

RHEUMATOLOGY

National Access Criteria for First Assessment [ACA]

Category Definitions : These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

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| 1. Immediate | - <i>within 24 hours</i> |
| 2. Urgent | - <i>within 4 weeks</i> |
| 3. Semi - Urgent | - <i>within 12 weeks</i> |
| 3. Routine | - <i>within 24 weeks</i> |

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 the size and staffing of the hospital department.

Category	Criteria	Examples (not an exhaustive list)
1. Immediate	<ul style="list-style-type: none"> Acute Rheumatological Emergencies with threat to life or major organs 	<ul style="list-style-type: none"> Giant Cell arteritis Systemic Vasculitis SLE Septic arthritis Polyarticular gout and systemically unwell
2. Urgent	<ul style="list-style-type: none"> Potential destructive inflammatory arthritis requiring early DMARD treatment or corticosteroids 	<ul style="list-style-type: none"> Seropositive RA Polymyalgia rheumatica Polyarticular gout Inflammatory polyarthritis
3. Semi - Urgent	<ul style="list-style-type: none"> Suspected inflammatory rheumatological problems Non-inflammatory conditions with major social impact (eg loss of employment) Referrals from hospital specialists 	<ul style="list-style-type: none"> Acute soft tissue problems requiring intervention
4. Routine	<ul style="list-style-type: none"> Non-inflammatory disease 	<ul style="list-style-type: none"> Osteoarthritis Soft Tissue Rheumatism Fibromyalgia Other chronic pain syndromes Chronic osteoarthritis

Note:

- Children are usually managed by Paediatricians with referral to Rheumatologists or a Paediatric Rheumatologist as required.
- Prioritisation is often influenced by knowledge of an individual patients' social circumstances.