



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

17 November 1978.

CLINICAL SERVICES LETTER No. 184

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

PRESCRIBING PROBLEMS

Certain prescribing errors, largely of omission, are causing problems in the pricing offices and leading unnecessarily to the return of many prescriptions for correction. This leads to a greatly increased workload in the Department of Health, delayed reimbursement for pharmacists and irritation to doctors.

Approved Condition

It is necessary that prescriptions for contraceptives should be endorsed "approved condition" if the prescriber is of the opinion that the patient is entitled to a free supply. The endorsement must be in the practitioner's handwriting or initialled by the prescriber. It should particularly be noted that this same endorsement is required on practitioners supply orders and wholesale supply orders for supply of those contraceptives which may be ordered in this manner (See Clinical Services Letter No. 182).

Specialist Restricted Medicines

Practitioners are reminded that when continuing prescriptions for specialist restricted medicines which have been recommended by a specialist, they are now required to annotate the prescription with the year of authorisation as well as the name of the specialist. Such recommendations will now remain valid for 2 years only. All current recommendations should be annotated as having been recommended in 1978. The endorsement must be in the practitioner's handwriting or initialled by the prescriber. (See Clinical Services Letter No. 182).

71198 1.4
The following item is submitted by the Division of Hospitals at the suggestion of the Board of Health Committee on the Care of the Aged. Any queries should be directed to the Director, Division of Hospitals.

**STAFF SUBSIDY SCHEME: RELIGIOUS AND
WELFARE OLD PEOPLE'S HOMES**

Government has introduced a new policy to assist religious and welfare organisations to cater for the more dependent elderly person in their old people's homes. The assistance takes the form of a subsidy on staff employed above a specified baseline. Essentially the criteria for assistance requires:

- (1) That the organisation has consulted with the regional geriatric physician in respect of the admissions policy;
- (2) An assessment of the extent to which the admissions policy provides for residential care of the elderly who can no longer live in the community for medical or social reasons, even with the assistance from community supportive services; and
- (3) That the degree of dependency among residents is such that they require considerable assistance from staff with their daily living activities.