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|  | **All District Health Boards** | |
| **SPECIALIST MEDICAL AND SURGICAL SERVICES –**  **UROLOGY SERVICE**  **TIER TWO SERVICE SPECIFICATION** | | |
| **STATUS:**  It is compulsory to use this nationwide service specification when purchasing this service. | | **MANDATORY** |
| **Review History** | | **Date** |
| First Published on NSFL | | **2001** |
| **Amendments:** 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** |
| **Amendments**: 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** |

Note: Contact the Service Specification Programme Manager, Ministry of Health nsfl@health.govt.nz for queries about this service specification.

Website address Nationwide Service Framework Library: www.nsfl.health.govt.nz/

**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.

## 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.

## Exclusions

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

## 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.

## Service Objective

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.

## 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[[1]](#footnote-1) when available.

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

## Service Components

### 6.1 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
* 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
* **l**ong term follow-up and revision of treatment as required that may include appropriate referral to other providers
* liaison with primary healthcare providers.

## Support Services

Support services include but are but not limited to the following:

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

## Service Linkages

The Service is required to establish effective links and working arrangements and cooperation with, but not limited to the following service providers:

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| **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. |

## Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework[[2]](#footnote-2) 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.

## Purchase Unit Codes

Purchase Unit (PU) codes are defined in the Ministry’s DHB and Ministry 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 |
| 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 | Urodynamics | 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 |

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| **Unit of Measure[[3]](#footnote-3)** | **Unit of Measure Definition** |
| 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 |

## Reporting Requirements

The Service must comply with the requirements of the Ministry’s national data collections.

DHBs must accurately report activity to the Ministry’s National Collections as outlined in the Operational Policy Framework[[4]](#footnote-4) 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 DHBs directly will also supply the Ministry with data required for inclusion in the National Collections (particularly the NMDS, NPF, NBRS and NNPAC). Organisations will notify the Ministry (operations@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.

1. 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. [↑](#footnote-ref-1)
2. nsfl.health.govt.nz/accountability/operational-policy-framework-0 [↑](#footnote-ref-2)
3. The Units of Measure are consistent with the Nationwide Service Framework Purchase Unit Data Dictionary www.nsfl.health.govt.nz/purchase-units [↑](#footnote-ref-3)
4. Operational; Policy Framework see https://nsfl.health.govt.nz/accountability/operational-policy-framework-0 [↑](#footnote-ref-4)