NEUROSURGERY

National Clinical Priority Access Criteria (CPAC)

Category Definitions: These are recommended guidelines for Hospital specialists prioritising referrals from primary care.

1.	Urgent	*treatment within 2 weeks*
2.	Semi-Urgent	*within 6 weeks*
3.	Routine	*within 6 months*
4.	Lower priority	*within 6 months*

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, or faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

NATIONAL REFERRAL GUIDELINES : NEUROSURGERY		
Category	**Waiting time**	**Remarks / criteria**
1. Urgent	2 WEEKS	Maximum clinically-acceptable waiting time up to and including 2 weeks.
2. Semi-urgent	6 WEEKS	Maximum clinically-acceptable waiting time greater than 2 weeks, up to and including 6 weeks.
3. Routine	6 MONTHS	Includes all patients who would benefit from a neurosurgical procedure, who do not meet the "lower priority" description below, and who have a maximum clinically-acceptable waiting time of between 6 weeks and 6 months. All patients in this group have certainty of access to surgery
4. **Lower Priority**	6 MONTHS	Patients in this group must fulfil following criteria: (a) Aim of surgery is solely relief of pain, and: (b) Low risk of new neurological deficit if left untreated, and: (c) Estimated chance of good surgical outcome less than or equal to 50 % OR Repair of cosmetic problem not causing pain, functional deficit or adverse psychosocial effects.
Active review		Patients meeting criteria for "Lower Priority" who, because of funding constraints, can not be guaranteed surgery within 6 months. These patients should be offered clinical review at an appropriate interval.
Delayed		Surgery delayed / staged for optimum clinical result, or awaiting manufacture/ availability of implant. (Certain access)

Note: **for the Routine and Lower Priority category spinal patients, the Spinal Surgery CPAC may be used to assist prioritisation.**