

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

28 October 1975.

## **CLINICAL SERVICES LETTER NO. 154**

### **TO MEDICAL AND DENTAL PRACTITIONERS**

**(Copy to Proprietors of Retail Pharmacies)**

Dear Sir/Madam,

#### **MULTIPLE VISITING**

Present trends in multiple visits to rest homes and private hospitals are of concern. Examples of very high rates of visiting have been discussed with the Medical Services Advisory Committee and the Executive of the Medical Association of New Zealand.

It is considered that many multiple visits involve minor services only. Some practitioners recognise this by claiming a lesser rate of benefit for such visits. Medical officers of health have been asked to investigate possible cases of excessive multiple visiting; the MANZ Executive supports this move. Practitioners are also to be asked by medical officers of health to consider claiming a lesser rate of benefit if this appears more appropriate in particular cases. The Social Security Act 1964 contains specific provision for such an arrangement.

#### **SAFE STORAGE OF NARCOTICS**

The increasing number of drug thefts, particularly those of narcotics, is causing concern.

Thefts of medical practitioners' bags from unlocked cars and burglaries of medical and dental practitioners' surgeries have sometimes yielded narcotics. It is evident that, in many cases, the narcotics have not been stored as required by the Narcotics Regulations 1966.

Practitioners wishing to retain emergency supplies of narcotics should provide suitable storage facilities. Bags containing narcotics should never be left unattended in unlocked cars. Minimum quantities only should be retained, and pharmacists should not be asked to store narcotics on behalf of practitioners.

Regulation 28 of the Narcotics Regulations requires every person in possession of a narcotic, not required for immediate use, to store it in a locked metal cupboard of substantial construction or alternatively, in a locked compartment constructed of metal or concrete or both. The cupboard or compartment must be securely fixed to, or be part of, any building or vehicle within which the narcotic is kept. The key to the cupboard or compartment must be kept in a safe place. If the building or vehicle is left unattended, the key must not be left on the premises or in the car, and all reasonable steps must be taken to secure the building or vehicle against unlawful entry.

### **PERIOD OF SUPPLY AND DRUG COSTS**

A number of medical practitioners continue to prescribe treatment sufficient for 7 days. A pharmacist should, of course, dispense the quantity prescribed. Payment from public funds, however, can be made only for a quantity sufficient for 5 days' treatment. The pharmacist is entitled to charge the patient for the extra quantity.

If 7 days' treatment is essential, the prescription should be endorsed "extended supply" and the quantity to be dispensed written by the prescriber.

Expenditure on pharmaceutical benefits continues to rise and to cause concern. Under some circumstances it is reasonable and economical to prescribe extended supply prescriptions. This, however, is not always a good practice. Some medical practitioners adopt a procedure directing the pharmacist, when a new treatment is initiated, to issue a small initial supply, and the balance of the extended supply prescription at the end of that period, or month by month. This avoids wastage and the hoarding of unwanted drugs in cases where the treatment proves to be unsuitable. This practice is recommended for wider use.

As a result of devaluation, the prices of different brands of drugs are liable to vary in an irregular fashion, especially as the amount of the devaluation increase depends upon the country of origin. Since payment by the department is based upon the lowest priced reputable brand available, part charges are at present payable on certain brands. Most of these charges will be

temporary only, as the majority of prices will soon have increased with the replacement of pre-devaluation stocks.

In the meantime, the simplest way to avoid part charges is to prescribe by official name.

### **DEPO-PROVERA**

There have been three recent reports of acute allergic reactions following injections of this product. The symptoms were those of bronchospasm and angio-oedema.

Although the incidence of such reactions is low, it would appear that caution should be exercised when dealing with patients who have an allergic history.

### **USE OF STILBOESTROL DURING PREGNANCY**

There is a significant association between the use of stilboestrol and related products during pregnancy and the occurrence of vaginal carcinoma in the offspring. Use is therefore contraindicated in those who are pregnant or possibly pregnant.

Recent reports indicate that vaginal adenosis may occur in 30-90 percent of post-pubertal girls and young women whose mothers received stilboestrol or related drugs during pregnancy.

The condition has been found most frequently in those cases where stilboestrol was given in early pregnancy, especially during the first 12 weeks. The significance of this finding in relation to potential development of vaginal adenocarcinoma is unknown and periodic examination of patients at risk is advisable.

### **INCREASE IN IMMUNISATION BENEFIT**

Government has approved increases in the rates of the immunisation benefit, for services provided as from 1 October 1975, to the following levels:

- (a) Where administered by the doctor or under his direct supervision—  
\$1.85 per service;

(b) If administered by a registered nurse in the doctor's employ and at the doctor's direction—\$1.55 per service.

It should be noted that only the rates of the benefit have been altered; the other conditions governing payment remain unchanged.

Yours faithfully,

*D. A. Andrews.*

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