

DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

30 June 1975.

CLINICAL SERVICES LETTER NO. 151
TO MEDICAL AND DENTAL PRACTITIONERS
(Copy to Proprietors of Retail Pharmacies)

Dear Sir/Madam,

DRUG COSTS

The Cabinet Subcommittee on Efficiency in the State Services has recently published a report on the efficiency of pharmaceutical services administration by the Division of Clinical Services. The report is based on a study by an independent firm of management consultants.

It is satisfying to note a conclusion of the report that the services are well administered. Of the recommendations made that now require further study, none will result in short-term savings on pharmaceutical benefits. And yet some savings are essential in view of the continued escalation of expenditure recently highlighted in Clinical Services Letter No. 141.

The expenditure on pharmaceutical benefits for the year ended 31 March 1975 was \$56 million, compared with \$45 million and \$39 million in the previous 2 years. Of the total expenditure almost half is accounted for by only 30 drugs; these are listed in table 1 in order of cost.

The department is at present examining ways and means of reducing costs of the pharmaceutical benefits scheme. It has no wish to introduce restrictions, but these may need to be considered. The department is hampered by insufficient up-to-date information on prescribing patterns to enable practitioners to assess their own prescribing. In the absence of any move from within the profession to establish a system of medical audit, it once again seeks the co-operation of medical and dental practitioners in continuing to exercise great care when prescribing. Even minor changes in prescribing patterns can reduce costs dramatically. Particularly important are:

- The period of supply—less than 7 days' supply will often do, particularly when antibiotics are prescribed.
- Avoiding the use of repeats and extended supply unless absolutely essential.
- Avoiding polypharmacy.
- The use of cheaper drugs when alternatives are available.

EXTENDED TIME CLAIMS FOR PSYCHIATRIC COUNSELLING BY GENERAL PRACTITIONERS

The Medical Services Advisory Committee recently considered the question of claims for extended time for psychiatric counselling by general practitioners. Members agreed that in *exceptional circumstances*, prolonged sessions of psychiatric counselling could be necessary and beneficial to the patient.

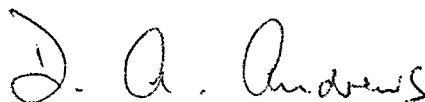
In accordance with the committee's recommendation, it has been decided that in such circumstances extended time claims in excess of 60 minutes should be payable provided the doctor concerned supplies an acceptable explanation in support of his claim.

Medical officers of health have been advised of this decision.

CHLORMETHIAZOLE (HEMINEURIN)

It is apparent that a dependent state may develop in some patients given this drug for the prevention of alcohol withdrawal symptoms. This is particularly likely if administration is for more than a few days and if alcohol consumption is allowed to continue. The indiscriminate and unsupervised use of chlormethiazole may well diminish its effectiveness when given under more strictly controlled conditions.

Yours faithfully,



(D. A. Andrews),

Director,

Division of Clinical Services.

VISITING MEDICAL PRACTITIONER

Applications are invited for the position of Visiting Medical Practitioner, Division of Clinical Services. The appointee would preferably be stationed in Wellington, but alternative arrangements may be considered.

The appointee must be a registered medical practitioner with extensive experience in general practice. He will be required to visit medical practitioners in order to promote good relationships with the Department of Health, and to discuss practice problems of all kinds, with particular reference to prescribing, advances in therapy, and drug costs. He may be required from time to time to give lectures to medical students on these topics. He must interest himself in the problems of general practitioners under varying conditions of practice and keep his knowledge of therapeutics thoroughly up to date. He will be responsible for visiting doctors in the health districts of Rotorua, Gisborne, Napier, New Plymouth, Wanganui, Palmerston North, Wellington, and Hutt.

Salary will be \$14,101 per annum, maximum \$15,085, plus travelling expenses and allowances.

Applications on form PS 17A, obtainable from any post office or from this office, should be forwarded to the Staff Clerk, Department of Health, P.O. Box 5013, Wellington.

TABLE 1

TOP THIRTY DRUG TARIFF ITEMS—YEAR ENDED 31 MARCH 1974

Generic Name	Cost (\$)	Doses
1. Ampicillin	2,427,080	18 210 400
2. Trimethoprim and sulphamethoxazole	1,930,898	13 490 400
3. Diazepam	1,531,136	53 227 800
4. Indomethacin	1,289,174	22 557 800
5. Disodium cromoglycate	1,201,798	6 994 600
6. Erythromycin and its salts and esters	1,171,754	7 245 400
7. Methyldopa	1,139,856	17 784 000
8. Frusemide	844,286	9 803 800
9. Betamethasone valerate, etc.	778,858
10. Fenfluramine hydrochloride	682,488	13 708 200
11. Tetracycline hydrochloride	599,654	9 335 000
12. Ibuprofen	585,830	15 195 400
13. Cloxacillin sodium	542,614	2 085 800
14. Salbutamol aerosol inhaler	529,096
15. Nitrazepam	522,518	15 804 400
16. Cyclopenthiazide	485,500	18 292 200
17. Doxycycline hydrochloride	468,530	999 400
18. Amitriptyline	457,434	15 168 800
19. Lincomycin hydrochloride	440,444	1 558 800
20. Guanethidine sulphate	388,378	5 349 000
21. Allopurinol	383,356	5 279 600
22. Phenoxymethylpenicillin	331,750	7 509 000
23. Doxepin hydrochloride	315,680	7 560 600
24. Oxyphenbutazone	313,496	6 126 800
25. Chlordiazepoxide	310,308	12 736 600
26. Nystatin	306,284	1 367 200
27. Debrisoquine sulphate.....	303,816	9 566 200
28. Cyclandelate	297,908	6 079 600
29. Triacetyloleandomycin	294,858	1 993 600
30. Dextropropoxyphene hydrochloride	273,760	10 255 600
Totals	\$21,108,542	413 760 400

BY AUTHORITY:

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