

Specialist Medical and Surgical Services
Gynaecology
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 |
|---|-------------------|
| First Published on NSFL | 2003 |
| Review of Tier Two Gynaecology Service (2003) Amendments: updated service definition and termination of pregnancy content. Added purchase unit codes Non-contact First Specialist Assessment, Non-contact follow up and S00011, S30009, S30PRE, S30CANC, new PU Code for medical termination of pregnancy. | September 2014 |
| Amendments: amended purchase unit codes to align with purchase unit data dictionary | July 2015 |
| Amendments: updated web links, minor formatting. | September 2017 |
| Amendments: The Contraception, Sterilisation, and Abortion Act new requirements, refreshed Gynaecology tool, updated links and references. | May 2020 |
| 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, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

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

3. Introduction

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| <p style="text-align: center;">SPECIALIST MEDICAL AND SURGICAL SERVICES – GYNAECOLOGY SERVICES TIER TWO SERVICE SPECIFICATION S00011, S00012, S30PRE, S30CANC, S30001, S30002, S30003, S30006, S30007, S30008, S30009, S30010, S30011</p> |
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This tier two service specification for Gynaecology Services (the Service) must be used in conjunction with the tier one Specialist Medical and Surgical Services and, as age appropriate, the tier one Services for Children and Young People service specifications.

Refer to relevant tier one service specifications for generic principles and requirements.

The Service is also linked to other services described in the following service specifications including:

- tier two Urology Services
- tier two Oncology Services
- tier two Radiotherapy Services
- tier two Assisted Reproductive Technology Services
- tier one Community Health, Transitional and Support Services and its relevant tier two service specifications
- tier one Maternity Services and its relevant tier two service specifications
- tier two Public Health Preventative Intervention service specification.

4. Service Definition

The Service provides access to assessment, management and treatment of gynaecological diseases and conditions, primarily those of the genital tract for females and includes reproductive medicine, management of early pregnancies with complications and termination of pregnancies.

5. Service objectives

Refer to the generic service objectives listed in the tier one Specialist Medical and Surgical Services service specification, and as age appropriate, the tier one Services for Children and Young People service specification.

6. Service Users

Service Users are people who meet the Service's eligibility criteria and require specialist gynaecological services to improve their health status.

7. Access

7.1 General

Access may be limited by the referral prioritisation framework where access is restricted. Service Users will be eligible for the Service based on the clinical assessment of their health status risk

Access to the Service is only by referral from an appropriate health professional, except for termination services (which must allow self-referral (see 5.1.2 below.) Service Providers will use the Electronic Gynaecology Surgery Clinical Prioritisation Tool¹.

For women referred to the Service from the NCSP, see the Guidelines for Cervical Screening in New Zealand², and any subsequent updates:

Men may be referred to the Service as clinically appropriate.

7.2 Termination of Pregnancy Services entry criteria

On 24 March 2020 changes were made to the law³ to decriminalise abortion, better align the regulation of abortion services with other health services and modernise the legal framework for abortion services in New Zealand. Following this change any woman seeking a termination of pregnancy (TOP) can access services from a qualified health practitioner without a referral⁴. The key changes to access include:

- a qualified health practitioner may provide TOP services to a woman who is not more than 20 weeks pregnant (no statutory test requirements)
- a qualified health practitioner may provide TOP services to a woman who is more than 20 weeks pregnant if they reasonably believe that it is clinically appropriate in the circumstances. In considering whether the TOP is clinically appropriate in the circumstances, the qualified health practitioner must:
 - a. consult at least one other qualified health practitioner
 - b. have regard to:
 - i. all relevant legal, professional and ethical standards to which the qualified health practitioner is subject
 - ii. the woman's: A. physical health
B. mental health
C. overall wellbeing
 - iii. the gestational age of the fetus.
- ensuring that health practitioners advise women of the availability of counselling services if they are considering a TOP or have had a termination, although counselling must not be mandatory.

For full details please refer to the updated Contraception, Sterilisation, and Abortion Act 1977⁵.

¹ The refreshed Gynaecology surgery tool (code 9065) developed and endorsed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) for use from October 2019 is hosted on the National Prioritisation Platform, a log in is required.

² www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines

³ The amendment updated the primary legislation for abortion, set out in the Contraception, Sterilisation, and Abortion Act 1977 and the Crimes Act 1961.

⁴ Section 13 Contraception, Sterilisation and Abortion Act 1977 states that a qualified health practitioner may not, as a condition of providing abortion services to a woman, require the woman to be referred from a health practitioner.

⁵ www.legislation.govt.nz/act/public/1977/0112/latest/DLM18174.html

In some regions a woman may have to travel to a different District area to access the TOP service. The National Travel Assistance Scheme (NTA)⁶ applies to females travelling for terminations where the publicly funded secondary and tertiary services are not available locally and the woman has been referred by a publicly funded health or disability specialist. Districts may also have their own travel schemes that can be used.

Information on termination of pregnancy service provider locations⁷, decision making support and cost is available on the Ministry of Health website.

8. Service Components

8.1 Processes

The care of an individual and their family by a gynaecological service involves a complex sequence of relationships and events. 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.

The key components of the Service are:

8.1.1 Assessment, Diagnosis and Treatment

The Service is responsible for:

- assessment, diagnosis, appropriate treatment and follow up of all Service Users undergoing treatment in line with accepted standards of clinical practice
- provision of appropriate after hours care to Service Users undergoing day surgery, including arrangements for re-admission where required
- follow up, re-admission and treatment of all Service Users in whom complications arise in the course of treatment by the Service (this may include appropriate referral to more intensive levels of care)
- discharge planning including handover to the Service User's general practitioner (GP) or primary health care provider
- counselling services.

8.1.2 Education and Information

The Service is responsible for:

- providing opinion and assistance to primary health care providers in managing their patients with gynaecological conditions, including informing women of the NCSP
 - provision of written information about the Service to Services Users and referrers
- referral to another speciality for an opinion and/or (shared) management of the Service User

⁶ www.health.govt.nz/our-work/hospitals-and-specialist-care/national-travel-assistance-scheme/national-travel-assistance-policy-and-guide

⁷ www.health.govt.nz/your-health/healthy-living/sexual-health/considering-abortion
www.health.govt.nz/your-health/healthy-living/sexual-health/considering-abortion/abortion-provider-locations

- compliance with the requirements of the Contraception, Sterilisation and Abortion Act (CSA Act) 1977 in relation to conscientious objection
- ensuring that they have processes in place to ensure (to the extent practicable) that people seeking or considering abortion and sterilisation services are not put in the position of seeking advice or information from staff who have a conscientious objection to providing those services.

8.1.3 Health Promotion and Disease Prevention

The Service is responsible for:

- education and counselling of Service Users and/or caregiver concerning:
 - condition
 - specific health education
 - reducing the possibility of recurrence of acute conditions
 - acceptance and management of chronic conditions including the efficient and appropriate use of medicines and equipment
 - self-care and self-management
 - prevention of further deterioration
 - personal remedial action related to lifestyle risk factors (eg stopping smoking, weight control advice)
 - informing and educating women on HPV and screening for prevention of treatable disease including the NCSP
 - providing contraception and advice (as part of termination of pregnancy services)
- communicable disease control activities, including:
 - report communicable diseases as required by the Medical Officer of Health
 - contact tracing and treatment of likely affected/infected sexual contacts
 - infectious disease measures, including but not limited to, patient isolation.

8.2 Service Specific Deliverables

The level of the Service varies according to the Service User's clinical condition, the qualification/training of medical/surgical staff, and the level of clinical support available.

The Service includes:

- gynaecological surgery
- management of menstrual disorders
- endometriosis / pelvic pain services
- management of complications in early pregnancy
- basic fertility investigation and interpretation
- adjuvant urological services.

The Service may include, and / or be linked to other providers of, the following services:

- Family Planning Service
- Sterilisation Services
- Termination of Pregnancy Services, including counselling services.

In addition to the above, tertiary hospital Gynaecology Services will include the following and/or be linked to other providers of, the following services:

- specialist micro-surgery

- gynaecological oncology
- colposcopy services
- uro-gynaecology
- reproductive endocrinology
- the NCSP.

8.3 Settings

The Services will be provided in a setting most appropriate for the delivery of the Services. Refer to the tier one Specialist Medical and Surgical Services service specification for settings information.

8.4 Key Inputs

This Service is provided by Gynaecologists, Registrars, other Medical Practitioners, Nurse Practitioners, Registered Nurses, and other nurses.

Procedural services such as: diagnostic services, operating theatres, pharmaceuticals, and the New Zealand Blood Service.

9. Service Linkages

The Service will be well integrated with other health services and ensure there is effective consultation, liaison and referral between services and sub-specialities that support seamless service delivery and continuity of care.

In addition to the service linkages in tier one Specialist Medical and Surgical services the Service is required to establish effective links and working arrangements with, but not limited to, the following service providers:

- Assisted Reproductive Technology Service Providers
- Allied Health Services including: physiotherapy, social services, counselling services, sexual dysfunction therapists
- Consumer support groups
- Clinical Genetics Services
- Family Planning Clinic services
- General surgical, colorectal, and urological surgical services⁸
- Pain Management Services
- Palliative Care Services
- Pharmaceutical Services
- Specialist Community Nurses
- Midwife/Lead Maternity Carers
- National Screening Unit screening programmes, NCSP Regional Services Independent Service Providers and NCSP Laboratories
- New migrant and refugee services, as appropriate
- Primary Health Care Providers

⁸ ie complex endo surgery, complex genito- urinary conditions, oophorectomy for braca, and follow up for gynaecology surveillance of endometrial problems associated with breast chemotherapy - tamoxifen

- Public Health communicable diseases programmes, education and promotion services
- Regional Health Services eg Youth One Stop Shop Services
- Sexual Health Services
- Termination of Pregnancy services.

10. Exclusions

This Service will not duplicate services already contracted for by the Health New Zealand, Accident Compensation Corporation (ACC), or other Government departments and agencies or Districts, such as specified in: the National Cervical Screening Programme (NCSP) service specification, or the 2007 Maternity Services Notice Section 88 of the New Zealand Public Health and Disability Act 2000.

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework (OPF)⁹ or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

Refer to the tier one Specialist Medical and Surgical Services service specification for generic requirements. In addition, the Service must comply with the following standards and guidelines:

- Standards of Service Provision for Gynaecological Cancer Patients in New Zealand Provisions¹⁰ or any subsequent updates
- Guidelines for Cervical Screening in New Zealand¹¹ or any subsequent updates
- Objectives for the provision of Elective Services (Clarity, Timeliness, and Fairness) as outlined in Appendix One of tier one Specialist Medical and Surgical services, and within the OPF.
- The Interim Standards for Abortion Services in New Zealand¹² or subsequent versions of these Standards. The Interim Standards are based on the Abortion Supervisory Committee Standards of Care, with amendments where necessary to comply with the new legislation.

⁹ NSFL accountability documents: <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

¹⁰ www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/review-national-tumour-standards

¹¹ www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines

¹² www.health.govt.nz/publication/interim-standards-abortion-services-new-zealand. New standards will be developed in partnership with clinicians, service users, and service providers.

12. Purchase Units and Reporting Requirements

12.1 Purchase Units

Purchase Unit (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following PU codes may be used to purchase this Service.

| PU Code | PU Description | PU Definition | Unit of Measure |
|---------|---|--|-------------------------|
| S30PRE | Gynaecology Preadmission visit | NOT PURCHASED; USE FOR REPORTING TO NNPAAC FOR COUNTING ONLY. Preadmission visit for Gynaecology procedure paid for as part of CWD price | Attendance |
| S30CANC | Gynaecology Cancelled Operation | NOT PURCHASED; USE FOR REPORTING TO NNPAAC FOR COUNTING ONLY. Gynaecology cancelled case. | Attendance |
| 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 an original face to face contact by the specialty. A written plan of care is developed for the patient and that plan and other necessary advice is sent to the referring clinician and the patient. The non-contact follow up PU code excludes the costs of diagnostic tests. | Written plan of care |
| S30001 | Gynaecology - 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 |
| S30002 | Gynaecology 1 st Attendance | First attendance to gynaecologist or medical officer at registrar level or above or nurse practitioner for specialist assessment. | Attendance |
| S30003 | Gynaecology –Subsequent attendance | Follow-up attendances to gynaecologist or medical officer at registrar level or above or nurse practitioner. Excludes colposcopy and minor procedures. | Attendance |

| PU Code | PU Description | PU Definition | Unit of Measure |
|---------|--|--|-----------------|
| S30006 | Surgical Termination of Pregnancy Surgical – 1 st trimester | Non-acute Surgical Termination of Pregnancy (ToP) performed as an outpatient or elective day case during the first trimester of pregnancy up to 13 weeks. Includes specialist consultation. | Procedure |
| S30007 | Tertiary Infertility Services | Assessments and work up for eligibility to access Fertility Services | Assessment |
| S30008 | Gynaecology Minor Procedure – High Cost | Outpatient procedures where the purpose of the attendance is to receive the procedure and the patient is not admitted. Includes Mirena procedures. Excludes colposcopies and NCSP-20 purchases. | Procedure |
| S30009 | Surgical Termination of Pregnancy Surgical – 2 nd trimester | Non-acute Surgical Termination of Pregnancy (ToP) performed as an outpatient or elective day case during the second trimester of pregnancy up to 19 weeks. Includes obstetrics or gynaecology specialist consultation. | Procedure |
| S30010 | Medical Termination of Pregnancy - treatment | Non-acute medical Termination of Pregnancy (ToP) performed as a non-surgical outpatient or elective day case | Treatment |
| S30011 | Medical Termination of Pregnancy - FU | Follow up as part of a non-acute medical Termination of Pregnancy (ToP) performed as a non-surgical outpatient or elective day case. | Treatment |

| Unit of Measure ¹³ | Unity of Measure Definition |
|-------------------------------|--|
| Assessment | Number of assessments. Initial assessments and reassessments should be counted separately. |
| 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. |

¹³ The Units of Measure are consistent with the Nationwide Service Framework Purchase Unit Data Dictionary www.nsf.health.govt.nz/purchase-units

12.2 Reporting Requirements

12.2.1 Service Compliance

The Service must comply with the requirements of Health NZ's national data collections.

Districts must accurately report activity to the Health NZ's National Collections as outlined in the Operational Policy Framework¹⁴ Monitoring and Reporting chapter, this includes but is not limited to National Minimum Data Set (NMDS), National Non-Admitted Patient Collection, (NNPAC), National Booking Reporting System (NBRS) and National Patient Flow (NPF).

Organisations that provide any services purchased by Districts directly will also supply Health NZ with data required for inclusion in the National Collections (particularly the NMDS, NPF, NBRS and NNPAC). Organisations will notify Health NZ of any changes to their data definitions, standards or computer systems that may or will affect the supply of the above data.

12.2.2 Termination of Pregnancy notification.

The Ministry's termination of pregnancy /abortion notifications system is at www.alrnotifications.health.govt.nz. To comply with new Section 20 of the Contraception, Sterilisation, and Abortion Act, service providers must submit a notification to the Ministry of Health within one month of a termination of pregnancy. This notification must include all details specified and not include the name or a unique identifier of the woman.

Additional information will be supplied as required by the legislation under s17 of the CSA Act, will be used to support periodic reviews into the timely and equitable access to services.

¹⁴ Operational Policy Framework see <https://www.health.govt.nz/about-us/new-zealands-health-system/overview-and-statutory-framework/accountability-arrangements>

12.2.3 Sterilisation reports

To comply with section 8 of the CSA Act, every medical practitioner who performs a sterilisation operation must, within a month of the operation, send the Ministry of Health a report of the operation giving the following particulars:

- a. the reasons for the operation:
- b. the age, sex, relationship status, race, and number of children of the Service User:
- c. whether the service user stayed in hospital for 1 or more nights:
- d. whether the operation was performed post-partum.

The report must not include the name or a unique identifier of the woman.