

**Specialist Medical and Surgical  
Services**

**General Medicine  
Service Specification  
Tier 2**

**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              |
|---|-------------------|
| Approved by Nationwide Service Framework Coordinating Group (NCG)   | 28 September 2010 |
| Published on NSFL   | September 2010    |
| Reviewed: <b>General Medicine (2001) tier two service specification.</b> Amendments: Standard Māori health clause, headings entry and exit criteria, support services, service linkages table, quality requirements, updated purchase unit table and reporting requirements. Added Specialist Assessment and purchase unit code M00010, deleted MS02004, MS02007, MS2014. | August 2010       |
| Amendment: Retired MS02010, MS2011, M65006, M65007 purchase units. Added sleep apnoea purchase units MS02021, MS02022 in line with PU Data Dictionary 18.1 changes.   | September 2013    |
| Amendment: corrected Unit of Measure for sleep apnoea purchase units MS02021, MS02022. Changed from Attendance to Client.   | January 2015      |
| Consideration for next Service Specification Review   | within 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 Service Specification Programme Manager, National Health Board Business Unit, Ministry of Health, to discuss the process and guidance available in developing new or updating and revising existing service specifications.

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

### 3. Introduction

|  |
|--|
| <p><b>SPECIALIST MEDICAL AND SURGICAL SERVICES -</b></p> <p><b>GENERAL MEDICINE SERVICE</b></p> <p><b>TIER LEVEL TWO</b></p> <p><b>SERVICE SPECIFICATION</b></p> |
|--|

This tier two service specification for Specialist Medical and Surgical Services - General Medicine Service (the Service) must be used in conjunction with the overarching tier one Specialist Medical and Surgical Services service specification and is linked to the tier one Services for Children and Young People service specifications. Refer to the tier one service specification headings for generic details on:

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

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

### 4. Service Definition

General Medicine involves the management of all common medical disorders, including medical detoxification. Secondary general medical services comprise services provided by consultant physicians for diagnosis, assessment, treatment, management and appropriate referral for acute, sub-acute and chronic medical conditions.

Secondary general medicine covers a wide range of acute, sub-acute and chronic illnesses and multi-system disorders. Rare, complex or severely acute illnesses and disorders requiring additional technical expertise or specialist knowledge will either require advice from, or referral to specialists at a tertiary facility.

The Service provides assessment, investigation, diagnosis, treatment and care for patients with acute and general medical problems appropriately managed by a general physician on an inpatient or outpatient basis.

In larger centres, physician-led teams may (particularly for acute referrals) provide this service with specialist expertise on a rostered basis. These teams may then refer onto specialist services within their facilities.

In smaller centres general physicians who may have sub-speciality skills or interests provide the service. People needing more specialised treatment are referred on to a larger centre or seen by a visiting specialist.

## **5. Service objectives**

### **5.1 General**

The Service will maintain a capacity to manage or improve the health of an individual accepted into the Service, within established clinical guidelines.

### **5.2 Māori Health**

Refer to tier one Specialist Medical and Surgical Services and Services for Children and Young People service specifications.

## **6. Service Users**

All eligible people who require assessment and treatment for a general medical condition.

## **7. Access**

### **7.1 Entry and Exit Criteria**

Refer to tier one Specialist Medical and Surgical Services and Services for Children and Young People service specifications.

## **8. Service Components**

### **8.1 Processes**

The Service involves a complex sequence of relationships and events. The Service can include:

- consultation, where the patient is referred from another agency, usually a General Practitioner, Nurse Practitioner or another specialist
- consultation with/without simple investigation and/or opinion/treatment
- consultation with complex investigation and/or opinion/treatment
- referral to another speciality for an opinion
- referral to another speciality for an opinion and management (eg, investigation of haematuria with subsequent referral to urological surgery for removal of neoplasm).

The range of services directly provided in general medicine varies according to the level of clinical support available, the presence of other speciality or tertiary services, and qualifications, training and skill of medical staff.

Where tertiary services are not provided, the Service provider is responsible for assessment, stabilisation, referral and transfer to an appropriate tertiary provider, in line with the national travel assistance policy.

The Service is responsible for:

- assessment, diagnosis, stabilisation and treatment of patients on an inpatient, ambulatory/day care and outpatient basis
- follow up, re-admission and treatment of all people in whom complications arise in the course of treatment by the service
- after hours contact for all people who have undergone investigations or procedures of an invasive nature, where the potential for complications exists
- a 24 hour assessment service with a medical practitioner (registrar level and above) in attendance
- rapid access to specialist medical consultation at the level of secondary health care and, as relevant, referral to a regional tertiary service. Consultation is to be available to primary health care providers and to other specialised service providers
- specialist assessment with a written plan of care to the referrer.

Therapeutic services including clinical support services include:

- investigation, diagnosis and treatment of ambulatory patients and inpatients with acute and/or chronic illness and, where necessary, consultation with tertiary or other secondary care services
- care of patients of all ages with multi-system disease, eg, diabetes with cardiac, renal, peripheral vascular or other system involvement. Services include assessment of people for entry onto the end stage renal failure programme and/or palliative care where appropriate for people with needs not met by the end stage renal failure programme
- care of patients of all ages with multiple diseases, particularly older people with cardiac, respiratory, cerebrovascular and/or rheumatological disease - in close liaison with health services for older people
- coronary care with support in echocardiography, Holter monitoring and exercise testing. Appropriate outpatient services, coronary risk factor clinics, rehabilitation and preventive education programmes are included. A close liaison with the regional cardiology and cardiothoracic services is required for consultation, special investigations and surgery.

In areas where there are no existing cardiology services, secondary medical specialists will have a major role in managing acute presentations. In these areas a limited coronary care unit may be available, with appropriate levels of staff and specialised resources including monitoring equipment and appropriate investigations such as electro cardiograph (ECG) and echocardiograph. Where this is not available links will be maintained with appropriate/regional coronary care units and transfer patients to these as soon as possible.

## 8.2 Settings

The Service may also be responsible for arranging the provisions of visiting clinics for the required range of tertiary services and to maintain close links with the visiting clinicians.

## 8.3 Support Services

Support services include but are but not limited to the following:

- clinical support services such as:
  - laboratory services
  - pharmaceutical services
  - imaging services
- allied health support services such as:
  - occupational therapy
  - physiotherapy
  - social workers
  - podiatry
- ancillary services
- interpreting services (including sign language)

## 8.4 Key Inputs

This Service includes support from doctors, nurses, and procedural services such as operating suites, utensil sterilisation, pharmaceuticals, New Zealand Blood Service.

# 9. Service Linkages

The Service should be well integrated with other general and specialist services and that there is effective consultation, liaison and referral between services and sub-specialities.

Refer to the tier one Specialist Medical and Surgical Services service specification and Services for Children and Young People service specifications.

The Service is required to establish effective links and working arrangements and cooperation with, but not limited to, the following service providers:

| Service Provider  | Nature of Linkage         | Accountabilities  |
|---|---------------------------|---|
| Primary Health Care services, General Practitioners, Nurse Practitioners, District Nurses | Referral and consultation | Liaison with primary health care organisations and community based rehabilitation services that support continuity of care. |



| Service Provider  | Nature of Linkage                    | Accountabilities  |
|---|--------------------------------------|---|
| Other health care professional Specialists and registered medical practitioners                   | Referral and consultation            | Clinical consultation and referral services that supports continuity of care  |
| Social services, counselling, home help, community services, new migrant Community Health Workers | Referral and liaison                 | Assessment, treatment and intervention that supports seamless service delivery and continuity of care                             |
| Community and social services, District Nurses  | Referral and liaison                 | Assessment, treatment and intervention that supports seamless service delivery and continuity of care                             |
| Providers of Disability Support Services  | Referral<br>Liaison<br>Collaboration | Work collaboratively with intellectual and other disability support services and facilitate access to those services when needed. |
| Consumer support groups   | Consumer support and information     | Effective regional linkages to ensure patients access appropriate services  |

## 10. Exclusions

For hospice and home support services refer to the Medical Oncology Services, Paediatric Oncology Services and Specialist Palliative Care service specifications.

Where people are eligible for services funded under the Injury Prevention, Rehabilitation, and Compensation Act 2001, they are excluded from receiving the Service through public funding under Vote: Health.

## 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 and Reporting Requirements

Purchase Units 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 or Payment Systems           |
|---------|--|---|-------------------------|---|
| M00001  | General Internal Medical Services - 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 Data Set (NMDS).                 |
| M00002  | General Medicine - 1st attendance  | First attendance to general physician or medical officer at registrar level or above or nurse practitioner for specialist assessment  | Attendance              | National Non-Admitting Patient Collection (NNPAC) |
| M00003  | General Medicine - Subsequent attendance   | Follow-up attendances to general physician or medical officer at registrar level or above or nurse practitioner.  | Attendance              | NNPAC   |
| M00006  | General medicine - blood transfusions  | Blood transfusions performed an outpatient or elective daycase in general medicine,   | Attendance              | NNPAC   |
| M00008  | Models of Care   | Integration project working with GPs to reduce admissions to Hospital.  | Service                 | NNPAC-  |
| M00009  | Integration and Acute Volume Reduction Initiatives   | Integration programme for reducing and managing acute growth resulting in inpatient admission.  | Service                 | NMDS  |
| M00010  | Medical non contact First Specialist Assessment with a written plan of care – 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    | NNPAC   |
| M00PRE  | General Medicine Preadmission visit  | NOT PURCHASED FOR NNPAC USE ONLY - preadmission visit for General medicine procedure paid for as part of CWD price  | Attendance              | NNPAC   |

| PU Code | PU Description  | PU Definition  | Unit of Measure         | National collections or Payment Systems |
|---------|---|--|-------------------------|---|
| M10001  | Cardiology - 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 | NMDS                                    |
| M10002  | Cardiology - 1st attendance                           | First attendance to cardiologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.                       | Attendance              | NNPAC                                   |
| M10003  | Cardiology - Subsequent attendance                    | Follow-up attendances to cardiologist or medical officer at registrar level or above or nurse practitioner.  | Attendance              | 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              | 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              | NNPAC                                   |
| M10008  | Cardiac Outreach Service - WH                         | CHF project to provide support to prevent readmission and lower length of stay. There is a Service Spec & reporting requirements, Integration project. | Service                 | NNPAC                                   |
| M10009  | Cardio-vascular models of care                        | Integration Project - General Practice teams, providing in the community, services for patients with Chronic Cardio-Vascular Disease                   | Service                 | NMDS                                    |
| M15001  | Dermatology - 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 | NMDS                                    |
| M15002  | Dermatology - 1st attendance                          | First attendance to dermatologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.                      | Attendance              | NNPAC                                   |

| <b>PU Code</b> | <b>PU Description</b>                                | <b>PU Definition</b>   | <b>Unit of Measure</b>  | <b>National collections or Payment Systems</b> |
|----------------|--|--|-------------------------|--|
| M15003         | Dermatology - Subsequent attendance                  | Follow-up attendances to dermatologist or medical officer at registrar level or above or nurse practitioner. Excludes UV treatment.                    | Attendance              | NNPAC  |
| M15004         | Dermatology - UV Treatment                           | An attendance for the purpose of receiving ultra-violet treatment. This is usually in a Therapy area not Dermatology clinic.                           | Treatment               | NNPAC  |
| M20001         | Endocrinology & Diabetic - 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 | NMDS   |
| M20002         | Endocrinology - 1st attendance                       | First attendance to endocrinologist or medical officer at registrar level or above or nurse practitioner for specialist assessment. Excludes diabetes. | Attendance              | NNPAC  |
| M20003         | Endocrinology - Subsequent attendance                | Follow-up attendances to endocrinologist or medical officer at registrar level or above or nurse practitioner. Excludes diabetes.                      | Attendance              | NNPAC  |
| M25001         | Gastroenterology - 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 | NMDS   |
| M25002         | Gastroenterology - 1st attendance                    | First attendance to gastroenterologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.                 | Attendance              | NNPAC  |
| M25003         | Gastroenterology - Subsequent attendance             | Follow-up attendances to gastroenterologist or medical officer at registrar level or above or nurse practitioner.                                      | Attendance              | NNPAC  |
| M25004         | Gastroenterology - ERCP                              | ERCP performed as an outpatient or elective day case.  | Procedure               | NNPAC  |
| M25007         | Gastroenterology - Motility investigations           | Oesophageal and anorectal motility studies performed on an outpatient basis. Excludes motility studies performed as part of an inpatient episode.      | Procedure               | NNPAC  |

| PU Code  | PU Description                                 | PU Definition   | Unit of Measure | National collections or Payment Systems |
|----------|--|---|-----------------|---|
| M30002   | Haematology - 1st attendance                   | First attendance to haematologist or medical officer at registrar level or above or nurse practitioner for specialist assessment. Excludes patients with haemophilia.   | Attendance      | NNPAC                                   |
| M30003   | Haematology - Subsequent attendance            | Follow-up attendances to haematologist or medical officer at registrar level or above or nurse practitioner. Excludes patients with haemophilia and phoresis.   | Attendance      | NNPAC                                   |
| M30005   | Haematology - Phoresis                         | Procedure used to remove certain specified components of blood/plasma and return remaining components to the body. Excludes plasma donation obtained through blood phoresis.  | Procedure       | NNPAC                                   |
| M30014   | Haematology - Blood transfusions               | Blood transfusions performed as an outpatient or elective day case in general medicine.   | Attendance      | NNPAC                                   |
| M30006   | Haemophilia - Case Management                  | Clinical case management of people with severe haemophilia. Includes education of patients and families, supply of equipment for self-management, liaison with other specialists and general practitioners including promotion of treatment guidelines.   | Client          | NNPAC                                   |
| MS0100 1 | Nurse led clinics                              | Assessment, treatment, or education and/or management clinics led by a nurse specialist for specialist groups of Client excluding Education & Management of diabetes, respiratory, and cardiac Client that are covered in other purchase units. This also excludes clinics led by a Nurse Practitioner. | Assessment      | NNPAC                                   |
| MS0200 1 | Blood transfusions - Any health specialty      | Blood transfusions performed as an outpatient or elective day case regardless of the Health Specialty providing the service, and not provided under any other purchase unit.  | Attendance      | NMDS and NNPAC                          |
| MS0200 2 | Botulinum toxin therapy - Any health specialty | Attendance for the purpose of receiving botulinum toxin therapy provided under any health specialty.  | Attendance      | NNPAC                                   |

| <b>PU Code</b> | <b>PU Description</b>                               | <b>PU Definition</b>   | <b>Unit of Measure</b> | <b>National collections or Payment Systems</b> |
|----------------|---|--|------------------------|--|
| MS02003        | Bronchoscopy - Any health specialty                 | Bronchoscopy performed as an outpatient or elective day case regardless of the Health Specialty providing the service, and not provided under any other purchase unit.   | Attendance             | NNPAC  |
| MS02006        | ERCP - Any health specialty                         | ERCP performed as an outpatient or elective day case regardless of the Health Specialty providing the service, and not provided under any other purchase unit.   | Attendance             | NNPAC  |
| MS02008        | IV Chemotherapy - non cancer - Any health specialty | An attendance to receive intravenous chemotherapy treatment for conditions other than cancer. The specialist may or may not be in attendance and the service may be provided under any other health specialty. Includes all pharmaceutical administered during the attendance. Includes day case treatments excluded from CWDs as per definition of WIESNZ. Note: PCT drugs may NOT be recovered through Sector Services for non-cancer  | Attendance             | NNPAC  |
| MS02009        | IV Chemotherapy - cancer - Any health specialty     | An attendance where the purpose is to receive intravenous chemotherapy treatment for cancer as defined by the Pharmaceutical Cancer Treatment schedule. The specialist may or may not be in attendance. Includes all pharmaceuticals administered during the attendance net of PCT drug cost recovery from Sector Services. Includes day case treatment excluded from CWDs as per definition of WIESNZ. Excludes treatment not for cancer. Note special PU codes for Haematology and Paediatric Services | Attendance             | NNPAC  |



| PU Code | PU Description   | PU Definition   | Unit of Measure      | National collections or Payment Systems |
|---------|--|---|----------------------|---|
| MS02011 | Testing for anaesthesia allergies                              | An attendance as an outpatient for patients who have previously undergone anaesthesia and are suspected of allergic reaction to anaesthesia. The Anaesthetist is in attendance for this subsequent allergy testing in relation to anaesthesia, but the service may be provided under any health specialty. EXCLUDES pre-assessment clinics provided prior to elective inpatient procedures, which are purchased as part of the inpatient event  | Attendance           | NNPAC                                   |
| MS02013 | Non contact First Specialist Assessment - Any health specialty | Following a request from a GP or community based Nurse Practitioner, a review by a specialist medical 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 | NNPAC                                   |
| MS02020 | Sleep apnoea assessment  | An integrated programme for children & adults suspected clinically of suffering from sleep apnoea. Includes any diagnostic tests and short term (up to 8 weeks) equipment supply. This service is predominantly outpatient/home based. Service may be provided under any health specialty. Excludes medical consultations for specialist assessment which will be purchased under the appropriate specialist follow up attendance purchase units. Patients who stay overnight in a casemix facility are covered by the casemix framework. Additional information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year | Attendance           | NNPAC                                   |

| PU Code  | PU Description                               | PU Definition  | Unit of Measure         | National collections or Payment Systems |
|----------|--|--|-------------------------|---|
| MS0202 1 | Obstructive sleep apnoea long term treatment | Long term equipment supply and maintenance for patients diagnosed with obstructive sleep apnoea who meet defined guidelines and are assessed as requiring long term equipment. This includes the capital cost of the equipment, CPAP, BIPAP and humidifier. Excludes treatment of patients who have sleep breathing disorder counted under MS02022. Excludes diagnostic assessment counted under MS02020. Excludes medical consultations for specialist assessment which will be purchased under the appropriate specialist follow-up attendance purchase units  | Client                  | NNPAC                                   |
| MS0202 2 | Sleep breathing disorder long term treatment | Long term equipment supply and maintenance for patients diagnosed with sleep breathing disorders who meet defined guidelines and are assessed as requiring long term equipment. This includes the capital cost of the equipment, CPAP, BIPAP and humidifier. Excludes treatment of patients who have obstructive sleep apnoea counted under MS02021. Excludes diagnostic assessment counted under MS02020. Excludes medical consultations for specialist assessment which will be purchased under the appropriate specialist follow-up attendance purchase units | Client                  | NNPAC                                   |
| M54001   | Specialist Paediatric Oncology               | DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.   | Cost Weighted discharge | NMDS and NNPAC                          |
| M65001   | Respiratory - 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 | NMDS and NNPAC                          |



| <b>PU Code</b> | <b>PU Description</b>                              | <b>PU Definition</b>  | <b>Unit of Measure</b> | <b>National collections or Payment Systems</b> |
|----------------|--|---|------------------------|--|
| M65002         | Respiratory - 1st attendance                       | First attendance to respiratory physician or medical officer at registrar level or above or nurse practitioner for specialist assessment.   | Attendance             | NMDS and NNPAC                                 |
| M65003         | Respiratory - Subsequent attendance                | Follow-up attendances to respiratory physician or medical officer at registrar level or above or nurse practitioner. Excludes bronchoscopy.   | Attendance             | NMDS and NNPAC                                 |
| M65004         | Respiratory education and management               | Education and case management by multi-disciplinary teams, in hospital or community settings for patients with chronic respiratory disease and/or asthma. Excludes home oxygen therapy. | Client                 | NMDS and NNPAC                                 |
| M65005         | Respiratory - Bronchoscopy                         | Bronchoscopy, performed as an outpatient or day case.   | Procedure              | NMDS and 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             | NMDS and NNPAC                                 |
| M65009         | Specialist Paediatric Respiratory - Follow up      | Follow-up attendances to respiratory physician, paediatrician or medical officer at registrar level or above or nurse practitioner. Excludes bronchoscopy.                              | Attendance             | NMDS and NNPAC                                 |
| M65010         | Smoking Cessation Initiative - Respiratory         | CHF project to provide support to prevent readmission and lower length of stay.   | Service                | NMDS and NNPAC                                 |
| M65012         | COPD Pilot   | COPD Models of Care Programme. Includes Pulmonary Rehab, Respiratory Nurse and Respiratory Testing  | Service                | NMDS and NNPAC                                 |
| M65PRE         | Respiratory Preadmission visit                     | NOT PURCHASED FOR NNPAC USE ONLY - preadmission visit for Respiratory procedure paid for as part of CWD price   | Attendance             | NNPAC  |

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

| Unit of Measure         | Unit of Measure Definition   |
|-------------------------|--|
| Attendance              | Number of attendances at Pre-Admission Clinic.   |
| Client                  | Number of clients managed by the service in the reporting period (period is annual 1st July - 30th June) i.e. caseload at the beginning of the period plus all new cases in the period. 'Client' and 'Service user' are interchangeable. |
| Cost Weighted Discharge | A numerical measure representing the relative cost of treating a patient through to discharge  |
| Procedure               | An individual operative/diagnostic/assessment procedure.   |
| Service                 | Agreed lump sum amount. Service purchased in a block arrangement.  |
| Treatment               | Number of attendances for treatment.   |
| Written plan of care    | Written plan of care provided by the specialist to the referring General Practitioner.   |