



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

22 May 1980.

CLINICAL SERVICES LETTER No. 193

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

CHRONICALLY ILL

It is apparent that the higher rate of G.M.S. benefit (see Clinical Services Letters No. 145, 148, and 155) for chronically ill patients is not generally serving the purpose for which it was introduced. Many doctors are not applying to give appropriate recognition to patients who could qualify while others are claiming the higher benefit for patients whose condition is only debatably "chronically ill".

Acting on the advice of the Medical Services Advisory Committee, the Minister of Health has redefined eligibility for the chronically ill benefit to read:

- "(1) Those patients suffering from a chronic condition of *sufficient severity to be disabling or debilitating* and who require frequent and regular treatment (ordinarily at least monthly).
- (2) Those patients who, in the doctor's opinion, it would be unreasonable to expect that they should meet the cost of medical services based on the standard rate of G.M.S. benefit."

Approval of all such applications shall continue to be at the discretion of the medical officer of health to whom application should be made. It is expected, however, that before applying for the higher benefit doctors will allow sufficient time (of the order of 6 months) to elapse to ascertain that the patient can be categorised as chronically ill. Each patient so categorised will need to be the subject of a renewed application at 6-monthly intervals unless from the nature of the patient's condition it is obvious that "chronically ill" will be a permanent classification. In such circumstances, the medical officer of health may grant permanent approval to a chronically ill benefit.

The department has not attempted to define conditions which will attract the higher rate of G.M.S. benefit. It should be noted, however, that such conditions as obesity or hypertension would not normally qualify unless of sufficient severity to be disabling or debilitating.

The change of definition becomes effective immediately. All patients currently classified as "chronically ill" will need to be reassessed and, in appropriate cases, resubmitted to the medical officer of health for consideration as current approvals expire.

MATERNITY BENEFITS—INCREASE IN SCHEDULE OF FEES

The Government has approved an increase of 25 percent to the Schedule of Fees for medical services provided in relation to maternity benefits. The

implementation date of the increase is 1 July 1980. The increase will apply to all services given to patients delivered on or after 1 July 1980.

The motor vehicle fee has also been increased by 25 percent, effective from 1 July 1980, on the same basis as the fees for maternity services.

To claim the new fees, practitioners are asked to add 25 percent to the total claim at the bottom of H554, maternity benefits claim form.

The increase reflects the agreement reached with representatives of the New Zealand Medical Association during negotiations initiated by the Minister of Health.

MATERNITY BENEFITS—TERMINATION OF PREGNANCY

Clinical Services Letter No. 189 mentioned the type of benefit payable for services relating to termination of pregnancy. However, no mention was made of the post termination examination.

This examination is payable under maternity benefits and at the same rate as that for the post miscarriage examination. With this exception maternity benefits cease once the patient has been referred to the consultant to seek termination.

Should a decision later be made to continue the pregnancy maternity benefits would then continue as normal.

MEDICATION DURING PREGNANCY

Recent litigation in the United States concerning possible congenital malformation following the prescription to the mother of medication for nausea and vomiting of pregnancy has again drawn attention to the possible danger of prescribing any medication during pregnancy.

The quantity of this type of medication being prescribed in New Zealand is surprisingly high (e.g., over 1.5 million tablets of a commonly used product per annum). This example is equal to thirty tablets per pregnancy.

Although available statistics show no discernable evidence of any problems resulting from this usage, practitioners are reminded that medication, particularly during early pregnancy, should only be prescribed if essential.

GONORRHOEA THERAPY

The approaching unavailability of Gonopen due to cessation of manufacture has led to assessment of other available therapies. New Zealand strains of gonococci have so far remained comparatively drug sensitive compared to many other countries and this is thought to be due to good control based on injectable crystalline/procaine penicillin therapy.

The search for a suitable substitute for Gonopen is continuing and as an interim measure Dr W. M. Platts, Consultant Venereologist to the Department of Health, has made the following comment.

"The only efficient presently available injectable substitute for Gonopen is Cilicaine using 2.5 mega units (one 1.5 mega unit syringe plus one 1.0 mega unit syringe). Probenecid should also be given 1 g 15 to 30 minutes before injection and followed by three further doses of 0.5 g at 4-6 hourly intervals.

Ampicillin 3.5 g stat (or amoxycillin 3.0 g stat) with two tablets of probenecid are easily swallowed, give no side effects and produce results almost, but not quite, as good as Gonopen."

It is important that a penicillin product should remain in use as primary therapy.

AVAILABILITY OF PRESCRIPTION MEDICINES

There is considerable evidence that the availability of hard drugs for the purpose of misuse has recently been severely curtailed. As a result there is an increasing pressure to obtain supplies of prescription medicines, particularly barbiturates, hypnotics, tranquillisers, and other psychotropic medicines.

While a proportion of these medicines available for sale in the community have been obtained by theft, it is nevertheless clear that many have been obtained from doctors on prescription. The ease with which young people still obtain barbiturates from some practitioners is surprising. With a "street value" of up to \$5 per capsule, prescribers should be aware that a month's supply of such medicines may have a high commercial value to the recipient.

The co-operation of all practitioners is sought in an endeavour to carefully control the quantities being prescribed of medicines which may have potential for abuse.

The prescription of barbiturates other than phenobarbitone to young persons is no longer acceptable.

COPPER I.U.D.s

There has reportedly been considerable anxiety amongst women fitted with copper I.U.D.s following a statement by Professor Briggs of Deakin University that a potential carcinogen, malonaldehyde, was detected in specimens of cervical mucous in women fitted with copper I.U.D.s, whilst none was detected in women fitted with non-metallic I.U.D.s.

The malonaldehyde is presumed to have had its origin from the uterine lumen where there may have been enhanced peroxidation of lipids in the uterine secretions catalysed by the metallic copper.

The significance of these findings is as yet unknown. There is at present no proof that patients fitted with copper I.U.D.s are prone to cancer. The regular shedding of the endometrium may act as a protection against any deleterious effects of malonaldehyde.

Reassurance and regular cervical smears (1/year) should detect any early changes affecting the cervix in those women fitted with copper I.U.D.s.

EFFECTIVE DATE OF DRUG TARIFF CHANGES

The date of dispensing of prescriptions or orders affected by amendments to the Drug Tariff is the effective date of the prescription for payment purposes. For example, if a medicine is removed from the Drug Tariff on 1 December, a prescription written on 28 November and dispensed on or after 1 December is not a charge under the Drug Tariff. Similarly, if a medicine is added to the Drug Tariff on 1 December, a prescription written on 28 November and dispensed on or after 1 December is a charge under the Drug Tariff. A prescription is valid for three months from the date of prescribing.

Payment for repeat prescriptions will be made in accordance with the Drug Tariff status at the time that the original supply was dispensed.

COST/EFFICACY REVIEW OF THERAPEUTIC GROUPS

The beta blocker group of medicines will be reviewed again at the next meeting of the Pharmacology and Therapeutics Advisory Committee. Any comments practitioners might wish to make before 15 July will be referred to the committee.

H533—JOINT REPLACEMENT CARDS

Form H533 has recently been printed and is now in stock at the Government Printing Office's Masterton forms store.

This form is a pink clothboard card for issue to those people who have had a joint replacement performed by an orthopaedic surgeon. The form will be issued by hospital boards in most instances. Some private specialists may require a supply of cards, and they should contact the local district health office.

RETENTION OF PATIENT RECORDS

The matter of the retention of patient records has come to the attention of the department recently, and medical practitioners are reminded of the recommendations of the Central Ethical Committee concerning the retention of patient records:

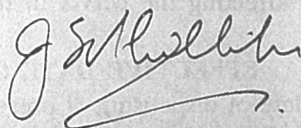
Indefinite retention of records of current patients.

Two years' retention of records after the death of a patient.

About 5 years' retention of records of patients who have moved.

Legally patient records are understood to be the personal property of a medical practitioner, and he is not required to hand them over to another medical practitioner when a patient transfers. In practice it is hoped that medical practitioners would make adequate arrangements for transfer of such documentations.

The New Zealand Medical Association has advised that in cases of difficulty it is prepared to arrange a repository for the patient records of a deceased medical practitioner pending the arrival of a replacement practitioner.



(J. S. Phillips)
Director, Division of Clinical Services.