SESLHD POLICY COVER SHEET

NAME OF DOCUMENT	Outpatient Services – Management of Out of Area Referrals
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EXECUTIVE SPONSOR	Director, Allied Health
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FUNCTIONAL GROUP(S)	Clinical Access
KEY TERMS	Out of area referrals, outpatient services, non-admitted patients
SUMMARY	This document outlines the policy direction for management of outpatient (non-admitted) referrals for people residing outside of SESLHD.

1.   POLICY STATEMENT

Out of area referrals are referrals received by an outpatient service for a patient who resides in another local health district (LHD). The NSW Health Guideline GL2023_014 - Management of Outpatient (Non-admitted) Services indicates that the decision to accept out of area referrals is to be considered on a case-by-case basis factoring in the following key points:

- The availability of appropriate care in a setting closer to the patient's residence and/ or where the care is in alignment with a patient's needs

- The referral should clearly indicate the reasons why care is required at that specific location

- Referrals are not to be declined without reasonable alternative care options provided to the patient and referrer.

While in most cases a patient can access the care that they require in the local health district of their residence, there are occasions when referral to a SESLHD outpatient service is appropriate for patients from out of area. This is generally when a patient requires tertiary or quaternary services that are not available within their local health district.

2.   AIMS

This policy includes the following key principles:

- Patients requiring urgent care will continue to be prioritised

- Patient care will be provided closer to home wherever possible

- Referrers will be supported to ensure that patients receive appropriate and timely care

- Appropriate quaternary and tertiary referrals may be accepted for out of area patients if there is no existing clinic in the patient's area of residence

- All other out of area referrals will not be automatically accepted but are to be returned to the referring GP, with a request to refer to the patient's local facility

- Referrers to be advised that if SESLHD services are required, re-referral of patients who reside out of area is possible however they must provide a detailed explanation why the patient should be seen at the SESLHD service including relevant supporting documentation

- Re-referrals by GPs/ referrers are to be progressed immediately to clinical prioritisation (triage) assuming that all required information has been received

- Standardised responses to be sent to patients and GPs/ referrers

- Referrals for patients who live out of area and are either referred from the emergency department (ED) to an outpatient service requiring non-urgent care (Category 3 – 365 days), or resulting from an inpatient admission for a condition that is unrelated to the

reason for the admission, are to be considered on a case-by-case basis factoring in the availability of care options closer to the person's residence.

3. EXCLUSIONS

This policy does not apply to:

- Aboriginal or Torres Strait Islander patients

- Other priority population patients

- Private outpatient clinics.

4. TARGET AUDIENCE

Outpatient Services refer to all types of non-admitted care, including services provided at hospital-based clinics, community-based clinics and services provided in patients' homes. The audience for this document, therefore, includes staff working in outpatient and community settings including Hospital in the Home services, as well as service managers and executives.

5. RESPONSIBILITIES

5.1 Administrative staff

Local administrative staff will be responsible for matching patient details and verifying whether the patient resides outside SESLHD Administration staff will also be responsible for communicating with referrers and patients (via the electronic referral management system (eRMS) and/ or sending template letters from the electronic medical record (eMR) or other relevant systems.

Admin staff are to follow local procedures for the management of non-admitted patient referrals.

5.2 Clinical staff responsible for clinical prioritisation (triage)

Clinical staff are to review re-referrals to determine a clinical urgency category, to ensure appropriate and timely care is provided to the patient.

5.3 District Managers/ Service Managers

District Managers/ Service Managers will support staff and facilitate compliance with this policy.

6. DEFINITIONS

6.1 Outpatient Services

Outpatient Services refer to all types of non-admitted care, including services provided at hospital-based clinics, community-based clinics and services provided in patients' homes.

6.2 Out of area referrals

Out of area referrals are referrals received by an outpatient service for a patient who resides in another local health district (LHD).

6.3 Urgent care

Urgent care refers to patients assessed and provided clinical urgency categories of rapid access or urgent care (within 30 days).

7. DOCUMENTATION

Quaternary and tertiary services at each facility are to be documented, with advice to be provided to the Outpatient Services Governance Committee.

8. MONITORING AND EVALUATION

The Outpatient Services Governance Committee (OSGC) which includes broad district representation will be responsible for monitoring and evaluation of this policy.

9. REFERENCES

[NSW Health Guideline GL2023_014 - Management of Outpatient (Non-Admitted) Services](#)

10. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
2 July 2025	1.0	New policy developed by Leah Upcroft, Strategic Programs Manager, SII and Outpatient Services Governance Committee to aid implementation of NSW Health Guideline GL2023_014 - Management of Outpatient (Non-Admitted) Services and facilitate consistency across SESLHD. Approved by SESLHD Executive Meeting and CE. Minor change approved by Executive Sponsor.