**CPO – Combined Service Specifications**

The Contractor shall supply the following services (together referred to herein as the “Services”) in accordance with the specifications set out:

1. Provide services (as outlined in the table in Schedule 2) to CPO patients who meet the criteria;
2. Maintain full clinical responsibility for managing the treatment and ongoing care of CPO patients (unless delegated to a General Practitioner or a Nurse Practitioner);
3. Ensure that all relevant information related to the episode of illness (for which the patient is accessing CPO Services) is communicated to those contributing to the patient's care, including those involved in after-hours care;
4. Ensure the patient receives clear information regarding CPO, including consent of shared relevant information with other health providers.

The Provider acknowledges and agrees that:

(a) The Provider will follow the guideline relevant to the condition being treated unless there is a justifiable clinical reason not to do so;

(b) Referrals not meeting the clinical pathways will be audited and maybe declined;

(c) CPO Services include only the items listed in Schedule 2.

(d) This Schedule may be amended by Health Hawke’s Bay as additional pathways are developed. Health Hawke’s Bay will provide notice of any such amendments in advance; and

(d) Pathways may be discontinued over the term of this Specific Services Agreement. Health Hawke’s Bay will provide notice of any such amendments in advance.

The Combined CPO Specific Services Agreement covers three pathways:

(a) Acute Care;

(b) Hospital Discharge Review; and

(c) High Cost Contraception/Gynaecological Procedures.

All pathways have the following features:

(a) No General Medical Subsidies (GMS) claims to be made; and

(b) No clawbacks to be made.

**Acute Care**

Entry and exit criteria:

1. The patient is required to cover the cost of the first visit to the general practitioner. Once the patient has been referred to the Service, then all subsequent CPO services are free to the patient until discharged from the service.
2. Patients are discharged from the Service upon the approval of the general practitioner/nurse practitioner.
3. Conditions covered by the Acute Care pathway include:

Cellulitis

DVT Confirmed/Suspected

Childhood Eczema

Pyelonephritis

Tonsillitis/Quinsy

Constipation in Children

Mild hyperemesis for rehydration

Dehydration/Rehydration

Back referral from ED for Cellulitis

Back referral from ED for DVT Management

1. Exclusions from the Acute Care pathway include:

* Maternity (except mild Hyperemesis)
* Palliative Care

**Hospital Discharge Review**

Entry and exit criteria:

Coordinated Primary Options funds one consultation with a general practitioner, nurse practitioner or pharmacy prescriber (employed by the practice) where deemed appropriate following discharge from any Hawke’s Bay Hospital including Wairoa and Central Hawkes Bay for patients who meet the following criteria:

1. Residence criteria outlined in Schedule 3;
2. The patient will have been an in-patient for one day or more; and
3. The patient's primary reason for admission is for one or more of the following:

* Cardiac conditions - includes cardiac surgery, acute heart failure, myocardial infarction or hypertension;
* Gastro-intestinal;
* Abdominal surgery;
* Respiratory, asthma and COPD exacerbations, Pneumonia;
* Musculoskeletal;
* CVA/TIA;
* Neurological;
* Renal/Urological;
* Cellulitis and infection;
* Diabetes;
* Breast Surgery.

**Process:**

1. On the day of discharge from hospital, a discharge summary shall be sent to the patient’s registered general practitioner/nurse practitioner.
2. On receiving the discharge letter from the hospital, if the general practitioner/nurse practitioner considers a follow up consultation is appropriate, the patient will be contacted and offered a follow up appointment, within 14 days of discharge for the patient at no charge.
3. The consultation will be extended in length beyond the usual appointment time to ensure that a full review of the patient's progress since discharge can be undertaken. In addition, a full review of the patient's medications will occur.
4. No co-payment can be levied on the patient for this extended consultation.
5. The service can be provided by a general practitioner/nurse practitioner or pharmacy prescriber (employed by the practice) if considered appropriate.
6. The service will be provided at participating general practitioner clinics throughout Hawke's Bay.
7. There is no funding allowance for home visits
8. Exclusions from the Hospital Discharge Review pathway include:

* Admissions following acute trauma or other ACC covered conditions;
* Private hospital patients unless they were treated under a HBDHB contract;
* Maternity care except severe hypertension requiring follow-up post pregnancy;
* Mental Health;
* Minor admissions (e.g. dental);
* Treatment at A&M or after hours centres;
* Follow-up from Outpatients.

**High Cost Contraception(Vasectomy)/Gynaecological Procedures**

No co-payments to be levied on patients

**Vasectomy**

Patients will be referred into the programme as per the eligibility requirements in Schedule 3.

**Ring pessary Insertion**

1. Patients must have an initial assessment by the HBDHB Gynaecology clinic prior to accessing this pathway.
2. Components of ring pessary insertion include:

* Informed consent;
* Insertion of ring pessary;
* Referral for follow up laboratory tests as required;
* Post procedural advice;
* Follow up care.

1. Ring pessary service providers must perform no fewer than five ring pessary insertions in any calendar year.