Department of Health,
P.O. Box 5013,
Wellington.
8 February 1979.

CLINICAL SERVICES LETTER No. 185

To Medical and Dental Practitioners
(Copy to Proprietors of Retail Pharmacies)

DRUG TARIFF

There has been no amendment to the Drug Tariff as from 1 December, while the necessary steps are being taken to update legislation. No policy changes are involved and future changes to the Drug Tariff will take place on the usual dates at the commencement of April, August, and December.

The Pharmacology and Therapeutics Advisory Committee will be reviewing beta-adrenergic blocking agents and corticosteroid topical preparations at its next meeting. Any comments which practitioners may wish to make concerning these therapeutic groups, will be welcome, not later than 15 March 1979, please, if possible.

THYROID TABLETS

In line with policy in other countries, it is proposed to make the following deletions from the Drug Tariff as from 1 August 1979.

Thyroid
Thyroid (fresh gland) tablets

Any objections to this deletion should be forwarded as soon as possible.

INSULIN SYRINGES

To avoid further opportunity for error it is proposed to cease payment for non-disposable 2 ml insulin syringes marked 40 and 80 units (i.e., suitable for either a 20u/ml or 40u/ml insulin) as from 1 August 1979. The number of diabetic patients using these syringes is considered to be small and it is suggested that practitioners should take the opportunity to change any affected patients to the more commonly used type of syringe.

COMBINED THERAPY WITH VERAPAMIL AND BETA-ADRENERGIC BLOCKING AGENTS

Reports have previously been recorded of asystole and severe hypotension following intravenous therapy with verapamil in patients already being

treated with beta-adrenergic blocking agents. Similar reports of collapse have suggested danger even when the verapamil has been administered shortly after therapy with beta-adrenergic blocking agents has ceased.

More recently, cases have been recorded in New Zealand of severe and potentially fatal haemodynamic response to the simultaneous administration of these products by mouth.

It is recommended that these medicines should not be administered in combination either by the intravenous route or orally.

TREATMENT OF PERSONS DEPENDENT ON CONTROLLED DRUGS

Clinical Services Letter No. 181 described the legal constraints on prescribing, administering, or supplying any controlled drug to a dependent person for the purpose of treatment for dependency. It is pointed out, that in the opinion of the Department Of Health, these legal constraints apply to the treatment of a dependent person with controlled drugs for withdrawal symptoms.

This note attempts to give some guidance on the avenues open to a practitioner when consulted by a patient who states that he or she is dependent or the practitioner believes to be dependent on controlled drugs, and who seeks or requires controlled drugs for the treatment of the dependency.

If the practitioner is not specified or authorised to treat such a case the patient can be referred to a clinic or hospital specified by the Minister of Health in the *Gazette*. A list of these institutions appears at the end of this item.

There is provision in the Misuse of Drugs Act 1975 for the patient to be referred back to the general practitioner for continuation of treatment for periods of up to 3 months at a time, or for longer periods with the agreement of the medical officer of health.

If for some reason it is not convenient or practical to refer the patient to a specified clinic, an alternative is to contact the medical officer of health to discuss the possibility of a "restrictive order" under section 25 of the Act. An order can be issued if the medical officer of health is satisfied that the patient has been obtaining a controlled drug over a prolonged period and is likely to seek further supplies or prescriptions.

In essence such an order will prohibit all but the named practitioner(s) from prescribing the controlled drug and all but the named pharmacist(s) from supplying the controlled drug(s). The order will also specify the controlled drug(s) to be prescribed and the frequency and quantity of the prescriptions. The medical officer of health has the power to revoke, modify, or vary the order at any time.

There is also provision, under the Act, for the emergency treatment of dependency with controlled drugs in *any hospital* for a period not exceeding 3 days.

It must be emphasised that all the above relates to the treatment of dependent persons with controlled drugs. The practitioner can, of course, use other forms of treatment without legal restriction. Similarly the dependent patient is entitled to these treatments in the same way as any other individual.

Hospitals and Hospital Board Clinics specified as Places at which Controlled Drugs may be prescribed, administered, or supplied for the purpose of treating persons dependent on Controlled Drugs.

Whangarei Base Hospital, Whangarei.
Auckland Hospital.
The Auckland Hospital Board's Cathedral Clinic, St. Stephens Avenue, Parnell, Auckland.
Carrington Hospital, Auckland.
Kingseat Hospital, Auckland.
Oakley Hospital, Auckland.
Waikato Hospital, Hamilton.
Tokanui Hospital, Te Awamutu.
Rotorua Hospital.
Tauranga Hospital.
The Memorial Hospital, Hastings.
Cook Hospital, Gisborne.
Taranaki Base Hospital, New Plymouth.
Lake Alice Hospital, Marton.
Palmerston North Hospital.
Palmerston North Hospital Board's Clinic, corner of Princess Street and Broadway, Palmerston North.
Porirua Hospital.
Wellington Hospital, Wellington.
The Wellington Hospital Board's Clinic, 54 Murphy Street, Wellington.
Nelson Hospital.
Ngawhatu Hospital, Nelson.
Grey Hospital, Greymouth.
Seaview Hospital, Hokitika.
North Canterbury Hospital Board Clinic, 77 Cashel Street, Christchurch.
Princess Margaret Hospital, Christchurch.
Sunnyside Hospital, Christchurch.
Timaru Hospital.
Ashburn Hall, Dunedin.
Cherry Farm Hospital, Dunedin.
Dunedin Hospital.
Wakari Hospital, Dunedin.
Kew Hospital, Invercargill.

BENEFIT FOR URGENT MEDICAL SERVICES

Inappropriate claims for some general medical services at higher rates appear to be increasing and are of concern to district offices. Since it is a departmental responsibility to ensure, as far as is possible, that claims are made at the correct rates, checking of doubtful schedules inevitably leads to delays in making payments. Clinical Services Letters No. 121 and 161 have stated the essential requirements for an urgent service. Some further clarification appears necessary.

The Social Security Act 1964 is quite clear in its definition of those general medical services which attract additional fees. They are services provided by a medical practitioner:

(a) On a Saturday or Sunday or public holiday, in response to an *urgent* request received by him *on the same day*; or

(b) Between the hours of 6 p.m. and 8 a.m. in response to an *urgent* request received by him *between those hours.*

A patient may choose to consult his medical practitioner for a *non-urgent* condition in other than the usual hours of practice; or to take advantage of the medical practitioner's visit to another patient who has called him in for an urgent consultation. But the patient cannot expect the State to pay a higher rate of benefit for the convenience of his doing so. The doctor should charge the patient accordingly, claiming only the non-urgent GMS benefit.

A further problem arises when several services are provided on the one occasion at the one address, to a family for example, and all services are claimed at the urgent rates. It is unlikely in most such instances that an urgent request for a general medical service has been made in each case. If there is any reason why it appears that the urgent rate should apply to more than one patient the schedule should be annotated accordingly. If not, further inquiries will result.

Frequently several visits or consultations are necessary following an initial urgent request for medical attention. In such cases only the first service can be claimed at the appropriate urgent rate whatever time the other services are provided. The only exception would be if a further request for urgent attention was received during the same illness. When a series of services proves necessary the schedule should be annotated if any but the initial service is claimed at the urgent rate. A brief annotation is all that is needed and will reduce the need for further inquiries which are irksome to all.

HOSPITAL HEARING AID SERVICES

Some practitioners may not be aware that hearing aids can be obtained at wholesale prices through public hospital audiology clinics. A wide range of types and models is available from most of these clinics and patients are encouraged to try different aids before making a final selection.

When consulted for advice on a hearing problem which the practitioner considers could be alleviated by a hearing aid the patient should be referred to a public hospital hearing clinic for assessment and the fitting of an aid, if required. As payment of the subsidy of $70 can be made only on the recommendation of a hospital board employed otologist it is therefore more convenient to the patient for all the procedures connected with testing, fitting, and subsidy to be carried out within the same organisation. Even if the aid is to be purchased privately the patient will still have to be seen by the hospital otologist to be eligible for the subsidy.

It is pointed out that public hospital hearing aid clinics require the patient to be referred by a medical practitioner.

PROTECTION OF AMBULANCE DRIVERS AGAINST INFECTIOUS DISEASES

The Ambulance Transport Advisory Board has been concerned recently about the protection of ambulance officers in cases where patients may be suffering from Lassa Fever and Marburg virus-like diseases. It has circulated to hospital boards and ambulance operators suggestions for the protection of personnel. These measures will be of no avail if ambulance personnel are not warned of the possibilities that a particular patient may have an infectious disease. The Ambulance Transport Advisory Board has asked that doctors be reminded of their duty to inform ambulance officers that patients may be suffering from one of these conditions or indeed of any infectious disease.

CONTINUING EDUCATION FOR PRACTICE NURSES

The following information is supplied as a guide to doctors on the opportunities available to their practice nurses for continuing education.

The policy on relief for nurses attending courses and conferences is currently being updated and will be outlined in a later Clinical Services Letter.

The Board of Health Report No. 23 "An Improved System of Nursing Services in New Zealand" stresses the importance of continuing education for nurses (pp. 38–41) in maintaining competence and up-to-date knowledge.

Practice nurses work in a community health nursing specialty and present registered nurses require training in this specialty to ensure that they have up-to-date knowledge and a suitable level of competence. Because practice nurses tend to work in isolated, small groups, they have less opportunity to participate in staff development and education sessions.

Staff Training

Hospital Boards and District Health Offices provide staff training for their staff. Content varies according to local needs. General practitioners should approach these agencies about the possibility of practice nurses attending sessions that may be suitable and to assist with orientation programmes.

Diploma Programmes in Technical Institutes

Following a recent decision by the Government, Auckland, Waikato, Wellington, and Christchurch Technical Institutes will offer programmes of an academic year leading to an Advanced Diploma in Nursing. The major course divisions are medical/surgical nursing, maternal/child nursing, psychiatric nursing, and community health nursing.

Applicants can be sponsored by their employing agency. Independent students are eligible to apply for a Standard Tertiary Bursary from the Department of Education.

In 1979, Auckland Technical Institute will offer courses in community health nursing, Wellington Polytechnic in maternal/child nursing, and Christchurch Technical Institute in medical/surgical nursing. In 1980, all four technical institutes will offer all these programmes plus psychiatric nursing.

Six-week Community Health Nursing Courses

At present Auckland, Wellington, Waikato, and Christchurch Technical Institutes offer six-week programmes in community health nursing to assist in orientating registered nurses to work in the community.

University Study

Massey and Victoria universities offer nursing papers and registered nurses can undertake nursing studies as a major subject of a bachelor of arts degree.

Massey University has facilities for students to undertake extramural study and a diploma in Nursing Studies can be done entirely extramurally.

Other Courses

The New Zealand Nursing Association hold branch or national study days and seminars. These are usually advertised in the New Zealand Nursing Journal.

In addition nurses throughout the country have taken advantage of various programmes offered at secondary schools, community colleges, technical institutes, W.E.A., and university extension. Although these programmes do not carry any formal recognition they are a useful means of adding to the nurse's knowledge.

NEW ZEALAND WIDOWS AND WIDOWERS ASSOCIATION

A pamphlet has been produced by the Association which will provide practitioners with useful information for widowed patients about various benefits and concessions that are available and the procedures to be followed in obtaining them. Copies can be obtained from:

The National Secretary,
P.O. Box 12–160,
WELLINGTON.

VACANCIES IN SPECIAL AREAS AND RURAL AREAS

In 1979 there will be vacancies for general practitioners in several Special Areas. The department is also aware of several rural practices which are available.

Any practitioner interested in working in one of these areas can obtain further information from:

Area	*Contact*
Special Areas ...	The Director, Division of Clinical Services, P.O. Box 5013, Wellington.
Rotherham ...	Chairman, Amuri County Council, P.O. Box 14, Culverden.
Westport	Dr J. M. Hastings, Superintendent, Buller Hospital, Westport.
Taihape	The Medical Officer of Health, District Health Office, P.O. Box 645, Wanganui.
Paparoa	Mr R. Skelton, Paparoa Doctor Committee, P.O. Box 6, Paparoa.

A. G. Scott.

(A. G. Scott)
Director, Division of Clinical Services.

E. C. KEATING, GOVERNMENT PRINTER, WELLINGTON, NEW ZEALAND—1979
23547B-79PT