

General Surgical & Vascular Surgery

National Access Criteria for First Assessment (ACA) Bay of Plenty Version (May 2010)

Category	Criteria	Examples (not an exhaustive list)
1. Urgent	<ul style="list-style-type: none"> • High risk life/limb • Major deterioration/exacerbation with delay • Otherwise requiring acute admission • Pressing other or “psychosocial” factors 	<ul style="list-style-type: none"> • Symptomatic/obstructing colon cancer • Vomiting and gastric outlet obstruction • Breast cancer/young distraught patient • Diabetic foot sepsis/gangrene • Obstructive jaundice • Crescendo TIA/carotid stenosis
2A Semi-Urgent	<ul style="list-style-type: none"> • Proven/likely malignancy • Alarm symptoms/signs malignancy • Frequent severe painful/disabling Conditions • Significant short/medium term risks 	<ul style="list-style-type: none"> • Hx severe complicated cholelithiasis e.g. biliary Pancreatitis • Hx obstructed inguinal hernia • Palpable rectal mass • Suspicious breast lump • FNA +ve ear and neck lump • Elderly iron deficiency anaemia • Ischemic rest pain/nocturnal leg hanging • Large AAA
2B - Semi-Urgent	<ul style="list-style-type: none"> • Occasional/moderate pain only • Persisting minor disability/loss of function • Non-specific symptoms/signs +/- low risk demographic requiring investigation • Low grade sepsis 	<ul style="list-style-type: none"> • Mild symptoms cholelithiasis • Fistula-in-ano • IBS symptoms/young adult • GORD/dyspepsia/young adult • Anal outlet bleeding/young adult • Venous ulcer disease • Chronic pilonidal disease • Intermittent claudication • Non-specific breast symptoms/mastalgia • Re-excision melanoma surgery
3. Routine	<ul style="list-style-type: none"> • Minimal functional impairment • Likely benign • Chronic/stable • Little short/medium term risk • Significant family history 	<ul style="list-style-type: none"> • Asymptomatic carotid disease • Non-specific vascular symptoms • FAP screening • Asymptomatic hyperPTHism • Haemorrhoids • Gynaecomastia • Small AAA • Epitheliomata • Chronic goitre
4. Routine	<ul style="list-style-type: none"> • Minor/nil loss of function • Minor/nil discomfort • Benign or low grade malignant • Self limiting • Low risk 	<ul style="list-style-type: none"> • Uncomplicated hernia • Lipoma • Seb cyst • Cosmetic (scars/tattoos) • Ganglion • Low risk “screening” • Skin tags

Please see Notes Pages on reverse

NOTES:

- “Clinical Priority” criteria are a guide rather than exhaustive, complete or exclusory. The grading surgeon may well take into account other factors such as comorbidity, age, history and previous investigation results to help prioritise a particular referral. The examples similarly are not necessarily prescriptive e.g an elderly patient with severe ischemic heart disease and claudication may have a different priority from a postman with similar symptoms.
- Simple skin cancers are not considered “urgent” malignancies.
- Varicose veins if meet primary care management guidelines
- The waiting time criteria are to be seen as a guide to maximum wait – many 2As and 2Bs will be seen sooner rather than at the “maximum” wait time. If patients cannot be seen within time then the referrer will be notified by administrative staff.
- All skin lesion surgery (SCC/BCC/Melanoma/Keratosis/Naevus etc) are managed by the PHO skin lesion service.