

Services for Children and Young People Service Specification Tier 1

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ **RECOMMENDED** ☐

2. Review History

Review History	Date
First Published on NSFL	September 2003
Review: tier one Services for Children and Young People service specifications (Sept 2003) Amendments: re formatting and editing, update terminology, quality requirements, support services, Māori Health clause, insert Purchase Unit Codes M00010 and S00011 included Appendices content in introduction. Added links to: School and Preschool Health Services, B4 School Checks Services, and Health services for Children and Young People in Child Youth and Family Care and Protection and Youth Justice Residences.	April 2011
Amendment: Added links to: Health services for Children and Young People in Child Youth and Family Care and Protection and Youth Justice Residences.	May 2011
Amendment: corrected table c. and replaced CO1015 with COCH0027 purchase unit code	September 2012
Amendment: replaced C01010 with C01016 purchase unit code added COCH0031 and paediatric national services.	July 2014
Amendment: Added national immunisation solution (NIS)	March 2022
Consideration for next Service Specification Review	Five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier one service specification for Services for Children and Young People (the Service) is the overarching service specification for children and young people services. It covers tertiary and secondary core paediatric and primary health care services for children and young people irrespective of the setting of care delivery.

It must be read in conjunction with the tier one Specialist Medical and Surgical Services service specification for adult specialist services that describes many of the core components¹ that are also applicable to services covered under the tier one Services for Children and Young People service specification.

The following tier two service specifications must be used in conjunction with this tier one service specification:

- General and Community Paediatric Services
- Paediatric Oncology and Haematology Services
- Paediatric and Congenital Cardiac Services (as age appropriate)
- Paediatric and Adult Metabolic Services (as age appropriate)
- Clinical Genetics (as age appropriate)
- Specialist Neonatal Inpatient and Home Care Services
- Well Child / Tamariki Ora Services
- B4 School Check Service
- School and Preschool Health Services
- Additional School Based Health Services
- Outreach Immunisation Services
- Health services for Children and Young People in Child Youth and Family (CYF) Care and Protection and Youth Justice Residences.

The Services excludes:

District funded services that are not specific to children and young people but that children may access, for example orthopaedic and community health services, and services provided under District agreements with Primary Health Organisation (PHO) or Non Government Organisation (NGO)

Mental Health Services for Infant, Child and Adolescents

Ministry of Health (the Ministry) funded service, for example Child Development Services.

3.1 Background

The *Child Health Strategy* (1998) (the Strategy) presents the collective wisdom of the child health sector on what is required to improve child health services and ultimately the health status of New Zealand children up to 2010. It provides a high-level framework for planners, funders, providers and policy makers, and guides the development of service specifications for children and young people.

¹ especially for hospital level care

The Strategy comprises a set of nine principles (Appendix One), six future directions, and four priority populations:

- tamariki Māori and rangatahi
- Pacific peoples' children and young people
- children and young people with high health and disability support needs
- children and young people from families with multiple social and economic disadvantages.

Ongoing development of these services will be aligned with the *Child Health Strategy* (1998), *The Paediatric Specialty Services Review (PSSR)* (1997), *the NZ Standards for Children and Youth in Healthcare Facilities (PSNZ 2002)*. International covenants will be acknowledged. *The Universal Declaration of Human Rights*, *The international Covenant on Economic, Social and Cultural Rights*, and *The UN Convention on the Rights of the Child*.

Youth Health - A Guide to Action

The Youth Health – A Guide to Action document² is a plan of action for the health sector - from policy developers to service providers. It sets out goals, objectives and specific actions aimed at raising the overall health status of young people in New Zealand. In particular, the action plan places special emphasis on dealing with the challenges to health that face many young people who are already suffering from social and economic disadvantage.

4. Service Definition

Services Children and Young People are those services that have been specifically developed for children up to the age of 14, and young people up to the age of 24 years.

These services will:

- respond to the emotional, social and physical needs of children and young people at varying ages and developmental stages
- be specifically structured to provide services to children and young people
- be provided according to the principles of the *Paediatric Specialty Services Review (PSSR)* (1997)
- support the provision of continuum of care for an individual
- be supportive of their family and whānau
- support integrated service delivery and population based models of care
- ensure efficient use of professional resources
- participate in intersectoral collaboration and co-ordination initiatives such as Strengthening Families, where children / young people are receiving services from other agencies

Where these services are delivered in a hospital setting then these services are traditionally for children and young people of 0-14 years of age.

The Child Health Strategy (1998), defines a child as being aged from before birth to 14 years (inclusive), and further identifies that young people up to the age of 18 years should be given care within the most developmentally appropriate services, as young people have specific developmental needs which require that they are cared for in youth appropriate settings.

² Youth Health – A Guide to Action: September 2002, Ministry of Health
www.moh.govt.nz/moh.nsf/wpg_Index/Publications-Youth+Health:+A+Guide+to+Action

Children and young people specific services are comprised of a range of services that include:

- Well Child / Tamariki Ora (WCTO) services (including primary prevention, promotion and protection services that are generally provided in the community)
- services that diagnose and treat acute and chronic conditions
- services for children whose condition is of such severity or complexity that it is beyond the capacity and technical support of the referring service.

5. Service Objectives

5.1 General

The primary objective for the Service Providers is to support the child or young person, their parents / guardians / families and whānau / caregivers in maximising the child or young person's developmental potential and health status between the ages of 0 – 24 years so that a strong foundation for ongoing health is established.

Other Service objectives are to:

- provide effective, seamless care in conjunction with primary care and disability support services for children with long-term conditions and / or disabilities and / or life threatening conditions requiring palliative care
- support parents / guardians and encourage positive parenting by:
 - working with parents / guardians through health surveillance and clinical assessment to ascertain whether their child or young person is developing normally, and if necessary, ensure any health or developmental concerns are referred appropriately, and addressed in a timely way
 - promoting positive parenting skills
 - informing and supporting parents to gain the knowledge and skills required to understand and manage the various stages of their child or young person's development and prevent or reduce acute exacerbation of long-term conditions that leads to improvements in quality of life and a reduction of inappropriate admissions to hospital
 - promoting specific behaviour or lifestyle changes that will lead to improved health including oral health and reduce the need for further episodes of specialised care
 - providing active risk factor management and early, effective rehabilitation that limits disease progression and results in return to school or other activity
 - working with parents / guardians / families and whānau / caregivers to identify their needs for support, and either provide or facilitate access to support from other health or community services, especially for those children of families and whānau at risk of adverse outcomes, and families and whānau on whom children are very dependent
- provide high quality accessible secondary and tertiary services for children with injury or disease either locally or through referral to other Districts.

5.2 Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to:

- matters such as referrals and discharge planning
- ensuring that the services are culturally competent
- and that services are provided that meet the health needs of Māori.

It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the child and young people's specific services.

Māori children are one of the four priority populations identified in the Child Health Strategy. Māori children are almost twice as likely to be hospitalised than other New Zealand children. Analysis of the 2006 / 07 New Zealand Health Survey found that Māori children continue to experience poorer health outcomes than other New Zealand children (Ministry of Health, 2009).

Children and young people's specific services are expected to contribute to the reduction of health inequalities for Māori children and young people. For example, targeting services that include but are not limited, to impact on diabetes, immunisation, meningococcal meningitis, rheumatic fever, cardiovascular disease, and injury prevention (both accidental and intentional).

6. Service Users

All eligible children from around the time of birth and up to the age of 14, and young people up to the age of 24 years.

Eligible young people between the age of 14 - 24 years of age who require assessment or treatment for a medical or surgical condition or are in transition to adult services (especially those with long-term conditions or disability or require palliative care) must be able to access developmentally appropriate services.

7. Access

7.1 Entry and Exit Criteria

7.1.1 Primary Services

Entry into the services is by enrolment with Primary Health Care provider with links to National immunisation register (NIR)/ National Immunisation Solution (NIS) / National Health Index (NHI) / primary health provider or WCTO provider.

Children and young people can access WCTO services and primary prevention, promotion and protection services from birth. These services will be supplemented by, and linked with, primary health care services that may be provided through PHO or other primary health providers.

Primary medical services assessment, diagnosis and treatment of acute and long-term conditions are available for children and young people.

7.1.2 Secondary and Tertiary Services

Where children and young people have conditions of such severity or complexity that exceed the capacity and technical support of the referring service, they will be referred to the appropriate secondary and / or tertiary services for medical and / or surgical assessment and/or treatment. Access to the Services will be evidence based such that priority is based on acuteness of need and capacity to benefit.

Exit from these services will be according to the need for referral to:

- services more appropriate for the age and interest of this group, or
- discharge from the District service.

7.1.3 Distance

Services for children should be provided as close to home as is possible within the bounds of safety and quality.

7.1.4 Time

Secondary / tertiary services will be available 24-hours per day, 7 days a week. Elective hospital services will be provided as per the Ministry Elective Services requirements.

8. Service Components

The following service components are specific to child and youth services. Any Service component that relates to specialist medical and surgical services must be read in conjunction with the more generic components detailed in the tier one Specialist Medical and Surgical Services service specification.

9. Processes

9.1 Surveillance and Screening Activities

These services are designed to identify unrecognised disease or disabilities:

- physical examination of a child or young person
- measurement of each child or young person's physical parameters in order to detect poor nutrition, physical, emotional or growth disorders
- vision and hearing screening to identify prevalent undetected ear and eye problems requiring assessment and / or treatment
- family violence screening as a part of the clinical assessment
- developmental and behavioural questioning, and where appropriate, assessment of a child or young person in order to detect developmental delay behaviour or mental health problems or intellectual disability.

9.2 Health Promotion and Protection and Disease Prevention

- Education and counselling of children, young people and their parents / guardian / care giver whānau includes but is not limited to:

- specific disease or condition – specific health education / health promotion
 - sexual health³ services provided in primary care settings for youth in relation to sexual health, sexual abuse services and education programmes.
 - the importance of immunisation in protecting their child from preventable communicable childhood infectious disease
 - reducing the possibility of recurrence of acute conditions and prevention of further deterioration
 - acceptance and management of health conditions that require ongoing interventions, including the efficient and appropriate use of medicines and equipment
 - self-care
 - the advanced care planning for those children or young people with life-limiting or life-threatening conditions
 - nutritional requirements at the various ages and stages of the child or young person's growth and development
 - management of their child or young person's behaviour at the various ages and stages of their growth and development
 - how to access relevant social support networks within their community
 - how to achieve a safe environment and reduce chance of injury at each of the stages of the child or young person's growth and development.
- robust referral management processes including referral onto other service providers.

9.3 Assessment, Diagnosis and Treatment

Assessment, diagnosis, stabilisation and treatment of children or young people on an urgent or non-urgent basis. Children or young people who are severely ill, or who have other circumstances that make community - based care difficult, require secondary or tertiary health care that includes the general medical and surgical assessment, diagnosis and treatment processes and the following processes specific to children and youth:

- discussion of treatment options (including possible risks) and management plan with the child or young person and the parent / guardian / family and whānau or caregiver as appropriate
- the parent's or guardian's appropriate written consent where appropriate will be obtained for surgical procedures and anaesthesia
- advanced care planning for those children or young people with life-limiting or life-threatening conditions

Concerns with treatment, the care plan or with non attendance of booked appointments are identified and there is liaison with the child's or young person's GP, community pharmacist or other health provider, WCTO provider for appropriate action to be taken.

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on assessment, diagnosis and treatment in secondary / tertiary services.

9.4 Rehabilitation

The Services will have processes in place to actively plan the provision of rehabilitation from an early stage in treatment for those children and young people requiring rehabilitation. This includes the co-ordination and planning between the services to ensure that the child's or

³ where DHBs have contracts for specific needs of young people

young person's ongoing needs and activities are assessed and referrals or transfers to an appropriate community or hospital services are arranged in a timely manner.

9.5 Discharge Planning or Onward Referral

- Discharge from tertiary to secondary services and secondary to primary health care will occur when clinically indicated. A written discharge summary and management plan will be provided to the young person (if aged over 16 years) the young person's parent or guardian if child is under 16 years, their GP and Well Child Provider (for children under 5 years of age).
- The young person (where appropriate), and their parents or guardians are familiar with current care plan and can address any concerns before leaving hospital or arrangements are with made the child's GP for this to occur.
- Problems experienced with treatment, care plan or with attending follow-up booked appointments are identified and there is liaison with the child's or young person's GP, community pharmacist or other health provider WCTO Provider for appropriate action to be taken.
- The transition for the young person to adult services must occur at the appropriate time and is a co-ordinated process involving the young person, their families and whānau and all health services involved in their care. Transition is a gradual process beginning in early adolescence and is not completed until the young person has engaged in the adult health service.
- Where the Service considers the child may require disability support services, the child will be referred appropriately to: disability assessment services, the Ministry of Social Development (MSD), Justice or Corrections. Referral for assessment to appropriate disability support services may occur at any time.
- The Service will work with intersectoral government services, including education, police and MSD when appropriate.

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on discharge planning or onward referral in secondary / tertiary services.

9.6 Consultative Services

Consultation and advisory services are provided to GPs, Nurse Practitioners, WCTO Providers and other specialists concerning the condition and ongoing management of children or young people.

10. Pacific Health

Pacific peoples' children are one of the other population priority groups identified in the Child Health Strategy. This group will also benefit by the approach taken in prioritising additional resources to high-deprivation populations.

Services are expected to improve the health outcomes and reduce health inequalities for Pacific people's children and young people eg, prioritising their services to impact on: diabetes, immunisation, meningococcal meningitis, cardiovascular disease, rheumatic fever and injury prevention (both accidental and intentional).

Providers will support initiatives that build upon current investment and innovation in Pacific peoples' programmes and services and develop effective models of service delivery that is responsive and aligned to the Pacific Health and Disability Action Plan 2002.

Pacific peoples' children and young people often live in environments that are not conducive to good health. Socio-economic factors, including high unemployment, low incomes, poor housing, overcrowding and the breakdown of traditional Pacific peoples' structures and supports, contribute to their overall poor health status. Child and young people's services must recognise the cultural values and beliefs that influence the effectiveness of services for this group and their families and fono or caregivers. Pacific peoples' communities are to be consulted in the design and delivery of services for their children and young people.

11. Settings

The Services for children and young people will be provided in a developmentally / behaviourally appropriate environment for them and their families and where the best outcomes will be achieved.

Considerations in determining the settings for services should include (but not be limited to) issues such as cultural appropriateness, accessibility, the most effective / efficient use of resources, and clinical appropriateness (eg, adherence to clinical standards and guidelines). This may result in a shift away from traditional service settings (hospital or clinic) for some services towards telemedicine consult via national telemedicine networks, community based and outreach services. A primary consideration at all times will be to encourage and support the family's independence.

Some services require urgent access to a range of other specialist services and must be co-located or close to other services⁴.

11.1 Specialist Paediatric Services

There is a range of models for specialist paediatric services due to the limited availability of specialist workforces internationally that contribute to the small size and vulnerability of these services. Services will be planned, funded and provided around the size of the population that ensures their future clinical viability.

12. Equipment for an Episode of Care

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on equipment and supplies in secondary / tertiary services.

13. Support Services

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on support services in secondary / tertiary services.

⁴ Commissioning Safe and Sustainable Specialised Paediatric Services: 26 August 2008, pg 26, NHS, <http://dh.gov.uk/publications>

Support services will be child and young person focussed and be specifically responsive to developmental needs and the needs of the family and whānau or caregiver.

14. Facilities

Service facilities will be child and young person focused, allowing for normal interactions of children and young people with their parent / guardian / family and whānau or caregiver. Provision is to be made for a whānau room and whānau accommodation.

15. Key Inputs

15.1 Primary Health Services

The following is an indicative list of key inputs to be included in the services where appropriate:

- professional clinical services – this includes but is not limited to: GPs, Nurse Practitioners, midwives / Lead Maternity Carers (LMCs), Registered Nurses practice / community / public health / school nurses, Well Child /Tamariki Ora Service providers
- allied health professionals this includes but is not limited to hearing vision technicians, dental therapists
- community health workers
- Māori and Pacific peoples' health providers
- consumable supplies, eg, disposable equipment.

15.2 Secondary and Tertiary Health Services

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on key inputs to secondary / tertiary services.

Boarders: a well person accompanying a sick child or young person in hospital will be accommodated by the Service provider as directed by the patient's medical consultant or the senior nurse on duty. The accommodation costs associated with the boarder stay (one day's stay or more) will be an input to the particular medical or surgical service. No charge will be made to the boarder. Access to meal services is provided for the boarder who is responsible for the actual cost of the meals.

16. Service Linkages

The services will develop relationships with services / agencies to facilitate open communication, continuity of care, smooth referral, follow - up and discharge processes to ensure that the following principles are acknowledged:

- a continuum of care from primary health care services through to secondary / tertiary and back to primary health care services, including those services funded via other funding streams
- safety for at-risk children through linkages with Police, Child Youth and Family, and District Memorandum of Understanding for Care and Protection of Abused Children in Hospital

- intersectoral linkages with social, education and voluntary services involved in the care and support of the child or young person and their family and whānau
- regional linkages and co-ordination of services to ensure clients access appropriate services
- clinical consultation and referral services that support clinical pathways
- emergency management and disaster response is available and appropriate across the continuum and
- linkages with other funders and providers, including community and social services, support a seamless service delivery and continuity care is maintained.

Where children or young people are receiving services from other agencies, the Service Provider will participate in intersectoral collaboration and co-ordination initiatives such as Strengthening Families.

Linked services of specific importance to children and young people's services include but are not limited to:

Service Provider	Nature of Linkage	Accountabilities
Child health promotion services including school based health services	Referral and consultation	Consultation, collaboration and referral services that support continuity of care
Child, Youth and Family (CYF), Justice and Police services	Facilitate Service access and participation	Consult and collaborate with CYF, Justice and Police on children and young people with complex health and social problems and when children are admitted to hospital with non accidental injuries
Māori and Iwi organisations and communities	Facilitate Service access and participation	Liaise with local iwi and Māori communities to provide advice and guidance into service delivery to ensure culturally appropriateness and accessibility to services.
Māori primary health and community care services	Referral, consultation, coordination of services	Improve access, support seamless service delivery and continuity of care is maintained and to ensure appropriateness and accessibility to services.
Pacific peoples' primary health and community care services	Referral, consultation, coordination of services	Improve access, support seamless service delivery and continuity of care is maintained and to ensure appropriateness and accessibility to services.
Pacific peoples' and new migrant Community Health Workers	Facilitate Service access and participation	Liaise with local communities, community leaders, churches, temples, mosques etc.
Palliative care	Referral, liaison, coordination of services and consultation	Consultation, collaboration and referral services that support continuity of care

Service Provider	Nature of Linkage	Accountabilities
Primary health care services	Referral and consultation	Clinical consultation and referral services that support continuity of care
Publicly funded disability or long term support services for service users with co-existing disabilities/conditions who meet other funding stream eligibility criteria such as Needs Assessment and Service Coordination services.	Referral and liaison	Effective local and regional linkages are in place to facilitate appropriate referrals
Public health services eg, communicable disease programmes and the Medical Officer of Health	Education and prevention	Assessment, treatment and intervention that supports improved health outcomes and referral to appropriate services as required:
Refugee services	Facilitate Service access and participation	Liaise with communities to ensure appropriateness and accessibility to services.
Regional health services eg, Youth One-Stop Services	Facilitate Service access and participation	Liaise with communities to ensure appropriateness and accessibility to services.
Sexual health services	Referral and consultation	Clinical consultation, collaboration and referral services that support continuity of care
Transport services including ambulance services National Travel Assistance (NTA), travel and accommodation services	Liaison, education, consultation, coordination of services and referral	Improve access, support seamless service delivery and continuity of care is maintained and to ensure appropriateness and accessibility to services.
Voluntary organisations, e.g. Asthma Society, Cancer Society, National Heart Foundation, Youth Diabetes organisations	Liaison, coordination of services	Support seamless service delivery and continuity of care is maintained:
Welfare and Education services while unwell and/or unable to attend school	Referral and consultation	Assessment, treatment and intervention that supports seamless service delivery and continuity of care:

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on key linkages for secondary / tertiary services.

17. Exclusions

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on exclusions in secondary / tertiary services.

This tier one service specification excludes services for children and young people that are described in other service specifications and contracts.

Note that as not all children receive services from designated child health teams it is important that you also acknowledge other applicable supportive services as follows:

- Specialist Medical and Surgical Services
- Adult Mental Health and Addiction Services
- Children and Adolescent Oral Health Services
- Child and Adolescent Mental Health Services (CAMHS) including Youth Forensic Mental Health Services
- Community Health Services
- Maternity Services
- Community and Specialist Palliative Care Services
- Primary Healthcare Organisation (PHO) contracts
- Ministry of Health (the Ministry) funded:
 - Public Health Services
 - Disability Support Services (DSS) (relevant to child and young people eg, Chronically Medically Ill, Child Development)
 - Crown Funding Agreement (CFA) variations.

18. Quality Requirements

18.1 General

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

18.2 Acceptability

The services must ensure that the needs of children, their parents / guardians / families and whānau / carers are taken into account at all times.

The services must also provide:

- culturally competent services to all children and their families and whānau
- services that recognises the needs of identified priority groups, including Māori, Pacific people, children from families with multiple social and economic disadvantage and children with high health and disability support needs.

The following specific quality requirements also apply:

- comply with 'Standards for the care of children and young people in healthcare facilities'

Ensure all staff has specific training in:

- how to identify, support and refer victims of interpersonal violence in accordance with the *Ministry of Health Family Violence Intervention Guidelines: Child and Partner Abuse*. The service must have protocols in place to support staff in this intervention
- specific issues in the patterns and identification of abuse and interpersonal violence for these groups; and
- how to access / refer to disability services to ensure disabled children and disabled carers are given appropriate access and support.

18.3 Safety and Efficiency

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on safety and efficiency in secondary / tertiary services.

18.4 Elective Service Effectiveness

Refer to the service specifications tier one Specialist Medical and Surgical Services, Disability Support Services and Community Services for further information on elective services effectiveness in secondary / tertiary services.

Communication regarding referral management and the outcome of the first specialist assessment will be with the patient if over 16 years or the patient's caregiver if under 16 years

19. Purchase Units and Reporting Requirements

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary: <https://www.tewhatuora.govt.nz/health-services-and-programmes/nationwide-service-framework-library>

This section contains three tables:

Table A: Purchase Unit code table for services that do not have a nationwide service specification at tier two and three service specification level

Table B: Purchase Unit code table for services provided by Non-government Organisations (NGOs) and are reported through the Contract Management System (CMS)

Table C: Purchase Unit codes that are included at tier two and three service specification level in a simplified table.

Table A: The Purchase Units codes that do not have a nationwide service specification at tier two and three service specification level are listed below:

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections or Payment Systems
M00010	Medical non contact First Specialist Assessment -	Following a request from a GP or community based Nurse Practitioner, a review by a registered medical practitioner of registrar level or above or registered nurse	Written plan of care	Written plan of care provided by the specialist to the referring GP	National Non Admitted Patient

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections or Payment Systems
	Any health specialty	practitioner of patient records and any diagnostic test results, development of a written plan of care for the patient and provision of that plan and other necessary advice to the referring GP or Nurse Practitioner. This does not include the triaging of referral letters. The patient should not be present during the assessment.			Collection (NNPAC)
M10006	Specialist Paediatric Cardiac - 1st Attendance	First attendance to cardiologist, paediatrician, or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M10007	Specialist Paediatric Cardiac - Subsequent Attendance	Follow-up attendance to paediatric cardiac specialist or medical officer at registrar level or above or nurse practitioner.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M20008	Specialist Paediatric Endocrinology - 1st attendance	First attendance to paediatric endocrinologist or medical officer at registrar level or above or nurse practitioner for specialist assessment. Excludes diabetes.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M20009	Specialist Paediatric Endocrinology – Subsequent attendance	Follow-up attendances to paediatric endocrinologist or medical officer at registrar level or above or nurse practitioner. Excludes diabetes.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M45006	Neurology 1 st Attendance	First attendance to neurologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M45007	Neurology Metabolic	Follow-up attendances to neurologist or medical officer	Attendance	Number of attendances to a clinic / department	NNPAC

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections or Payment Systems
	Subsequent attendance	at registrar level or above or nurse practitioner.		/acute assessment unit.	
M45008	Neurology Metabolic Ambulatory	Outreach and support services for the national metabolic service	Programme	Agreed lump sum amount	NNPAC
M49001	Specialist Paediatric Neurology	DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NMDS
M49002	Specialist Paediatric Neurology Outpatient 1st attendance	First attendance to paediatric neurologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M49003	Specialist Paediatric Neurology Outpatient - Subsequent attendance	Follow-up attendances to paediatric neurologist or medical officer at registrar level or above or nurse practitioner.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M65008	Specialist Paediatric Respiratory - 1st Attendance	First attendance to respiratory physician, paediatrician or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M65009	Specialist Paediatric Respiratory - Subsequent attendance - Follow-up	Follow-up attendances to respiratory physician, paediatrician or medical officer at registrar level or above or nurse practitioner. Excludes bronchoscopy.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
M87004	Newborn Screening National Testing Centre	New born screening for the following diseases and disorders - Phenylketonuria (PKU); Maple syrup urine disease (MSUD); Hypothyroidism; Galactosaemia; Biotinidase deficiency; Cystic fibrosis; and Adrenal hyperplasia.	Test	Number of separate tests purchased.	NNPAC

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections or Payment Systems
S00011	Surgical non contact First Specialist Assessment - Any health specialty	Following a request from a GP or community based Nurse Practitioner, a review by a registered medical practitioner of registrar level or above or registered nurse practitioner of patient records and any diagnostic test results, development of a written plan of care for the patient and provision of that plan and other necessary advice to the referring GP or Nurse Practitioner. This does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care	Written plan of care provided by the specialist to the referring GP	NNPAC
S55001	Paediatric Surgical Services	DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NMDS
S55002	Paediatric Surgery Outpatient - 1st attendance	First attendance to paediatrician or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
C01008	Children & Young Peoples Death Register/ Review	Sudden Infant Death Syndrome and Sudden Unexplained Death Syndrome	Programme	A set of related measures or activities that is purchased in a block arrangement and is uniquely agreed at a local level.	NNPAC
C01015	Short Term Respite Care for Medically Fragile Children	Short Term Respite Service for medically fragile children from 0-14 years of age in the home or community setting by skilled and /or experienced staff. The service is seen as one part of a continuum of services which includes a specialist paediatric referral, an	Client	Number of clients managed by the service in the reporting period ie, caseload at the beginning of the period plus all new cases in the period.	NNPAC

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections or Payment Systems
		assessment service, a co-ordination service and effective links with the child's general practitioner and child health services.			

Table B

Purchase Unit codes for services that are provided by Non-Government Organisations (NGOs) and recorded in Sector Services' Contract Management System (CMS) are listed below:

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections and Payment Systems
COCH0010	Paediatric Asthma Education	Service to provide education to children with asthma	Service	Agreed lump sum amount. Service purchased in a block arrangement or uniquely agreed at a local level.	Contract Management System (CMS) (as per contract)
COCH0011	Home Visiting Services	Intensive Home Visiting Pilots from Reduced Inequalities Funding	Programme	A set of related measures or activities that is purchased in a block arrangement and is uniquely agreed at a local level	CMS (as per contract)
COCH0014	Youth Sexual Health	Regional Health services provided in primary care setting for youth in relation to sexual health, sexual abuse services and education programmes. One stop shop clinics.	Service	Agreed lump sum amount. Service purchased in a block arrangement or uniquely agreed at a local level.	CMS (as per contract)
COCH0015	Child Protection	National advisory service and regional service for children and whānau in relation to neglect, physical, psychological and sexual abuse.	Service	Agreed lump sum amount. Service purchased in a block arrangement.	CMS (as per contract)
COCH0016	Family Information Service	Information provided to families/whānau for children - in and outpatient at Starship Hospital	Service	Agreed lump sum amount. Service purchased in a block arrangement or uniquely agreed at a local level..	CMS (as per contract)

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections and Payment Systems
COCH0017	Youth Specialist Service	Auckland regional youth specialist service and national training for staff working with youth	Service	Agreed lump sum amount. Service purchased in a block arrangement or uniquely agreed at a local level.	CMS (as per contract)
COCH0018	Hospital at Home - Cystic Fibrosis Drugs	Provision of medication for Cystic Fibrosis children in the home to maintain children within own environment	Adjuster	Price adjustment for cost elements not adequately recognised within national purchase unit base prices.	NNPAC and CMS (as per contract)
COCH0019	Family options for medically fragile respite care children	Short term respite service for medically fragile children delivered in the home or the community setting by skilled and/or experienced staff. The service should be seen as one part of a continuum of services which includes a specialist paediatric referral, an assessment service, a co-ordination service and effective links with the child's general practitioner and child health services.	Service	Agreed lump sum amount. Service purchased in a block arrangement or uniquely agreed at a local level.	CMS (as per contract)
COCH0020	Child Abuse	Child Abuse Programme	Programme	A set of related measures or activities that is purchased in a block arrangement and is uniquely agreed at a local level	CMS (as per contract)

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections and Payment Systems
COCH0021	Child Abuse Co-ordination	Coordination of Child abuse Programme	Programme	A set of related measures or activities that is purchased in a block arrangement and is uniquely agreed at a local level	CMS (as per contract)
COCH0023	Immunisation Coordination	Service to increase the number of immunised children, identify and implement immunisation education opportunities for Primary Care staff. Increase families, communities and health professionals understanding of immunisation, and the diseases which immunisation can prevent.	Service	Agreed lump sum amount. Service purchased in a block arrangement or uniquely agreed at a local level.	CMS (as per contract)
COCH0027	School and preschool health based services	School and pre school based health services for children up to 18 years of age enrolled in preschools and schools.	Client	Number of clients managed by the service in the reporting period ie. caseload at the beginning of the period plus all new cases in the period.	National Non-admitted Patient Collection (NNPAC) and Contract Management System (CMS) (as per contract)
COCH0026	Service for children and young people entering CYF Care & Protection or Youth Justice residences	Coordination and delivery of a range of prioritised primary and secondary health services to meet needs of children and young people in a Child Youth & family residence [Youth Justice or Care & Protection]. Services will be provided by appropriate clinicians and include medical and	Service	Service purchased in a block arrangement or uniquely agreed at a local level.	Contract Management System (as per contract)

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections and Payment Systems
		nursing assessments within required timeframes.			

Table C: The Purchase Units codes that apply to the linked tier two and tier three service specifications are listed below:

Service Specification Titles	PU Codes
B4 School Checks Services	C01013
Preschool and School Based Health Services	COCH0027
Additional School Based Health Services	COCH0031
General and Community Paediatric Services	M55001, M55002, M55003, M55005, M55008
Paediatric and Congenital Cardiac Service	NS10040, NS10041, M10005, M10PRE,
Paediatric and Adult Metabolic Services	NS10030, NS10031, NS10032
Clinical Genetics	NS10010, NS10014, NS10012
Health services for Children and Young People in Child Youth and Family (CYF) Care and Protection and Youth Justice Residences	COCH0026
Outreach Immunisation Services	PHOI0004, COCH0013
Paediatric Oncology and Haematology Services	M30011, M30016, M30002, M30003, M30014, M34001, M54001, M54002, M54003, M50004, M50010, M50011, M50018
Specialist Neonatal Inpatient Services	W06002, W06003
Well Child Services	C01016

The Service must comply with the reporting requirements of national data collections where available.

20. Additional reporting

Reporting requirements for primary health care services provided through PHOs are included in Part I of the Primary Health Organisation Agreement between PHOs and Districts.

21. Appendix One – Child Health Strategy Principles

The principles of the Child Health Strategy (1998) outlined in the strategy are as follows:

- children / tamariki should have their needs treated as paramount
- child health and disability support services should:
 - be focused on the child / tamariki and their family and whānau
 - be available as close to home as possible, within the bounds of quality and safety
 - work together with each other and with staff from other sectors to benefit the child
 - be provided to achieve equity
 - be based on international best practice, research and education
 - be regularly monitored and evaluated
 - be culturally safe, culturally acceptable and value diversity; and
 - take into account available resources.