



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

15 June 1977.

CLINICAL SERVICES LETTER NO. 168

To Medical Practitioners (Copy to Practice Nurses)

GOVERNMENT ASSISTANCE FOR PRACTICE NURSES IN GENERAL PRACTICE

1. This letter supplements the recent announcement by the Minister of Health of changes to the Practice Nurse Subsidy Schemes approved by Cabinet to take effect from 1 July 1977. Full details of the schemes available to general practitioners from that date are outlined in the appendix to this letter.

2. The essential features of the schemes are:

(a) The 50 Percent Scheme—

- (i) The 50 percent Practice Nurse Subsidy Scheme, which is currently available only to doctors operating in rural areas, will as from 1 July 1977, be available to all practices whether rural or urban.
- (ii) The benefit for each domiciliary visit by the practice nurse is increased from 75 cents to \$1.25 for ordinary patients and \$3 for special group patients. This patient benefit is available to all patients regardless of place of residence.
- (iii) A motor vehicle allowance will in future be paid at a rate of 16 cents per kilometre (25 cents per mile) for all travel associated with domiciliary visits by the practice nurse.
- (iv) The 50 percent subsidy towards salary is for the nurse's professional services in the surgery. A nurse employed under this scheme cannot be engaged *solely* on domiciliary visiting.

(b) The 100 Percent Scheme—

The 100 percent Practice Nurse Subsidy Scheme remains unchanged *except* that a motor vehicle allowance of 16 cents per kilometre (25 cents per mile) is introduced for all practice nurse travel involved in domiciliary visits to patients whether in rural or urban areas.

3. Both schemes are to be subject to annual reviews.

4. *Charges to Patients*—During the negotiations about these changes the New Zealand Medical Association undertook to recommend to general practitioners that, if possible, no charge be made to patients under the amended 50 percent scheme. In this connection, the remarks of the Minister of Health when announcing the new schemes should be noted. The Minister expected that charges to the patient would be the exception and that in the event of too many such charges being imposed, the arrangement would need to be reviewed.

5. *Consultative Committee*—As with any fee-for-service system, the new arrangements could be abused. Cabinet therefore agreed that, should the Medical Officer of Health not be able to resolve satisfactorily any doubtful claims, he should refer them to the local Consultative Committee for consideration and recommendation to the Director-General of Health. The appendix sets out the constitution and functions of these committees.

6. *Check Letters*—As with claims submitted in respect of services rendered by doctors themselves, the Department envisages check letters being sent to patients for whom claims have been submitted where this procedure is considered necessary.

7. *Ratio of Practice Nurses to Doctors*—As the result of experience with the operation of the 100 percent scheme since its introduction in July 1974, it is apparent that the ratios need to be liberalised. The new ratio is outlined in the appendix. Essentially, each doctor may receive a subsidy for the employment of a practice nurse for 40 hours each week. If further variations are considered necessary, practitioners can still make a case to the Medical Officer of Health for consideration by the Consultative Committee.

8. *Claim Forms*—These have been amended in accordance with the new arrangements and supplies should be available from local district health offices. Please note:

- (a) There are only two forms—one for claiming the salary subsidy under the 50 percent or the 100 percent schemes, and the other a schedule for claiming motor vehicle allowance under either scheme, and patient benefits under the 50 percent scheme.
- (b) Claims should bracket the names of patients visited to show the total distance travelled on each trip.
- (c) Provision has been made for recording annual, sick, and study leave taken by the practice nurse, also overtime worked; but it is emphasised that these details are for the practitioner's own records. In future, the Department cannot accept any responsibility for maintaining annual and sick leave records.

9. *Practice Nurses in Hospital Board-owned Health Centres*—General practitioners engaged in private practice in hospital board-owned health centres may, from 1 July 1977, elect to participate in the new subsidy schemes as an alternative to existing arrangements. It is considered, however, that the use of both hospital board-employed and practitioner-employed

nurses in a health centre could lead to major difficulties. If such a combination is considered necessary as a temporary expedient or because of exceptional circumstances in a particular health centre, the proposal should be discussed with the local Medical Officer of Health before the Consultative Committee is asked to make a recommendation.

10. *Combination of Schemes*—Practitioners will, of course, make their own decisions as to whether they will participate in the amended 100 percent or 50 percent schemes after considering such factors as patient needs, practice economics, and the ways in which they operate their practices. Indeed, some practitioners may decide to employ different nurses under both schemes and the Department would not object to this. It must be emphasised, however, that full and frank discussions with the local Medical Officer of Health and his staff would be helpful before such a decision is made since there could be some administrative problems.

11. *The Work of the Practice Nurse*—The increasing use of subsidised practice nurses in the last year has been dramatic. At 31 March 1976 there were almost 300 doctors receiving a subsidy; the number is now about 480 and of these, 400 are in receipt of the 100 percent subsidy. The effective and efficient employment of practice nurses in the primary health care team has been well documented as has their acceptance by patients. As the schemes develop further and more domiciliary visiting is encouraged by the new amendments, the job satisfaction of the practice nurse needs to be considered. Studies have shown that nurses, like other employees, derive their satisfaction from:

- (a) A clear understanding of the boundaries of their responsibilities, authority, accountability, and channels of communication.
- (b) Full utilisation of their professional knowledge and skills.
- (c) Adequate opportunities to continue their education.
- (d) The opportunity for effective communication and co-ordination with other members of the primary health care team.
- (e) The ability to function as full members of the team including other nurses and allied health professionals.
- (f) Suitable remuneration and conditions of employment.

12. *Nursing Education*—As more doctors become aware of the important role of the practice nurse in the health team they may well have suggestions to make for improvements in the preparation of nurses to be employed in their practices. The Department would appreciate receiving from employers recommendations concerning any desirable content for basic and post-basic nursing education. These will be passed on to the appropriate authorities. It should also be pointed out that basic and post-basic schools of nursing will be approaching some employers for consultation and assistance with nursing education. If this approach is made, full co-operation is desirable.

13. *Evaluation and Research*—With the introduction of these new amendments it is essential that their full effects be evaluated. The Department will continue to study the use of practice nurses and from time to time will require

co-operation in collecting data on the numbers, characteristics, and utilisation of those employed. This information is required for planning purposes including manpower planning and the provision of educational facilities.

D. A. Andrews Shirley M. Bohm.

(D. A. Andrews)
Director,
Division of Clinical Services.

(Shirley M. Bohm)
Director,
Division of Nursing.