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# Cancer Services Referral Procedure

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## 1. Purpose

The purpose of this procedure is to ensure referrals to WA Country Health Service (WACHS) Cancer Services are timely, appropriate and complete to ensure efficient transition of services to WACHS Regional Cancer Services which provide a comprehensive range of cancer services in line with the [WA Health Clinical Services Framework 2014–2024](#).

These services include:

- Medical Oncology outpatient clinics and day treatments
- Haematology outpatient clinics and day treatments
- Radiation Oncology outpatient clinics and radiotherapy treatments via public/private partnership with Genesis Care.
- Nurse Practitioner outpatient clinics - assessment, management and support for medical oncology and haematology patients.
- Integrated Cancer Services –specialist cancer nursing services and allied health services.
- Prostate Cancer Specialist Nurses
- Aboriginal Cancer Nurse Coordinators
- Breast Service - McGrath Breast Care Nurses
- Allied Health professionals.

Adult patients can be externally or internally referred to WACHS Cancer Services from:

- general practitioners (GP's)
- private specialists and hospitals
- medical officers at tertiary cancer centres and metropolitan or regional / rural hospitals.
- multidisciplinary team meetings
- nurse practitioners.

Adult patients can be externally or internally referred to **Integrated Cancer Services (ICS)** from all the above plus from:

- Registered nurses
- Allied health staff
- Aboriginal Health Workers / Liaison Officers
- self or family referral
- non-government agencies.

This procedure is to be read in conjunction with the:

- [Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030](#)
- [Clinical Services Framework 2014–2024](#)
- [Aboriginal Health and Wellbeing Policy](#) - MP 0071/17
- [Central Referral Service Policy](#)
- [Specialist Outpatient Services Access Policy](#)
- WACHS [TeleChemotherapy Procedure](#)

- [National Optimal Care Pathways for Cancer](#)

## 2. Procedure

Referrals to WACHS cancer services are prioritised based on clinical need. Determine if the referral is Immediate, Urgent, Semi-urgent or Routine.

Patients requiring treatment at a WACHS TeleChemotherapy Unit must have a documented treatment plan at time of referral. See [Appendix C](#) for the list of these sites. See WACHS [TeleChemotherapy Procedure](#) for additional information on requirement for these sites.

**Appointment Timeliness:** If at the time a referral is received (or at any time after the date of receipt) the regional cancer centre/unit is unable or unlikely to be able to provide treatment within the assigned urgency category timeframe, the regional cancer centre/unit is to notify the referrer and patient and transfer the patient to another outpatient cancer service that is equivalently credentialed to perform the review and where a shorter waiting time is anticipated.

**Referrals not appropriate for WACHS Sites:** Children, adolescent and young adults and patients with high risk or rare cancers e.g., sarcoma, neurological or gynaecological are to be referred to the corresponding state-wide service for immediate and urgent treatment.

**Referral back to original sites:** Patients who are currently receiving treatment at another cancer centre are to be directed back to that service after immediate or urgent local management and when escalation of care is clinically appropriate.



**ATTENTION**

**Immediate and Urgent** referrals for all Medical Oncology and Haematology services are to be escalated to the appropriate Metropolitan Cancer Centre by telephone call to the on-call medical oncologist or haematologist.

### 2.1 Internal Referral Process for ALL Cancer Services

There is a standardised set of clinical questions to be answered within eReferral and a section for additional information. Additional documents can be attached to the referral. There is a designated minimum set of information required for all referrals to specialist services (see [Appendix B](#)). Each site has eReferral for Medical Oncology, Haematology, Integrated Cancer Services and Breast Care.

The steps within eReferral are:

- select patient
- select Site
- select Medical Oncology/Haematology/Integrated Cancer Service/Breast Centre as appropriate
- select responder (not essential)
- select urgency
- complete questionnaire
- include minimum referral data required (see [Appendix B](#))

- attachments can be included as required.

Note: results already available on iSOFT Clinical Manager do not need to be replicated in the eReferral.

## 2.2 External Referral Process and Information

External referrals for first Specialist Outpatient Appointments (Medical Oncology {except Southwest} & Haematology) in WACHS are being transitioned to the **Central Referral Service** unless the referral is **Immediate (i.e needs to be seen within 7 days)**. (NB: check [CRS Website](#) / [WACHS Outpatient Reform Intranet page](#) for which regions are now under CRS for these specialities).

**Immediate** and **Urgent (i.e. needs to be seen within 30 days)** referrals should contact the tertiary hospital consultant on call in the first instance followed by sending the referral directly to the regional CNC-Oncology Coordinator for processing, triage and booking of a timely appointment. (See [Regional Cancer Services contact details](#)).

### Step 1 - Gather patient information:

- Include minimum data (as per [Appendix B](#))

### Step 2 - Gather the required / available reports:

- Include minimum data (as per [Appendix B](#))
- GP diagnosis and urgency, where appropriate
- for **immediate** referrals, the referrer must clearly indicate “**Immediate**” and include the specialist/registrar’s name (that the patient’s referral was discussed with), hospital and the specialist/registrar’s (contact) telephone number on the referral.
- [MR59i WACHS Integrated Cancer Services \(ICS\) Referral Form](#) is to be used for ICS (nursing and allied health) referrals only.

### Step 3 – Create & send referral:

- Send gathered information to:
  - **Central Referral Services:** medical specialist referrals only (currently - Haematology in Southwest)
  - **facsimile:**
    - for Southwest medical and radiation oncology referrals – send to Private Medical and Radiation Oncology Services facsimile numbers as [Regional Cancer Services contact details](#).
    - medical specialist referrals for sites not currently under CRS and for ICS referrals
- or
- **encrypted email:** to the selected site email address or to the CNC-Oncology Coordination email address per [Regional Cancer Services contact details](#).

## 3. Roles and Responsibilities

The **Clinical Requester / Referrer** is responsible for:

- contacting the consultant / Nurse Practitioner / CNC-Oncology Coordinator by telephone for urgent referrals and completing eReferral / referral as per the steps for [Internal Referral](#) and [External Referral](#)
- completing the eReferral as per [Clinician Cheat Sheet](#) (Internal) or fax / email the referral to Regional Cancer Centre (External).

The **Clinical Gatekeeper** is responsible for:

- triage of referrals as per [eReferrals Quick Reference Guide](#). In 'Booking Window' record booking actions required in 'Notes to Clerk' section.
- completing the triage in collaboration with the relevant local cancer services team health care providers as appropriate
- contacting the referee if clinical concerns are identified, the patient requires escalation of care or if the referral cannot be accepted
- using 'Notes to Clerk' section in webPAS to guide the clerk when they Book Appointment / Request Appointment with the allocated clinician. Ensure limited basic information to guide the Nurse / Allied Health clinician is entered into the 'Appointment Comments' eg Dietitian - weight loss, Physio – mobility, Social Worker – finances, PCSN – treatment decision etc.

**Clerical staff** in cancer services are responsible for:

- uploading new referrals to eReferral (those faxed / emailed to the Regional Cancer Service or received via the CRS SharePoint) as per [Outpatient Support Guide](#)
- making the appointment booking or 'Request Appointment' for nursing/allied health and medical services in WebPAS as indicated in the "Notes to Clerk" booking instructions by the Gatekeeper
- contacting the patient advising of appointment via telephone, email or SMS
- filing the referral documentation in the patient's medical records
- outcome the appointment and booking follow-up or further appointments on webPAS as instructed by clinician.

**All staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 4. Monitoring and Evaluation

### 4.1 Monitoring

Monitoring of compliance with this procedure is to be conducted annually by WACHS cancer service using the following means or tools:

- number of referrals (via webPAS data)
- time to triage of referral (via webPAS data)
- time to first appointment ((via webPAS data) and compared to the relevant Optimal Care Pathway's (OCP's) for cancer.

Results are to be tabled at the WACHS and Regional Cancer Clinical Governance Group meetings.

### 4.2 Evaluation

Evaluation of this procedure is to involve assessment of parameters in 4.1 above and review by the Regional Cancer Clinical Governance Groups. Any issues or concerns are to be escalated to the WACHS Cancer Clinical Governance Group.

## 5. Compliance

This Procedure is in alignment with the Health Services Act.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

## 6. References

Government of Western Australia Department of Health. 2014. "[WA Health Central Referral Policy](#)." Accessed December 18, 2023.\

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[Patient Administration System and Clinical Systems Business Rules Policy](#). 2020. Accessed December 18, 2023.

Austin Hospital, Melbourne Australia. 2018. "[Austin Health Haematology referral Guidelines](#)." Accessed December 18, 2023.

Western Health Specialist Clinics Access & Referral Guidelines. 2023. "[Haematology Specialist Clinics at Western Health](#)." Accessed December 18, 2023.

Queensland Government - Metro South Health. 2022. "[Haematology-Refer your patient](#)." Accessed December 18, 2023.

## 7. Definitions

Term	Definition
eReferral	Electronic referral system designed to be used by medical, nursing, midwifery and allied health staff within WA Health public hospitals.
External Referral	A referral for WA Health public outpatient services from a practitioner external to WA Health, such as a General Practitioner or private specialist.
Immediate Referral	Denotes that a patient is to have an immediate outpatient review (within 7 days) and requires that initial telephone contact be made to a specific clinician at the hospital site by the referrer
Internal referral	A referral that is initiated during the course of an emergency department, inpatient or outpatient episode at a hospital site. Internal referrals may be to the same specialty (e.g. inpatient to outpatient referral) or to a different specialty (e.g. outpatient to outpatient referral) within a particular site or across other WA public hospital sites.
Routine Referral	Denotes all referrals other than immediate and urgent referrals.
Urgent Referral	Denotes a referral that requires urgent outpatient review within 30 days or as per Clinical Priority Access Criteria (CPAC) guidelines.

## 8. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	Health professionals referring patients to WACHS cancer services
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Practitioner Regulation National Law (WA) Act 2010</a> <a href="#">Health Services Act 2016</a>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0071/17 - <a href="#">Aboriginal Health and Wellbeing Policy</a></li> <li>• <a href="#">Central Referral Allocation - Outpatient Services Policy</a></li> <li>• <a href="#">Specialist Outpatient Services Access Policy</a></li> <li>• <a href="#">Clinical Services Planning and Programs Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">TeleChemotherapy Procedure</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Clinical Priority Access Criteria – Medical Oncology and Haematology</a></li> <li>• <a href="#">eReferrals Clinician Cheat Sheet</a></li> <li>• <a href="#">eReferrals Quick Reference Guide</a></li> <li>• <a href="#">Outpatient Support Guide</a></li> <li>• <a href="#">Allied Health Integrated Cancer Services Scoping Document.</a></li> <li>• <a href="#">WA Health Clinical Services Framework 2014–2024</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">MR59i WACHS Integrated Cancer Services (ICS) Referral Form</a></li> </ul>
<b>Related Training Packages</b>	WA Health <a href="#">eReferral online training</a>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID:2675.
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.27, 2.4, 2.6, 2.8, 5.6 – 5.8, 6.3 – 6.5
<b>Aged Care Quality Standards</b>	Nil
<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil

## 9. Document Control

Version	Published date	Current from	Summary of changes
5.00	12 June 2024	12 June 2024	<ul style="list-style-type: none"> <li>change of title (previously: Referral to Regional Cancer Centres Medical Oncology Services Procedure)</li> <li>this document has been expanded to include medical oncology, haematology, integrated cancer services, McGrath breast care nurses, prostate cancer specialist nurses and allied health professionals.</li> </ul>

## 10. Approval

<b>Policy Owner</b>	Executive Director Nursing and Midwifery
<b>Co-approver</b>	Executive Director Clinical Excellence Executive Director Medical Services Chief Operating Officer
<b>Contact</b>	WACHS Cancer Nurse Practitioner
<b>Business Unit</b>	WACHS Cancer Services
<b>EDRMS #</b>	ED-CO-15-52436
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**This document can be made available in alternative formats on request.**



## Appendix A: Clinical Access Priority: Medical, Nursing and Allied Health

Clinical Priority Access Criteria: Medical Oncology, Haematology		
Level of Priority	Definition	Timeframe
<b>Immediate</b> <i>phone call to consultant</i>	Life threatening or very aggressive disease or an oncological /haematological emergency <b>DO NOT SEND VIA CRS</b>	Outpatient review within 7 days
<b>Urgent (Priority 1 - within 30 days)</b> <i>phone call to consultant</i>	For <b>Neoadjuvant</b> cancer treatment or <b>Adjuvant</b> cancer treatment that must be commenced within a limited timeframe as outlined in CPAC or OCP	Outpatient review within 14-30 days
<b>Semi-urgent (Priority 2 - within 31-90 days)</b>	Transitioning cancer treatment from another hospital and needing to return to region for care close to home (for palliative, psycho-social concerns). Still accessing treatment at that site whilst awaiting acceptance of the referral.	Outpatient review within 90 days
<b>Routine (Priority 3 - within 91-365 days)</b>	Localised cancer for surveillance or Transitioning Maintenance cancer treatment from another hospital. Still accessing treatment at that site whilst awaiting acceptance of the referral.	Outpatient review within 365 days

Clinical Priority Criteria: Integrated Cancer Services - Nursing		
Level of Priority	Definition	Timeframe
<b>Immediate</b> <i>Phone call to CNC-Oncology Coordination</i>	Requires urgent care coordination to get to tertiary centre for urgent review	Action within 5 working days
<b>Urgent</b> <i>Phone call to CNC-Oncology Coordination</i>	New diagnosis or high suspicion of cancer and needs urgent care coordination.	Action within 14 Days
<b>Semi-urgent</b>	Needs care coordination, assessment and / or support.	Action within 30 Days
<b>Routine</b>	Non urgent need for assessment and introduction to service with care coordination as appropriate.	Action within 60 Days

Clinical Priority Criteria: Integrated Cancer Services – Allied health			
Level of Priority		Definition	Timeframe
Priority*	Mapped AH Priority		
1	<b>AH1 Very Urgent</b>	<b>Very Urgent</b> – where there is a real, imminent risk that the client may die, cause harm to themselves or others and/ or deteriorate into an emergency situation, and the service has a capacity to benefit the individual.	Action within 30 Days
	<b>AH2 Urgent</b>	<b>Urgent</b> - Where the service: <ul style="list-style-type: none"> <li>Is required for urgent care of a serious health issue with a capacity to benefit</li> <li>Is required for prevention of imminent admission</li> <li>Reduces the risk of rapid deterioration</li> </ul>	
2	<b>AH3 High</b>	<b>High</b> - Where the service will significantly benefit the client's and/or carer's health and wellbeing and: <ul style="list-style-type: none"> <li>Has significant potential for restoration of adequate function</li> </ul>	Action within 90 Days

		<ul style="list-style-type: none"> <li>Significantly reduces the risk of current or future impacts (complication, injury, function) for the individual and/or carer</li> </ul>	
	<b>AH4 Medium</b>	<b>Medium</b> - Where the service is the minimum acceptable usual care, or where input is required to ensure that future discharge is not delayed.	
<b>3</b>	<b>AH5 Low</b>	<b>Low</b> - Services that are the minimum acceptable usual care, or where maintenance care is appropriate to prevent functional decline below patients' typical level of function	Action within 365 Days
	<b>AH6 Very Low</b>	<b>Very Low</b> - Services that have limited impact on the clients and/or carers health and wellbeing or limited potential to benefit.	
* To be used when triaging requested/ waiting allied health referrals on WebPAS under ICS			

## Appendix B: Minimum Referral Data Content

The following minimum referral data content is required as per [WA Health Central Referral Service Policy](#) and [Specialist Outpatient Services Access Policy](#).

- patient's full name (or alias), maiden name and where appropriate (e.g. for a minor) the name of parent or caregiver
- patient's address
- patient's telephone number (home, mobile and alternative)
- patient's date of birth
- next of kin/carer/guardian/local contact for paediatric referrals
- is an interpreter required? If yes - what is the patient's first language?
- is a support person required? If yes - who is this person?
- hospital unit medical record number (UMRN) (if known)
- Medicare number and expiry date
- health history including details of previous treatment, investigations including:
  - radiology reports
  - pathology reports
  - laboratory reports
  - procedure / Operation reports
  - MDT discussion and treatment plans
  - relevant treatments and dates
  - any other relevant results
 (NOTE: If these reports are available on iCM then they do not need to be added to the referral)
- presenting symptoms, their duration and details of any associated medical conditions which may affect the presenting condition, or its treatment (e.g. diabetes)
- physical findings (e.g. haematoma on right lower leg)
- height, weight, and BMI
- details of current medications and any known allergies
- date of referral, details of referring practitioner, Provider Number and contact details (including facsimile number)
- the name of the specialty to which the patient is being referred (if known)
- GP diagnosis and urgency, where appropriate
- For **immediate** referrals, the referrer must clearly indicate "**IMMEDIATE**" and include the specialist/registrar's name (that the patient's referral was discussed with), hospital and the specialist/registrar's (contact) telephone number on the referral.

## Appendix C: WACHS Cancer Services Overview

**Regional Cancer Centres / units (RCC/RCU) are located in:** Albany, Bunbury (via Saint John of God Health (SJOGH) Bunbury), Geraldton, Kalgoorlie, Esperance (RCU) and Northam.

**TeleChemotherapy Units (TCU) are located in:** Broome, Karratha and Narrogin.  
TeleChemotherapy is a model of care that enables some cancer patients to receive low-risk treatments with the support of specialist metropolitan-based clinicians via telehealth.

**Cancer Services are located at the following WACHS sites:**

WACHS Cancer Services: Medical		
Medical Oncology	Haematology	Radiation Oncology
Albany	Albany	Albany (GenesisCare)
Broome	Bunbury	Bunbury (GenesisCare at South West Health Campus)
Bunbury	Esperance	
Esperance	Geraldton	
Geraldton	Kalgoorlie	
Kalgoorlie	Northam	
Karratha	Narrogin	
Narrogin		
Northam		

WACHS Cancer Services: Nursing		
Nurse Practitioners	Integrated Cancer Services: Includes, cancer nurse coordinators, allied health, prostate cancer specialist nurse.	Breast
Great Southern	Goldfields	Goldfields: Kalgoorlie
Wheatbelt	Great Southern	Goldfields: Esperance
	Kimberley	Kimberley
	Midwest	Midwest
	Pilbara	Pilbara
	Southwest	Southwest (at SJOG Bunbury)
	Wheatbelt	Wheatbelt