

**Specialist Medical and Surgical
Services**

Vascular Service

Tier 2 Service Specification

September 2024

Contents

1. Status	2
2. Review History	2
3. Introduction	3
3.1 Background	3
4. Service Definition	3
5. Service objectives	3
6. Service Users	3
7. Access	4
8. Service Components.....	4
8.1 Processes.....	4
8.2 Key Inputs	4
8.3 Support Services	4
8.4 Service Levels	5
9. Service Linkages.....	5
10. Exclusions	5
11. Quality Requirements	5
12. Purchase Units	6
13. Reporting Requirements.....	7

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
Published on NSFL	August 2017
NEW	December 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 Vascular Services (the Service) service specification must be used in conjunction with the overarching Tier One Specialist Medical and Surgical Services service specification. Refer to the overarching Tier One Service Specification for generic details that are applicable to all service delivery:

- Service objectives
- Maori Health objectives
- Access (including entry and exit criteria)
- Settings

3.1 Background

Vascular Services have previously been included in the Tier Two General Surgery Service Specification. Vascular Services are provided across a range of specialties and disciplines to deliver integrated care for patients with diseases of the vascular system.

4. Service Definition

Vascular Services encompass specialist management of conditions relating to the vascular system including diseases of arteries, veins and lymphatic vessels which may present a risk to life or which adversely affect the quality of life.

The Service provides assessment and management of:

- symptoms or signs, either chronic or acute, suggestive of vascular disease or dysfunction, (e.g. intermittent claudication, varicose veins, lymphatic disorders, diabetic vascular disease, carotid artery stenosis) as well as some asymptomatic conditions, such as abdominal aortic aneurysm
- provision of access to vascular circulation, e.g. for haemodialysis.

Assessment and management may require multidisciplinary input and clarity of responsibility for care co-ordination, with surgery playing a variable role, depending on the specific needs of the patient.

5. Service objectives

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

6. Service Users

Service Users are people who require assessment and treatment for a vascular condition and who meet the Service's clinical eligibility criteria.

7. Access

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

8. Service Components

8.1 Processes

Refer to Tier One Specialist Medical and Surgical Services service specification for general processes. In addition the vascular service is responsible for:

- supporting management of patients with vascular conditions
- pre- and post-therapeutic surveillance
- vascular surgery, including thoracic vessels
- supporting the management of patients from other specialties through -
 - the control of major blood vessels to facilitate dissection (in cancer surgery for example) and in the management of haemorrhage.
 - assisting with vascular complications of disease (e.g. diabetes), complex wounds or leg ulcers
 - providing vascular access for renal patients requiring haemodialysis or port insertion for oncology patients.
 - providing renal transplantation in tertiary transplantation centres.

8.2 Key Inputs

The Service is multidisciplinary with input from medical, nursing, sonography, and allied health practitioners. Key inputs are from:

- Vascular Surgeons
- General Surgeons with a vascular sub-specialty
- Interventional Radiologists
- Vascular Sonographers
- Vascular Nurses and Nurse Specialists
- Vascular operating theatre and interventional nurses
- Medical Radiation Technologists

8.3 Support Services

The Service spans the range of patient care including non-surgical, surgical and interventional radiological management on an acute, acute arranged and elective basis in inpatient and outpatient settings. The Service has strong links to pre-hospital and hospital emergency care, intensive care and rehabilitation services.

Refer to Tier One Specialist Medical and Surgical Services service specifications for support services that are integral components of specialist services. Specific support services integral to this Service:

- clinical support services including diagnostic imaging services
- vascular laboratory
- physiotherapy lymphedema specialists.

8.4 Service Levels

The components of the vascular services provided by the Service depend on the level of the Service, with levels based on the New Zealand role delineation level model.

The level reflects the complexity of patients the service can manage and varies according to the level of clinical support available, the presence of other tertiary services, and the qualifications and training of staff.

The vascular services in each region will have established agreements for collaboration to ensure safe and effective delivery of a comprehensive service to their whole population.

9. Service Linkages

The Service should be closely integrated with identified support services, and other primary health, general and specialist health services to support effective consultation, liaison and referral between services, follow up and discharge processes, to provide a continuum of care for the patient.

Refer to the Tier One Specialist Medical and Surgical Services and Tier One Community Health, Transitional and Support Services service specifications for generic linkages. In addition, the Service is required to establish effective links and working arrangements and cooperation with, but not limited to, the following service providers:

- Specialist Community/District Nurses (including specialists in wound care)
- Consumer support groups
- Limb Centres
- Orthotics services
- Podiatry services
- Medical and surgical subspecialties with close links to the Service, eg. infectious diseases, endocrinology, renal, diabetes, cardiothoracic, major trauma and orthopaedic surgery.

10. Exclusions

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

11. Quality Requirements

Where available the Service should use clinical guidelines.

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	PU Description	PU Definition	Unit of Measure
S75CANC	Vascular Surgery Cancelled Operation	NOT PURCHASED; USE FOR REPORTING TO NNPAC FOR COUNTING ONLY. Vascular Surgery cancelled case	Attendance
S75PRE	Vascular Preadmission visit	NOT PURCHASED; USE FOR REPORTING TO NNPAC FOR COUNTING ONLY. Preadmission visit for Vascular procedure paid for as part of CWD price	Attendance
S75001	Vascular 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
S75002	Vascular Surgery Outpatient - 1st attendance	First attendance to vascular surgeon or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance
S75003	Vascular Surgery Outpatient - Subsequent attendance	Follow-up attendances to Vascular 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

PU Code	PU Description	PU Definition	Unit of Measure
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
MS01001	Nurse Led Clinic	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

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).
Written Plan of Care	Written plan of care provided by the specialist to the referring GP.

13. Reporting Requirements

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

The Performance Reporting Team, Sector Operations via email to:
performance_reporting@health.govt.nz