

Information for primary healthcare professionals

Community Referred Radiology (CRR) Programme

Health NZ | Te Whatu Ora recognises that access to timely and effective radiology is critical to providing high quality care, reducing waiting times for treatment and improving outcomes.

Phased programme roll out from 1st September 2025

The Phase 1 *National Primary Care Referral Criteria for Imaging* allows General Practitioners, Urgent Care Physicians, and primary and urgent care Nurse Practitioners to refer patients directly for imaging without a hospital specialist assessment or emergency department referral from 1st September 2025.

Available here [National Community Referral Criteria for Imaging » Radiology](#)

Imaging references across the Community HealthPathways will be updated to align these criteria nationwide. Diagnostic X-ray, ultrasound and CT imaging referral criteria for both adults and children are specified in the new criteria for the following exams:

- Adult CT: Chest Abdomen and Pelvis, Chest, Colonography (or colonoscopy), Head, Intravenous Urogram/ Renal, KUB, Sinus
- Adult Ultrasound: Abdomen, Carotid, DVT, Guided FNA, Musculoskeletal incl. shoulder, Pelvis, Renal, Scrotum, Soft Tissue Lump, Neck/Thyroid
- Adult X-ray: Abdomen, Ankle, Foot, Chest, Elbow, Knee, Pelvis, Hip, Shoulder, Spine, Wrist, Hand
- Paediatric CT: Head
- Paediatric Ultrasound: Abdomen, Hip, Neck / Thyroid, Pelvis, Renal, Scrotum / Testes, Soft Tissue, Spine
- Paediatric X-ray: Abdomen, Chest, Elbow, Feet, Knee, Pelvis / Hip, Shoulder, Spine, Wrist / Hands

Will direct access be expanded to other professional groups?

Subsequent phases will consider direct access for additional modalities and other primary healthcare practitioners for some indications. Phased enhanced access will lessen the burden on any one professional group.

How were the criteria developed?

The Phase 1 *National Primary Care Referral Criteria for Imaging* have been developed based on published evidence and recognised, evidence-based guidelines where these are available and relevant to the Health NZ context. Where evidence-based care pathways are lacking, criteria are based on a compromise between specialist advice and Health NZ-funded resource availability. They have been broadly agreed through discussion between general practitioners, hospital specialists, and radiologists and endorsed by Health NZ's Radiology National Clinical Network and the National Clinical Governance Group (NCGG).

Are the new criteria mandatory?

Yes. Given the primary objective of the CRR programme is to enable more consistent clinically appropriate access to diagnostic radiology, implementation of the national CRR Criteria is mandatory and should not be delayed or modified locally based on capacity or other constraints (although the 'how' and 'where' may be adapted to reflect the variability of local service models and resource availability).

Where imaging is not indicated, the CRR referral criteria include advice on alternative management. Nationally, CRR hubs will work collectively to develop standardised responses for declined referrals. When imaging is not publicly funded but may still be indicated, the patient may wish to consider privately funded imaging.

What will change on 1st September?

Health NZ will publish new community referred radiology criteria on 1st September 2025. This may mean a change in access for referring primary care practitioners. Both local pathways and capacity for imaging are being established to enable the new criteria. The local pathways and capacity may not be fully in place for 1st September and there will be transition period. Your regional team will keep you updated as these changes are put into place.

What is the role of CRR regional hubs?

CRR hubs are being established in each region from 1st September 2025 over 9 months. CRR hubs will:

- Prospectively triage routine referrals from Primary Care to support appropriate access and high-quality referrals.
- Undertake clinical audit of urgent referrals

- Provide timely liaison and advice to radiology services and primary care, including on alternative care pathways
- Develop and deliver education packages.

CRR hubs will also play a vital role in ensuring referrals from eligible referrers are not rejected by public radiology services; as well as moderating demand by promoting adherence to the criteria.

Appointment of Primary Care Radiology Liaison roles for the CRR hubs will begin over July and August.

What is out of scope?

Imaging covered by ACC or other funding streams, including under the Primary Maternity Services Notice (2021), is outside the scope of these criteria.

Imaging that is part of screening or surveillance programmes is outside the scope of these criteria.

What impact will the new criteria have on hospital waitlists?

Health NZ is mindful that secondary care is experiencing growing waitlists and demand exceeding capacity.

The regional hubs are designed to help triage and manage demand with the goal to ensure new demand from the CRR programme will be responded to systematically.

We expect that some regions will mitigate some existing demand through adherence to the new criteria. We will monitor demand versus capacity and how much shifts from hospital referred to community referred demand.

Do the criteria include agreed referral turnaround times?

Yes. The criteria include the agreed referral turnaround times and applicable wait list priority codes based on clinical acuity and the potential for the imaging findings to impact the patient's management outcome.

The priority codes are selected from the Radiology National Clinical Network Radiology Service Level Guide which includes expected reporting turnaround times and provision for identifying cases where the imaging may be more safely deferred in the event of prolonged radiology capacity restriction.

The priority codes applied to these community-referred criteria are acute (within 24 hours), urgent (within 48 hours), urgent P2 (within two weeks), non-urgent P3 (within six weeks), or a “S” specified date code for follow up studies.

What about patient follow-up?

If Hospital and Specialist Services (H&SS) has already initiated an imaging pathway, they will remain responsible for managing the imaging and any related follow-up. This includes ordering the scan, reviewing results, and determining next steps. H&SS referrers are being informed of this approach. A notable exception is where the results of a scan change where follow-up occurs (i.e. a normal result means the patient doesn't need to be seen in clinic). In this case H&SS will be responsible for communicating this to the patient. The Phase 1 *National Primary Care Referral Criteria for Imaging* applies priority codes includes indications for follow-up imaging.

Will implementation of the CRR programme mean less access for some patients?

The CRR programme is designed to ensure fair and consistent access for everyone. A 2024 stocktake found that access to radiology services varies greatly across the country; and complex referral pathways with variable same day access for urgent imaging with differential treatment based on referrer type.

Schemes that provide generous access via private partnership arrangements can exacerbate inequities between regions and sub-regions to access to care. To address these challenges, Health NZ has developed a nationally consistent strategic response to community access.

What about walk-in imaging arrangements?

Prospective triage of community referred X-rays is not a core requirement of the CRR hubs being established. Walk-in arrangements may be subject to clinical audit and regional hubs may develop processes to ensure alignment (such as rapid triage or trusted provider schemes).

What changes are being made to e-referral platforms to support direct access?

ERMS, BPAC and HealthLink electronic referral platforms are being updated to align with the new access criteria and/or links to relevant updated HealthPathways sites.

Digital solutions to ensure referrers are interfaced with Health NZ systems are being implemented. A priority is to ensure community-based referrers can view current and prior imaging and reports for radiology requests made through Health NZ in

their region. This capability will be available by October for Northern and Te Waipounamu regions and March for Te Manawa Taki and Central regions. Digital enhancements also include removing manual processes, facilitating improved workflows, and enhanced visibility of referral status.

What is health NZ doing to improve national radiology data?

Health NZ is developing a national Health Data Platform (HDP) that will hold consistent data on scan activity and waitlists from across the country, along with a dashboard for Community Referred Radiology (CRR) activity.

To make this data accurate, Health NZ is working with Primary Health Organisations (PHOs) to ensure all community referrals are recorded and shared – even in areas where referrals currently go straight to providers and aren't tracked. This will give a clear, up-to-date view of radiology activity at both district and exam levels.

Other benefits of consistent access

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 just for an imaging referral.

Faster and easier access to radiology is essential for high-quality care. It helps people get a diagnosis and the right treatment sooner, which reduces waiting times and leads to better health outcomes. Timely imaging also plays a key role in detecting cancers earlier.

This is a great example of how bringing health services closer to communities can ensure all New Zealanders get consistent, high-quality care, no matter where they live.

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