



Allied Health Collaborative Arrangements with External Service Providers Guideline

1. Purpose

External allied health service providers are an important stakeholder in the delivery of allied health services in country Western Australia to meet the breadth of community service needs whilst supporting consumer access, equity and choice. External allied health providers include private providers (e.g. directly funded by the client, private insurer, employer) and providers funded by other agencies (e.g. National Disability Insurance Scheme (NDIS), Aged Care, Primary Health Network, Medicare).

This document provides guidelines for collaborative allied health service arrangements between the WA Country Health Service (WACHS) and external allied health service providers for the provision of allied health services in country Western Australia. This guideline aims to:

- inform WACHS allied health employees of their responsibilities to facilitate improved service access, equity and choice for clients
- maintain an effective working relationship and communication between allied health service providers
- ensure timely communication and consultation with and on behalf of allied health clients
- facilitate responsive, flexible and integrated service options to improve client outcomes and ensure service coordination and continuity of care
- provide guidance for WACHS allied health staff in the management of client care in instances when a client is simultaneously receiving services from both WACHS and external allied health providers.

2. Guideline

The following points are to be considered when developing collaborative arrangements and managing allied health referrals where other service providers are available.

2.1 Enabling Consumer Service Access and Informed Choice

- WACHS provides information to clients on alternative services in the following instances:
 - the service is not within the scope of services provided by WACHS (refer to Section 2.2)
 - the service is more appropriately delivered by an alternative service provider
 - the service is funded to be delivered by an alternative service provider (e.g. NDIS, Aged Care)
 - the client/carer requests alternative options.
- When providing information on alternative service providers, clients can be directed to relevant local/community, professional or health service directories to seek local, visiting or, where appropriate, telehealth allied health services.

- No external provider should be specifically promoted or recommended by WACHS staff.
- WACHS advises clients of anticipated timeframes for access to WACHS services and predicted service intensity at appropriate points of their client journey. This supports clients to make informed choices regarding access to external service providers.
- Potential conflict of interest should also be considered if the WACHS employee providing information on alternative service providers is themselves a potential alternate provider. If a potential conflict of interest exists, then notification to the appropriate Tier Five manager should occur.

2.2 Scope of Services Provided by WACHS

- Clients may request or be referred for allied health services that are out of scope for WACHS allied health service provision (refer to the [WACHS Allied Health Clinical Prioritisation Framework](#) and associated guides).
- When a service is identified as being out of scope by WACHS allied health services, both the client and referrer are to be advised that the requested service is not a service delivered by WACHS. The client should then be supported to access the required services via alternative service providers (see [Section 2.1](#)).
- A referral that is out of scope may be declined but cannot be redirected to an alternate provider unless explicit consent has been received and documented from the client.
- In some instances, WACHS may provide services identified as out of scope (including services that are the responsibility of other agencies such as aged care or NDIS). WACHS staff are to seek relevant guidance for the delivery of these services.

2.3 Clinical Handover

Where a client is transitioning services from WACHS to an external allied health provider, a clinical handover will be undertaken in accordance with the WACHS [Allied Health Clinical Handover Policy](#).

2.4 Collaborative Client Planning

- If a client elects to seek external allied health services while waiting for WACHS services, this will not impact their position on the WACHS service waiting list.
- If a client elects to receive services from an external allied health provider whilst simultaneously receiving WACHS services:
 - consultation is undertaken with the client/carer to determine the best service strategies for their need and situation, and the potential need to develop a collaborative care plan, and
 - their continued access to WACHS services is evaluated based on clinical prioritisation and need, as it is for clients not receiving external services.
- A collaborative service plan between the client/carer, WACHS and the external service provider ensures:
 - coordination of client goals and services
 - continuity of services between service providers
 - reduced duplication of services and potential confusion for the client and/or care givers
 - clear evaluation of service effectiveness
 - best use of service resources
 - most effective use of the clinician and client's time (and funding), and

- establishment of a communication pathway between providers and the client.
(Please refer to [Section 2.4](#) for further information on confidentiality and consent).
- It is generally not recommended that a client accesses services from WACHS and external providers for the same issue, goal and/or therapeutic need at the same time as this may lead to duplicated services, client confusion and reduced service efficiency and effectiveness.
- Where an external provider does not agree to participate in a collaborative service plan, the client should be provided with written information that can be shared with other providers detailing goals, type, frequency and intended duration of WACHS service provision.
- An example of collaborative care may involve a client with disability receiving maintenance allied health services through a NDIS allied health therapy team, whilst also accessing time-limited rehabilitation following a fall delivered by WACHS allied health professionals (Dept of Health responsibility service). For a period of time, this client will be receiving both WACHS and NDIS allied health services.

2.5 Confidentiality

Consent to share information is to be sought from the client prior to sharing an information with external providers. Consent should be documented in the client's medical record. WACHS medical records or client information are not to be copied or distributed other than in the form of a direct clinical handover to a client's chosen provider, following appropriate client consent. See the [Patient Confidentiality fact sheet](#) and the WACHS [Allied Health Clinical Handover Policy](#) for further information.

2.6 Resources

In some circumstances, it may be appropriate for WACHS allied health providers to share, loan or provide resources to an external provider in order to support the delivery of services by the external provider and support client goals. In these situations, WACHS allied health professionals are to seek advice and approval from their line manager. Examples of this may be the loan of a specific piece of equipment used in therapy sessions, an assessment tool/device or copies of audio-visual resources owned or developed by WACHS.

In approving the provision of any resources to external providers, managers should ensure there is no impact on WACHS clients or funding and consider any conflict of interest, risk, training needs, copyright, loan period, wear and tear on the equipment and maintenance needs. For high value items, a formal agreement may be required.

3. Roles and Responsibilities

Allied Health Managers are responsible for ensuring that information regarding this guideline will be provided to current allied health staff via regional communication channels and included in the induction processes for new WACHS allied health employees.

All **WACHS allied health professionals** engaged in, or intending to engage in collaborative arrangements with external service providers are responsible for ensuring compliance with this guideline and notification to their line manager of any issues associated with compliance.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of this guideline to ensure compliance will be confirmed by utilising available sources, such as clinical incident records, NSQHS accreditation survey outcomes or by requesting one-off audits of clinical practices.

4.2 Evaluation

Review and evaluation of this guideline will be carried out by the Allied Health Leadership and Governance Team, per the WACHS [Policy Development, Management and Governance Policy](#). Methods of evaluation will include obtaining feedback from regional stakeholders and consultation by regional managers with allied health staff as part of regular clinical supervision processes.

5. Compliance

This guideline is aligned to the [Health Services Act 2016](#) (WA).

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the [Documentation Clinical Practice Standard](#).

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Nil

7. Definitions

Term	Definition
Allied Health Professional	Allied health professionals are defined as non-nursing, non-medical clinical healthcare professionals. Among others, allied health professionals include the audiologist, dietitian, podiatrist, physiotherapist, occupational therapist, medical imaging technologist, speech pathologist and social worker.
External Provider / Service	An allied health service provider/service that provides allied health services and is not directly employed by WA Health, or contracted by WA Health to provide services on their behalf. This includes other government, non-government, and private, fee for service capacity to people and organisations in the community.

8. Document Summary

Coverage	WACHS-wide
Audience	Allied Health Professionals and Managers
Records Management	Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP0095/18 Clinical Handover Policy • MP0130/20 Complaint Management Policy • Clinical Governance, Safety and Quality Framework • Legal Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Allied Health Clinical Handover Policy • Outside Employment Policy
Other Related Documents	<ul style="list-style-type: none"> • Patient Confidentiality fact sheet • Allied Health Professionals Engaging in Outside Employment Agreement • National Healthcare Agreement
Related Forms	<ul style="list-style-type: none"> • MR66 WACHS Allied Health Clinical Handover Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2797
National Safety and Quality Health Service (NSQHS) Standards	2.01, 2.02, 2.05, 2.06
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
5.00	4 April 2024	4 April 2024	<ul style="list-style-type: none"> updated content to provide guidance relating to NDIS and Aged Care external stakeholders and out of scope services small changes to update hyperlinks and ensure currency of information

10. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Clinical Excellence
Contact	Director Allied Health
Business Unit	Allied Health Program
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