



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

26 January 1982.

CLINICAL SERVICES LETTER NO. 209

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

COMMITTEE TO REVIEW PRIMARY MEDICAL SERVICES

This committee commenced meeting on 17 December 1981. The membership of the committee is:

Dr J. S. Phillips	... Director of Clinical Services (Chairman)
Mrs V. M. Boyd	... Consumers Institute
Dr P. M. Cardon	... General Practitioner
Mr J. Crompton	... Farmer
Mrs D. Hayward	... Practice Nurse
Dr L. E. J. King	... General Practitioner
Dr B. M. Laugeson	... Management Services and Research Unit
Dr T. Lawrie	... Director of Hospitals Division
Miss S. Shaw	... Assistant Director of Nursing
Dr J. Stephenson	... Medical Officer of Health, Auckland

The terms of reference are:

To examine and report to the Minister of Health on the appropriateness of the current primary medical services (excluding maternity care) having regard to the need to contain public expenditure and in relation to priorities of competing health services and in particular to consider:

1. Modes of general practice and their relationship to any other services provided, including counselling, health education, or similar activities with a preventive aspect;
2. The system of General Medical Services Benefits (including the comparative level of benefits payable), whether any modification or simplification of the system is desirable to meet patient needs;
3. Whether any alternative methods of funding primary medical services are necessary or desirable;
4. The operation of the practice nurse scheme and other services funded or subsidised by the Government (including physiotherapy, laboratory, and radiological services) and any changes which appear to be desirable;
5. The nature of, and need to continue, current incentives to foster primary medical services.

Submissions have been invited from all relevant organisations. Any practitioner who wishes to make a personal submission is invited to do so.

WAIRARAPA PILOT STUDY

A 12 months pilot study commenced in the Wairarapa on 1 July 1980. The basis of this study was the following change in requirements for prescribing:

1. The maximum basic period of supply for antibiotic prescriptions was 4 days plus a repeat of 4 days if necessary.
2. Any longer period of supply of antibiotics up to 3 months was allowable but in this one case an endorsement "extended supply (length of time)" was required.
3. Special period of supply arrangements such as for minor tranquillisers, hypnotics, and oral contraceptives continued but no endorsement was required.
4. In all other cases practitioners were able to prescribe up to 3 months either as one supply or inclusive of repeats if required. No "extended supply" endorsements were required. Prescriptions of 3 months "stat" supply were encouraged for those patients with a chronic condition whose therapy was considered to be stabilised.

A pilot study was used because of the disastrous financial results of removing the requirement for extended supply endorsements in the so called "South Island Experiment" of 1962 which led to the abrupt termination of that experiment. For the present study a control area was used.

Overall expenditure resulted as follows:

Wairarapa

1979-80—

Prescriptions = 254,374
Cost = \$1,457,439

1980-81—

Prescriptions = 215,480
Cost = \$1,689,531

Control Area

1979-80—

Prescriptions = 191,895
Cost = \$952,153

1980-81

Prescriptions = 199,950
Cost = \$1,110,259

This represented a 15.9 percent increase for the 1980-81 pilot study period in the Wairarapa against a 16.6 percent increase in the control area, indicating that the scheme is financially viable.

The Department of health considers that there are many advantages in this scheme and is interested in adopting it on a national basis. It sees the main advantages as being:

1. The abolition of the requirement for "extended supply" endorsements except for some antibiotic treatments.
2. The provision allowing a medical practitioner to prescribe the quantity considered appropriate for each patient.
3. The prompt reimbursement to retail pharmacists in instances where repeats are not required.
4. A large drop in the number of prescriptions being returned for correction.
5. Convenience for patients stabilised on long-term therapy.

However, when meeting with the Department of Health on 22 October 1981, the medical, pharmaceutical, and dental professional organisations were unanimously opposed to the national adoption of the scheme as it stands. The main reasons advanced were:

1. The increased danger of accidental poisoning if larger quantities of medicines are stored in homes.
2. An increased tendency to wastage.
3. Lessening contact between patient and pharmacist.
4. Serious long-term implication for the distribution of pharmacies in New Zealand.

All professional organisations favoured eliminating the extended supply endorsement but all wanted to keep the single monthly supply restrictions. As these suggestions are the same as those used in the South Island experiment, the Department of Health has felt unable to agree to them.

In these circumstances the Minister of Health has agreed to continue the Wairarapa scheme until June 1982 to avoid disruption to patient care in that area. All other areas will continue with the present requirements for "extended supply" endorsements. Discussion will continue.

COMBINATION PREPARATIONS CONTAINING A POTASSIUM SUPPLEMENT

The Pharmacology and Therapeutics Advisory Committee has reassessed the provision of combination diuretic preparations containing a potassium supplement under the Drug Tariff and has confirmed its previous recommendation that they should be removed from the Drug Tariff as from 1 April 1982.

In doing so the committee emphasises that it is not waging a campaign against the use of potassium when it is needed but it is concerned about the use of combination products which contain a fixed and usually inadequate dosage of potassium. The committee is of the opinion that where potassium deficiency is produced it should be treated separately.

The committee does believe that potassium supplementation is necessary in patients who are hypokalaemic. Patients most likely to require supplements are the elderly, those with ischaemic heart disease, valvular heart disease, or arrhythmias. There is a particular danger from the enhanced susceptibility to the toxic effects of digitalis in the presence of potassium depletion.

Therapeutic Notes No. 185 by Dr Linda Beeley was distributed as being representative of the committee's opinions. The action taken was not based on this one paper.

FLUCLOXACILLIN

In Clinical Services Letter No. 208 reference was made to flucloxacillin having a wider spectrum of activity than cloxacillin.

Although the oral form of flucloxacillin is better absorbed than cloxacillin they, in fact, have identical antibacterial activity. The statement, therefore, cannot be substantiated and is withdrawn.

NITRAZEPAM

Clinical Services Letter No. 207 refers to 3 months' supply of nitrazepam being made available as a supplementary pharmaceutical benefit for paediatric epilepsy if the treatment is supported by a paediatrician or a neurologist. Free supplies will also be authorised for this indication if the treatment is supported by a psychiatrist.

Applications should be made in the usual manner to the Director, Division of Clinical Services, P.O. Box 5013, Wellington, and should include brief clinical details. Approvals will be allocated a number commencing NEUR.

CHELATION THERAPY

As from 1 January 1982, health benefits provided under the Social Security Act 1964 will no longer be payable in respect of chelation therapy. This decision includes GMS payments, radiological, pathological, and pharmaceutical benefits.

This decision is supported by a resolution passed by the Executive Committee of the New Zealand Medical Association stating that the association is not aware of any reputable medical evidence that chelation therapy is effective in degenerative vascular disease. The Department of Health agrees with this resolution.

SUPPLIES OF DRUGS TO UNKNOWN PATIENTS

A recent court case has again drawn attention to the dangers of providing supplies of drugs to previously unknown patients. Every effort must be made to obtain a medical history and this could be regarded by the courts as a professional duty.

In case of doubt the medical officer of health should be telephoned before supplies of drugs are provided. If suitable advice cannot be immediately obtained, and only in case of extreme pressure, an interim supply equal to 1 day's supply should be the most that should be provided except in the most patently urgent and justifiable case.

A recent legal opinion has stated "the practical legal implications all are that the courts and the responsible sections of the public are expecting rigorous standards to be applied by the profession in this area".

PRACTICE NURSE SUBSIDY SCHEME

Practitioners are reminded that no charge may be made to the patient where services are rendered solely by a practice nurse who is employed under the 100 percent scheme. Complaints have been received from patients over recent months.

In the case of the small number of practitioners who still utilise the 50 percent scheme, they are reminded that during negotiations the New Zealand Medical Association undertook to recommend to general practitioners that, if possible, no charge to patients should be made.

IMMUNISATION BENEFIT

The extension of this benefit to cover the immunisation of women of child bearing age against rubella was announced in Clinical Services Letter No. 206. Following amendment to Part II of the Social Security Act 1964 this benefit became payable on 1 September 1981.

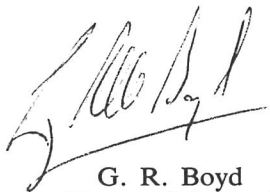
VISITING PRACTITIONER: DR P. J. EYNON

Dr Peter Eynon has commenced duties as a visiting practitioner and some doctors have already met him in recent months. He is based at the Christchurch District Health Office, with responsibility for the whole of the South Island.

Dr Eynon is an Otago graduate with a wide range of experience in general practice in several areas of New Zealand, both urban and rural. He replaces Dr Gordon Jenner who recently retired and his duties include explanation of the policies of the Division of Clinical Services, seeking opinions and advising on matters pertaining to pharmaceutical and other health benefits.



J. S. Phillips
(Director)



G. R. Boyd
(Deputy Director)

Division of Clinical Services