



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

25 January 1983.

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

CLINICAL SERVICES LETTER No. 216

RECIPROCITY HEALTH AGREEMENT WITH THE UNITED KINGDOM

On 1 January 1983 a reciprocal health agreement was concluded between New Zealand and the United Kingdom. The health services provided by each host country for a visitor are now equated.

The definition of the health services to be made available is important; it is treatment which, in the opinion of a medical practitioner, is required promptly for a condition which arose after arrival in the country being visited. Routine treatment of a chronic condition is not covered, only acute exacerbations of such a condition. Nor do the provisions cover a person who travels for the sole purpose of getting medical treatment.

Practitioners should note that this represents a change as far as United Kingdom visitors to New Zealand are concerned. They are asked to assess each case carefully to be sure that it conforms to the definitions above.

The agreement covers only nationals of the United Kingdom who are ordinarily resident in the United Kingdom. In any case of dispute, practitioners should discuss the particular case with the Medical Officer of Health.

Immigrants to New Zealand, on the other hand, are entitled to all benefits provided under the Social Security Act, because the provisions of the Act extend to all "persons ordinarily resident in New Zealand". By convention, 2 years' residence is sufficient to qualify. Furthermore, a person immigrating to New Zealand qualifies for full benefits immediately, if they can show that they have both the intention and the ability to remain in this country for 2 years; an immigration permit for 2 years or more would substantiate this.

If a visitor from the United Kingdom does not satisfy the criteria above, then he or she is not eligible for any benefits and should be treated in the same way as any other non-national. No GMS may be claimed and prescription, laboratory request form, or radiology request form must be boldly marked "NSS".

Doctors will be able to advise their patients that if New Zealanders travel to the United Kingdom they are eligible for the same range of treatment should they become ill and on the same terms as United Kingdom nationals.

However, because of the National Health Service system, it is advisable for a New Zealand visitor to register with the NHS. Access to accident and emergency departments is not restricted, but it is advisable for New Zealanders planning to spend any length of time to register with the NHS. This is done by application to a general practitioner.

LIBRARY
DEPARTMENT OF HEALTH
WELLINGTON

DENTAL CARE FOR VISITORS FROM THE UNITED KINGDOM

Dental treatment which meets the definition of a health service in the second paragraph of this letter may be undertaken as a dental benefit provided that the patient meets the normal requirements for enrolment for dental benefits for New Zealand residents, and the items of service are those normally available as dental benefits. The contracting dental practitioner in submitting a claim is to certify that the conditions set out in this letter have been met. Principal dental officers have been advised that they may approve temporary enrolment for visitors from the United Kingdom.

REPORT OF THE COMMITTEE TO REVIEW PRIMARY MEDICAL SERVICES

The Minister of Health has instituted 2 committees to examine ways and means of implementing the recommendations of the Primary Medical Services Report. These committees are:

1. *Primary Medical Services Working Party*

This committee will consider those aspects which have an interface between hospital based services and private primary medical services.

2. *Primary Medical Services Liaison Group*

This essentially will be an informal liaison mechanism between representatives of the New Zealand Medical Association and the Division of Clinical Services. It will discuss the implementation of those recommendations of the Primary Medical Services Report which are primarily administrative and do not have major cost implications.

The Working Party will be having its first meeting on February 10 and the Liaison Group has already commenced its activities.

Those recommendations of the report with major cost implications will, naturally, be the responsibility of the Government.

ACUPUNCTURE

The use of acupuncture is growing among some members of the medical profession. Where this modality is employed, GMS payments may be claimed in the normal way. It does not, however, attract a specialist benefit. Nor can it attract the anaesthetic benefit provided under the schedule of maternity benefits and any such instances must be referred to the Director, Division of Clinical Services for special consideration.

Acupuncture therapy carried out by physiotherapists will attract the physiotherapy benefit provided this has been carried out on medical referral.

Lay acupuncturists retain the right to provide acupuncture therapy but no health benefits are payable on behalf of their patients.

HEALTH SERVICES RESEARCH COMMITTEE

In 1978 the Medical Research Council in collaboration with the Department of Health established the Health Services Research Committee with a view to developing appropriate research into both current problems and appropriate future development of our health services.

The following fields were designated as priority areas for research:

1. Evaluation of the effectiveness and cost efficiency of various forms of health delivery—particularly primary health care delivery.
2. Studies of the health status and use of health services by sub-populations.
3. Assessment of local and regional projects concerned with health services organisations and development.
4. Evaluation of the effectiveness and efficiency of institutional versus community care.
5. Investigation of the prescribing and use of therapeutic drugs.

Funds contributed by both the Department of Health and Medical Research Council are available for projects approved by the committee. Support for suitable health service research projects may now include seeding grants, full project grants of limited duration, or support of workshops.

Since the institution of this committee, many successful projects have been carried out. However, with a few notable exceptions, there has been disappointing response from general practitioners. There is considerable scope for research into our primary medical services and practitioners are reminded of the availability of funding from this committee.

Those who are interested should contact:

Mr J. A. Borrows,
Secretary,
Health Services Research Committee,
Medical Research Council,
P.O. Box 5541,
Wellesley Street,
Auckland.
Telephone 798 227.

The committee can provide advice for those who wish to take part but who may feel that they lack expertise.

In addition, any longer term projects can still be considered by the Medical Research Council.

SUPPLEMENTARY PHARMACEUTICAL BENEFITS

Clinical Services Letter No. 215 referred to the cancellation of existing approvals for special purpose foods as from 1 April 1983.

The approvals to be cancelled are those for SMA, Enfamil, Prosobee powder, Isomil powder, Glucose Nutramigen, and Pregestimil only. In all cases, prescriptions presented before 1 April 1983 will be honoured inclusive of repeats. It is understood that no part-charges will be made by hospitals on these prescriptions.

Existing approvals for Prosobee liquid and Isomil liquid will not now be cancelled until 1 August 1983. This follows a request from the companies marketing the products to assist the clearance of existing stocks.

Approvals for all other foods will continue as before.

INTENSIFIED ADVERSE DRUG REACTION REPORTING SCHEME

Changes have been made in the list of medicines included in this scheme and the new list will operate from 1 February 1983. Some practitioners and pharmacists will have already received desk reminders containing this information.

Sodium valproate is removed from the list as it is considered that a sufficient cohort of users is now on computer to enable a rapid survey should further problems arise. Attention is drawn to recent reports of spina bifida occurring in 1 percent of foetuses exposed to sodium valproate during pregnancy. Sotalol hydrochloride is also removed from the list. Although this medicine has, so far, not been marketed in New Zealand, it has seen wide use in other countries.

A new addition to the list is acyclovir. This is being marketed as Zovirax, a topical preparation for the treatment of herpes ophthalmic keratitis and an injection for severe herpes infections in immuno-compromised patients.

This list of medicines now included in the Scheme is


Acyclovir (Zovirax)

Amiodarone hydrochloride (Cor-
darone-X)

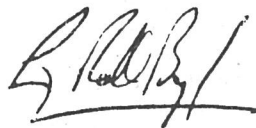
Captopril (Capoten)

Nifedipine (Adalat)

Tocainide hydrochloride (Tono-
card)



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



G. R. Boyd,
Deputy Director,
Division of Clinical Services.



G. R. Ritchie,
Director,
Division of Dental Health.