Government of **Western Australia**
Department of **Health**

WA Adult Gastrointestinal Endoscopy Services

Direct access gastrointestinal 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. To contact the relevant service, please refer to HealthPathways Acute Gastroenterology assessment (external site).

Q: The 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.

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 November 2022, 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 imported into Best Practice, Medical Director, Medtech32, Genie or Zedmed.

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

A: The new referral access criteria will be available on the RAC website. 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 RAC 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: Where can I send my questions or feedback?

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

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