

**Disability Support Services
Tier Two Service Specification
DSSC107 Cochlear Implant Services**

1. Introduction

This Tier Two Service Specification provides the overarching Service Specification for nationwide Cochlear Implant Services funded by the Ministry of Health (the Ministry) Disability Support Services (DSS) and Habilitation Services funded by the Ministry of Education.

2. Service Definition

The Cochlear Implant Service is provided for people with severe to profound hearing losses that have been identified as being suitable recipients for a cochlear implant assessment, and follow-up services for those who proceed to receive a cochlear implant(s) and require on-going cochlear implant related services over their lifetime.

2.1 Key Terms

The following are definitions of key terms used in this Service Specification:

Term	Definition
Eligible Adult	a person 19 years of age and over who meets the criteria in 5.1
Eligible Child	a person up to and including the age of 18 years who meets the criteria in 5.1
Cochlear Implant Service	a group of services delivered under this Service Specification as an integrated continuous process, which continue for a Person's whole life and can be divided into the following components: <ul style="list-style-type: none">• Cochlear Implant Assessment• Cochlear Implant System• Cochlear Implant Surgery• Audiology Services• Rehabilitation for adults• Habilitation for children up to and including the age of 18 years• Ongoing maintenance and support

	<ul style="list-style-type: none"> • Cochlear Implant Processor Replacement • Funded repairs of speech processors, spare parts, and batteries for children up to the age of 19 years
Habilitation	the component of the Cochlear Implant Service which is comprised of a systematic programme of support provided to maximise the ability of a child with a cochlear implant to develop receptive and expressive language
Provider	the provider, the Ministry of Health (in liaison with the Ministry of Education), contracts with to manage the provision of Cochlear Implant Services unless otherwise stated in this agreement

3. Service Objectives

The key objectives of the Cochlear Implant Service are to:

- a) provide clear leadership and coordination for Cochlear Implant Services;
- b) provide a Cochlear Implant Service that is person centred and focuses on the needs of the person and their family/whānau who chooses to proceed with a cochlear implant;
- c) ensure leadership and governance includes participation of people with cochlear implants and parents of children who have cochlear implants;
- d) manage the Cochlear Implant Service and its budget effectively;
- e) deliver components of the Cochlear Implant Service in an integrated manner;
- f) have the correct mix of appropriately trained professionals working in the Cochlear Implant Services to ensure high quality service delivery;
- g) have strong inter-linkages with other agencies that provide re/habilitation support for Eligible Children and Adults using the Cochlear Implant Services;
- h) strive for and achieve the provision of outreach Cochlear Implant Services;
- i) refer to international standards and best practice for the delivery of Cochlear Implant Services;
- j) ensure alignment with government and sector strategies related to people who have a disability, or are deaf and hearing impaired.

3.1 Clinical Protocols

The Clinical Protocols for the Provision of Cochlear Implant Services (the Clinical Protocols) are a set of nationally agreed, and Ministry, approved, operational protocols that ensure consistency of Cochlear Implant Service delivery between the two Cochlear Implant Service Providers. The Provider is responsible for developing, implementing, achieving and reviewing the Clinical Protocols with clinical input to ensure they reflect current best practice. The Clinical Protocols will be updated from time to time and should be read alongside this Service Specification.

4. Service Performance Measures

Performance Measures form part of the Results Based Accountability (RBA) Framework. The Performance Measures in the table below represent key Cochlear Implant Service areas the Ministry and the Provider will monitor to help assess Service delivery. It is anticipated the Performance Measures will evolve over time to reflect Ministry and Purchasing Agency priorities. The “How much”, “How well” and “Better off” headings relate to different types of RBA performance measures.

	How much	How well	Better off

5. Service Users

5.1 Eligibility Criteria

An Eligible Person is child or adult (Eligible Child, Eligible Adult) who:

- (a) is eligible to be considered for publicly funded health and disability services under the Health and Disability Services Eligibility Direction 2011 or its successor; and
- (b) is severely or profoundly deaf in both ears and has been assessed as a candidate to receive a cochlear implant; and
- (c) is not excluded by the conditions set out in section 5.2

5.2 People who are not eligible for this Service

The following people are excluded from the Cochlear Implant Service:

- (a) adults who have received their cochlear implant outside of New Zealand or who paid privately for their cochlear implant in New Zealand, including New Zealand citizens or residents;

- (b) people who qualify for ACC funding;
- (c) follow-up services such as replacement processors and audiology for a person with a second (bilateral) implant where this has not been fully funded under the publicly funded Cochlear Implant Service as set out in this agreement;
- (d) people who do not permanently live in New Zealand.

5.3 Eligibility for Funding of Cochlear Implants

- An Eligible Adult may receive Ministry funding for the provision one cochlear implant per person;
- An Eligible Child may receive Ministry funding for the provision of a unilateral cochlear implant or simultaneous bilateral cochlear implants, whichever is clinically recommended;
- An Eligible Child who is eligible for bilateral simultaneous cochlear implants, may receive Ministry funding for a cochlear implant for each ear at the time that is clinically appropriate for them to receive the implant;
- An Eligible Child who has received funding for one cochlear implant through the New Zealand Cochlear Implant Service and subsequently obtained a second implant outside of the New Zealand Cochlear Implant Service before 1 July 2014 (e.g. privately, by fund raising or overseas) may access follow up Cochlear Implant Services for both implants through the programme. Ministry funding will also be used to support this group with replacement processors, rehabilitation, ENT outpatient services, and audiology for both implants when they transition to the adult programme;
- Funding shall be used to provide Eligible Children with bilateral implants funded through the Cochlear Implant Service, when they transition to being an Eligible Adult with replacement processors, rehabilitation, ENT outpatient services, and audiology for both implants.

5.4 Prioritisation of funding

The Provider will ensure that their prioritisation process follows the Clinical Protocols and the Clinical Priority Access Criteria (CPAC) tool.

If funding has to be prioritised during the financial year, people who have already received their implant through the Cochlear Implant Service will get priority access to funding for essential follow-up Cochlear Implant Services, before funding is allocated to additional new implants.

Where there is an increase in demand for Eligible Children's Cochlear Implant Services above the contracted volumes, the Cochlear Implant Services for children will be prioritised over Cochlear Implant Services for adults.

5.5 Priority to Cochlear Implant Services

Priority for a cochlear implant will be determined by progress through the Clinical Protocols.

- Access to the Cochlear Implant Service will be managed in such a way that priority is based on acuteness of need and capacity to benefit, as specified by the established Clinical Priority Access Criteria (CPAC) tool for Cochlear Implant Services;
- Access is open to people of all ages;
- Access is for the duration of their lifetime as a cochlear implant user.

6. Service Components

The Ministry and the Provider will work together to ensure the most appropriate mix of service components are provided within the budget available to meet people's needs. The level of input for each component of the Cochlear Implant Service will be determined by the Provider and managed within available funding.

6.1 Service Management

The Provider will ensure there is an adequate level of management and administrative support to:

- manage the Cochlear Implant Service within the contracted budget;
- provide administrative support for the Cochlear Implant Service governance;
- establish and maintain appropriate clinical and management structures and policies and procedures for the delivery of the Cochlear Implant Service;
- operate the service delivery within The Clinical Protocols for the provision of Cochlear Implant Services;
- provide input into the Clinical Committee or other meetings where prioritisation of candidates is discussed/determined;
- send an annual list of all cochlear implant recipients under the age of 19 years (by NHI and referring audiologist/DHB), to the manager of the New Zealand Deafness Notification Database. This will allow a cross check against the database with the referrer to identify any gaps in registration;
- ensure that those who are involved in referring potential cochlear implant candidates, including (but not exclusively) audiologists, ENT surgeons, and other health and education professionals are well informed of the eligibility and prioritisation criteria and referral process.

6.2 Cochlear Implant System Purchase/Supply

The Provider will use best procurement practices to negotiate a supplier agreement for cochlear implant systems that meet international standards and achieves best value for money.

Any rebates or other mechanisms for reducing price for the purchase of cochlear implant systems (or components of that system) are to be declared to the Ministry with documentation showing how the rebates have been applied to the Cochlear Implant Service provision.

6.3 Component 1: Assessment of Potential Cochlear Implant Recipients

The Provider will provide assessment services (Assessment Services) for potential Cochlear Implant Service recipients who are referred for assessment.

A person may be referred to the Assessment service by:

- an audiologist;
- an Ear, Nose and Throat surgeon;
- an Advisor on Deaf Children (AODC);
- the Deaf Education Centres' ASSIST Team;
- other health and education professionals who are well informed of the eligibility and prioritisation criteria and referral process.

The focus of the Assessment Process is to:

- identify any physical impediment to a cochlear implant procedure;
- identify any medical or audiological issues which would impact on the success of the cochlear implant;
- identify and confirm that the person will or will not gain benefit from specifically selected and well fitted hearing aids;
- determine the commitment and motivation of the person and their family/whānau to accept the long-term maintenance that is required of cochlear implant users such as repairs, insurance of speech processor, batteries and annual audiology appointments;
- identify any potential psychological impediment to the successful use of a cochlear implant;
- provide information to the person and their family/whānau referred to the Cochlear Implant Service. This information will include:
 - what the likely benefits and risks of cochlear implants are;
 - that selecting a cochlear implant means the re/habilitation goals will be to use speech and hearing as the primary mode of communication. The expectation is that the person receiving the implant will use the device to communicate using hearing and speech either exclusively or with sign language support. The Provider will ensure that the person's choice in this is honoured and supported;
 - the need to insure the speech processor against loss or damage;
- provide a transparent Assessment Process which will serve as a basis for prioritisation;

- provide individual re/habilitation management plans for all persons in the Assessment Process to identify their re/habilitation needs;
- determine and establish an agreed re/habilitation programme needed for that person to achieve the best possible outcome with a cochlear implant.

6.4 Component 2: Cochlear Implant Audiology Services

The Provider will provide Cochlear Implant Audiology Services to the person and their family/whānau in accordance with the Clinical Protocols. This will include:

- intra-operative monitoring depending on the assessment requirement;
- external speech processor fitting (referred to as “switch on”);
- information on the use and care of the speech processor and accessories;
- device programming referred to as “MAPping”;
- verification of programme e.g. – sound field audiograms;
- validation of programming – speech perception assessment;
- liaising with and being a member of the cochlear implant team;
- supplying speech processor replacement.

6.5 Component 3: Ear Nose and Throat (ENT) Services / Surgery / Hospital Stay

The Provider is required to liaise with all subcontracted providers of the ENT Services, surgery and hospital stay component of the Cochlear Implant Services. The Provider will co-ordinate these activities and take full responsibility for managing the process of integrating this service component as part of the overall Cochlear Implant Service. The Provider through its ENT service will provide the following Cochlear Implant Services:

6.5.1 Associated Clinical Services:

- Pre-implant CT Scan;
- Post-implant X-ray.

6.5.2 Pre-Implant Outpatient Assessment:

- Pre-implant Review;
- Other tests or assessments as required.

6.5.3 Surgery Service Components

The Provider through its ENT Cochlear Implant Service is responsible for the provision of the cochlear implant surgery, and related surgical and hospital costs. This includes ensuring that surgery services will only accept referrals for publicly funded cochlear implants that have been registered with the Cochlear Implant Service prior to the referral.

6.5.4 Assessment and Treatment

Surgical assessments of suitability for a cochlear implant and the scheduling of surgery must be part of a coordinated process. The Provider will undertake this co-ordination. The Provider ensures that its surgical services will be responsible for the appropriate medical and surgical care including:

- stabilisation and onward referral to an appropriate level of care as required or stabilisation and definitive treatment from time of presentation to discharge back to the referring Cochlear Implant Service;
- a close liaison with specialist emergency services is necessary and easy access to telephone or other consultation services for general practitioners / primary carers are encouraged and expected;
- therapeutic procedures and post-procedure management;
- pharmaceuticals and or medications as required;
- provision of appropriate after hours care if required;
- appropriate follow up and treatment of all people undergoing surgery in line with accepted standards of clinical practice;
- follow up, re-admission and treatment of all patients where complications arise in the course of treatment by the Cochlear Implant Service (this may include appropriate referral to higher level of care);
- long term follow-up and revision treatment, as required, for surgery undertaken.

6.5.5 Surgery Caseload

The management of cochlear implant recipients will involve a complex sequence of relationships and events. The level of intervention varies according to the person's clinical condition, the capacity of the hospital, qualification/training of the medical staff, and the level of clinical support available. The Provider's responsibilities through its surgical service, include:

- consultation with/without simple investigation and/or opinion;
- consultation with complex investigation and/or opinion/treatment;
- referral to another speciality for an opinion, opinion/management, or opinion/shared management;
- assessment, discussion, education and treatment of the person by surgical or medical management as inpatient, day patient or outpatient including:
 - preoperative assessment and diagnostic intervention;
 - surgical intervention for implantation of the cochlear implant;
 - post-operative follow up.
- continuation of care in the community after discharge if required.

6.6 Component 4: Adult Rehabilitation

6.6.1 Purpose of Rehabilitation

The Rehabilitation Component is a programme of support provided by the Provider as part of the Cochlear Implant Service to maximise the benefits of the cochlear implant. Rehabilitation will likely be less intensive in the first several years for adults who had speech and listening capacity prior to becoming deaf.

The purpose of the Cochlear Implant Adult Rehabilitation Component (Rehabilitation Component) is to help an Adult who has received a cochlear implant (or implants if provided before their 19th birthday) to improve and/or regain their auditory and spoken language. This will assist the person to increase participation in work, in their

community and with their family/whānau for an improved quality of life. After an Adult moves into a maintenance period rehabilitation may no longer be required.

The Rehabilitation Component may include, where available:

- an assessment of specific communication needs;
- a current and appropriate rehabilitation management plan that is monitored and updated. The Cochlear Implant Service's rehabilitationists will provide the initial support;
- a programme adapted to accommodate the needs of the person and their family/whānau and developed in collaboration with them as desired by the person;
- the Provider endeavouring to provide the rehabilitation programme in ways that are accessible (geographically as well as culturally) to meet the needs of the person;
- vocational planning if appropriate;
- working with other members of the cochlear implant team to support the person's progress;
- linking with Ministry funded Hearing Therapists in the persons' own region to achieve continued rehabilitation;
- identification of additional needs (e.g. psychological support counselling);
- sourcing of support with the assistance of NASC (Needs Assessment Service Co-ordination) if the person requires DSS funded support services.

6.7 Component 5: Habilitation

Children who have received a cochlear implant, will receive Cochlear Implant Habilitation Services (Habilitation Component) in accordance with the Clinical Protocols.

6.7.1 Purpose of Habilitation

The Ministries of Education and Health provide funding to support the provision of a cochlear implant Habilitation Component. The purpose of the Habilitation Component is to help children and young people who have received a cochlear implant to develop their communication and spoken language potential. This will assist these children to participate in education and to achieve better learning outcomes and an improved quality of life.

Habilitation is the systematic programme of support provided to maximise the ability of a child with a cochlear implant to develop receptive and expressive spoken language. This is achieved by the habilitationists through:

- assessing the specific language needs and the on-going progress for each child;
- promoting the use of audition through the development of an individualised programme that promotes spoken language;
- engaging the family/whānau as partners in the programme;
- providing information on the programme;.

- leading the design and delivery of the programme to develop the use of hearing in the child's usual home and educational environment or clinic, according to the child's need. This will involve the development and sharing of strategies and modelling of techniques with the family and educator(s) (e.g. Advisers on Deaf Children (AODC), Resource Teachers of the Deaf (RTD) or Speech language Therapist (SLT));
- ensuring local support people (e.g. family, AODCs, RTDs) are clear about expectations of their role in the development of the child's communication and language skills;
- delivering effective training to parents and relevant educators (e.g. AODCs, RTDs) in supporting the development of the use of hearing provided by the cochlear implant;
- analysing and advising on the effectiveness of the programme for each individual;
- adapting the programme or type of programme promptly, where this is required to ensure optimal language development;
- supporting local personnel to manage use of the cochlear implant device and associated technology;
- working with other members of the cochlear implant team to support a child's progress;
- liaising between the Provider, home and school.

6.7.2 Habilitation; Component Delivery

The Habilitation Component is a mix of clinic and home and/or early childhood centre/school based outreach services. The Habilitation Component ensures that the family and relevant local educators have the skills required to participate in and provide on-going support for habilitation in the development of spoken language and complementary sign language when required through the First Signs programme. These programmes will reflect the individual needs and preferences of the child and their family/whānau, and be developed in collaboration with them. They will be provided in ways that are accessible (geographically as well as culturally) to families/whānau and form an integral part of their child's education.

For children who have had no prior speech or listening, habilitation will likely be more intensive for the first several years. For children who have had speech and listening prior to becoming deaf, habilitation will likely be less intensive in the first several years. After a child moves into a maintenance period habilitation may no longer be required.

6.7.3 Resourcing

The level of Habilitation Component resourcing is based on a minimum of four full-time habilitationists in each region. Each habilitationist will support children and their families, who are undergoing assessment to determine their suitability for an implant, in the first year following their implant, in the second year, third, fourth or fifth year following their implant, or who have been implanted longer than 5 years and are still requiring more intensive habilitation support. It is also expected that the resourcing will also cover the needs of those children who have been implanted for longer than five years and for whom a review of their functioning at least once a year is indicated.

Resources are also to be provided to ensure adequate training of families/whānau and professionals to provide habilitation support.

6.7.4 Elements of Habilitation Component

The level of input for each element of the Habilitation Component will be determined by the Habilitation Component Provider and managed within available funding.

The Habilitation Component will include:

- 1) Direct contact with family/whānau in a culturally appropriate manner to establish shared understandings and expectations of what will be provided, and the means by which it will be provided;
- 2) Consultation and collaboration with the child's AODC (birth to year 3 at school or Deaf Education Centre ASSIST Team for year 4 to year 13 at school) and other relevant local support personnel to optimise the provision of habilitation and efficient use of resources;
- 3) Close liaison with other members of the Cochlear Implant Services team and locally based health professionals involved in the provision of Cochlear Implant Services;
- 4) A pre-implant assessment process is undertaken either in the clinic or the child's home and/or educational setting to determine the child's current level of functioning and to explore the various communication options;
- 5) Pre- and post-implant clinic and home based intervention for the child and their family/whānau;
- 6) Preparation and presentation of assessment data;
- 7) Notifying the AODC (birth to year 3 at school) or Deaf Education Centre ASSIST Team year 4 to year 13 at school) of children assessed as not suitable for an implant;
- 8) Leadership in the design, implementation and monitoring of individual habilitation programmes to develop spoken language;
- 9) The provision of advice to, and training for family/whānau and relevant local personnel to implement habilitation programmes and to ensure that the implant device and associated technology is managed appropriately;
- 10) Close monitoring of individual Habilitation Component programmes to develop communication and language skills and to facilitate movement within the language intervention pathways if needed;
- 11) Documenting and reporting processes and progress, collecting outcome data and reviewing and revising practice;

- 12) Notifying and liaising with the AODC regarding children assessed as non-users of their cochlear implant device who are being exited from Habilitation Component.

6.8 Spare Parts, Repairs, Batteries, and Maintenance

6.8.1 Stock and Inventory

The Provider is responsible for the maintenance and management of inventory and stock items to ensure that recipients have access to essential spare parts.

The Provider must maintain and manage a stock of loan processors to enable a Person's speech processor to be repaired.

6.8.2 Children

The Provider is responsible for the repair of Eligible Children's cochlear implant systems, including repairs out-of-warranty.

The Provider must manage and fund essential repairs, batteries, and spare parts, including associated courier costs, to Eligible Children's cochlear implant systems.

6.8.3 Adults

The Provider is not responsible for the out-of-warranty repair of Eligible Adult's cochlear implant systems.

The Provider is not responsible for batteries or other essential spare parts for Eligible Adults.

6.9 Replacement Processors – Children and Adults

The Provider is responsible for billing the cochlear implant recipient, under insurance and other arrangements, where a processor requires replacement due to loss or wilful damage.

The Provider is otherwise responsible for replacing speech processors within available funding when a Person's speech processor is deemed to be uneconomical for repair. The major external component of cochlear implants (the speech processor) has a finite lifetime and will require replacement at various times during the lifetime of a Person who uses a cochlear implant.

If a Person requires a replacement processor when theirs is no longer economical to repair, increased Cochlear Implant Service input will likely be required to accommodate adjustment to the new processor.

7. Key Inputs

7.1 Service Delivery

The Provider will ensure there is impartial appropriate information about communication options to consumers and their families, including the use of New Zealand Sign Language.

7.1.1 Where Services are delivered

The Cochlear Implant Service will be provided in a range of locations that are appropriate for the specific components of the service. The Cochlear Implant Service will ensure that its premises are fully accessible for disabled people.

The Provider will endeavour where practical, to provide the Cochlear Implant Service and/or its components in an outreach model to maximise service delivery to people in their community.

The Provider will co-ordinate travel for people referred to the Cochlear Implant Service according to the National Travel and Accommodation policy.

7.1.2 Staffing

The Cochlear Implant Service will include a broad range of medical and professional staff who are professionally competent and have the qualifications, experience and skill levels to carry out their role to provide the successful outcome for a Person with a cochlear implant. These staff will include (but not be limited to) Audiologists, ENT Surgeons, Rehabilitationists for adults and Habilitationists for children.

8. Exit Criteria

A person exits the Cochlear Implant Service when they no longer have a need for the cochlear implant, wish to exit the service, no longer permanently reside in New Zealand, or are referred to other appropriate service providers such as audiology or aural rehabilitation services.

9. Linkages

People with severe profound deafness may have a wide range of needs, not all of which can be met by the Provider. Therefore the Provider must establish and maintain effective links with other individuals, services and agencies working with the Person and their family/whānau including but not limited to:

- Cochlear Implant Programme Clinical Committee;
- Public and private Otology, Audiology services;
- Paediatric services and Child Development Services (as appropriate);
- Ministry of Education Special Education staff;
- Ministry and Disability Support Services staff;
- Other Re/Habilitation Service Providers e.g., private providers, Speech-Language Therapy Services, Kelston Deaf Education Centre, van Asch Deaf Education Centre, Hearing Therapy Services;

- Māori Health and Disability Services;
- Organisations with an interest in Hearing Impairment such as National Foundation for the Deaf, New Zealand Federation for Deaf children, Deaf Aotearoa, The Hearing Association, Disabled Person's Assembly (DPA), Deaf Education Aotearoa New Zealand (DEANZ) and Hearing Therapy Services;
- Private audiology services with a link to the Cochlear Implant Service;
- Needs Assessment and Service Co-ordination (NASC) organisations;
- District Health Board's (especially according to MoH National Travel and Accommodation policy).

10. Exclusions

The following services are not covered by this agreement:

- Funding for travel and accommodation expenses for people referred to and receiving cochlear implant services;
- Hearing aid services;
- Intensive psychological counselling support;
- Intensive speech therapy support;
- Replacement of Eligible Adults' damaged or lost speech processors;
- Repairs of Eligible Adults' cochlear implant systems;
- Spare parts and batteries for Eligible Adults' cochlear implant systems;
- Upgrades of the internal device of the cochlear implants system when the device is working effectively;
- Funding of insurance for recipient's cochlear implant system;
- Funding of bilateral cochlear implants for Eligible Adults with the exception of where this is clinically recommended e.g. post meningitis;
- Funding of sequential bilateral cochlear implants for Eligible Children unless, at the time of the first implant, the child was eligible for bilateral funded implants but was provided a single implant on clinical grounds;
- Funding of follow-up services for the second (bilateral implant) for Eligible Children who having had their 6th birthday receive a bilateral (sequential) cochlear implant funded from non-government sources after 1 July 2014.

11. Quality Requirements

The Ministry may conduct an:

- a) independent survey to evaluate peoples' satisfaction with the Cochlear Implant Service at any time.
- b) independent evaluation of the Cochlear Implant Service performance and effectiveness against this Service Specification, and its intended outcomes at any time.

12. Purchase Units

Purchase Units are defined in the Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following table is a summary list of the Purchase Unit Codes associated with this Service.

Purchase Unit Codes	Purchase Description	Unit	Measure	Purchase Measure definition
DSSCI107	Cochlear Service	Implant	Clients	This Service provides Cochlear Implants for people with severe to profound hearing losses that have been identified as being suitable recipients for a cochlear implant assessment and follow-up services for those who proceed to receive a cochlear implant(s) and require on-going services over their lifetime

13. Reporting Requirements

The Provider will provide the RBA reports to the Ministry as set out in Appendix 3 of the Outcome Agreement. In addition, the Provider will:

- a) respond to adhoc reporting or information requests from the Ministry within the timeframe required; and
- b) meet with the Ministry's Contract Relationship Manager on a 6 monthly basis to discuss performance measures and reporting and management of risks or issues.

Forward completed reports to:

The Monitoring Team
Sector Services
Ministry of Health
Private Bag 1942
DUNEDIN
Ph: 03-474 8040
Fax: 03-474 8582
Email: performance_reporting@moh.govt.nz

And;

The Contract Manager as described in the Outcome Agreement Management Plan.