#

**Additional Information for Hospital Specialists**

Community Referred Radiology (CRR) Programme

**New Nationally Consistent Referral Criteria for CRR to be applied from 1 September 2025**

New *National Primary Care Referral Criteria for Imaging* allow General Practitioners, Urgent Care Physicians, and primary and urgent care Nurse Practitioners to refer adults and children directly for a range of diagnostic ultrasound, CT or x-ray examinations. These will take effect from 1st September 2025 subject to regional planning. The new national criteria are available[**here**](https://radiology.carepathways.tewhatuora.govt.nz/national)

**How were the criteria developed?**

The *National Primary Care Referral Criteria for Imaging* have been developed based on existing evidence-based guidelines relevant to the Health NZ context. Whereevidence-based guidelines were lacking, criteria are based on specialist advice and Health NZ-funded resource availability. The new criteria been broadly agreed through consultation with general practitioners, hospital specialists, and radiologists and endorsed by Health NZ’s Radiology National Clinical Network and the National Clinical Governance Group (NCGG).

**What are the key aims of the initiative?**

A key programme aim is to contribute to improving system performance by reducing unnecessary visits to emergency departments, hospitals or referrals to hospital specialists when what is required is access to imaging.

Better access to diagnostic imaging helps community and primary healthcare providers decide the best next steps for their patients. It means patients can often get care closer to home instead of waiting to see a hospital specialist for an imaging referral.

**How can Hospital and Specialist Services colleagues help this programme succeed?**

We recognise that some district radiology services have existing challenges in delivering timely care, and that redirecting patients back to primary care to be referred via CRR pathways may be seen as an alternative way of accessing initial or follow-up imaging. *Please do not transfer patients waiting for either initial or follow-up imaging back to primary care to be referred via CRR.*Community Referred Radiology is for primary care initiated diagnostic imaging. Aside from creating additional work for primary care, HNZ district radiology services are moving towards single waiting lists for community and hospital patients to ensure equity of access ie the wait times will be the same irrespective of referrer type.

**Can you recommend radiology investigations in advice to primary care?**

Yes — if the recommended investigation is funded under CRR, aligns with the principles of the scheme (e.g. supports community-based management and potentially avoids a First Specialist Appointment, Emergency Department referral, or acute assessment), or is part of an agreed care pathway, specialists *can* recommend the investigation to primary care.

If the patient has already met the threshold for acute or specialist assessment, responsibility for imaging and ongoing management remains with the specialist service.

**What about patient follow-up?**

If a hospital specialist has patients in follow-up programs that use imaging, they remain responsible for the imaging and should access it via hospital referral pathways. This includes referring, reviewing results, and determining next steps.

**Feedback is welcomed**

We welcome feedback that might help us to improve the CRR programme. It can be submitted directly to the CRR programme team via the link provided.

**Key contacts**

**Regional Radiology Clinical leads**

Northern Region: jash.agraval@waitematadhb.govt.nz

Te Manawa Taki: kirsten.kind@waikatodhb.health.nz

Central region: richard.cooper@hbdhb.govt.nz

Te Waipounamu: rebecca.harris@nmdhb.govt.nz

**Radiology National Clinical Network co-Chairs**

sharyn.macdonald@cdhb.health.nz

charlottee@adhb.govt.nz

**National CRR Programme**

Programme Lead: Alex.Viner@tewhatuora.govt.nz

Clinical Advisor: James.Entwisle@tewhatuora.govt.nz