

**Services for Children and Young
People**

**Paediatric and Congenital
Cardiac Services**

Tier 2 Service Specification

September 2024

Contents

1. Status	2
2. Review History	2
3. Introduction	3
3.1 Background	3
4. Service Definition	3
5. Service objectives	3
5.1 Māori Health	4
6. Service Users	4
7. Access	4
7.1 Entry Criteria	4
7.2 Exit Criteria	4
8. Service Components	5
8.1 Settings	5
8.2 Service Levels	5
8.3 Equipment	5
8.4 Pacific Health	6
8.5 Key Inputs	6
9. Service Linkages	6
10. Exclusions	7
11. Quality Requirements	7
12. Purchase Units	8
13. Reporting Requirements	9
14. Glossary	9
15. Appendices	9

1. Status

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

MANDATORY ☒ RECOMMENDED ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
Approved	June 2011
Published on NSFL	June 2011
New service specification	May 2011
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
Consideration for next Service Specification Review	Within five years

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 two Paediatric and Congenital Cardiac Services service specification (the Service) must be used in conjunction with the overarching tier one Services for Children and Young People service specifications.

Refer to the overarching tier one service specification for generic details on:

- Service Objectives
- Service Users
- Access
- Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above heading sections are applicable to **all** service delivery.

3.1 Background

From 1 July 2011, planning and funding decisions for the Service will be made at a national level because it requires a highly specialised workforce and has a low volume patient group thereby benefiting from a national approach.

The desired outcome of this national approach is for the Service to be sustainable, to be delivered consistently and that people are able to access it equitably. This service specification will be fully implemented over a three year period by 1 July 2014.

4. Service Definition

The Service provides cardiology and cardiac surgical services for unborn infants, infants, children and youth, with congenital and acquired heart disease in New Zealand. It also includes a foetal cardiology service and the investigation and treatment of those people born with congenital heart disease who are now adults.

The Service includes tertiary level inpatient and outpatient care at a District facility and is also delivered using an extensive network of outreach clinics.

The Service also includes consultation and liaison for other health professionals at district and regional levels. Clinical research and audit programmes are a focus of ongoing development.

5. Service objectives

The Service objectives are to:

- provide cardiac specialist assessment, interventions and treatments for the unborn infant, infants, children and youth, and those adults that have congenital cardiac conditions
- improve their cardiac status and overall wellbeing and reduce risks of prolonged dependency due to ill health.

5.1 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 Service.

6. Service Users

The Service users are eligible unborn infants, infants, children and youth under the age of 16, with congenital and acquired heart disease, with some flexibility to the age of 18 where appropriate, and those over the age of 18 with congenital cardiac conditions only.

7. Access

Many patients may remain linked to the Service for their lifetime, for routine follow up as required.

7.1 Entry Criteria

Service users may access the Service 24 hour seven day a week, upon referral from a Health Care Professional (HCP).¹ All referrals received are triaged and prioritised for assessment and treatment.

7.2 Exit Criteria

Service users will exit the Service when their care can be provided by their primary or secondary health care providers.

¹ Health Care Professional is defined as a person who is or is deemed to be registered with an authority as a practitioner of a particular health profession, NZ Health Professional Competence Assurance Act 2003.

8. Service Components

The Service has two distinct components:

- single national hub that is District based with a tertiary inpatient service, multidisciplinary day stay and outpatient facilities. This includes provision of the following:
 - cardiology investigation
 - cardiac surgery and its ancillary components
 - paediatric and cardiac intensive care
 - neonatal intensive care
 - child and adult cardiac inpatient beds
- spoke level outreach clinics with face to face and virtual / distant consultations, and well established professional relationships using clinical networks in two distinct areas: paediatric cardiac, and adult congenital cardiac.

The Service will also:

- set the standards for continued education and training for health care professionals engaged in the care and management of the cardiac patient under this service
- support other paediatric cardiac patients in primary and secondary care in shared care arrangements
- provide guidance on information for patients and families about community supports and services, including support groups.

The Service will deliver spoke level outreach services and work with Districts with the use of video communications for virtual and distant consultations.

The Service includes provision of paediatric cardiac sonographers to support the Service where quality and volume guidelines cannot be met locally, in negotiation with Districts.

The Service will record visits, investigations and procedures, and generate cardiac specific outcome data in so far as future clinical database development allows.

8.1 Settings

The Service will be provided in a setting that is most appropriate in order to achieve the best possible health outcomes.

8.2 Service Levels

The Service will be delivered at a tertiary level and will work collaboratively with those service providers at secondary and primary levels in shared care arrangements.

8.3 Equipment

9. The Service at hub and spoke facilities requires access to telemedicine equipment to facilitate videoconferencing, and virtual and distant consultations.
10. The Service will require access to theatres, anaesthetics, diagnostic imaging and equipment related to cardiac investigations and interventions.

8.4 Pacific Health

The Service must take account of key strategic frameworks, principles and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the Service must link service delivery to the improvement of Pacific health outcomes.

There is an over-representation of children of Pacific ethnicity and / or low socio-economic status that have acquired heart disease as a complication of having rheumatic fever.

Overall, the Service activity should contribute to reducing inequalities.

The Service will seek to deliver on the Government's priority outcomes set out in 'Ala Mo'ui Pathways to Pacific Health and Wellbeing 2010-2014 (Minister of Health and Minister of Pacific Island Affairs, 2010).

8.5 Key Inputs

A highly specialised skilled multi-disciplinary team that includes: specialist paediatric cardiologist, paediatric cardiac surgeons, nursing and allied health services.

9. Service Linkages

Generic service linkages are described in the tier one Services for Children and Young People service specifications. Service specific linkages include, but are not limited to the following:

Linked Providers	Nature of Linkage	Accountabilities associated with linkages
Lead Maternity Carers (LMCs)	Liaise and work with relevant LMC	To provide education, information or expert opinion
General practice teams (GPTs)	Liaise and work with relevant GPT	Whenever there are client concerns or issues, or to provide education, information or expert opinion
Well Child / Tamariki Ora providers (WCP)	Liaise and work with relevant WCPs	Work with other relevant HCPs whenever there are concerns relating to an individual
Hospital services Tertiary paediatric sub specialities Allied Health teams	Refer to relevant hospital services and teams as appropriate	Work with other relevant HCPs whenever there are concerns relating to an individual
Public Health Service – public health nurses, health protection officers	Refer or liaise re individuals and their family as appropriate.	Provide education, information or expert opinion. Work with other relevant professionals whenever there are concerns relating to an individual
Community supports and support groups	Liaise and refer	Provide education and information

10. Exclusions

Refer to the tier one Services for Children and Young People service specification.

11. Quality Requirements

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.

12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure	National Collections and /or Payment Systems
NS10040	National Services Specialist Paediatric Cardiac 1st Attendance	First attendance to a Paediatrician or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	National Non Admitted Patients Collection (NNPAC)
NS10041	National Services Specialist Paediatric Cardiac Subsequent Attendance	Follow-up attendance to a Paediatrician or medical officer at registrar level or above or nurse practitioner.	Attendance	NNPAC
M10005	Specialist Paediatric Cardiac - Inpatient Services (DRGs)	DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Cost Weighted Discharge	National Minimum Dataset (NMDS)
M10PRE	Cardiology Preadmission visit	NOT PURCHASED FOR NNPAC USE ONLY - preadmission visit for Cardiology procedure paid for as part of CWD price	Attendance	NNPAC
S55CANC	Paediatric Surgery Cancelled Operation	NOT PURCHASED FOR COUNTING USE ONLY - Paediatric Surgery cancelled case not expressly purchased.	Attendance	NNPAC
M00010	Medical non contact First Specialist Assessment - Any health specialty	A review is undertaken by a Registered Medical Practitioner of Registrar level or above, or a Registered Nurse Practitioner, of patient records and any diagnostic test results. The original referral should only be generated after a face to face contact by the referrer. A written plan of care is developed for the patient and provision of that plan and other necessary advice is sent to the referring clinician and the patient. The patient should not be present during the assessment.	Written Plan of Care	NNPAC

Explanation of units of measure for the purchase units

Unit of Measure	Unit of Measure Definition
Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.
Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.
Written Plan of Care	Written plan of care provided by the specialist

13. Reporting Requirements

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

14. Glossary

Not required

15. Appendices

Not required