

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

28 September 1982.



CLINICAL SERVICES LETTER NO. 214

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

FEES FOR MATERNITY, DENTAL BENEFIT, LABORATORY, AND DISPENSING SERVICES

Increases in the level of remuneration for all the above services had been negotiated prior to the implementation of the Price Freeze Regulations 1982 and The Professional Charges (Price Freeze) Regulations 1982. Except in the case of dispensing fees, these increases had not been endorsed by the Government when these regulations were introduced on 22 June 1982.

After full consideration of all the issues involved, legal and otherwise, it has been decided by the Government that no increase will take place in any of these fees during the freeze. The Government is very firm in its view that a comprehensive freeze, with the associated decisions announced in the Budget, is in the best interests of all New Zealanders.

MIANSERIN (TOLVON)

A warning concerning the occurrence of white blood cell depression related to the use of mianserin was published in Clinical Services Letter No. 212. Since then another case has been reported in New Zealand.

Despite restriction to specialist recommendation for free supply under the pharmaceutical benefits scheme and despite being the most expensive antidepressant available on the Drug Tariff, mianserin currently accounts for the second largest expenditure in this group of medicines. The Pharmacology and Therapeutics Advisory Committee has asked that the danger of white cell depression again be drawn to attention.

Blood monitoring should be carried out on all patients receiving mianserin. As the onset of white cell depression may be sudden a normal count should not produce over-confidence and the occurrence of clinical symptoms of pyrexia, headache, or sore throat calls for further immediate checking.

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FAMILY MEDICINE TRAINING PROGRAMME

As notified in Clinical Services Letter No. 211, a Committee to Review the Family Medicine Training Programme has been sitting this year. It has now reported to the Minister of Health, and the Government has endorsed the continuation of the Family Medicine Training Programme on the basis already approved (80 registrars in 1982-83 and 90 in 1983-84).

The Government has also approved the retention by vocational trainers from 1 December 1982 of the GMS benefit attracted by all patients consulting the registrar in addition to the fees and emoluments at present retained in this way. It is considered that this change will remove any financial impediment to accepting a trainee in a general practice.

The Royal New Zealand College of General Practitioners will be invited to consult with the New Zealand Council for Postgraduate Medical Education about the college assuming responsibility for the administration of the Family Medicine Training Programme.

There will also be consultation with the council concerning a review of the educational content of the programme with a view to increasing from 1 December 1983, if possible, the time spent in general practice attachment. This attachment should eventually occupy the full 12 months of the programme in most cases.

These changes all underline the importance with which the Family Medicine Training Programme is regarded.

SUPPLEMENTARY PHARMACEUTICAL BENEFITS: SPECIAL APPROVALS

Recently we have received a number of applications which have not been signed by the practitioner or which bear an illegible signature. In these cases the practitioner's address has not been included. We remind you of the importance of including your signature, together with the printed name and address.

When applying for a supply of a medicine as a charge against public funds the following information is also essential in support of the application:

1. Name and age of patient.
2. Brief clinical particulars (the diagnosis alone is often sufficient).
3. Name of medicine required, together with a statement that, after a suitable preliminary trial, it has been found to have distinct advantages over previous therapy.
4. An indication by the practitioner that it would be unreasonable for the patient to have to pay for the medicine in question. Objections are frequently made to this requirement. The fact is, however, that the whole principle of approving a special supply at the cost of public funds turns on this question. Most of these medicines are expensive, and often a suitable and cheaper alternative is available; the practitioner should, therefore, have little difficulty in deciding whether or not it would be reasonable to expect that patient to pay for the supply.

Once an application has been approved, it is important that the approval number is written in full, including the suffix "Hosp" or "Chem" on each prescription for the medicine for that particular patient.

DISOPYRAMIDE

Attention is drawn to the number of preparations of disopyramide which are currently available. Confusion is occurring, particularly on discharge from hospitals, as to which particular product and what dosage the patient is to receive. The following list of available products shows, in particular, why a prescription for "disopyramide long acting", without mention of more specific details, is insufficient guidance:

- Disopyramide capsules 100 mg (Rythmodan—Roussel)
- Disopyramide phosphate capsules 100 mg (Norpace—Searle and Pyramide—Pacific)
- Disopyramide phosphate capsules 150 mg (Norpace—Searle and Pyramide—Pacific)
- Disopyramide capsules 150 mg (Rythmodan—Roussel)
- Disopyramide phosphate long-acting tablets 150 mg (Diso Durules—Astra and Norpace Retard—Searle)
- Disopyramide phosphate long-acting tablets 250 mg (Rythmodan Retard—Roussel)

EMERGENCY SUPPLIES OF MEDICINES

The Poisons Committee, aware of the dangers arising from possession of inadequately packaged and labelled medicines, has asked that medical and dental practitioners be made aware of their obligations if they are to dispense emergency supplies of medicines.

When a prescription poison is supplied in this way it must not be in a paper container such as an envelope and the container must be properly labelled. The Poisons Regulations require that the labelling include:

1. (1) The name of the medicine or a description of the nature of the contents, or
(2) The general nature of the preparation and a code by which it can be identified;
2. The directions for use, or a statement of the purpose for which it is intended to be used;
3. The name of the patient; and
4. The name and address of the practitioner.

There appears to be an increase in the quantity of medicines being ordered on Practitioners' Supply Orders. Practitioners are reminded that the Drug Tariff is quite specific in stating that no more than a quantity sufficient for 1 month's needs should be ordered on a Practitioner's Supply Order.

BREAST PROSTHESES REQUIRED FOR BREAST RECONSTRUCTION OPERATIONS

Clinical Services Letter No. 203 outlined the terms and conditions relating to the payment of subsidies for implanted prostheses. It was stated that a subsidy would not be payable if the patient had already received a benefit for an externally worn prosthesis.

With the introduction of a subsidy for replacement prostheses, effective from 10 July 1981, this restriction is rescinded.

FOLEY CATHETERS

The Australian Department of Health has developed a cell-toxicity test to evaluate latex catheters. Several brands of catheters currently available in New Zealand have been withdrawn from sale in Australia at the request of the authorities because they demonstrate a high level of toxicity in the test. Those requested to recall were Warnes, Rusch, Porges, and Eschmann. Warnes have reformulated their latex and now supply New Zealand with a product which is acceptable in Australia.

The clinical significance of the results of this new *in vitro* cell-toxicity test is still in dispute. It is imperative that more information be obtained about any clinical problems such as urethritis or urethral stricture occurring after catheterisation with indwelling catheters in this country. Details should be forwarded urgently to the Director of Clinical Services.



J. S. Phillips
(Director)



G. R. Boyd
(Deputy Director)

Division of Clinical Services.

DEPARTMENT OF HEALTH

Vacancy—Tolaga Bay Special Area

A registered medical practitioner is urgently required for the position of Medical Officer, Tolaga Bay Special Area.

The practice is situated on the East Coast of the North Island, some 35 miles from Gisborne. This practice provides an opportunity for a medical practitioner seeking an ideal form of rural practice. There is a modern district high school with a primary department. A rent-free furnished house and a fully equipped surgery is provided. Salary is fixed on the medical officers' special scale up to a maximum of scale 3, depending on experience.

Further details and conditions of appointment can be obtained from:

The Director,
Division of Clinical Services,
Department of Health,
P.O. Box 5013,
Wellington.