

## REFERRAL GUIDE Oncology

[Oncology](#) specialises in consultation associated with diagnosed or suspected solid tumours

### Clinical Lead

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Clinical Lead and Medical Oncologist

### How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au))

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

#### Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

#### Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

### Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

### Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

## Priority

### EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

### URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

### ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

## Safety risk screening



### RED FLAG CONDITIONS

### EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Medical Condition requiring immediate attention
- Any disease with intractable pain
- Fungating mass with haemorrhage
- Post-surgical wound with dehiscence or sepsis

## Procedures/Conditions seen at Bayside Health – Regional Care group (Bass Coast)

- [Suspected or known malignancy](#)
- [Breast Cancer](#)

## Exclusions

The following conditions / procedures are not routinely seen at Bayside Health - Regional Care Group (Bass Coast)

- Pediatrics care < 16yrs refer to Monash Children's Hospital
- Sarcoma – refer to St Vincent's Sarcoma Service or Peter MacCallum Cancer Centre
- Head & Neck cancers
- Brain cancer (Neuro Oncology) Refer to Monash Health Neurology or Alfred
- Patients requiring symptom control only - Refer to local Community Palliative Care service
- Familial Cancer/Cancer genetics – refer to Familial cancer centre at Alfred or Monash see Cancer Council website for more
- Lymphoma, Leukemia and blood disorders (refer to [Haematology](#))

Suspected or known malignancy; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

**When to refer**

- Suspected or known malignancy
- Refer as soon as widespread cancer appears likely

**Additional Information to be included**

- Minimum referral criteria
- Specific reason for referral
- Past medical history
- Current medications Allergies Psychosocial history
- All correspondence and test results relating to cancer, including original histopathology reports
- Tumour specific details according to type of cancer
- Any relevant scans/imaging

**EMERGENCY**

- [Refer to RED flag conditions](#)

**URGENT**

- Newly diagnosed cancer
- Suspected disseminated or locally advanced cancer
- New, urgent problem in known patient - please specify and include all relevant tests
- Patients requiring urgent care that is being fully transferred from another Oncologist

**ROUTINE**

- Continued care of known patient
- Patients requiring routine care that is being fully transferred from another Oncologist

## Breast Cancer; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Metastatic breast cancer diagnosis
- Clinical findings suspicious of malignancy.
- Biopsy is not required prior to referral for suspicious findings of malignancy or malignant findings on imaging

\*\*Recommend send referral to General Surgery Breast and to our McGrath Breast Care Cancer Nurse

### Additional Information to be included

- Minimum referral criteria
- Core biopsy with suspicious or equivocal findings or proven breast cancer (e.g. detected through Breast Screen Australia Program)
- Where a core biopsy was not possible provide needle aspiration (FNA) cytology results
- Most recent mammography report (if older than 35 years) or other breast imaging report(s) including when and where imaging was performed
- Malignant, suspicious or equivocal findings relevant scans/imaging
- Findings on physical examination
- Relevant medical history and comorbidities (e.g. past history of breast disease or breast cancer, ductal carcinoma in situ)
- Details of any breast implant(s) including when and where procedure(s) was performed
- Any family history or genetic mutation linked to breast, ovarian or prostate cancer.

### EMERGENCY

- [Refer to RED flag conditions](#)
- Metastatic breast disease with intractable pain
- Fungating mass with haemorrhage
- Post-surgical wound with dehiscence or sepsis

### URGENT

- Newly diagnosed cancer
- Suspected disseminated or locally advanced cancer
- New, urgent problem in known patient - please specify and include all relevant tests

### ROUTINE

- Continued care of known patient
- Patients requiring routine care that is being fully transferred from another Oncologist