



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

28 September 1981.

CLINICAL SERVICES LETTER NO. 207

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

SESSIONAL PAYMENTS FOR GENERAL PRACTITIONERS

As from 1 October a pilot scheme in which general practitioners will be offered sessional employment to undertake work such as health education, counselling, and preventive medicine will be introduced in the areas covered by the Whangarei and Christchurch health districts. The trial period will be 18 months and will be limited to a maximum of 20 general practitioners. Remuneration will be on a one-tenth basis and must involve one morning or one afternoon session weekly. This work cannot be carried out at weekends or in the evenings. The salary will be that of a medical officer (grade 350.103) which is currently \$30,990 per annum.

This programme is intended to allow those general practitioners with an interest outside of therapeutic medicine to take part in preventive medicine without the restrictions that fee for service payment tends to place on this type of work. It is not envisaged that all practitioners will wish to take part and, indeed, the number who can become involved will be limited during the pilot stage.

Those practitioners who are interested and who live in the designated areas are invited to submit planned programmes of work to their medical officer of health for assessment. No more than 20 such programmes can be accepted for the pilot scheme. Participation in this programme does not necessarily have to extend over the full 18 months but this would be preferred and priority will be given to such applications.

The suggested programme must include details of the type of work envisaged, a timetable, the place where the programme will be carried out, the previous experience of the practitioner in this area of work, and any other relevant details.

Arrangements for acute cover, etc., which will ensure that the practitioner will be free to pursue this work, should be stated. The programme could be carried out in the doctor's own surgery or elsewhere if more suitable. Should health education programmes involve the patients of other practitioners, permission should be gained in advance and this should be stated.

Doctors participating in the scheme will not be allowed to claim health benefits on behalf of patients or to make charges to patients during these sessions. A practitioner in a one-doctor town, for instance, may not find this aspect practical. It is similarly expected that as a general rule prescriptions will not be written and laboratory tests and X-rays will not be ordered. It is only because of expected savings from these areas of expenditure that the sessional scheme has become possible.

The pilot scheme is considered by the Department of Health to be important because if it is successful, it opens the way to a wider interest and

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participation by those general practitioners who so wish. For this reason it is important that the pilot scheme should not be abused. Practitioners taking part will be expected to account for their activities during the time they are receiving remuneration and the whole pilot scheme will be subject to Government assessment at the end of the period. Any practitioners regarding the scheme merely as another source of income could rapidly bring the scheme into disrepute and lead to its termination.

COMBINATION PREPARATIONS CONTAINING A POTASSIUM SUPPLEMENT

Advance notice is given that all combination preparations containing a potassium supplement will be removed from the Drug Tariff as from 1 April 1982. Adequate notice is being given to allow ample time for any necessary alteration of prescribing and to avoid patient disruption.

The medicines to be deleted from the Drug Tariff are:

- Navidrex-K
- Navidrex-Serpasil K
- Neo-Naclex-K
- Pluryle K
- Rautrax Improved

This change results from the firm opinion of the Pharmacology and Therapeutics Advisory Committee that there is no place for preparations containing potassium with a diuretic. The routine prescribing of potassium with diuretics is considered to be inappropriate. When potassium supplementation is necessary, the fixed dosage of potassium in these combined preparations is considered to be usually inadequate. An article by Dr Linda Beeley, M.A., M.R.C.P., Consultant Clinical Pharmacologist, The Queen Elizabeth Hospital, Birmingham, is reprinted in Therapeutic Notes No. 185 and is recommended by the committee as outlining its opinion in more detail.

While this change has been made for clinical reasons, the committee has had to consider the financial effects. It has particularly recommended that any changes in prescribing should, as far as possible, be directed towards the use of the thiazides, bendroflumazide, and cyclopenthiiazide. Changes to potassium sparing diuretics or to beta-blocking agents should only be made in exceptional cases where the extra expense is warranted.

The committee also wishes to remind practitioners that the indications for spironolactone are limited and that it is not a first choice diuretic.

BARBITURATE PRESCRIBING

The assessment of all prescriptions for barbiturate hypnotics and glutethimide written over a period of 6 months has now been completed. The use of controlled drug forms for these prescriptions has made this survey possible.

The outstanding point resulting from this survey is the obvious co-operation of the medical profession in ensuring a downturn in prescribing of these medicines. A peak of usage was reached in 1968 when 27 million doses of barbiturates (other than phenobarbitone) were prescribed and this reduced dramatically to 5 million doses in 1979. The current survey, although not involving a full year's usage, would suggest that prescribing is now at the rate of approximately 2 million doses per annum.

There is little evidence from these prescriptions that barbiturates on the street are arriving there as a result of legitimate prescribing. It must be kept firmly in mind, however, that the most innocent prescription for an old person may result in barbiturates coming into the possession of a younger relative or friend. The recent handing out by a dentist of a small number of barbiturates in an envelope to an adolescent is an outstanding example of a type of activity which is not acceptable. There is also evidence that a small number of doctors self-prescribe barbiturates for themselves or their family and these same doctors are more inclined to supply barbiturates to their patients.

Letters are being sent to the top 50 prescribers of barbiturates informing them that they are in this category and seeking their comments and co-operation in changing their prescribing habits.

In some cases, older doctors and older patients are involved. There is, however, evidence of older people achieving a revival of mental clarity following successful cessation of barbiturate therapy and the effort of change may well prove worth while.

Clearly, most practitioners no longer prescribe barbiturates for new patients. It is hoped that all practitioners will follow this rule. The prescription of barbiturates other than phenobarbitone to young persons is no longer acceptable.

SUPPLEMENTARY PHARMACEUTICAL BENEFITS

The present period of supply restrictions for hypnotics and minor tranquillisers available under the Drug Tariff are to also apply to approvals for the free supply of other hypnotics and minor tranquillisers such as flunitrazepam (Rohypnol), flurazepam (Dalmane), potassium clorazepate (Tranxene), and temazepam (Euhypnos, Normison). The approval for free supply will entitle the patient to no more than 1 month's supply per prescription form. This will apply to prescriptions written on and after 1 October 1981.

NITRAZEPAM

Nitrazepam will be provided for 3 months' supply as a supplementary pharmaceutical benefit for paediatric epilepsy if the treatment is supported by a paediatrician or a neurologist. Applications should be made in the usual manner to the Director of Clinical Services, P.O. Box 5013, Wellington, including brief clinical details. Approvals will be allocated a number commencing NEUR.

COST EFFICACY REVIEW OF THERAPEUTIC GROUPS

Medicines used in the treatment of asthma will be reviewed again at the December meeting of the Pharmacology and Therapeutics Advisory Committee. Any comments received before 12 November will be referred to the committee.



(J. S. Phillips)

Director, Division of Clinical Services.

GENERAL PRACTICE VACANCY: TWIZEL

A very satisfying private medical practice is shortly to become available in Twizel. Inquiries are invited from interested medical practitioners for this practice, one of two at Twizel. This modern town, with excellent community facilities and a primary and secondary school, serves the upper Waitaki power development. A fully insulated house with garage and separate surgery are provided at a very reasonable rental.

Rural practice bonus and other incentives apply.

Inquiries and further information:

Project Engineer,
Ministry of Works and Development,
Private Bag,
Twizel.