

**Specialist Medical and Surgical
Services**

Renal Services

Tier 2 Service Specification

September 2024

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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
<i>Approved by Nationwide Service Framework Coordinating Group (NCG)</i>	13 November 2009
<i>Published on NSFL</i>	16 November 2009
<i>Administration review: Amendments: formatting and editing to include standard headings and content, Updated linkages, Purchase Unit Codes, Linked Quality Requirements to The New Zealand Dialysis Standards and Audit produced under the auspices of the National Renal Advisory Board (NRAB), a national interdisciplinary professional reference group for DHBs and the Ministry of Health.</i>	October 2008
Content moved to updated Health New Zealand format	September 2024
Consideration for next service specification review	Within the next 5 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 Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

3. Introduction

This tier two service specification for Medical and Surgical Services - Renal Services (the Service) is linked to the overarching tier one Specialist Medical and Surgical Services, and the Services for Children and Young People service specifications. Refer to the individual overarching tier one service specifications under the following headings for details on:

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

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

4. Service Definition

The Service is principally provided by medical services but also includes some surgical services and may be part of a regional service. The Services are expected to improve the quality of life for people with renal disease. The Service deals with conditions that involve the renal and urinary tract systems, and include:

- glomerulonephritis
- renal vascular diseases
- diabetes
- hypertension
- urinary tract infection
- congenital renal diseases
- renal stone disease
- acute renal failure
- chronic renal failure
- renal fluid and electrolyte disorders.

5. Service objectives

5.1 General

Central to the Service will be the availability of those services that provide a continuum of care from primary health care services (including General Practitioners, Nurse Practitioners and other community providers) to hospital medical, surgical, and intensive care services.

5.2 Māori Health

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

6. Service Users

This Service is for all eligible people with renal conditions that involve the renal system and require specialist renal services.

7. Access

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

8. Service Components

8.1 Processes

The Service must provide:

- specialist nursing services for home dialysis clients
- assessment and treatment of the full range of patients with renal conditions
- clinical and support personnel, services and facilities to ensure timely and definitive renal care
- access to acute renal care on a 24-hour basis.

The Specialist components this service will be responsible for include:

- diagnosis and management of renal and urinary tract diseases
- renal replacement therapy for acute renal failure
- management to delay the progression of chronic kidney disease and prepare people for renal replacement therapy
- dialysis services to patients with end stage renal failure in a timely and comprehensive manner that include home peritoneal dialysis, home haemodialysis and haemodialysis services for dependent care patients unable to perform their own treatments

- managing access to temporary and permanent vascular access for patients managed with haemodialysis
- placing and maintaining adequate peritoneal catheters for patients managed with peritoneal dialysis
- follow-up, re-admission and treatment of people with complications arising while under the care of the service
- evaluation of patients with chronic renal failure for transplantation
- ensuring comprehensive evaluation of potential kidney donors for suitability
- providing timely referral access to selected surgical renal transplantation services
- management in both in-patient and out-patient settings of patients who have received a renal transplant
- providing access to specialist paediatric renal services
- access in both outpatient and inpatient settings to conservative management for end stage renal disease or following withdrawal from dialysis
- ensuring the quality of the service through provision of dialysis and transplantation outcome data and appropriate audit
- special nursing services provided for home dialysis clients.

The Service must provide referral for assessment and transfer to other services where appropriate such as:

- intensive care
- surgical services
- rehabilitation services
- palliative care
- paediatric services
- primary health care.

The care of an individual and their family by a renal service involves a complex sequence of relationships and events. An interdisciplinary team, including physicians, specialist nurses, dieticians and social workers, provides support and education throughout this process, including preparation for renal replacement therapy, education in dialysis and associated care, consideration of transplantation as a treatment option and consideration of ceasing dialysis treatment. The level of intervention will be dependent on the individual's clinical condition and their desire for treatment, and the qualifications/training and experience of the clinical staff, and the level of clinical support.

8.1.1 Pacific Health

The Service will be provided in a way that will contribute to the objectives of the Pacific Health Strategy as referred to in the New Zealand Health Strategy. In particular, to increase access to high quality and effective health and disability services that improves Pacific health and reduces inequalities between Pacific and non-Pacific persons.

Healthcare providers must recognise the cultural values and beliefs that influence the effectiveness for services for Pacific people with renal conditions and must consult and include Pacific in service design and delivery.

8.2 Settings

The Service will be provided in the appropriate setting to provide the desired health outcomes. A consideration in determining the settings for the Service should include (but not be confined to) issues such as cultural appropriateness, accessibility and most effective and efficient use of resources.

Services may be provided through in-patient, ambulatory/day surgery and outpatient settings, community based or mobile services.

8.3 Support Services

Support services include but are not limited to the following:

- clinical support services such as:
 - accredited laboratory services
 - pharmaceutical services
 - imaging services
 - intensive care
 - operating theatres
- allied health support services such as:
 - occupational therapy
 - physiotherapy
 - dietary services
 - diabetes nurse educator
 - social workers
- ancillary services
- interpreting services (including sign language)
- transplant donor co-ordination.

9. Service Linkages

Renal conditions can be complex and involve co-morbid conditions. It is therefore important that Renal services are well integrated with other general and specialist services and that there is effective consultation, liaison and referral between services and sub-specialities.

Generic service linkages are described in tier one Specialist Medical Surgical Services.

Service Provider	Nature of Linkage	Accountabilities
General Practitioner (GP) Nurse Practitioner	Liaison, consultation and referral	Refer individuals for assessment and management according to national referral guidelines.
Other specialist services	Liaison, consultation and referral	Clinical assessment, treatment and intervention that supports seamless service delivery and continuity of care.
Social services, counselling, home help Community district nurses District nursing	Liaison, consultation and referral	Assessment, treatment and intervention that supports seamless service delivery and continuity of care.
Disability Support Services	See tier one service specification	
Australia and New Zealand Dialysis and Transplant Registry (ANZDATA),	Facilitate Service access and participation	Monitor outcome in relation to ANZDATA, through the provision of accurate data.
Māori iwi and communities	Facilitate Service access and participation	Liaise with local iwi and communities to ensure cultural appropriate and accessibility to renal transplant services.
Pacific and New Migrant Community Health Workers	Facilitate Service access and participation	Liaise with local communities, community leaders, churches, temples, mosques etc.

10. Exclusions

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

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.

The New Zealand Dialysis Standards and Audit, produced by the National Renal Advisory Board, documents the various specific renal clinical, staffing and facility standards, based on international best practice, that need to be met to provide dialysis services of acceptable quality for patients (documented as Reference Material under Medical Services in the National Service Framework).

The Service providers may implement any evidence-based clinical guidelines as developed by the National Renal Advisory Board having regard for existing international standards or recognised clinical 'best practice' (where no guidelines exist) for renal examinations/procedures.

12. Purchase Units

Purchase Units (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following PU code applies to this Service.

PU Code (PUC)	PU Description	PU Definition
M00010	Medical Virtual 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.
M60001	Renal Medicine – Inpatient Services DRGs	DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.
M60002	Renal Medicine - 1 st attendance	First attendance to nephrologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.
M60003	Renal Medicine – Subsequent attendance	Follow-up attendances to nephrologist or medical officer at registrar level or above or nurse practitioner. Excludes dialysis.
M60004	Renal Medicine – Recurrent home based CAPD	Programme of home-based treatment for patients requiring long term continuous ambulatory peritoneal dialysis - treatment component only. Includes patient/family support and monitoring, ongoing equipment required including repair and maintenance.

PU Code (PUC)	PU Description	PU Definition
M60005	Renal Medicine – CAPD Training	Initial training and education of patients in self-management of continuous ambulatory peritoneal dialysis in their home. Includes patient/family education, initial equipment required, home modifications.
M60006	Renal Medicine – Recurrent home based Haemodialysis	Programme of home-based treatment for patients requiring long term haemodialysis - treatment component only. Includes patient/family support and monitoring, ongoing equipment required including repair and maintenance.
M60007	Renal Medicine Haemodialysis Training	Initial training and education of patients in self-management of haemodialysis in their home. Excludes all dialysis treatments prior to or during home haemodialysis or peritoneal dialysis training and all treatments of home haemodialysis patients undertaken at an In-centre facility.
M60008	Renal Medicine – In centre Haemodialysis	Centre-based treatment for patients requiring long term haemodialysis. Includes all dialysis treatments prior to or during home haemodialysis or peritoneal dialysis training and all treatments of home haemodialysis patients undertaken at an In-centre facility.
M60009	Renal Medicine – In centre self managed dialysis	Centre-based self managed dialysis treatment for patients requiring long term haemodialysis. Includes all monitoring, supplies and clinical services received during the dialysis treatment.
M60010	Renal medicine – In-centre self managed dialysis training	New clients undertaking in-centre self managed renal dialysis training.
M60011	Pre-renal Replacement Therapy Programme	Dedicated outpatient services for newly diagnosed Chronic Renal Failure patients to provide a basic level of education at an early stage for all newly diagnosed patients, to identify and resolve at an early stage any social problems which may influence modality choice and to commence dietary intervention at an early stage in order to control symptoms, prevent malnutrition and maintain renal function. This will be provided by a specialist multidisciplinary team, from a dedicated base facility.

Unit of Measure	Unit of Measure Definition
Attendance	Number of attendances to a clinic/department/acute assessment unit.
Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.
New Client	Number of clients at end of the reporting period who were not included in the caseload for the previous reporting period.
Patient	The number of patients receiving treatments on the last day of the monthly reporting period.

Unit of Measure	Unit of Measure Definition
Service	Agreed lump sum amount. Service purchased in a block arrangement.
Written plan of care	Written plan of care provided by the specialist to the referring GP

13. Reporting Requirements

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

Unless otherwise specified in the agreement, the reporting will be sent to:

The Performance Reporting Team, Sector Operations via email to:

performance_reporting@moh.govt.nz

14. Glossary

Not required

15. Appendices

Not required