

National Access Criteria for Specialist Clinical Priority Assessment

General Comments and Directions

- These criteria do not apply to acute admissions, nor to surgery directly purchased by ACC.
- All sections of the form should be completed including particulars of diagnosis, procedure intended, and the outcome of the assessment.
- Select one score only from each category from the options provided.
- The score should be calculated during the consultation, and the patient informed of their eligibility or otherwise for publicly funded treatment. This may occur during the first consultation or it may be in a follow-up consultation after investigations have assisted with establishing a diagnosis (e.g. CT scans).
- If there is a conflict between generally accepted clinical practice and the decision made by comparing a patient's criteria score to the threshold, then generally accepted clinical practice should prevail. Do not adjust the total score but make comment in the box provided as to the reasons why the clinician considers that this patient is an exception. This must be clear so that hospital administrative staff are aware that the clinician has over-ridden the threshold score and will book the patient in for surgery. It is expected that the number of exceptions will be very small and these exceptions may be audited from time to time.

More than one procedure

Where two or more related procedures are contemplated at the same session (for example, under the same anaesthetic) then the score should relate to the most significant procedure. If the procedures are unrelated then a separate score should be determined for each procedure.

Staged Procedures

A treatment procedure may be staged over several months or years. For the purposes of the priority access scoring a related series of treatments should be considered as one event. Repeat scoring is not required.

Diagnostic investigations or procedures

Unless there is a specific scoring category that is relevant (for example 'suspicious of malignancy but unproven'), diagnostic investigations or diagnostic procedures should be scored as if the investigation will lead to the most likely unfavourable diagnosis. The patient will be scored again following diagnosis and before being booked for the definitive procedure.

Specific Comments

Exclusions:

- These criteria only apply to elective and arranged admissions but not to acute admissions nor ACC purchased surgery.
- These criteria exclude standard operative investigations or treatment for infertility unless the surgery is required to enhance physical health (e.g. ovarian cysts, endometriosis – see separate criteria) undertaken at the secondary care level but excludes tertiary infertility services (including tertiary-level infertility investigations) (separate criteria).
- Sterilisations are excluded (separate criteria).
- Planned terminations of pregnancy are excluded, as various requirements and processes are prescribed by the Contraception, Sterilisation and Abortion Act 1977.

Clinician judgement for prioritisation

Scoring should be based on the considered view of the clinician taking into account the patient's history, examination, results of investigations and the clinician's experience in treating like patients. It is not appropriate for patients to be asked to complete the CPAC section, as the differentiation between patients can only occur from the clinician's experience of this patient compared to other patients in general, and so that the clinician can ensure that patient-reported pain levels, etc are consistent with the history and examination findings.

“Current Condition” section

'Benign' pathology and the other scoring options within this section mean abnormal function or structure. 'Premalignancy' includes CIN I - CIN III.

“Natural history” section

'Window of opportunity': For some conditions there is an optimum time of treatment. If treatment is delayed the benefits of the procedure will substantially diminish or be lost altogether, or the potential for malignancy or another major complication is greatly increased. It is felt that such clinical situations should be afforded a higher priority.

“Degree of pain” section

(Refer 'clinician judgement' above.)

“Functional impairment” section

(Refer 'clinician judgement' above.)

Where relevant, this may include the impact on parents, guardians or caregivers of children and dependent patients.

“Social participation” section

This should be taken from the perspective of both the individual patient's situation and ability as well as what is relevant to the patient's age, gender, etc. Wide consideration may be given to the patient's situation, including, for example, the ability to work or carry out usual activities, live independently, undertake recreational activities, give care to dependents. For children, it is important that this should include the ability to participate in appropriate educational activities. (Refer 'clinician judgement' above.)

“Effectiveness of procedure/investigation” section

Diagnostic procedures/investigations are assumed to be fully effective. The effectiveness of therapeutic procedures should be based on the usual effectiveness of that procedure taking into account anything of direct relevance to the particular patient that would increase or reduce that effectiveness.

GYNAECOLOGY

National Clinical Priority Assessment Criteria (CPAC) for Treatment

GENERAL GYNAECOLOGY

— **Patient ID:** Complete patient details or place patient sticker here _____

Nat. Hospital No: _____ **Consultant:** _____

Name: _____ **D.O.B** ____/____/____

Address: _____

Name of Assessor:

Date of Assessment: ____/____/____

| Diagnosis: | Procedure: | | Comments |
|---|-------------------|--|-----------------|
| Current condition | | | |
| Malignancy proven | 40 | | |
| Suspicious of malignancy, but unproven | 35 | | |
| Pre-malignancy | 30 | | |
| Benign | 10 | | |
| Natural history of the potential / actual problem | | | |
| Likely to progress to major complication/ window of opportunity | 15 | | |
| Likely to continue to deteriorate | 10 | | |
| Likely to remain stable | 5 | | |
| Likely to improve in the short term | 0 | | |
| Degree of pain (may be cyclic or continuous) | | | |
| Severe (dominates life and regularly interferes with sleep) | 10 | | |
| Moderate (persistent pain causing modification to aspects of daily living) | 6 | | |
| Intermittent | 4 | | |
| Minimal or no pain | 0 | | |
| Functional impairment (disturbance in patient's life including sexual function) / Social participation | | | |
| See attached form for patient's self-rating of Health Disability | | | |
| Effectiveness of therapeutic procedure/ diagnostic investigation | | | |
| Diagnostic investigation or very effective therapeutic procedure | 10 | | |
| Moderately effective therapeutic procedure | 5 | | |
| Therapeutic procedure of low effectiveness | 0 | | |
| | | | |

TOTAL



Do you need to 'clinically override'* the CPAC score to ensure this patient will access treatment? YES/NO

Please comment on any reasons for the tool not reflecting the patient's priority or reasons for requiring 'clinical override'

GYNAECOLOGY

National Clinical Priority Assessment Criteria (CPAC)

The national gynaecology elective services group has evaluated a new method of collecting the social and functional impairment scores for the gynaecology CPAC form. It involves the active participation of the patient when the score is defined by the doctor completing the form.

The group has endorsed its use and District Health Boards (DHBs) will have the option of either keeping the existing model or replacing it with the new format that uses a patient's self rating of her "Health Disability".

Using the new model will involve:

1. the doctor completing the score sheet for the four remaining criteria; Current conditions; Natural history; Degree of pain; Effectiveness of the therapeutic procedure
2. the existing functional impairment and social participation scores will be combined and replaced by the Health Disability score that is defined by the patient defining her own assessment of this disability. If the self rating is anywhere from the 25% quartile mark or above, the patient will be awarded 25 points; if it is below the 25% quartile, then five points will be awarded to the overall score
3. it would be preferable if the patient completed the self rating herself, but in case of not fully understanding this process the doctor should assist if necessary.

Health Disability Assessment

To assist us with your assessment today would you indicate on the line below how your current gynaecological condition has affected you in the last 2 months.

What we want you to do is to place a mark on the line somewhere that reflects how your condition or problem has impacted on, or affected, your life and life-style. The further this mark is to the right the more severe this impact has been.

You may want to include the following areas in coming to this judgment.

- Ability to do normal daily activities
- Ability to participate in sporting / leisure / social activities
- Ability to work / study
- Sexual relationship
- Difficulties in relationship with partner / others

Not at all _____ Severely

Are there any other health or social problems not listed above that made you put the mark where you did?