowledgement
3. Decision to accept or reject referral
4. Patient or carer consent to participate in care provision (which may be explicit or implied).

The 'date of receipt of the referral' refers to the date that a referral, either written or verbal, is received by the health service.

The patient registration process includes registration of a referral on the health service's patient administration system (PAS). An effective registration process ensures timely communication and management of patients.

The 'referral in receipt acknowledgement date' refers to the date of the initial contact with the patient or carer to acknowledge that a referral has been received. It is considered best practice that the referral source also be acknowledged as part of this process. Formal acknowledgement of referrals should be provided to patients and referral providers within an appropriate timeframe from receipt of the referral.

The referral provider and, where appropriate, the patient should be advised of non-acceptance of referrals and given a reason why the referral was not accepted.

The time to acknowledge the receipt of the referral should be reported for all referrals received, even though the intake process may determine that some referred patients do not require an appointment.

Appendix 3 presents an example template for acknowledgement of referrals for patients and referral providers.

Processes that determine the acceptance or rejection of the referral are determined at the local level, and should be clearly documented. Each health service will have local processes for ensuring patient consent.



Standard referral protocols

Guidelines

Health services support the development of standardised referral protocols for specialist clinics.

Notes

The Victorian statewide referral form (VSRF) is a standardised electronic template used by GPs to help ensure that collection and electronic transfer of information to Victorian public hospitals is of high quality. Further development of the VSRF has resulted in the VSRF+, which supports GP referrals into the specialist clinic services of urology, maternity and osteoarthritis hip and knee clinics.

The VSRF will become the standard for electronic referral from GPs to specialist clinics. At present the VSRF can be printed and faxed to health services that do not have the capability to receive referrals electronically.



B. Treatment management

Guidelines for treatment management are outlined below. They include:

- first clinical assessment
- prioritisation
- continuity of care
- appointment scheduling
- missed appointments
- hospital-initiated cancellations.

First clinical assessment

Guidelines

All patients are provided with a first clinical assessment and/or a first medical consultation within a clinically appropriate timeframe.

Assessments are comprehensive, and support timely and appropriate management of patients.

Protocols for the assessment of referred patients – including clinical responsibility and/or delegation – are defined, documented and communicated.

Notes

A comprehensive assessment builds on information gathered from the referral. It involves clinical judgement about patients' needs and the management of their care prior to a medical consultation.

Health services are expected to have systems in place to ensure that patients with urgent clinical needs receive a medical consultation within an appropriate timeframe.

A comprehensive assessment generally considers:

- level of patient need
- prioritisation
- early diagnosis and advice
- the most appropriate model of care for managing the patient's clinical needs
- required support (for example, interpreter services)
- the potential for 'shared care' management of patient with GPs
- links with other services as appropriate
- initiation of interventions such as medication review
- whether expertise from other disciplines is required
- communication with referral and care providers
- risks, patient capabilities and available supports.



Prioritisation

Guidelines

Health services organise specialist clinic resources to ensure patients are prioritised and managed according to their clinical need.

Patients are treated within a timeframe appropriate to their clinical priority.

Scheduling of patients for appointments considers factors such as patient comorbidities, social and community support, and previous unplanned postponements.

Prioritisation is undertaken in a systematic manner and in a way that minimises waiting times for consultation.

Protocols for prioritisation are documented and communicated to staff, patients and referral providers.

Protocols for prioritisation provide capacity for review of prioritisation as clinically required.

Notes

A range of work has been undertaken within Victoria, as well as nationally and internationally, to develop agreed approaches to the prioritisation of patients in areas such as emergency medicine and elective surgery. It is anticipated that current work being undertaken by the Australian Government, in collaboration with states and territories, towards reporting on patient-level data will provide a national definition of urgency categories for specialist clinics.

Continuity of care

Guidelines

Health services ensure continuity of care for specialist clinic patients by engaging with referral providers to plan patients' care and exchange information.

Notes

Continuity of care for patients relies on interactions between hospitals and the broader health system such as primary care, sub-acute care and community services.

Health services are encouraged to implement protocols to support continuity of care, including communication with GPs and other service providers about their patients' care plan, treatment or medication changes, and discharge planning arrangements. GPs and other service providers should be encouraged to have input into the care plan.



Appointment scheduling

Guidelines

An efficient appointment scheduling or booking system is in place.

Appointments are managed to optimise patient flow and respond to variations in demand and capacity.

Patients are offered an individual appointment with a nominated clinician (where possible) to ensure continuity of care.

Patient choice is respected when scheduling appointments.

Triage protocols are documented and staff skills in triage are maintained.

A record of scheduled appointments is maintained.

Processes exist for the administrative validation of scheduled patients to determine whether the patient details are correct, or whether the patient needs or wishes to still be seen.

Processes exist for the clinical validation of scheduled patients in addition to administrative validation where possible (this is more complex and is designed to determine whether the patient's clinical condition has changed in any way).

Notes

Health services are encouraged to implement patient-focussed booking systems that:

- utilise finite booking templates that minimise overbooking and provide capacity for booking of patients with urgent clinical needs
- include negotiation of appointment times with patients prior to allocation of resources for care
- provide clinicians with forecasts about their patient load
- consider the mix of new to review patients.

As per the MDS, a 'new patient' refers to a patient who meets one of the criteria from the list below:

- new to the specialist clinic
- not new to the specialist clinic but all contacts relating to the previous episode of care have been completed and the patient has been discharged
- not new to the specialist clinic but the subject of a new referral for a different condition.
- If a referral is renewed to continue the same episode of care, the patient is not considered a new patient.

Appointment scheduling should take into account the patient's needs; for example, it may be difficult for a patient living outside the metropolitan area to get to the earliest appointment in the morning at a metropolitan hospital. Scheduling should also consider that patients may have to navigate different areas of the hospital to attend multiple appointments, for example, they may need medical imaging before their appointment with a specialist.

The department's *Frequently asked questions* notes that, although appointments should be for a set time, delays can occur unexpectedly. When this occurs patients should be kept informed of the expected length of the delay and another appointment arranged if the patient is unable to wait.



Missed appointments

Guidelines

Health services should exercise discretion on a case-by-case basis to avoid disadvantaging patients in the case of hardship, misunderstanding or other extenuating circumstances.

Appointment reminder systems are in place to minimise the number of patients who fail to attend.

Local protocols for missed appointments are documented and communicated.

There is communication with referral providers when a patient misses an appointment or has been removed from a wait list.

There is communication with patients when an appointment is missed.

Patients with urgent clinical needs who have missed an appointment are contacted as a matter of priority.

Information is provided to patients about their responsibilities in relation to attending and receiving care at specialist clinics.

Notes

Patient non-attendance at a scheduled appointment can impact on both patients and the efficiency of specialist clinic services. Health services are encouraged to explore and implement approaches to minimise missed appointments, for example, reminder systems such as SMS, telephone calls or letters.

Health services may consider not rescheduling a patient who has missed two consecutive appointments; however, discretion should be exercised on a case-by-case basis to avoid disadvantaging patients experiencing genuine hardship, misunderstanding or other unavoidable circumstances.

Protocols should be documented in relation to reinstatement of patients who were not rescheduled due to missed appointments. Rescheduling should be considered where there is a reasonable request from the patient or referral provider.



Hospital-initiated cancellations

Guidelines

Documented protocols are in place to minimise cancellation of clinics.

Booking systems take into consideration anticipated issues that may lead to cancellation of clinics, such as staffing availability or predictable variations in demand and capacity.

Health services maintain records of hospital-initiated postponements.

In the event that postponement of a patient's appointment is required:

- patients are given as much notice as possible
- arrangements are made for the patient to be seen at the earliest available opportunity
- the patient's GP is advised if significant health issues may arise as a consequence of the postponement (subject to relevant consent requirements).

Notes

A hospital-initiated cancellation refers to any rescheduling of a patient's confirmed appointment due to unavailability of specialist clinic staff or other factors that are the responsibility of the health service.



C. Discharge management

The capacity to provide specialist clinic services in a timely manner depends in part on the integration between specialist clinics and the broader health system, including primary care and services in the community sector. Timely hand over of a patient's care from the specialist clinic to the GP or other community-based service helps to streamline patient flow through specialist clinics and provides opportunities to increase the new-to-review ratio.

The guidelines relating to discharge management focus on discharge protocols, as outlined below.

Discharge protocols

Guidelines

Discharge protocols are documented and communicated to staff and referral providers.

Discharge planning commences as part of the assessment process for all patients.

Discharge planning considers the patient's ongoing care needs, and is undertaken in consultation with the patient, their carers (where appropriate) and relevant service providers.

The discharge plan includes a summary of interventions provided at the specialist clinic, outcomes, any relevant risks, and shared management protocols if applicable.

The discharge plan is communicated to the patient's GP and other relevant service providers within a clinically appropriate timeframe from discharge.

A copy of the discharge plan is documented on the patient's medical record.

Notes

Care within the specialist clinic setting should be appropriate and time limited, with discharge of patients to community-based settings when clinically appropriate or where the patient's needs are more appropriately met by a primary or community provider.



4. Reporting standards

In line with the specialist clinics strategic framework, the department is reforming the Victorian Ambulatory Classification System (VACS) funding model for specialist clinics. In tandem with this work, a specialist clinic MDS is being developed to enable better monitoring of service access and performance.

Guidelines relating to activity targets, business rules and reporting requirements are outlined below.

Funding arrangements and activity targets

Guidelines

Departmental activity targets, business rules and reporting requirements for VACS-funded services are documented and met.

Departmental reporting requirements for Medical Benefits Schedule (MBS) billed services are documented and met.

Timely reconciliation of patients and VACS/MBS items is undertaken.

Notes

Under the MBS, specialists at public specialist clinics exercising their rights of private practice are able to provide services in a private capacity and directly bill Medicare for their fees and associated pathology and radiology services.

The MBS states that patients must be referred to a nominated specialist medical practitioner working in a private capacity and that patients must elect to be treated as private patients.

The department's resource kit *Specialist clinics in public hospitals: a resource kit for MBS billed services* (2008)¹⁴ provides information on the provision of MBS services in Victorian public hospital specialist clinics.

¹⁴ www.health.vic.gov.au/outpatients/resources



Data management

Guidelines

Health services comply with the department's specialist clinic reporting requirements.

Notes

The department is working towards health services being able to submit a specialist clinic minimum dataset via the Victorian Integrated Non Admitted Health (VINAH) dataset. This will be progressively implemented in Victorian public hospital specialist clinics. In the interim, current data management systems, such as the Agency Information Management System (AIMS), are being utilised to collect specialist clinic data, including information on MBS-billed services. Regular guidance via hospital circulars¹⁵ will be provided to health services in relation to data management and reporting. The required information will include measures of health service performance against waiting time benchmarks.

In addition to meeting departmental reporting requirements in relation to the minimum dataset, health services are encouraged to collect a range of data to inform the management of specialist clinics, for example:

- number of referrals received by specialty
- number of new and review cases by specialty
- conversion ratio from the specialist clinics to elective surgery waiting lists in each specialty
- postponement rates by specialty
- missed appointments rates by specialty.

Evaluation and process improvement

Guidelines

Health services support a cycle of continuous improvement in the specialist clinic setting to achieve timely, cost-effective, sustainable systems of care and optimal health outcomes for patients.

Notes

Quality improvement work should focus on the patient journey through specialist clinics. It should promote a team approach to the development and implementation of processes to enhance patient experiences and outcomes. Team approaches ensure all aspects of care are considered, with consequent improvements to the entire care process rather than isolated aspects of care.¹⁶ Analysis and evaluation of specialist clinic processes should be based on clear mapping of the entire patient journey.

Health services should develop and implement systems for continuous collection of data to inform quality improvement activities.

¹⁵ www.health.vic.gov.au/hdss

¹⁶ Department of Human Services, 1997, *Non-admitted patient services: a literature review and analysis*, State Government of Victoria, Melbourne.



Appendix 1: Sample appointment confirmation letter

Insert name of outpatient clinic
Insert hospital name
Insert hospital address [insert map on reverse]
Insert contact phone and fax numbers
Insert date
Insert patient name or guardian address

Insert hospital logo

Insert patient UR number

Dear **[insert patient name]**

We have received a referral letter from your doctor requesting an appointment for you to see a specialist in our outpatient department.

The following appointment has been made for you at the:

	Insert clinic name
Day:	Insert appointment day and date
Time:	Insert appointment time
Location:	Insert outpatient clinic location

If you do not require, or are unable to attend this appointment, or have any questions, please phone **[insert outpatient clinic name]** on **[insert phone number]** or email us on **insert email address** to cancel and rebook.

Please bring this letter to your appointment, together with any relevant X-rays, scans (e.g. CT or ultrasound), blood tests, a current medication list and your Medicare/Veteran card.

On arrival, report to the reception desk at **[insert the clinic location]**. Your allocated appointment time may not be the exact time you will be seen. Appointment duration and patient numbers vary, so we recommend you allow for delays and arrive no more than 15 minutes prior to the allocated time.

Yours sincerely,

[Electronic signature]

[Insert contact name]

Outpatients Department

Please note: **[insert relevant comment on parking/fees etc.]**

Interpreter: see reverse or attached brochure **[insert phone number]**



Appendix 2: Sample referral content

Patient demographics

- Patient demographic information and contact details
- Patient's Medicare number, hospital medical record number, DVA number if applicable, compensable-related referral information
- Next of kin/guardian – compulsory for patients under 18 years
- Whether the patient has been seen previously by the hospital, or referral for the same condition
- Need for an interpreter
- Other special needs

Information about the referrer

- Referring practitioner's name, address and contact information
- Name of general practitioner if different from referring practitioner
- Referrer's signature
- Referrer's provider number

Referral information

- Name of the specialist clinic and/or name of clinician to whom the patient is being referred
- Reason for requesting specialist assessment (for example, assessment only, assessment and management, assessment and share management with GP, diagnostic procedure, suitable for day surgery, second consultant opinion)
- Clinical information: presenting problem, past history, current medications, associated medical conditions that may affect the presenting condition or its treatment, findings of tests and examinations, GP diagnosis
- Results of supporting diagnostic services undertaken
- Other relevant information (such as family support)
- Date of referral
- Period for which the referral is valid*

General information for patients and referrers

- Interpreting services
- Other provisions for special needs
- Details about the health service information help line
- Health service website address
- Other useful information for GP (for example, available software applications).

* Referrals from general practitioners are valid for 12 months, unless otherwise stated by the referring practitioner. An indefinite referral is appropriate where a chronically ill patient needs to be in the continuing care and management of a specialist or consultant for a specific condition, for example, glaucoma. Referrals from specialists and consultant physicians are valid for three months.¹⁷



Appendix 3: Sample patient letter confirming receipt of referral

Insert outpatient clinic name

Insert hospital name

Insert hospital address

General enquires: **insert phone number**

Appointments only: **insert phone number**

Fax: **insert number**

Email: **insert email address**

Sender: **Outpatient Clinics**

Insert hospital logo

Insert date

Insert patient name or guardian address

Dear **[insert patient name]**

[Insert patient UR]

Re: Insert clinic name receipt of referral letter

Please be advised that a referral letter has been received on **[insert date]** from **[insert doctor]** for you to attend **[insert clinic name]**.

Once an appointment has been booked for you, we will send a letter to confirm the appointment details.

While waiting for your appointment you may find that your health either improves or deteriorates. If this occurs it would be in your best interests to contact **[insert doctor]** to discuss how best to manage your care. **[Insert doctor]** may also be able to refer you on to other services that may be able to assist you. If, after your discussion with **[insert doctor]**, you decide that you no longer need an appointment, please let us know as soon as possible on **[insert contact number]**.

If you have any **change of details**, please contact the outpatient department on **[insert contact number]** to keep your details updated.

Interpreter services are available for anyone who has problems speaking English. Please telephone **[insert telephone number]**.

Yours sincerely

[Electronic signature]

[Insert contact name]

Outpatient Department



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