Model of Care for Vascular Services in New Zealand

Consultation

Status	Final
Version	2.0
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Contents

1. Purpose of this document

In 2015 a Project Advisory Group was convened by the Ministry of Health, with the support of District Health Board (DHB) General Managers Planning & Funding (GMs P&F). The intent was to develop a Tier Two Service Specification for Vascular Services that describes minimum requirements for a DHB intending to deliver Vascular services, to ensure an integrated and safe service for patients. As part of the development of the specification, it was necessary to describe a model of care for Vascular services. The model of care will guide the types and locations of services, ensuring patients access the right level of care in a seamless and timely manner.

This document seeks your feedback on the proposed Model of Care for Vascular Services, the supporting recommendations and the Tier Level Two Service Specification for Vascular Services.

A copy of the Model of Care: Vascular Services can be found at:

http://nsfl.health.govt.nz/national-services

2. Vascular Services

Vascular services

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 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 vessel disease, carotid artery stenosis) as well as some asymptomatic conditions such as abdominal aortic aneurysm
- Provision of vascular access, e.g. for haemodialysis, chronic administration of antibiotics or cancer chemotherapy.

Optimal assessment and management requires clarity of responsibility for care coordination and may require multi-disciplinary input. Surgery plays a variable role, depending on the specific needs of the patient. Interventional radiology, which is a subspecialty within Diagnostic and Interventional Radiology, plays an important role in delivering Vascular services.

Vascular services should have effective links and working arrangements with a range of other service providers, including:

- Community or district nurses (including specialists in wound care)
- Other specialist medical disciplines, including nephrologists, diabetologists, oncologists, infectious disease and stroke physicians
- Clinical support services, including laboratory and pathology, pharmaceutical, diagnostic and interventional imaging
- Allied health support services, including podiatry, orthotics, occupational therapy, physiotherapy, rehabilitation services
- Social services, counselling, home help, community services, new migrant community health workers
- Disability support services and providers
- Aged residential care facilities
- Limb centres
- Consumer support groups.

Vascular services are organised on a regional hub and spoke model. Patients access secondary care according to historical geographical flows and regional arrangements. Within each region there are at least two DHBs providing some degree of Vascular surgery.

Vascular services are provided across the continuum of primary and secondary care, but only secondary care activity is reported in national collections. Vascular surgery makes up approximately two percent of hospital surgical discharges, 62 per cent is provided to people aged 65 and over, and approximately 53 per cent is elective.

On average 7.5 people per 10,000 of population access elective vascular surgery in a 12 month period. However, there is wide variation between DHBs, ranging from a rate of 4 per 10,000 of population to 9.5 per 10,000, standardised for differences in the DHB's population demographic. Assessing growth in access to Vascular services is complicated by reporting changes in DHBs, but has increased by at least 38 per cent since 2009/10.

The Vascular Model of Care

The model of care that is supported for Vascular services is a regional model. Services are organised around Level 5 and/or 6 specialist Vascular centres that provide a comprehensive range of vascular and endovascular services for adults. Paediatric specialist vascular conditions are generally referred to Starship Hospital in Auckland. Specialist centres are supported by Level 3 and 4 centres providing some vascular services.

The goal of the model of care is to improve quality of care for patients through four strategies:

- Optimise prevention and detection
- Reduce clinical variation
- Enhance the intervention pathway
- Integrate services effectively

Optimising prevention and detection

Optimising prevention, detection, and self-management of disease features clearly in the New Zealand Health Strategy. Some specific areas of opportunity to improve the prevention and/or detection of Vascular disease have been identified.

Cardiovascular risk assessment - the factors involved in the development of cardiovascular disease contribute equally to vascular conditions, including stroke and peripheral vascular disease. Cardiovascular risk assessment is important in the prevention and detection of these vascular conditions.

In the context of prevention and detection it is therefore recommended that cardiovascular and peripheral vascular disease are considered together. To support and facilitate this, it is recommended that the next review of the Primary Care Handbook[i] includes advice on peripheral vascular disease, developed with input from the Vascular Society.

Increasing health literacy - opportunities to increase literacy and self-management of Vascular conditions exist predominantly in primary care. A "one team" approach can be adopted through Vascular Service providers working more closely with primary care to develop health pathways. This will not only enhance relationships, but will also increase the visibility of Vascular conditions within primary care, contributing to more opportunity for patient involvement in managing their condition.

Imaging and screening - in respect to peripheral vascular disease ultrasound has an important role in confirmation of the diagnosis and defining the severity of the pathology. Consideration should be given to ways whereby this assessment modality can be made more readily accessible in primary care, either through inclusion in referral pathways (e.g. Health Pathways or Map of Medicine) or through direct access to radiology programmes within DHBs.

Where DHBs do not already have guidelines or criteria to improve primary care access to vascular ultrasound it is recommended they consider implementing the National Criteria, outlined in the National Criteria for Access to Community Radiology[ii].

Reducing clinical variation

Patients requiring hospital services should access these as close to home as possible. Where services are provided will be determined by the patient's clinical needs and the location of the appropriate vascular skills and infrastructure. The New Zealand Role Delineation Model (RDL) has been used to define the expected patient and clinician characteristics, hours of access, inter-specialty relationships (e.g. with interventional radiology) and key Vascular procedures or treatments for each level. It is important to note that while the RDL refers specifically to surgery, Vascular surgeons and Interventional Radiologists each have a significant role in the provision of care and

'Vascular Surgeon' in the RDL should be considered inclusive of Interventional Radiologists.

Six levels are identified along a continuum of care, defined as:

- Level 1 – Primary services
- Level 2 – Community (general and convalescent services)
- Level 3 – Hospital level care, provided primarily by General Surgery
- Level 4 – Hospital level care, provided by Vascular and/or General Surgery SMOs with vascular expertise
- Level 5 – Hospital level care, provided by Vascular surgeons, providing complex care in most circumstances
- Level 6 – Hospital level care, provided by Vascular surgeons, providing highly complex care in all circumstances.

It is recommended that a regional implementation plan is developed, which includes a determination of the level of Vascular service able to be provided within each DHB's facilities. The plan should include localised regional acute and elective referral pathways and formalised arrangements for acute service during normal and after-hours.

There are inconsistencies in the way Vascular surgery is reported into National Collections, with some DHBs continuing to include Vascular surgery within the General Surgery specialty. Greater consistency is required to give more reliable understanding of patient access. Where services are provided by a credentialed Vascular surgeon, the activity should be reported against the Vascular Health Specialty and Purchase Units, rather than being incorporated in General Surgery reporting.

Quality improvement indicators will support greater consistency in service provision, and reduce clinical variation. Specific measures should be developed as part of implementing the model of care. Quality indicators in two areas are recommended:

- National process and access indicators, developed from information reported to National Collections – these will indicate whether services are being provided in a timely and equitable manner, and whether services are patient centred
- Local clinical efficacy and outcome measures, developed from a recommended suite of outcome areas, and assessed as part of a regular Vascular audit.

Enhance the intervention pathway

Acute pathways should consider the most appropriate pathway for patients to access the right level of care as quickly as possible. In some cases these may include stabilisation at the closest emergency department, while in other circumstances patient outcomes will be optimised by direct transfer to a more specialised Vascular Service provider.

Elective pathways within a region should be developed with the goal of facilitating equitable access to Vascular care, as close to home as possible. Patients referred for Vascular care should be prioritised for both first specialist assessment and elective treatment using an agreed set of prioritisation criteria. This will support greater consistency and equity of access to care.

Integrating services effectively

Vascular care should be well integrated with a multi-disciplinary approach. The multi-disciplinary team for Vascular will encompass a range of disciplines, including some where there have historically been shortages, e.g. vascular sonographers. Specialised training in some areas, including sonography and nursing, will provide opportunities to further integrate patient care.

As part of implementing the regional model of care for Vascular services, it is recommended that there is a local assessment of each region's work force and technology needs. Local business cases will be required to address identified gaps.

Multi-disciplinary meetings (MDMs) should be implemented in all Level 5 and 6 Vascular centres to support decision making and optimisation of care. The MDM process should be formalised to meet quality and safety requirements.

Implementation of the model of care is recommended using a regional approach with a clinical network, supported by change agents

3. Proposal

The proposal is that:

1. The Model of Care for Vascular be adopted within New Zealand, taking a regional approach.
2. The New Zealand Role Delineation Model (RDL) is used to describe levels of Vascular service capability, with each Region determining and agreeing local service provision, and clinical pathways.
3. That, when endorsed, the Regional Shared Service Agencies are tasked with progressing recommendations and implementing the Model of Care, through a high level action plan, supported by the Ministry of Health.
4. That the attached Tier Level Two Service Specification for Vascular Services is endorsed for inclusion with other DHB Accountability documents.

4. Vascular Model of Care Recommendations

The first recommendation (Recommendation 2 from page 19), is that a Vascular services implementation plan is developed that supports achievement of the strategies to improve the quality of vascular care, specifically:

- Optimise prevention and detection
- Reduce clinical variation
- Enhance the intervention pathway
- Integrate services effectively.

The recommendations related to achieving these strategies are outlined below.

Strategy: Optimise prevention and detection

Demonstrated by	Recommendations
• Increasing health literacy • Lifestyle advice and changes • Cardiovascular risk assessment • Diagnostics, high tech imaging	**Recommendation 3**: To increase opportunities to improve prevention and early detection of Vascular disease, it is recommended that cardiovascular and peripheral vascular disease (arterial and venous) are considered together. To support and facilitate this, it is recommended that: • the next review of the Primary Care Handbook includes advice on peripheral vascular disease, developed with input from the Vascular Society • Vascular Service providers work more closely with primary care to develop health pathways which will enhance relationships, increase the visibility of Vascular conditions within primary care, and contribute to greater opportunity for patient involvement in managing their condition • where not already in place, DHBs consider opportunities to improve primary care access to vascular ultrasound, in line with the National Criteria • Recommendations for screening of AAA that are endorsed by the National Screening Committee should be incorporated into the National Criteria for Access to Community Radiology.

Strategy: Reducing clinical variation

Demonstrated by	Recommendations
• Standardised processes to improve quality and outcomes • Enhanced management through best practice guidelines • Whole of system protocols that define	**Recommendation 1:** Inpatient Vascular services should be reported using PUC S750001 – Vascular Surgery – Inpatient Services (DRG). Outpatient Vascular services should be reported using one of the following valid purchase units: • S75002 - Vascular Surgery Outpatient - 1st attendance • S75003 - Vascular Surgery Outpatient - Subsequent attendance

Demonstrated by	Recommendations
roles and accountabilities	• S00008 - Minor Operations • S00011 - Surgical non-contact First Specialist Assessment - Any health specialty • S00012 - Surgical non-contact Follow Up - Any health specialty • MS01001 - Nurse Led Clinic Vascular services (inpatient and outpatient) should be reported using HSC S75 – Vascular Surgery, particularly when reporting against a non Vascular purchase unit (e.g. S00008). **Recommendation 4:** A Regional Hub and Spoke model of care is recommended for Vascular Services, based on six levels of Vascular Service Provide – two primary/community and four providing acute and elective hospital care. A regional implementation approach should be developed. As part of this, providers of Vascular services should review the vascular requirements to determine the level of Vascular service able to be provided in their hospitals. This should be considered in a regional context so that: • acute and elective service pathways are clearly defined within the Region • formalised arrangements are agreed to provide services during both normal and after hours **Recommendation 9:** In addition to the existing process and access indicators, which are already reported on, new indicators should be added to the monitoring and oversight of Vascular services, as national data collections mature, clinical prioritisation tools are developed, and referral pathways are implemented. A review of referral pathways for a random selection of Vascular should be undertaken to inform the degree of change required for the pathways. Following implementation, audit should be repeated periodically to assess the effectiveness of the change. With the introduction of the new electronic health record, further work should be considered by the Vascular Society, in conjunction with the Ministry of Health, to identify opportunities for introducing national reporting of vascular quality and clinical outcome measures.

Strategy: Enhance the intervention pathway

Demonstrated by	Recommendations
• Acute and elective care pathways ensure patients receive timely intervention in the most appropriate setting • Improve the patient journey by developing a standard information pack to support elective surgery decision making, and improve relative equity of access to elective care	**Recommendation 5:** Pathways for patients presenting with acute vascular conditions or trauma should be agreed within each region. The pathways should reflect the vascular capability of the hospitals within the region, and should be developed in conjunction with St John's ambulance, the Major Trauma Clinical Network (for vascular trauma), and vascular providers within each region **Recommendation 6:** Elective pathways should be agreed within the region, to facilitate equitable access to vascular care, as close to home as is appropriate. An agreed set of prioritisation criteria for first specialist assessment and elective surgical/ endovascular treatment should be developed to support consistent and equitable access to elective care.

Strategy: Integrate services effectively

Demonstrated by	Recommendations
• Patients are able to access appropriate imaging, allied health and social services • Effective linkages with other service providers supports patients	**Recommendation 7:** A formal agreed process for conducting Vascular MDM should be documented. The process should include the following components: ○ Terms of reference ○ Protocols for establishment and administration ○ Membership ○ Coordination ○ Referral and case presentation process, including criteria for inclusion of a case in a MDM ○ Documentation ○ Communication of MDM outcome ○ Audit and review **Recommendation 8:** As part of implementing the model of care for Vascular services, it is recommended that there is a local assessment of each region's work force and technology needs. Local business cases will be required to address identified gaps.

5. Vascular Service Provider – Levels of Service

RDL Level Descriptor	Vascular requirements
Level 1 Primary Services	Patient Characteristics: • Stable, pre and post intervention • Acute presentation of variable complexity Clinician Characteristics: • Services provided by general practitioners, supported by nurses, allied health, and aged care providers Hours of access: • Normal hours, with afterhours arrangements through accident and medical centres Inter-specialty relationships: • May interface with Secondary and Tertiary services providing both pre and post intervention care Key procedures or treatments: • Prevention of vascular disease or disorder through lifestyle advice and cardiovascular disease risk assessment • Health promotion and patient education to improve health literacy and involvement in care and health planning • Detection of vascular disease through history, physical examination, and the use of limited diagnostic investigations • Early intervention through blood pressure and cholesterol control, support for modification of lifestyle, e.g. smoking, diet and exercise • Referral for secondary or tertiary care when appropriate, e.g. in acute situations • Surveillance and monitoring of patient condition • Pre and post intervention care, including wound management, and palliative support
RDL Level Descriptor	**Vascular requirements**
Level 2 Community (General and convalescent) Services	Patient Characteristics: • Stable, pre and post intervention Clinician Characteristics: • Services by general practitioners and/or medical officers, nurse practitioners, nurses, allied health, and aged care providers within community hospitals, including integrated family care facilities Hours of access: • Normal hours, with some extended or after hours care Inter-specialty relationships: • Will interface with primary care, and with hospital services providing both pre and post intervention care Key procedures or treatments: • Wound care, including (in some cases, depending upon local nursing expertise) advanced wound care nursing and compression therapy for chronic venous insufficiency

RDL Level Descriptor	Vascular requirements
	• Supervised exercise therapy for intermittent claudication • Convalescent services • Acute services limited to triage and referral
RDL Level Descriptor	**Vascular requirements**
Level 3 Hospital level vascular care provided by General Surgery (NZRDL)	Patient Characteristics: • Non complex vascular surgery with low anaesthetic risk patients Clinician Characteristics: • Services by General Surgery Specialist Medical Officers (SMO), including those with vascular expertise, supported by medical officers or Registered Medical Officers (RMO) and Level 5 or 6 vascular providers Hours of access: • General Surgery SMOs on site normal hours, and rostered on call after hours • Formal arrangement with Level 5-6 provider for support both in normal hours and after hours • Medical officer or RMO on site 24 hours Inter-specialty relationships: • Provides core specialist services, including access to operating theatres, ICU/HDU, diagnostic imaging, pathology and CCU and access to interventional radiology • Supports some access to visiting vascular outpatient services from Level 4-6 providers • Supported by nurse practitioners, nurses, allied health, and aged care providers Key procedures or treatments: • Outpatient care provided by local general surgeons, including those with vascular expertise, and/or visiting vascular surgeons • Supports primary and community care providers in managing patients with low complexity vascular conditions • Provides limited range of diagnostic investigations including portable vascular ultrasound and ankle/brachial pressure indices. • Develops a written plan of care including management of vascular risk factors, e.g.: ▪ dietary and lifestyle advice and pharmacotherapy ▪ non-surgical management strategies including surveillance of small AAA, or exercise therapy for intermittent claudication • Provides some outpatient procedures, e.g. endovenous ablation of varicose veins and non complex, low anaesthetic risk surgery • Provides follow up, treatment, surveillance and rehabilitation in line with visiting specialist plan of care • Provides access to specialist wound care and compression bandaging services, internally and through community service providers • Prioritises elective vascular referrals and facilitates access to visiting Vascular SMO or redirects to a Level 5 or 6 Vascular service • Provides emergency stabilisation services and facilitates acute transfer to in-patient vascular interventions and/or endovascular interventions • Supports visiting outpatient vascular specialists as part of a locally delivered regional service ▪ Referral for consultation and clinical assessment

RDL Level Descriptor	Vascular requirements
	▪ Provides follow up and treatment in line with visiting specialist plan of care

RDL Level Descriptor	Vascular requirements
Level 4 Hospital level vascular care provided by Vascular and/or General Surgery and/or interventional radiology, and outpatient consultations by vascular surgeon during normal working hours (NZRDL)	Patient Characteristics: • Low and moderate complexity surgery, with low and medium anaesthetic risk patients Clinician Characteristics: • Services by Vascular and/or General Surgery SMOs with vascular expertise and/or interventional radiologists, supported by: ▪ medical officers or RMOs ▪ Level 5 or 6 Vascular SMOs Hours of access: • Vascular and/or General Surgery SMOs on site normal hours, and rostered on call after hours • Medical officer or RMO on site 24 hours • Formal arrangement with Level 5-6 provider for support both in normal hours and after hours Inter-specialty relationships: • Provides Level 4 core specialist services (acute 24 hour services in range of specialties), including access to interventional radiology, operating theatres, ICU/HDU, diagnostic imaging, pathology and CCU • Supported by nurse practitioners, nurses, allied health, and aged care providers • supports regular/frequent access to visiting Vascular specialists for surgery and/or outpatient services Key procedures or treatments: • Out-patient care provided by Vascular and/or General Surgery SMOs with vascular expertise, nurse practitioners and supported by visiting Level 5 or 6 Vascular SMOs • Supports primary and community care providers in managing patients with low complexity vascular conditions • Develops a written plan of care including management of vascular risk factors • Participates in Level 5 and 6 multi-disciplinary meetings and vascular audit, and individually or collectively manages patient follow up, treatment, surveillance and rehabilitation • Provides access to specialist wound care and compression bandaging services, internally and through community service providers • Provides surgery and/or endovascular procedures of moderate complexity in patients that are of low or medium anaesthetic risk • Prioritises elective vascular referrals and facilitates access to visiting Vascular SMO or redirects to a Level 5 or 6 Vascular service • Provides vascular ultrasound and other diagnostic imaging (including CT) and interventional procedures on site, with an interventional SMO available normal hours (may be visiting)with formal arrangements in place for after hours • Acute vascular surgery may be provided by a general surgery SMO with vascular expertise or a resident vascular surgeon, with formal arrangements in place for Level 5-6 provider support both in normal hours and after hours

RDL Level Descriptor	Vascular requirements
	• Provides emergency stabilisation services and facilitates acute transfer for patients requiring acute open or endovascular arterial surgery, where not able to be provided locally
RDL Level Descriptor	**Vascular requirements**
Level 5 Hospital level vascular service, with vascular surgeons and/or interventional radiology and registrars Complex diagnostic and treatment on all risk patients, including acute AAA service	Patient Characteristics: • Surgery of most levels of complexity, and for all levels of anaesthetic risk Clinician Characteristics: • Services by vocationally trained Vascular surgeons and/or interventional radiologists, supported by: ○ medical officers or vascular RMO Hours of access: • Vascular SMOs on site normal hours, and rostered on call after hours • Vascular registrars or equivalent on site 24 hours • Interventional radiology on site normal hours and rostered on call after hours Inter-specialty relationships: • Provides Level 5 core specialist services (acute 24 hour services in range of specialties), including operating theatres, ICU/HDU, diagnostic imaging, pathology and CCU • Level 5 interventional radiology services, which includes registered nurses or technical staff, and on-site service normal hours • Supported by nurse practitioners, nurses, allied health, and aged care providers Key procedures or treatments: • Outpatient care provided by Vascular SMOs, nurse practitioners and nurse specialists • Supports primary and community care providers in managing patients with low complexity vascular conditions • Provides specialist wound care and compression bandaging services, internally and through community service providers • Provides extended range of vascular surgery for patients of all anaesthetic risk • Acute vascular service provided by vocationally trained vascular surgeons, with SMO on site during normal hours and on call after hours to provide stabilisation of all patients and definitive treatment for most vascular conditions • Refers or transfers patients to Level 6 Vascular services where required, e.g. organ transplantation and some complex endovascular thoracic procedures • Provides comprehensive vascular diagnostic (including specialised vascular ultrasound, CT and MRI) and interventional procedures on site, with an interventional SMO on site normal hours and rostered on call after hours • Coordinates multi-disciplinary meetings and vascular audit, and individually or collectively manages patient follow up, treatment, surveillance and rehabilitation, and participates in Level 6 MDMs • Supports other surgical specialties with acute and elective cases to prevent or manage iatrogenic vascular trauma • May provide outreach and visiting Vascular services to Level 3 and 4

RDL Level Descriptor	Vascular requirements
	DHBs

RDL Level Descriptor	Vascular requirements
Level 6 Vascular and endovascular service provides highly complex diagnostic and treatment procedures for vascular medicine in association with other specialties. Has on site Level 6 Emergency Medicine	Patient Characteristics: • Surgery of all levels of complexity, and for all levels of anaesthetic risk Clinician Characteristics: • Services by vocationally trained Vascular SMOs (including subspecialist surgeons providing highly complex procedures for other regions) and/or interventional radiologists, supported by: ▪ RMOs that are part of vascular service roster (basic or advanced trainees) Hours of access: • Vascular SMOs on site normal hours, and rostered on call after hours • Vascular registrars or equivalent on site 24 hours • Interventional radiology SMO on site normal hours and rostered on call after hours Inter-specialty relationships: • Provides Level 6 core specialist services (acute 24 hour services in extended range of specialties), including operating theatres, ICU/HDU, diagnostic imaging, pathology and CCU • Interventional radiology immediately available 24 hours and provides emergency procedures • Supported by nurse practitioners, nurses, allied health, and aged care providers Key procedures or treatments: • Out-patient care provided by Vascular SMOs, nurse practitioners and nurse specialists • Supports primary and community care providers in managing patients with low complexity vascular conditions, and supports Level 3-5 services in providing follow up, treatment, surveillance and rehabilitation • Provides specialist wound care and compression bandaging services, internally and through community service providers • Develops and executes individual vascular/endovascular management plans for patients referred to the service • Provides acute and elective complex vascular surgery for patients with high anaesthetic risk using a combined vascular/endovascular approach, including potential use of specialised (hybrid) operating theatres • Acute vascular service provided by vocationally trained vascular/endovascular surgeons, with SMO on site during normal hours and on call after hours to provide stabilisation and definitive treatment of all patients, including transplant and thoracic procedures • Supports Level 3-5 hospitals and liaises with emergency services to facilitate timely and appropriate transfer of acute patients • Provides comprehensive vascular diagnostic (including specialised vascular ultrasound, CT and MRI) and interventional procedures immediately available at all times • Coordinates a multi-disciplinary team approach to the management of patients, including Level 4 and 5 vascular providers in the development and implementation of plans of care for complex patients

RDL Level Descriptor	Vascular requirements
	• Supports surgical specialties with acute and elective cases to: ○ Prevent or manage iatrogenic vascular trauma ○ Control major blood vessels to facilitate dissection (e.g. in cancer surgery) ○ Manage vascular complications of conditions such as renal disease, diabetes, complex wounds or leg ulcers ○ Provide vascular access for renal patients requiring haemodialysis Provides outreach and visiting Vascular services to other DHBs and may Provide renal transplantation surgery ○ Support cardiothoracic surgery

6. Making a Submission

This consultation document is aimed at a range of audiences. The questions that accompany each section are intended to help focus feedback on specific areas of concern. The primary questions are reasonably general, but you may wish to comment on more detailed elements of the recommendation/s. Submissions may be emailed or posted.

Email to:	Elective_Services@moh.govt.nz
Post to:	Electives & National Services, Integrated Service Design Service Commissioning, Ministry of Health PO Box 5013, Wellington 6145.

The closing date for submissions is 5pm on Friday, 10 February 2017.

Any submissions received after this time cannot be included in our analysis.

Details of your submission may be requested under the Official Information Act 1982. If this happens, the Ministry will normally release your submission to the person who asks for it. If you consider there are good reasons to withhold your submission details, please clearly indicate these in your submission.

If you are an individual or individuals, we will remove your personal details from your submission, and your name(s) will not be listed in the published summary of submissions, if you ask for us to withhold them.

We appreciate you taking the time to comment.

7. Submitter details

It is helpful, when assessing submissions, if submitters provide information about themselves. However, providing this information is not required for a submission to be considered, and you can choose to withhold this information if you wish.

This submission was completed by: *(name)* _____

Address: *(street/box number)* _____

(town/city and postcode) _____

Email: _____

Organisation (if applicable): _____

Position (if applicable): _____

Are you making this submission *(tick one box only)*:

- ☐ as an individual?
- ☐ on behalf of a group or organisation?

8. Official Information Act 1982

The Official Information Act 1982 (the OIA) applies to any submission you make and to any personal information you provide. The OIA requires information held (by the Ministry of Health) to be made available unless there is good reason to withhold it. Accordingly, if the Ministry of Health does receive a request under the OIA for your information, we will discuss that with you before responding to the request.

Questions for consultation

1. Do you agree that a Regional Model of Care with six levels of Vascular provider is appropriate within a New Zealand context, and are the levels described adequately? (Recommendation 4)

Please indicate the level of your agreement

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there alternatives which should be considered? Do you have any comments?

2. Do you agree with the four high level strategies identified in the Model of Care for Vascular Services? (Recommendation 2)

a. Optimise prevention and detection
b. Reduce clinical variation
c. Enhance the intervention pathway
d. Integrate services effectively.

Please indicate the level of your agreement

a) Optimise prevention and detection

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

b) Reduce clinical variation

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

c) Enhance the intervention pathway

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

d) Integrate services effectively

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there alternatives which should be considered? Do you have any additional comments?

3. Do you agree with the recommendation to align Vascular with Cardiovascular disease in optimising Prevention and Detection of Vascular disease? (Recommendation 3)

Please indicate the level of your agreement

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

4. Do you agree with the recommendations to Reduce Clinical Variation through:

a. Adopting the identified purchase units to allow more consistent reporting (Recommendation 1)

b. Using a regional hub and spoke model of care with a regional implementation approach to support clarity of pathway and formal after hours arrangements (Recommendation 4)

c. Developing process and access indicators that will be added to existing monitoring and oversight indicators; and regularly auditing referral pathways; and undertaking further work to introduce national reporting of Vascular quality and clinical outcome measures (Recommendation 9)

Please indicate the level of your agreement

a) Adopting the identified purchase units to allow more consistent reporting (Recommendation 1)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

b) Using a regional hub and spoke model of care with a regional implementation approach to support clarity of pathway and formal after hours arrangements (Recommendation 4)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

c) Developing process and access indicators that will be added to existing monitoring and oversight indicators; and regularly auditing referral pathways; and undertaking further work to introduce national reporting of Vascular quality and clinical outcome measures (Recommendation 9)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

5. Do you agree with the recommendations to Enhance the Intervention Pathway through:

a. Having regionally agreed pathways for patients presenting with acute vascular conditions or trauma (Recommendation 5)

b. Having regionally agreed elective pathways to facilitate equitable access to vascular care as close to home as appropriate; (Recommendation 6) and

c. To developing an agreed set of prioritisation criteria for first specialist assessment and elective surgical/endovascular treatment (Recommendation 6)

Please indicate the level of your agreement

a) Having regionally agreed pathways for patients presenting with acute vascular conditions or trauma (Recommendation 5)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

b) Having regionally agreed elective pathways to facilitate equitable access to vascular care as close to home as appropriate; (Recommendation 6)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

c) To developing an agreed set of prioritisation criteria for first specialist assessment and elective surgical/endovascular treatment (Recommendation 6)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

6. Do you agree with the recommendations to Integrate Services Effectively through:

a. Implementing formally agreed processes for conducting Vascular MDMs (Recommendation 7)

b. Each region is responsible for addressing any identified workforce and technology needs (Recommendation 8)

Please indicate the level of your agreement

a) Implementing formally agreed processes for conducting Vascular MDMs (Recommendation 7)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

Please indicate the level of your agreement

b) Each region is responsible for addressing any identified workforce and technology needs (Recommendation 8)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

7. Are the Recommendations for implementing the Model of Care for Vascular Services right/appropriate?

Please indicate the level of your agreement

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

8. Do you endorse the Tier Level Two Service Specification for Vascular Services?

Please indicate the level of your agreement

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Are there any alternatives which should be considered? Do you have any additional comments?

[i] New Zealand Guidelines Group. New Zealand Primary Care Handbook 2012. 3rd ed. Wellington: New Zealand Guidelines Group; 2012.

[ii] Ministry of Health. 2015. *National Criteria for Access to Community Radiology*. Wellington: Ministry of Health.