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|  | All District Health Boards | |
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| **PUBLIC HEALTH SERVICES**  **PREVENTIVE INTERVENTIONS**  **TIER TWO**  **SERVICE SPECIFICATION** | | |
| **STATUS**:  Approved for nationwide use for the standard description of services to be funded. | | **MANDATORY** |
| **Review History** | | **Date** |
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| Consideration for next Service Specification Review | | By 2019 |

**Note**: Contact the Service Specification Programme Manager, Service Comissioning, Ministry of Health, to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library website: <http://www.nsfl.health.govt.nz/>

**PUBLIC HEALTH SERVICES**

**PREVENTIVE INTERVENTIONS**

**TIER TWO**

**SERVICE SPECIFICATION**

This tier two service specification for Public Health Services Preventive Interventions, must be applied in conjunction with the relevant tier one and tier two service specifications so that the total service requirements are explicit.

This tier two service specification Preventive Interventions must be read and used in conjunction with the following service specifications:

* tier one Public Health Services service specification. This contains overarching generic principles and content common to all the tiers of specifications under it, see below for details.
* the other four tier two Public Health Services service specifications:
* Public Health Capacity Development
* Public Health Promotion
* Public Health Protection
* Health Assessment and Surveillance.

Please refer to the tier one Public Health Services service specification for details on:

* Background (including Te Tiriti o Waitangi, Ottawa Charter and vision)
* Service Definition
* Service Objectives (including Māori Health, and reducing health inequities, including alignment of approaches with He Korowai Oranga, and health equity/Whānau Ora tools)
* Service Users
* Access (including eligibility and exclusions)
* Service Components
* Service Linkages
* Quality Requirements (including legislation, international obligations, guidance material, and political neutrality).

For a summary overview of the relationships between the various specifications for Public Health Services, refer to the diagram on the next page.

**Background**

This service specification outlines the reporting and quality requirements of public health preventive interventions including those related to immunisation services, screening programmes, stop smoking services and family violence prevention services.

Public health preventive interventions provide an opportunity to integrate services with opportunities for assessment and referral as required.

***Overview of the relationships between the specifications for Public Health Services***



**1**. **Service Definition**

Preventive interventions are population programmes delivered to individuals, and comprise of a set of primarily clinical interventions that have been shown to significantly reduce the likelihood that a disease or condition that will affect an individual, or to interrupt or slow the progression of that disease or condition.

The focus of public health preventive intervention services is on the detection, early intervention and prevention of a range of conditions including vaccine preventable diseases, screening detectable conditions, stop smoking and family violence prevention services.

**1.1 Immunisation**

The Ministry of Health’s National Immunisation Programme aims to prevent diseases through vaccination and achieve immunisation coverage that prevents outbreaks and epidemics.

The Programme provides national leadership and oversight of immunisation services, providers and agencies, including setting national and district targets, monitoring disease burden and populations at risk of vaccine preventable diseases, providing guidance to the sector, ensuring immunisation providers deliver services that are safe, effective and meet the needs of their population, improves information and data systems and manages the National Immunisation Register.

**1.2 Screening**

The National Screening Unit (NSU) funds the following health screening programmes in New Zealand and is responsible for the safety, effectiveness and quality of these screening programmes. The NSU leads, oversees, contracts for and coordinates organised screening programmes in New Zealand through a range of agreements with district heath boards and other providers which specify the services to be delivered.

* [National Cervical Screening Programme](http://www.nsu.govt.nz/Current-NSU-Programmes/564.asp) – screens women for abnormal cell changes on the cervix, and high-risk human papillomavirus (HPV) that could lead to cervical cancer
* [BreastScreen Aotearoa](http://www.nsu.govt.nz/Current-NSU-Programmes/559.asp) – screens women for breast cancer
* [Newborn Metabolic Screening Programme](http://www.nsu.govt.nz/Current-NSU-Programmes/566.asp) - screens newborn babies for certain metabolic disorders
* [Universal Newborn Hearing Screening and Early Intervention Programme](http://www.nsu.govt.nz/Current-NSU-Programmes/568.asp) - screens newborn babies for moderate to severe hearing loss.

In addition, the NSU provides consumer resources and national education and training to referring practitioners on antenatal HIV screening.[[1]](#footnote-1)

**1.3 Stop Smoking Services**

Stop smoking is a core component of the overall Tobacco Control approach in New Zealand (refer to the tier two Public Health Services Health Protection and Health Promotion service specifications). The overarching aims of the Tobacco Control Programme are to reduce tobacco related morbidity and mortality and decrease tobacco-related disparity.

Stop smoking services are provided to people who want help to quit smoking. The Stop Smoking Service delivers evidence-based interventions (based on the New Zealand Stop Smoking Guidelines)[[2]](#footnote-2), including:

* access to subsidised nicotine replacement therapy (NRT), or ongoing access if NRT has been initiated by referring agency
* information about access and information about other approved and/or subsidised cessation medications
* behavioural support that can be delivered in many ways including telephone, and face to face in individual or group sessions.

The service works alongside other Tobacco Control initiatives, including education and promotion activities, and other health and social services to provide dedicated support for people to quit smoking.

**1.4 Family Violence Prevention Services**

The Violence Intervention Programme (VIP) provides a structured approach to the implementation of the Ministry’s Family Violence Intervention Guidelines that indicate the best practice intervention for family violence within health. The VIP supports health professionals to screen and/or identify, assess, treat and refer to appropriate social service support agencies those adults and children who are victims of abuse and violence. The VIP includes infrastructure support, policies and guidelines, best practice training, resources, cultural responsiveness, training and programme evaluation.

The VIP is supported by a dedicated violence prevention and early intervention service network. This network, its resources and relationships, provides the nucleus of a system focussed on policies, training, information systems and evidenced interventions from which a coordinated District Health Board (DHB), community-based primary care and inter-agency partnership is growing.

**2. Service Objectives**

**2.1 Immunisation**

Immunisation aims to:

* prevent diseases through vaccination and achieving coverage that prevents epidemics
* control or eliminate vaccine preventable diseases through the delivery of safe and effective immunisation programmes across all communities.

The immunisation system is working well when it provides good service (safe, effective, trusted, efficient, timely and high quality), equity of outcomes for high risk populations and value for money.

The Ministry, DHBs and Primary Health Organisations (PHOs) are collectively responsible for achieving the Government’s health targets. Details on the current health targets can be found on the Ministry’s website[[3]](#footnote-3).

Other priority services for the immunisation programme include eradicating measles and reducing whooping cough outbreaks.

**2.2 Screening**

The NSU was established in 2001 to deliver safe, effective and equitable screening programmes. The NSU’s vision is to achieve ‘*high quality, equitable and accessible national screening programmes’.*

Screening programmes specifically target and invite an otherwise healthy population to be screened, with a focus on providing a population health service. Screening programmes must be planned and delivered differently from other health services to ensure that the benefits outweigh the harms on a population basis.

Screening programmes require national consistency of service provision and strong national management, coordination and monitoring mechanisms. There is a strong ethical responsibility on a screening programme to ensure that services are of the highest possible quality and that diagnostic and treatment services are provided in a timely manner.

**2.3 Stop Smoking Services**

Stop Smoking services aim to reduce:

* tobacco related morbidity and mortality
* serious impacts of smoking during pregnancy
* smoking prevalence and use of tobacco by Māori and Pacific people to make a major contribution to reducing inequalities in life expectancy and quality of life
* tobacco use amongst people with experience of mental health problems.

**2.4 Family Violence Prevention Services**

The objective of family violence prevention services is to reduce and prevent the negative health impacts of family violence through health promotion, early identification, intervention and referral as required, to the appropriate social service agency or health service support.

**2.5 Māori Health Objectives**

Preventive intervention services need to be delivered in a way that improves Māori health outcomes and achieves health equity for Māori. Key to achieving this is an understanding of, and the ability to apply, Te Tiriti o Waitangi and *He Korowai Oranga: Māori Health Strategy* (Ministry of Health, 2014).

Refer to the tier one Public Health Services service specification for further information on improving Māori health.

**3. Service Users**

Refer to the relevant tier three Preventive Interventions service specification or National Service Schedule (eg, VIP) or individual provider agreement.

**4. Access**

Preventive intervention services will be provided throughout New Zealand to the Service Users as described in the relevant tier three Preventive Interventions service specification or National Service Schedule or individual provider agreement.

**5. Exclusions**

Refer to the tier one Public Health Services service specification and related detailed tier three service specifications. Exclusions for NSU services are detailed in the individual provider agreements.

**6. Service Components**

Service providers will be delivering services as defined in the relevant tier three Preventive

Interventions service specification, or National Service Schedule, or an individual provider agreement. The activities listed below, and any additional activities, short-term outcomes, indicators and performance measures will be negotiated with the funder.

Providers need to demonstrate how activities will contribute to improving Māori health and fostering health equity. This will need to be clearly demonstrated in planning and reporting documents.

| **Components of Service** | **Service Descriptions/Activities** |
| --- | --- |
| **1. Immunisation** | Public health immunisation services include :   * providing leadership on immunisation and advocating for its benefits * promoting immunisation * promoting the reduction of inequitable health outcomes for Māori, Pacific and high deprivation groups * increasing immunisation coverage and reducing vaccine preventable diseases * coordinating immunisation services (eg, annual influenza and school based immunisation programmes) including providing guidance to the sector * ensuring the safe delivery of immunisation programmes.   The detailed service description for immunisation services is defined in the tier three Immunisation service specification. Links to other immunisation services are detailed in the following relevant service specifications:Tier one Services for Children and Young People service specification  * Tier two School and Preschool Health Services service specification * Tier two Outreach Immunisation Services service specification * Tier two Well Child/Tamariki Ora service specification  Tier one Maternity Services (DHB Funded) service specification  * Tier two Pregnancy and Parenting Information and Education service specification.  Crown Funding Agreement Service Specifications for:  * HPV Immunisation Programme * Immunisation Coordination Services * National Immunisation Register (NIR) Ongoing Administrator Services. |
| **2. National Screening Programmes** | For national screening programmes the NSU provides the following core functions:  * National coordination, leadership, and advice to Government regarding screening. * Research and development including evaluation of new evidence related to screening and evidence-based appraisal of technological advances in screening. * Developing frameworks, standards and policy for each screening programme. * Audit, monitoring and evaluation of screening programme performance. * Coordinating, leading and developing a screening workforce. * Administering legislation related to screening programmes. * Identifying under-screened groups and developing effective strategies to improve their participation.   Detailed service descriptions are defined in the individual agreements with DHBs and other providers.  The link between the NCSP and the HPV Immunisation Programme is important, as the combination of HPV immunisation and cervical screening is the best way to prevent cervical cancer. Please refer to the tier three Public Health Preventive Interventions service specification for Immunisation. |
| **3. Stop Smoking Services** | Stop Smoking Services provide:   * evidence-based stop smoking treatment as specified in any relevant guidelines issued by the Ministry * measurement and documentation of outcome measures * transferring treatment to another service provider if appropriate for the Service User, or if requested.   The detailed service description for stop smoking services is defined in the tier three Public Health Preventive Interventions Stop Smoking Services service specification and should be read in conjunction with the tier two Public Health Services Health Protection and Health Promotion service specifications. |
| 1. **Family Violence** | Delivery of Family Violence Interventions include delivery of services that:   * improve the ability of health professionals in DHBs and community-based primary care services to competently and confidently identify, support, assess and refer victims of family violence * achieve and maintain quality standards for best practice service planning, implementation and evaluation as set by the Ministry * increase family violence programme responsiveness to Māori and other population groups through quality improvement activities and wrap around services tailored to their needs * improve health system responsiveness and service integration with community and other agencies working in child protection and family violence intervention in primary care settings.   The core functions are:   * national implementation coordination, and advice to Government regarding family violence interventions * district/regional infrastructure development and programme implementation with coordination of workforce development strategies * service development including quality improvement activities, evaluation of services implemented and new evidence based programmes. |

***Outcomes Framework***

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| **Provider Activities** | **Short-term outcome (programme-level outcome)**  *(What we want to achieve)* |
| Deliver components of national screening programmes | Increased uptake of screening services by the target population. |
| Deliver best-practice immunisation services eg, that are safe, effective, trusted, efficient, timely and of high quality | Achieve and maintain the immunisation health target and the immunisation coverage rates of two year olds. |
| Deliver best-practice stop smoking services | Increase the number of successful quit attempts. |
| Deliver components of the violence intervention programme | Reduced health harm of family violence. |

1. **Service Linkages**

Refer to the relevant Public Health Preventive Interventions tier three service specifications or individual provider agreements for specific linkages.

| **Immunisation** | | |
| --- | --- | --- |
| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| PHOs, general practitioners and vaccinators | Liaison, consultation and referral | * To ensure newborns are enrolled as soon as possible after birth. * Babies and children receive on time immunisation as per the National Immunisation Schedule. * Deliver safe, efficient and high quality immunisation services. * Collaborate with other immunisation providers in the district. |
| Other relevant services and providers (eg, midwives, Well Child/Tamariki Ora service providers, immunisation providers such as outreach, school-based services, general practitioners, pharmacists | Liaison, consultation and referral | * To ensure service users have timely access to appropriately presented immunisation information and relevant advice. * If relevant, the service delivers safe, efficient and high quality immunisation services as per the National Immunisation Schedule. * Collaborate with other immunisation providers in the district. |
| Māori and Pacific providers (eg, Māori Women’s Welfare League) | Liaison, consultation and referral | * Maintains a community development approach for immunisation programme service delivery. * Collaborate with other immunisation providers in the district |
| Ministry of Health, Immunisation Programme | Contractual, liaison | * Provide immunisation leadership and national direction. |
| Centre for Adverse Reactions Monitoring (CARM) | Liaison, consultation and referral | * Monitor vaccine adverse events and review trends. |
| Immunisation Advisory Centre | Liaison, consultation and referral | * Develops national standards based training programmes. |
| ESR | Liaison, consultation and referral | * Monitors and reports on vaccine preventable disease surveillance |
| PHARMAC | Consultation | * Vaccine funding and decision making. |
| Medsafe | Regulatory | * Approves vaccines for use in New Zealand |

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| **Screening** | | |
| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| Māori | Consultation | * Ensure Māori are involved in the design and delivery of services targeting Māori women and their whanau. * National Kaitiaki Group approval is required for NCSP Māori data requests. |
| Māori and Pacific providers | Liaison, consultation and referral | * Maintain a community development approach in screening programme service delivery. |
| PHOs, general practitioners and nurse practitioners | Liaison, consultation and referral | Ensure a continuum of care for women and children in the screening pathway.  Advocate for culturally appropriate services for Māori to improve access to screening services. |
| Other relevant services and providers (eg, Māori Health, Pacific Health and Social Work services) | Liaison, consultation and referral | Ensure equitable access to a full range of services. |
| Secondary and tertiary hospital services | Liaison, consultation and referral | Ensure a continuum of care for women and children in the screening pathway.  Ensure timely access to diagnostic and treatment services. |
| National Screening Unit | Contractual, liaison | * Meet contractual requirements and have access to advice from the NSU and the ability to raise issues with the NSU that will ensure quality service provision to meet the goals of official government strategies and policies. |
| Other non-governmental organisations (NGOs) | Liaison and consultation | Maintain a community development approach in screening. |
| Publicly funded disability or long-term support services for the Service Users with co- existing disabilities/conditions who meet other funding streams eligibility criteria such as:  Information and advisory services (eg, on available services and how to access these) | Liaison | * Effective local and regional linkages are in place to facilitate appropriate referrals. * Service users have timely access to appropriately presented information and relevant advice. |
| Lead Maternity Carers (LMCs) | Consultation and liaison | * Offer of antenatal and newborn screening, informed consent, ensuring screening is completed and follow-up performed as required. |
| College of Midwives, general practitioners, obstetrics & gynaecology and radiology | Consultation and liaison | * Notification of programme updates, practitioner responsibilities, education resources. |
| **Stop Smoking Services** | | |
| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| Whānau Ora providers | Facilitate service access and participation | * The Service must link with these services, facilitate access and participation to culturally appropriate and holistic based services for Māori who smoke and/or their family and whanau. |
| Māori-Iwi and Māori communities | Facilitate service access and participation | * Liaison with local iwi and communities to ensure culturally appropriateness and accessibility to services. |
| Local health services, including hospitals, primary care, community services, NGOs and Maternity Services. | Referral and consultation | * Obtain expert clinical consultation when necessary and referral processes that support continuity of care. |
| Social services, counselling, community services | Referral and consultation | * Assessment, treatment and intervention that supports seamless service delivery and continuity of care. |
| Health Promotion Agency, other Health Promotion Service Providers | Facilitate service access and participation | * These services will increase demand for the service by prompting quit attempts and directing people who smoke to the services |
| Pacific Communities | Consultation, access and participation | * Liaise with local Pacific Clinical Leaders and relevant Pacific communities and community groups in a way that is culturally appropriate |
| The Quitline, Aukati Kai Paipa and other local stop smoking service providers. | Referral between services | * Assessment, treatment and intervention that supports seamless service delivery and continuity of care. Refer Service Users to another service to meet their needs if appropriate. |

| **Family Violence Prevention Services** | | |
| --- | --- | --- |
| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| Violence Intervention Programme (VIP) | DHB VIP Coordinators | * To provide training and support to DHB staff in the implementation and delivery of the National VIP screening programme. * To monitor screening practices to ensure they remain consistent with the national standard. * To provide training and support to primary health care services to implement screening practices in line with the Ministry’s Family Violence Intervention Guidelines. |
| National Management Service | Programme Manager, provision of Technical Advice and Coordination of Quality improvements initiatives | * Consultation provided in a timely manner in accordance with national strategic direction and best practice standards. |
| National VIP Training and support | National VIP Training support service | * To provide training and support to DHBs in the delivery of the National VIP training package. * To monitor training to ensure it remains consistent with the national standard. * To ensure all DHBs have access to the national training package and advice and that training. |
| National evaluation service | National evaluation | * To audit DHB VIP infrastructure and to collate findings. * To collect and analyse data from all DHBs to provide a snapshot of programme outputs nationally. * Regular reports delivered the level of DHB infrastructure. * Regular reports detail the outputs with trends over time. |

**8. Quality Requirements**

Public Health Services must comply with the 1999 Provider Quality Specifications for Public Health Services (PQS) or any update in the service agreement that replaces this document. Where specified in service agreements, services must also comply with Ministry of Health mandated Business Viability Standards (BVS). If there is any conflict between the Provider’s obligations in the PQS and the BVS, the obligations on the Provider as described in the BVS will prevail.

The Service must comply with the Provider Quality Standards specified in the relevant tier three service specification or individual provider agreement.

Active clinical governance and clinical leadership at both national and operational service delivery levels is essential to ensure appropriate accountability for screening.

**9. Purchase Unit Codes and Reporting Requirements**

**9.1 Purchase Unit Codes**

The Public Health Purchase Units (PUs) are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary[[4]](#footnote-4).

The following PUs apply to the NSU programmes and the Violence Intervention Programme (VIP). For PU details for all other services purchased under this specification, refer to the relevant tier three service specifications.

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| **Title** | **PU Code** |
| Breastscreen Aotearoa | BSA-51, BSA-52, BSA-53, BSA-61, BSA-62, BSA-63, BSA-64, BSA-66, BSA-67, BSAPROJ |
| National Cervical Screening Programme | NCSP0070, NCSP-10, NCSP-20, NCSP 31, NCSP-41, NCSP-44, NCSP-46, NCSP-47, NCSP-62, NCSPPROJ |
| Newborn Metabolic Screening Programme | NMSP-1, NMSP-2, NMSP-3, NMSP-4, NMSP-5, NMSP-6, NMSPPROJ |
| Universal Newborn Hearing Screening and Early Intervention Programme | UNHS-40, UNHS-42, UNHSPROJ |
| Violence Intervention Programme (VIP) | COOC0070 |

**9.2 Other Reporting Requirements**

All reporting requirements are detailed in the individual provider agreements.

Service providers must comply with the requirements of national data collections where applicable.

1. From 1 July 2015 the NSU changed the model of service for antenatal HIV screening. This included ceasing national monitoring reports and DHB contracts for programme coordination (which included support and training for referring practitioners and provision of data and reporting information to the NSU). [↑](#footnote-ref-1)
2. The New Zealand Guidelines for Helping People to Stop Smoking (2014) [↑](#footnote-ref-2)
3. Health targets are a set of national performance measures published on http://www.health.govt.nz/new-zealand-health-system/health-targets?mega=NZ%20health%20system&title=Health%20targets [↑](#footnote-ref-3)
4. [Purchase Unit Data Dictionary](http://nsfl.health.govt.nz/purchase-units) [↑](#footnote-ref-4)