CLINICAL SERVICES LETTER NO. 253

To Medical and Dental Practitioners
(Copy to Proprietors of Retail Pharmacies)

MANAGEMENT ORGANISATION IN THE
DEPARTMENT OF HEALTH

In his foreword to the Department’s 1988–89 Statement of Corporate Intent the Director-General, George Salmond makes the following points:

"The social and economic changes currently taking place in New Zealand society have direct implications for health and the health services. The whole health system is at an historic turning point. Public interest in health promotion and disease prevention is growing. Client expectations are rising and dissatisfaction increasing when perceived needs are not met. The gap is widening between what medical technology can do and what we as individuals and as a society can afford. Maori people, women and the disabled are calling for greater social and cultural sensitivity in the meeting of health needs. Greater efficiency is being demanded in the use of health resources. These are all forces reshaping our health services.

The Department of Health has a central role to play in this reshaping and redevelopment. To better equip itself for the task ahead the department has, after wide consultation, restructured its organisation and is reforming its management culture. Progressively the principles of general management are being applied across the whole organisation. The aim is to create a focal point for the health system which is not only flexible and responsive but is also pro-active to the challenges ahead.

The move to area health boards and the State Sector Act 1988 require fundamental changes to the health system. The objective is to evolve a New Zealand health system based on the principles of bicultural partnership as set down in the Treaty of Waitangi. As services are devolved to a growing network of area health boards the Department will be changing its role. The main tasks of the new organisation will be to service the Minister and to encourage, guide, co-ordinate and generally oversee the work of the boards."

Library
Information
Services
Department of Health
The centre-spread of this newsletter depicts the current management structure of the Department. To help those practitioners who have found that they are now dealing with different staff members and a new set of titles, it may help to put some names to positions in the present organisation.

**Corporate Management Group**
- Director-General and Chief Executive
  - George Salmond
  - Karen Poutasi
- Chief Health Officer
  - Gordon Davies
- General Manager Operations

**Assistant Secretaries**
- Corporate Services
  - Ian Miller
- Policy and Communications
  - Hugh Evans
- Workforce Development
  - Sally Shaw

**Programme Managers**
- Primary Health Care
  - Bob Boyd
- Women Children and Family Health
  - Ann Warner
- Elderly, Disabled and Handicapped
  - Margaret Guthrie
- Hospital Specialist Services
  - Ray Dowden (acting)
- Health Promotion
  - Bette Kill
- Health Protection
  - John Stephenson
- Dental Health
  - Russell Ritchie
- Mental Health
  - Basil James
- Operations
  - Peter Butler
- Health Development Support
  - Warwick Brunton

**Unit Managers**
- Medicines and Benefits
  - Warren Thompson
- Science Units
  - Norm Thom
- Within Workforce Development the unit head Sally Shaw is assisted by:
  - Deputy Assistant Secretary
    - David Curry
  - Chief Medical Officer
    - Peter Talbot
  - Chief Nursing Officer
    - Sheryl Smail

**Health Development Units**

The peripheral units of the Department, previously known as District Offices are now Health Development Units under the control of a manager. Wherever an Area Health Board has been established the Health Development function is incorporated into the board’s activities. The title and statutory functions of the Medical Officer of Health are retained in either case, although the incumbent is not necessarily the manager of the unit.

Support services for practitioners, such as health education material, starter kits for new practitioners, information on drug abusers, etc., continue to be available from Health Development Units and Area Health Boards.
Medicines and Benefits

The Medicines and Benefits Unit has as its mission to ensure that medicines and related products are effective and safe, and that cosmetics and medical devices are safe, to ensure that a sufficient range of up-to-date medicines are available at least cost to treat the majority of patients; and to pay benefits in accordance with the legislation and within an acceptable time frame.

The unit includes the two regional benefits payment offices in Hamilton (Private Bag, Hamilton) and Christchurch (PO Box 1349 Christchurch), and the five prescription pricing offices sited in Takapuna, Auckland, Hamilton, Wanganui and Christchurch.

These offices will remain the most common points of contact that practitioners will have with the Department until Area Health Boards become involved in the management of primary health benefits.

Professional input from scientific, medical and pharmaceutical officers within the unit is augmented as required by advice obtained from Ministerial advisory committees on pharmacology and therapeutics, pharmacy, medicines, medicines adverse reactions, and physiotherapy.

Requests for supplementary pharmaceutical benefits under section 99 should be addressed to the Manager, Medicines and Benefits Unit.

Primary Health Care

The Primary Health Care Programme has as its mission to promote and foster services providing primary health care which is affordable, acceptable and relevant to the needs of the individual and the community.

The programme’s activities this year are centering on the policies relating to health benefits, the co-ordination of services within the community, patient advocacy, incentive schemes for more equitable care, and the support and evaluation of primary health care initiatives.

The programme is aided in its work by advice obtained from the Ministerial advisory committees on medical services, laboratory services, and diagnostic imaging services.

TRIPLE S SCHEME

Since the previous CSL No 252 set out guidelines for GPs applying to take part in the Triple S Scheme, we have received the results of a recent questionnaire sent to the 65 GPs who have so far received approval from their MOH. There was only a 66% response rate.

The aim of the scheme is to enable general practitioners to become involved in ongoing health promotion and sickness prevention activities. The scheme commenced in two trial areas, the Christchurch and Whangarei health districts in 1981. It was extended to cover the whole country and also broadened in scope away from child-oriented services in 1986.

Seventy five percent of the approvals have been given since 1986, and of the respondents 85% were currently participating in the scheme. A very small number had never undertaken their proposed activity after approval.
**DIRECTOR-GENERAL OF HEALTH**

**CHIEF HEALTH OFFICER**

**GENERAL MANAGER (operations)**

**PROGRAMMES**
- Primary Health Care
- Women, Children & Family Health
- Elderly, Disabled & Handicapped
- Hospital Specialist Services
- Health Promotion
- Health Protection
- Dental Health
- Mental Health

**HEALTH DEVELOPMENT SUPPORT**

**MEDICINES & BENEFITS**

**OPERATIONS**

**SCIENCE UNITS**

**WORKFORCE DEVELOPMENT**

**POLICY & COMMUNICATIONS**

**CORPORATE SERVICES**
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<th>Role</th>
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<tr>
<td>Promotes and fosters services providing primary health care.</td>
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<tr>
<td>Exercises a leading role in promoting and maintaining the health of women, children,</td>
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<tr>
<td>adolescents and families.</td>
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<tr>
<td>Exercises a leading role in promoting and maintaining the health of the elderly,</td>
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<tr>
<td>adult physically disabled, and intellectually handicapped.</td>
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<td>Plans, promotes standards and guidelines, and advises on hospital specialist services.</td>
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<td>Provides a health promotion policy, advisory and support service to the Department</td>
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<td>Provides and protects the health of the public by providing advice, monitoring and</td>
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<td>controlling physical, chemical, and biological determinants of health in the environment.</td>
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<tr>
<td>Promotes and encourages a high standard of dental health in the community.</td>
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<td>Exercises a leading role in the promotion of mental health and substance abuse services.</td>
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<td>Co-ordinates health development unit activities and in conjunction with operations,</td>
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<td>facilitates the establishment of area health boards.</td>
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<td>Provides a control on safety and effectiveness of medicines, cosmetics and devices and</td>
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<td>administers the payment of benefits.</td>
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<td>Maintains an overview of the performance of hospital and area health boards in relation</td>
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<td>to national policies.</td>
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<td>Provide scientific and laboratory services to the Department and to the health services</td>
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<tr>
<td>generally.</td>
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<td>Exercises a leading role in the development of an appropriate workforce for the New</td>
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<td>Zealand health services.</td>
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<td>Provides a policy and advisory service to the CMG and programme managers, together</td>
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<td>with a departmental information service.</td>
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<td>Provides administrative, financial, personnel, and legal data processing services to</td>
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<td>the Department.</td>
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Geographically Nelson and Christchurch have the greatest number of participants on a per capita basis.

The range of services provided is becoming more varied, with emphasis on counselling and education and less on the original standards—sex education in schools and ante-natal classes. Several GPs had received payment for single one-off sessions, such as a talk to the Plunket mothers group, which were never the intention of the scheme.

Of the five GPs who reported having ceased Triple S activities varying reasons were given ranging from lack of client interest to inadequate remuneration.

It has not been possible to confirm whether the Triple S, as an alternative to routine consulting, actually lowered the prescribing rate or laboratory utilisation rate of the participating doctor, which was one of the justifications for the scheme.

**Conclusion**

The scheme is being utilised by the majority of practitioners who sought approval. The varied services being provided under the scheme would be difficult to fund from any other source. In the main the guidelines have been followed and the Triple S should continue as an alternative to GMS for general practitioners.

**METHOXYFLURANE—'PENTHRANE'**

This volatile anaesthetic and analgesic agent is nephrotoxic and is liable to cause irreversible renal failure if used a few times a day for several days or used in a large quantity as a single dose.

The manufacturers, Abbott Laboratories, stopped sales in New Zealand in 1984 and the Penthrane Analgizer, a hand-held device for the delivery of low analgesic doses was also removed from the market.

However, Penthrane is still on sale in Australia, and small amounts may still be stored in anaesthetic drug cupboards, in first-aid kits, or in ambulances.

The Medicines Adverse Reactions Committee recommends that all stocks of Penthrane be destroyed to prevent their use, and that Penthrane Analgizers be relegated to museum showcases.


**LOW DOSE PILLS ARE SAFER**

*An invited contribution from Dr M. J. Sparrow*

In modern contraceptive practice, low dose oral contraceptive pills are the first choice. The dose of both oestrogen and progestogen should be the lowest, compatible with good cycle control. Because of the increased cardiovascular complications with pills containing 50 micrograms or more of oestrogen, these pills should be reserved for special indications:

1. As post-coital contraception. (Yuzpe's regime)
THE NATIONAL TOXICOLOGY GROUP

The National Toxicology Group (NTG) in Otago Medical School is the new title for the combined Medicines Adverse Reaction Reporting Centre and Poisons and Hazardous Chemicals Information Centre. The NTG expects to receive from medical practitioners reports of all adverse reactions to medicines, vaccines and IUCD's which are of concern, and has a database of national and international data for use by health professionals.

The Poisons and Hazardous Chemicals section will answer enquiries on acute poisoning and also enquiries concerning the toxic effects of chemicals which may be encountered in emergencies of any sort. In addition to the emergency telephone service, general enquiries concerning occupational effects of chemicals and other possible risks from medicines and chemicals, such as teratogenic and carcinogenic effects, can be answered from the data base in response to written requests.

Sometimes enquirers may need more information than is on the data sheets and they should request consultation with the Centre's medical and scientific staff if that is the case. Approaches to the manufacturers may cause them consternation since they do not usually have toxicologically experienced personnel and, in any case, do not always wish to spend time searching their own product information for data which should be held by the Centre. If data is not available in the Centre then the Centre staff will obtain it as soon as possible, not only to deal with the current enquiry but also so that they have a future record.

This NTG data base is the only comprehensive listing of chemical and medicinal products and their toxic effects in New Zealand.

Telephone: Urgent (024) 740-999
Non-urgent (024) 791-200

or refer to the front page of the Registered Medical Practitioners section of any telephone directory.
(2) Where there is a drug interaction causing enzyme induction e.g. epileptics on anticonvulsants.
(3) Where there is persistently poor cycle control with lower dosed preparations.

Patients on higher dosed pills simply because they were started on these some years ago, should be changed to a lower dose preparation with additional contraceptive cover during the first 7 days of the new pill.

There are now no oral contraceptives available on the Drug Tariffs containing more than 50 micrograms of ethinyloestradiol. The brands containing 50 micrograms are:

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<tr>
<th>Brand</th>
<th>Microgram</th>
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<tr>
<td>Anovlar 21</td>
<td>Biphasil</td>
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<tr>
<td>Eugynon</td>
<td>Biphasil-28</td>
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<tr>
<td>Microgynon 50</td>
<td>Microgynon 50ED</td>
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<tr>
<td>Neogynon 50</td>
<td>Nordiol 21</td>
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<tr>
<td>Ovostat 22</td>
<td>Nordiol 28</td>
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<td>Ovral</td>
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Mestranol is used as the oestrogen in: Norinyl-L, Ovulen 0.5 and Ovulen 1mg. The activity of mestranol is dependent upon its demethylation to ethinyloestradiol. Therefore Ovulen 0.5 mg and Ovulen 1mg can be considered as having an oestrogen content equivalent to 50 micrograms of ethinyloestradiol.

PEAK FLOW METERS

Comprehensive Management plans for asthmatics depend upon skillful use of a peak flow meter by the patient. Since their introduction onto the Drug Tariff the number of peak flow meters distributed has now almost equalled the estimated number of asthmatics requiring medication. There are reports of some severe asthmatics purchasing peak flow meters from pharmacies to assist in their own management because their doctor has not provided them with a management plan or provided them with a peak flow meter.

Peak flow meters are only available under the Drug Tariff on a wholesale supply order to a medical practitioner. With proper care they will retain their reproducibility of results, but results obtained on different devices are not directly comparable.

THE NATIONAL TOXICOLOGY GROUP

Included with this mailing is a notice which can be pinned up for reference, about the combined Medicines Adverse Reaction Reporting Centre, and Poisons and Hazardous Chemicals Information Centre at Otago Medical School.

Currently the NTG can be contacted through urgent and a non-urgent telephone number or by letter addressed to National Toxicology Group, Medical School, Otago University, PO Box 913, Dunedin.

Work is proceeding on providing more general access to non-confidential portions of the data base by computer linkage.

Formal requests for such access would be appreciated to aid planning.
PRACTITIONERS SUPPLY ORDERS AND MEDICINES FOR OVERSEAS TRAVELLERS

Part II of the Social Security Act 1964 makes provision for benefits, including pharmaceutical benefits, for patients who are in New Zealand at the time of receipt of that benefit.

The Drug Tariff, a ministerial direction under the Social Security Act, provides for medical practitioners to obtain on a practitioner’s supply order, up to a months supply of medicines required for the emergency treatment of patients until a prescription can be dispensed or for personal administration to a patient, such as injections.

We have noted an increasing incidence of orders for medicines to be used in occupational health and industrial clinics. In these instances where the medical practitioner is not working in the clinic on a full time basis, clinic supplies should not be obtained under the Drug Tariff and their purchase is the responsibility of the organisation concerned.

Similarly, bulk supplies of medicines required by Government institutions, such as prisons and military camps, are to be purchased by the Department responsible for the administration of that institution.

In future, contracting pharmacists will not be reimbursed for supplies obtained under these circumstances.

In addition, reimbursement will not be made for extra supplies of medicines prescribed for patients to cover the period while they are overseas, whether prescribed for continuing therapy or for precautionary purposes. It is accepted that a patient may require up to three months supply to cover the time before they leave the country and the time following their return. Supplies required while the patient is out of the country may be purchased by the patient before departure on the order of a medical practitioner.

G R Boyd
Manager
Primary Health Care Programme