

VASCULAR SURGERY

National Access Criteria for First Assessment (ACA)

- The ACA's are in effect the HSS (Vascular Service) response times to the Referral Guidelines (RG's) and need to be considered in combination with the Vascular RG's.
- The ACA's will ensure that:
 1. Referrals are sent to appropriate clinician within 24 hours of receipt.
 2. All referrals should be prioritised by an experienced clinicians within 3 working days.
 3. Referrals which do not contain sufficient information to prioritise may need to be returned to referrer.
 4. Referrals are prioritised using documented criteria.
 5. Appointments are given for review within the accepted RG priority timeframes.
 6. Referrers should have ready access to clinical staff to discuss any priority or clinical issues arising.
 7. A tracking system ensures the progress of all referrals.

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

RG Priority	ACA Response	Clinical Presentation
ADMIT/REVIEW	Within 24 hours	<ul style="list-style-type: none"> • Immediate threat to life, limb or of CVA
URGENT	Seen within 1 week	<ul style="list-style-type: none"> • Imminent threat to life, limb or of CAV • Severity or acute nature of presentation (pain) • Etiological process is ongoing and where urgent intervention will limit tissue/organ loss.
SEMI URGENT	Seen within 1 month	<ul style="list-style-type: none"> • Severe functional impairment (claudication of less than 50m)/Incapacitated. • Rest pain, ulceration or severe tropic changes • Isolated TIA/RIND/TMB • AAA of greater than 5cm diameter • Infective complications • Access procedures
ROUTINE	Seen within 6 months	<ul style="list-style-type: none"> • Moderate functional impairment (claudication of greater than 50m) • Asymptomatic carotid bruit/carotid stenosis • Significant venous insufficiency.

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