

**Specialist Medical and Surgical Services**

# **Urology Service Specification**

## **Tier 2**

**September 2024**

## Contents

1. Status .....	2
2. Review History .....	2
3. Introduction .....	3
4. Service Definition .....	3
5. Service objectives .....	3
6. Service Users .....	3
7. Access .....	4
8. Service Components .....	4
9. Service Linkages .....	5
10. Exclusions .....	5
11. Quality Requirements .....	6
12. Purchase Units .....	6
13. Reporting Requirements .....	8
14. Glossary .....	<b>Error! Bookmark not defined.</b>
15. Appendices .....	<b>Error! Bookmark not defined.</b>

## 1. Status

It is compulsory to use this nationwide service specification when purchasing this service.

MANDATORY  RECOMMENDED

## 2. Review History

Review History	Date
First Published on NSFL	2001
<b>Amendments:</b> standard Māori health, entry and exit criteria, support services, service linkages table, quality requirements, purchase units and reporting requirements. Added Virtual First Specialist Assessment and purchase unit codes S00011, S70PRE, S70CANC	August 2010
<b>Amendments:</b> Updated references and links, edited. Added new PU code S70008, other Purchase Unit Codes updated to align with the Data Dictionary, Reporting aligns with the Ministry's National Collections' requirements.	May 2020
Consideration for review	within 5 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 NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. [NSF@tewhatuora.govt.nz](mailto:NSF@tewhatuora.govt.nz)

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

### 3. Introduction

#### **SPECIALIST MEDICAL AND SURGICAL SERVICES –**

#### **UROLOGY SERVICE**

#### **TIER TWO SERVICE SPECIFICATION**

**S70001, S70002, S70003, S70006, S70007, S70008, S00011, S70PRE, S70CANC**

This tier two service specification for the Urology Service (the Service) must be used in conjunction with the tier one Specialist Medical and Surgical Services service specification and if age appropriate, the tier one Services for Children and Young People service specification.

Refer to the tier one service specifications content headings for generic principles and requirements that are applicable to all service delivery.

### 4. Service Definition

The Service provides specialist management of Service Users who present with disorders of the urinary tract in both sexes, and the male reproductive tract. The level of intervention provided by the Service varies according to the Service User's clinical condition, the desire for treatment, and the training of medical staff, and the level of clinical support available.

The Service is provided as an integrated service and includes:

- assessment and follow up
- urology – flexible cystoscopy
- trans-rectal ultrasound and biopsy
- day stay surgery
- trans-urethral resection of the prostate
- basic endoscopic surgical procedures
- planned care and acute procedures
- extracorporeal shock wave lithotripsy (ESWL)
- percutaneous nephrolithotomy (PCNL) / interventional radiology
- female urology
- paediatric urology
- trauma services.

### 5. Service objectives

The Service will ensure that there is prompt service available for Service Users presenting with urgent conditions such as: acute retention, urosepsis, renal colic, testicular torsion, inflammatory conditions of the male genital tract and trauma.

## 6. Service Users

Service Users are people who meet the eligibility and service access criteria and who require specialist urology services for a medical or surgical urology condition.

## 7. Access

Access to the Service is by referral from an appropriate health professional. 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. Service Providers will use the approved electronic Urology Clinical Prioritisation tools<sup>1</sup> when available.

The Service must be prepared to receive all appropriate acute referrals on a 24-hour basis, and facilitate the transfer of Service Users to another facility where appropriate.

## 8. Service Components

### 8.1 Assessment, Diagnosis and Treatment and Follow up

The Service will include:

- consultation, opinion and initiation of appropriate investigations
- specialist assessment with a written plan of care to the referrer
- referral to another speciality for opinion and/or management
- planned care and acute surgery
- pre-operative assessment, education of patients and obtaining informed consent
- endoscopic intervention for diagnosis and treatment
- open surgical intervention for diagnosis / treatment
- post-operative follow-up
- complex cancer surgery
- facilitating continuation of care in the community following discharge
- coreconstructive surgery
- laparoscopic surgery
- spinal injury services
- spina bifida.

The Service will be responsible for:

- stabilisation and onward referral to an appropriate level of care as is required for stabilisation and definitive treatment of all acute cases from time of presentation to discharge back to referring medical practitioner
- assessment and diagnosis of patients in acute and non-acute context
- therapeutic procedures and post procedure management
- pharmaceutical prescriptions to include the prescriber's identification with an agreed indicator of service location and service

---

<sup>1</sup> There are a range of paper-based prioritisation tools (8000 series) used in New Zealand and there is intent to move to a nationally consistent tool in future.

- provision of appropriate after hours care to people undergoing day surgery including arrangements for re-admission where required
- an appropriate follow-up and treatment of all patients undergoing surgery in line with accepted standards of clinical practice
- specialist follow-up and rehabilitation including occupational therapy, physiotherapy and 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 a higher level of care
- long term follow-up and revision of treatment as required that may include appropriate referral to other providers
- liaison with primary health care providers.

## 9. Support Services

Support services include but are not limited to the following:

- clinical support services such as: laboratory services, pharmaceutical services and imaging services
- allied health support services such as: occupational therapy, physiotherapy, social workers
- specialist community nurses
- ancillary services
- interpreting services (including NZ sign language).

## 10. Service Linkages

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, specialist community nurses	Liaison, consultation and referral	Liaison with primary health care organisations and community based rehabilitation services that supports continuity of care
Other health professionals, specialists and registered medical practitioners	Consultation and referral	Clinical consultation and referral service that supports continuity of care
Family Planning and Sexual Health Services	Consultation and referral	Clinical consultation and referral services that supports continuity of care
Community and social services Specialist community nurses	Liaison, coordination of services	Assessment, treatment and intervention that supports seamless service delivery and continuity of care
Consumer support groups	Consumer support and information	Effective regional linkages to ensure patients access appropriate services

Providers of Disability Support Services	Referral, liaison and collaboration	Work collaboratively with intellectual and other disability support services and facilitate access to those services when needed.
--	-------------------------------------	---

## 11. Exclusions

This Service will not duplicate services already contracted for by Health New Zealand, Accident Compensation Corporation (ACC), or other Government Departments and Agencies or District Health Boards.

## 12. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework<sup>2</sup> or, as applicable, Crown Funding Agreement variations, contracts or service level agreements.

Assessment and treatment will be supported by clinical support services and will include: appropriate assessment, follow up and treatment of all patients undergoing surgery in line with accepted standards of clinical practice.

Pharmaceutical prescriptions to include the prescriber's identification with an agreed indicator of service location and service.

## 13. Purchase Units and Reporting Requirements

### 13.1 Purchase units

Purchase Unit Codes 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
S70001	Urology - 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
S70002	Urology - 1st attendance	First attendance to urologist or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance

<sup>2</sup> [nsfl.health.govt.nz/accountability/operational-policy-framework-0](https://nsfl.health.govt.nz/accountability/operational-policy-framework-0)

PU Code	PU Description	PU Definition	Unit of Measure
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
S70003	Urology - Subsequent attendance	Follow-up attendances to urologist or medical officer at registrar level or above or nurse practitioner. Excludes cystoscopy, lithotripsy and chemotherapy.	Attendance
S70006	Urology - Lithotripsy	Lithotripsy as an outpatient or elective daycase.	Procedure
S70007	Urodynamic s	Patients treated for urodynamic procedures.	Procedure
S70008	Prostate Biopsy	Prostate biopsy (transrectal TRUS /transperineal approach TPA) performed as an outpatient or elective day case regardless of the Health Specialty providing the service. Casemix excluded procedures, additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every yea	Attendance
S70PRE	Urology Preadmission visit	NOT PURCHASED; USE FOR REPORTING TO NNPAC FOR COUNTING ONLY. Preadmission visit for Urology procedure paid for as part of CWD price	Attendance
S70CANC	Urology Cancelled Operation	NOT PURCHASED; USE FOR REPORTING TO NNPAC FOR COUNTING ONLY. Urology cancelled case .	Attendance

Unit of Measure <sup>3</sup>	Unit of Measure Definition
------------------------------	----------------------------

<sup>3</sup> The Units of Measure are consistent with the Nationwide Service Framework Purchase Unit Data Dictionary [www.nsf.health.govt.nz/purchase-units](http://www.nsf.health.govt.nz/purchase-units)



Attendance	Number of assessments. Initial assessments and reassessments should be counted separately.
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).
Written plan of care	Written plan of care provided by the specialist to the referring GP

## 13.2 Reporting Requirements

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

Districts must accurately report activity to Health New Zealand's National Collections as outlined in the Operational Policy Framework<sup>4</sup> 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 New Zealand with data required for inclusion in the National Collections (particularly the NMDS, NPF, NBRS and NNPAC). Organisations will notify Health New Zealand ([performance\\_reporting@health.govt.nz](mailto:performance_reporting@health.govt.nz)) of any changes to their data definitions, standards or computer systems that may or will affect the supply of the above data.

---

<sup>4</sup> Operational; Policy Framework see <https://www.health.govt.nz/about-us/new-zealands-health-system/overview-and-statutory-framework/accountability-arrangements>