Health New Zealand
Te Whatu Ora

Te Manawa Taki Community Referred Radiology (CRR) Update – November 2026

Information for General Practice and Urgent Care Doctors and Nurse Practitioner Referrers

In this update

- Upcoming triage and referral process changes, target go-live of 19 November 2026
- Tips for submitting a good quality referral.
- Summary of the November 2026 updates to the national Community Referred Radiology (CRR) referral criteria.
- Where to find the current Te Manawa Taki CRR criteria is in an Appendix.

Upcoming Triage and Referral Process Changes

The Primary Care Radiology Liaison (PCRL) team is now in place, and the programme is working towards a target go-live date of **19 November 2026**. Confirmation of the final go-live date is dependent on completion of key approvals and confirmation that radiology providers, community referrers, Health NZ radiology services, and PCRLs are operationally ready.

A key change under the new model is that triage of CRR-funded X-ray, ultrasound, and CT referrals will transition to PCRLs. This will provide a consistent regional approach to referral assessment against the agreed CRR criteria. PCRLs are experienced Fellows of the GP and/or Urgent Care College and will bring a primary care perspective to referral review and clinical support.

As the new triage model is implemented, referrers may initially see an increase in referrals being declined where CRR criteria are not met or clinical information is insufficient to support approval. Where a referral is declined, PCRLs will provide clear feedback outlining the reason for the decision, advice on alternative management options where appropriate, and guidance on when re-referral may be suitable and what additional information would be required.

In addition to triaging referrals, PCRLs will monitor referral patterns, support quality improvement initiatives, contribute to ongoing refinements of the triage process, and work closely with district radiology services to promote consistent and appropriate use of CRR-funded imaging across the region.

Tips for Submitting a Good Quality Referral

Including all relevant information in the initial referral helps improve referral quality and increases the likelihood a referral will be approved.

Key information to include:

- **Specific details which demonstrate that criteria are met** and to allow appropriate prioritisation.
    - Simply copying and pasting the CRR criteria without including patient specific information will not be accepted
    - PCRLs also can change the imaging type and priority if clinically indicated by the information in the referral (e.g. from a routine (within 6 weeks) to an urgent (within 2 weeks) request
- Be **specific with dates and timeframes** for symptoms
- **Please attach blood test results, where relevant to the CRR** criteria e.g., LFT if requesting US abdomen using LFT criteria
- Where a test requires a secondary care specialist or radiologist approval, always include the name of the **endorsing specialist or radiologist and their role**.
- When requesting follow-up imaging, include the specified timeframe and a copy of the most recent radiology reports.

In Summary

- Apply the agreed CRR referral criteria and use the relevant BPAC referral pathway.
- Provide complete clinical information so that the referral can be triaged safely.
- Review and act on the triage outcome or request further information.

CRR Criteria Changes - November 2026 Release

The November 2026 CRR criteria update introduces a range of changes across CT, ultrasound and X-ray services. Key changes include a new urgent CT Abdomen and Pelvis (CT AP) referral criterion, revised CT Chest/Abdomen/Pelvis (CT CAP) requirements, and changes to CT colonography to align with the National FIT for Symptomatic Patients Guidelines.

New Urgent CT Abdomen and Pelvis (CT AP) Criterion

From 13 November 2026, a new P2 urgent CT Abdomen and Pelvis criterion will provide direct access to urgent CT imaging for selected patients where there is clinician concern for underlying malignancy.

Until dedicated referral forms become available, referrers should continue to use the CT Other referral pathway and clearly indicate that the referral meets the new CT Abdomen and Pelvis criteria.

Other Significant Changes

• CT CAP referrals baseline investigations have been rationalised as part of the initial work-up.

• CT colonography can no longer be requested directly by community referrers and will instead be arranged by secondary care where clinically appropriate. Implementation remains work in progress in some districts; existing local referral processes remain in place until changes are advised on HealthPathways.

• Several ultrasound and X-ray criteria have been clarified or updated to reflect current evidence and clinical pathways. National CRR Referral Criteria

Frequently asked questions

Is 19 November 2026 the confirmed go-live date?

No. It remains the current working target. The date will be confirmed only after the formal readiness and go/no-go review.

What if a BPAC form does not fully reflect the referral criteria?

The BPAC forms have links to the New CRR criteria. Please ensure that the referral includes sufficient details which demonstrate that the criteria are met.

What remains the same?

Existing diagnostic reporting workflows remain unchanged. Radiology retains booking and service delivery responsibilities under the approved operating model.

Where will updates be managed?

Updates will be shared through the CRR programme and PCRL communications as they evolve.

Ongoing Engagement

Future communications will provide further information on:

- Confirmation of triage start date.
- Changes to the clinical criteria as they evolve.

Feedback and Questions to CommunityRadiologyTMT@tewhatuora.govt.nz

Appendix

Reminder on Where to Find the Te Manawa Taki CRR Referral Criteria

HealthPathways is the best place to easily access the CRR criteria in day-to-day clinical practice:

- Log on to HealthPathways and search for the specific imaging type (e.g. Pelvic US, CT Head).

- Most imaging types have 3 sections - Public, ACC and Private. The CRR Criteria are in the Publicly Funded section.
- Open the Adult or Child drop box to find the relevant criteria. These are usually listed alphabetically by the condition (e.g. cognitive impairment, drowsiness, focal neurological signs etc) but may be listed by urgency where there are not many criteria.
- The criteria also include guidance around when to refer patients acutely or seek advice from a secondary care team, when alternative management may be appropriate including links to the associated 'condition' HealthPathway and when imaging may be appropriate but is not publicly funded.

While the criteria have been updated, we are aware that the Te Manawa Taki BPAC referral forms are still in the process of being updated to remove all the old CRR imaging types. We will let you know when the forms have been updated.

In the meantime, where there are specific CRR criteria that do not have their own tick box - e.g. US Hip in children – referrers are advised to tick "Other" and document "as per the (US Hip) CRR criteria on HealthPathways".

Where there are no specific US or CT CRR criteria but where imaging may still be indicated – discussion with and endorsement by a PCRL, public radiologist or other public non-radiology secondary care specialist is still required and referrers will need to document the name and role of the person that they have discussed the referral with before a referral should be accepted.

Be aware that the PCRLs do have the ability to accept a referral, even if it has not been discussed with them, if the request is clinically indicated and the referral contains sufficient information to for the triaging PCRL to confirm this.