



Department of Health,  
P.O. Box 5013,  
Wellington.

14 September 1976.

## **CLINICAL SERVICES LETTER NO. 161**

### **TO MEDICAL PRACTITIONERS**

#### **Breast Prostheses**

Women undergoing a mastectomy on or after 29 July 1976 are now entitled to a benefit of up to \$30 to meet the cost of an initial breast form. Payment will be by way of reimbursement by the Department of Health of the commercial stockist fitting and supplying the prosthesis. Patients entitled to the benefit will be issued with a certificate of eligibility prior to discharge from hospital for presentation to the stockist.

#### **Benefit for Urgent Medical Services**

Clinical Services Letter No. 121 of 20 October 1972 briefly mentioned the conditions governing the payment of the higher rate of general medical services benefit for urgent attendances.

It is apparent, however, that in some instances incorrect claims are still being made. The setting up of "emergency services" in many areas has also given rise to problems in determining which types of service qualify for the urgent rate of benefit.

Payment of the higher rate of general medical services benefit, for services afforded outside normal hours, is subject to the condition that the service is afforded in response to an urgent request received by the doctor on the same day, i.e., Saturday, Sunday, or public holiday; or received by him between the hours of 6 p.m. to 8 a.m. The essential phrase is "*in response to an urgent request*". It must appear to the doctor receiving the request, that it is of such a nature as to demand immediate attention. It is the nature of the request, not the service ultimately afforded, which must be urgent. It is emphasised that where more than one patient is seen in response to an urgent call, only *one* claim should be made at the higher rate, unless the other patients' conditions also warrant immediate attention.

The question of "emergency services" has been considered by the Medical Services Advisory Committee, and the department accepts its recommendations. These were as follows:

Where a surgery conducted outside normal hours,

- (a) Is expressly provided as an emergency service for more than one practice in the area;
- (b) Is not principally for the benefit of the patients of any particular practice; and
- (c) Is open to all patients without a prior appointment,

then the urgent rate of general medical services benefit is payable. If these conditions are not met, the service is considered to fall outside the meaning of an emergency service, and the higher rate of benefit is not payable.

### **Practice Nurses: Cost of Living Allowance**

As a result of the application of the Wage Adjustment Regulations 1974, Amendment No. 9, effective from 25 June 1976, salary rates for subsidy purposes are increased by 7 percent with a maximum of \$7 in respect of any one week.

The salary rates for practice nurses for subsidy purposes, from 25 June 1976, are as follows:

Staff Nurse	\$5,487	} plus 7 percent c.o.l. allowance with a maximum of \$7 per week.
	\$5,835	
	\$6,028	

Subsidy is payable in accordance with policy on actual remuneration up to the limits specified above.

There is now no differentiation between staff nurses and staff sisters. Determination No. D.G. 21 for nurses eliminated the previously existing staff nurse/staff sister grades and replaced them with a new grade under the title of staff nurse, while retaining the three separate salary steps as before.

This information should be read in conjunction with the notice in Clinical Services Letter No. 157.

### **Availability of Speech Therapy**

Speech therapy is available for all children throughout New Zealand. Clinics are attached to certain centrally placed primary schools in each district and therapists provide a free diagnostic and remedial service for children of any age. Therapists will accept referrals from parents, health professionals, and those involved with educational services. Early referral is essential for the most effective preventive work to be carried out and children aged 3 years or younger will be seen. Any person who is concerned with the inadequacy of a pre-school child's speech and language development should ensure that a consultation with the speech therapist is arranged as soon as possible.

Adult patients requiring treatment for a variety of speech disorders are usually referred to hospital clinics or to therapists in private practice. In certain circumstances, however, adults may be admitted to Education Board clinics.

Telephone directories list speech therapy clinics administered by education boards. Inquiries may be directed to the District Speech Therapist care of the local Education Board.

### **Malaria Prophylaxis**

Adverse comment has been received from overseas that some New Zealand doctors are supplying prescriptions for quinine sulphate tablets for malaria prophylaxis. This outdated therapy leaves the patient at the risk of both contracting malaria and complicating any falciparum malaria with haemolysis.

An amendment to the Immunisation Booklet (H.Q.1) sent to all practitioners in April 1975, recommends for routine use the prescribing of chloroquine sulphate (300 mg base) on the same day of each week, commencing 1 week before arrival in a malarious area and continuing for 6 weeks after leaving such an area. In areas where falciparum malaria is prevalent and transmission is intense, as for instance in tropical Africa, adults should take 300 mg of the base twice a week.

Because chloroquine resistant malaria may occur in certain countries the traveller should be advised to make inquiries on arrival in a new country.

Pregnancy is not a contraindication to the use of anti-malarial drugs in recommended dosage. The real danger to pregnancy is malaria itself.

### **Visiting Pharmacist**

Miss Lynanne Stanaway has been appointed as the first Visiting Pharmacist in this country. She graduated at Otago University in 1968 and has worked in retail pharmacy both in New Zealand and Great Britain as well as in hospital pharmacy. She has also had experience with an international pharmaceutical manufacturing firm before becoming an advisory pharmacist in the Division of Clinical Services with responsibility for preparation of the Drug Tariff.

The position will involve visiting general practitioners, and some specialists and pharmacists, with the objective of encouraging the effective, rational, and economic use of medicines. Up-to-date information will be made available by the Visiting Pharmacist who will also invite comments about the Drug Tariff and its administration. At times it may be necessary for inquiries to be made about possible cases of excessive or expensive prescribing.

This is an important new position and it is hoped that doctors will be as frank and helpful with the Visiting Pharmacist as they are with the Visiting Practitioner. Miss Stanaway's work will be restricted to the lower half of the North Island for the present and she will be based at Wellington District Health Office.

**Visit of Dr P. J. R. Nichols, D.M., F.R.C.P., Director, Lady Marlborough Lodge, Oxford.**

A seminar on rehabilitation services in New Zealand is to be held at the James Cook Hotel, Wellington, on 21-22 October 1976. The guest speaker will be Dr P. J. R. Nichols, who is Consultant Adviser in Rehabilitation Medicine to the Department of Health and Social Security, England, Consultant in Rehabilitation Medicine to the Oxfordshire Area Health Authority and Director of the Mary Marlborough Lodge, Oxford. He is the author of the book, *Rehabilitation Medicine*.

**Seminar on Rehabilitation Services for the Disabled in New Zealand**

The programme will contain the following sections:

- Medical Rehabilitation Services
- Rehabilitation of the Chronically Disabled
- Rehabilitation of the Geriatric Patient
- The Accident Compensation Commission and Rehabilitation
- Vocational Rehabilitation and Placement.

Supporting speakers are being drawn from their respective specialties.

The seminar will emphasise the importance of active organised rehabilitation. It will be of specific interest to general practitioners as well as other members of the medical profession, and will provide information on the rehabilitation services available in New Zealand and how best these services can be used.

The seminar is being sponsored by the Department of Health, the Accident Compensation Commission and the Department of Social Welfare.

No fee will be charged for attendance.

It would be helpful if medical practitioners notify their intention to attend to the Secretary, National Rehabilitation Committee, Department of Social Welfare, Private Bag, Wellington 1, from whom further information, including the programme, can be obtained. All are welcome, however, with or without prior notice. Registration will take place from 9 a.m. on 21 October with the official opening at 9.30 a.m.

**Diabetes Week**

Diabetes Week is 15-20 November 1976, when there will be a campaign to educate the public about diabetes, and of the help that is available to diabetics and their families through local diabetic societies.

Education is seen as the key to healthy living. Local societies provide an important source of education about diabetes, and foster the mutual aid of diabetics, one for another. Through the National Association (which is assisted by a medical advisory panel of 12 doctors) the efforts of local societies are co-ordinated to promote children's camps, lectures by local and international speakers, research, and, in general, to work in the community to safeguard the interests of diabetics.

Further information may be obtained in most telephone directories under "Diabetic Society", or from the Secretary, Diabetic Association of New Zealand, P.O. Box 3656, Wellington.

**British National Formulary: 1976-1978**

Copies of this publication are now available to medical practitioners who need them; applications should be made to this division.

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