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# Specialist Medical and Surgical Services

## General Surgery

### 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
First published	2001
<b>Review:</b> of General Surgery Service Specification (2001) Amendments: Standard Māori health, entry and exit criteria, support services, service linkages table, quality requirements, purchase units and reporting requirements. Added Specialist Assessment and purchase unit code S00011	August 2010
<b>Amendments:</b> edited to remove duplication of content with the Tier one Specialist Medical and Surgical service specification and removed S00006 and S00007, and Vascular Service purchase units as Vascular Services has its own service specification.	November 2016
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 General Surgery service specification must be used in conjunction with the overarching tier one Specialist Medical and Surgical Services service specification. This Service is also linked to the Services for Children and Young People service specifications and the tier two Vascular Services, and tier three Breast Cancer Surgery service specifications.

Refer to the overarching tier one Specialist Medical and Surgical Services service specification for generic details applicable to all the delivery of the Service.

### 4. Service Definition

General surgery encompasses surgery of the skin, abdominal wall and cavity, the gastrointestinal system, the peritoneum and its contents, the endocrine system, the breast and vascular systems.

In some secondary hospital facilities, general surgeons routinely perform some vascular, head and neck, thorax, orthopaedic, plastic surgery, urology and gynaecology procedures.

The Service provides surgical assessment and management of:

- symptoms or signs, either chronic or acute, suggestive of disease or dysfunction in the salivary, oesophageal, gastro-intestinal, hepato-biliary, breast, endocrine and vascular systems as well as the integument, subcutaneous tissues or musculature
- symptoms or signs of disease or dysfunction in other organ systems secondary to the disorders above
- acute and chronic pain of any cause
- acute trauma not specifically designated above.

Assessment and management may require multidisciplinary input and clarity of the responsibility for care co-ordination, with general surgery playing a greater or lesser role, depending on specific needs of the service user.

### 5. Service objectives

Refer to Service Objectives in the tier one Specialist Medical and Surgical Services service specification on.

### 6. Service Users

Service users are eligible people who meet the Service's clinical eligibility criteria and require assessment and treatment for a general surgery condition.

## 7. Access

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

The Service will maintain an acute capacity with the ability to see and treat all cases referred on an urgent basis in accordance with established clinical guidelines. Acute referrals to the Service will be accepted under these arrangements irrespective of DHB of the service user's domicile.

## 8. Service Components

### 8.1 Processes

The clinical management of a service user involves a complex sequence of relationships and events. The level of intervention varies according to their clinical condition, the qualification and training of clinical staff, and the level of clinical support available.

Refer to the tier one Specialist Medical and Surgical Services service specifications for general processes. In addition, the Service is responsible for providing the following.

- Stabilisation and onward referral to an appropriate level of care as required or stabilisation and definitive treatment of all patients from time of presentation to discharge back to the referring medical practitioner.
- Assessment and diagnosis of patients in emergency and non-acute contexts. A close liaison with specialist emergency services is necessary and easy access to telephone or other consultation services for general practitioners / primary carers are encouraged and expected.
- Specialist assessment with a written plan of care.
- Therapeutic procedures and post-procedure management.
- Provision of appropriate after hours care to people undergoing day surgery, including arrangements for re-admission where required.
- Appropriate follow-up and treatment of all patients undergoing surgery in line with accepted standards of clinical practice and specialist follow-up and rehabilitation including co-ordination of multi-disciplinary activity.
- Follow-up, re-admission and treatment of all patients where complications arise in the course of treatment by the service (this may include appropriate referral to higher level of care).
- Long term follow-up and revision treatment, as required, for surgery undertaken, (this may include appropriate referral to other providers).
- Liaison with primary care providers.

## 9. Support Services

Refer to the Tier One Specialist Medical and Surgical Services service specification for support services.

## 10. Service Linkages

Refer to the tier one Specialist Medical and Surgical Services service specification, and as age appropriate, the Services for Children and Young People service specifications. In addition, the Service should be well integrated with other general and specialist services such as vascular services, intensive care, specialist pain services, and rehabilitation services.

The Service is required to establish effective links and working arrangements and co-operation with, but not limited to, the following service providers.

Service Provider	Relationship
Primary health care services, general practitioners, nurse practitioners, district nurses	Liaison with primary health care organisations and community-based rehabilitation services that support continuity of care.
Other health professional specialists and registered medical practitioners, services and sub-specialties, and pre-hospital emergency care services.	Clinical consultation and referral services that support continuity of care

## 11. Exclusions

Refer to the Tier One Specialist Medical and Surgical Services service specification for support services.

## 12. Quality Requirements

Where available, the Service should use accepted clinical guidelines and standards.

The Service is also encouraged to follow the best practice guidelines set out in the Oral Health Clinical Advisory Network's *Clinical Guidelines for Child and Adolescent Oral Health* (July 2019).

## 13. 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	PU Description	PU Definition	Unit of Measure
S00001	General Surgery - 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
S00002	General Surgery - 1st attendance	First attendance to general surgeon or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance
S00003	General Surgery - Subsequent attendance	Follow-up attendances to general surgeon or medical officer at registrar level or above or nurse practitioner.	Attendance
S00008	Minor Operations	Minor surgical procedures	Procedure
S00011	Surgical 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 from Primary to Secondary or Secondary to Tertiary. GP referral can come from tertiary and secondary referrals. 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 non contact FSA does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care
S00012	Surgical non contact Follow Up - 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 relevant diagnostic test results. The patient is not present during this follow up that should only be undertaken after a face to face contact by the same service. A written plan of care is developed for the patient and that plan and other necessary advice is sent to patient and if applicable to referrer. Diagnostics are only to be included if ordered by the DHB providing the non-contact follow up.	Written plan of care
S00CANC	General Surgery Cancelled Operation	NOT PURCHASED; USE FOR REPORTING TO NNPAC FOR COUNTING ONLY. General Surgery cancelled case.	Attendance
S00PRE	General Surgery Preadmission visit	NOT PURCHASED; USE FOR REPORTING TO NNPAC FOR COUNTING ONLY. Preadmission visit for General Surgery procedure paid for as part of CWD price	Attendance

PU Code	PU Description	PU Definition	Unit of Measure
MS01001	Nurse Led Outpatient Clinics	Assessment, treatment, or education and/or management outpatient clinics led by a nurse specialist not covered under other education management PUCs. This excludes clinics led by a nurse practitioner.	Attendance
MS02004	Cystoscopy - Any health specialty	Cystoscopy performed as an outpatient or elective day case regardless of the Health Specialty providing the service, and not provided under any other purchase unit. Additional information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Attendance
MS02005	Gastroscopy - Any health specialty.	Gastroscopy performed as an outpatient or elective day case regardless of the Health Specialty providing the service, and not provided under any other purchase unit. Additional information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Attendance
MS02007	Colonoscopy - Any health specialty	Colonoscopy performed as an outpatient or elective day case regardless of the Health Specialty providing the service, and not provided under any other purchase unit. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Attendance
MS02024	Interdisciplinary team (IDT) Assessment	Attendance for an assessment by more than one member of an IDT to make recommendations for further treatment and management of a patient's condition	Attendance

Attendance

Attendance



Explanation of the above units of measure.

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
Procedure	The number of individual operative/diagnostic/assessment procedures in the period (period is annual 1st July - 30th June).
Treatment	Number of attendances for treatment.
Written plan of care	Written plan of care provided by the specialist to the referring GP

## 14. Reporting Requirements

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

## 15. Glossary

Not required

## 16. Appendices

Not required