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ALL DISTRICT HEALTH BOARDS

NOTICE TO GENERAL PRACTITIONERS
CONCERNING PATIENT BENEFITS
AND OTHER SUBSIDIES

AMENDMENT NO. 1

NOTICE GIVEN UNDER SECTION 88 OF THE
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

**AMENDMENT NO. 1 TO
NOTICE TO GENERAL PRACTITIONERS
UNDER SECTION 88 OF THE
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000
(amending a notice originally given under section 51 of the
Health and Disability Services Act 1993)**

1. Background

From 1 May 2000, the Health Funding Authority paid General Practitioners according to a Notice issued under section 51 of the Health and Disability Services Act 1993 (“the Notice”). The Notice set out the terms and conditions on which the Health Funding Authority would make payment to Practitioners for their services. When the Health and Disability Services Act was repealed, the Notice was continued as a section 88 Notice under Section 112(3) of the New Zealand Public Health and Disability Act. The Ministry of Health transferred its obligations under the Notice to District Health Boards by means of the Health Sector Transfers (Provider Arrangements) Order 2001 (SR 2001/135).

By this amendment, all District Health Boards, with the approval of the Minister of Health, issue these amendments to the Notice.

2. Commencement

This amendment takes effect on 1 February 2002.

3. Amendment to Schedule 2

Schedule 2 of the Notice is amended by inserting a new Section B after clause 9.9 of Schedule 2 as follows:

“Section B: Provider Quality Specifications

“B1 Application of Provider Quality Specifications

“B1.1 This section B describes the generic quality specification that the General Practitioner must meet to the fullest extent reasonably achievable within the amount of funding provided when providing services under this agreement. However, the General Practitioner may do this either as an individual practitioner or from an overall service perspective with the General Practice to which the Practitioner belongs.

“B1.2 Where the General Practitioner notifies the District Health Board of problems regarding the application of the provider quality specifications both the District Health Board and the General Practitioner will agree on a reasonable time frame for the General Practitioner to meet to the fullest extent reasonably achievable the provider quality specifications in this Section B;

“B1.3 Where the District Health Board and the General Practitioner have discussed and agreed in writing the General Practitioner may provide the Services to differing quality standards, such as those in clause B1.4 below, provided that:

- i) any provider quality specification(s) not covered by these different standards must continue to be met.

- ii) the General Practitioner must demonstrate that the safety and treatment of consumers and the safety of staff and visitors will not be adversely affected or compromised by the differing quality standards.

“B1.4 Where the District Health Board and the General Practitioner so agree in accordance with clause B1.3 above, the General Practitioner will work towards meeting or substantially meeting the quality standards, systems and guidelines of the Royal New Zealand College of General Practitioners, or other appropriate professional body, that is recognised by the District Health Board and the New Zealand Medical Association or established by the New Zealand Medical Council.

“B1.5 The General Practitioner will, within the scope of this Agreement, adopt systems and processes that result in continuous improvement in the quality of the Services provided to consumers.

“B2 Quality Improvement

“B2.1 The General Practitioner will develop and implement systems that provide for:

- a) efficiency, effectiveness and continuity in the provision of services to consumers;
- b) compliance with legal, regulatory and contractual obligations including the Health and Safety in Employment Act 1992, the Human Rights Act 1993, the Privacy Act 1993, the Health Information Privacy Code 1994, the requirements of the Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996;
- c) practice in accordance with the NZMA Code of Ethics;
- d) the adoption of systems and processes necessary to support effective and safe service delivery, including processes for regular review and updating of such systems and for ensuring that they are readily known to and implemented by staff;
- e) working with the District Health Board to have a Contingency Plan that attempts to manage continued delivery of services in the event of a major incident and adopt plans as agreed between the District Health Board and the primary care sector.

“B2.2 The General Practitioner, or the practice to which the General Practitioner belongs, will undertake to measure levels of patient satisfaction at least once every two years, one method of which may be via a survey to establish the patients’ level of satisfaction with the services that they have received.

- a) While there is no prescribed format for the survey described in clause B2.2 the survey must be reasonably capable of providing accurate, comprehensive and representative information and must not knowingly give misleading or biased information.
- b) The General Practitioner will implement a process to address issues identified from patient feedback or from the survey of patient satisfaction.

“B3 Risk Management

“B3.1 The General Practitioner or the practice to which the General Practitioner belongs will introduce a system for the identification and management of key risks to consumers, visitors and staff that includes:

- a) documented systems to protect consumers, staff and visitors from infection occurring as a result of service delivery. These systems will meet all relevant service-specific requirements and the requirements of the Standard Universal Precautions Guidelines;
- b) compliance with the Health and Safety in Employment Act 1992 regarding accidents and incidents in the workplace;
- c) systems to manage security (for example, drugs on the premises) appropriate to the degree and range of risk(s) relevant to the Services provided.

“B4 Quality Requirements for Maori

“B4.1 Each General Practitioner will work to implement a perspective that is inclusive of Maori in the delivery of the services. Processes to achieve this will be suited to the scope and location of the services provided and their impact on Maori, and will include:

- a) undertaking work that develops an appropriate range of linkages and maintains co-operation with other relevant providers and community agencies to promote effective service delivery to Maori;
- b) identifying whether the services the General Practitioner delivers are meeting the needs of Maori;
- c) identifying, and where possible, attempting to remove barriers to accessing services by Maori;
- d) facilitating as appropriate the involvement of whanau in the care and treatment of Maori patients receiving service;
- e) delivery of effective services for Maori.

“B5 Consumer Rights

“B5.1 The General Practitioner will display a written Code of Health and Disability Services Consumer Rights and have copies available to patients using the services.

“B5.2 Cultural Values

The General Practitioner will deliver services in a culturally appropriate and competent manner, as is reasonable in the circumstances, ensuring that the integrity of each consumer’s culture is acknowledged and respected. The General Practitioner will take account of the particular needs within the community served. The General Practitioner will work to facilitate communication to reduce cultural barriers to access, and work to deliver services that are safe for all people.

“B5.3 Consumer Advocates

In support of the resolution of complaints the General Practitioner will inform consumers of their right to have an advocate. The General Practitioner will allow advocates reasonable access to facilities, consumers, and appropriate

information to enable them to carry out their role as an advocate. The General Practitioner will co-operate with Maori advocates in a complaint resolution process for consumers who require this service.

“B5.4 Complaints Procedure

The General Practitioner will enable consumers/families/whanau and other people to make complaints through a procedure for the identification and management of complaints. This procedure will meet the Code of Health and Disability Services Consumers’ Rights requirements and will also ensure that:

- a) the complaints procedure itself is made known to and is easily understandable by consumers;
- b) the parties have the right to be heard;
- c) the person handling the complaint acts fairly;
- d) complaints are addressed at the level appropriate to the complexity or gravity of the complaint;
- e) any appropriate action required following a complaint is undertaken;
- f) the complaints procedure sets out the various appropriate complaints bodies to whom complaints may be made, and the process for doing so. Consumers will further be advised of their right to direct their complaint to the Health and Disability Commissioner, particularly in the event of non-resolution of a complaint;
- g) complaints are handled sensitively, with due consideration of cultural or other values;
- h) there is co-operation with Maori consumers and their whanau so they have access to a Maori advocate to support them during the complaint process;
- i) consumers who complain, or on whose behalf families/whanau complain, shall continue to receive services which meet all contractual requirements except for those situations that relate to discontinuing non-emergency services due to a consumer’s non-payment history or other exceptional circumstances under which the relationship with the General Practitioner is compromised (in this instance the consumer should be referred to Clause B5.4 (f) above).

“B5.5 The General Practitioner will take account of the Ministry of Health strategy to provide services to respond to the needs of government priority groups including Maori and Pacific peoples.

“B5.6 The General Practitioner will provide assurance that ethical approval is obtained from an accredited ethics committee in advance of any research or innovative procedures or treatments involving consumers.

“B6 Entry to Services

“B6.1 The General Practitioner will ensure that access and eligibility criteria are met in providing services to consumers and that adequate and accurate information about services, including after-hours services as applicable, is available to referrers and patients to facilitate access to services.

“B7 Service Provision

“B7.1 The General Practitioner will deliver services to patients that include the following:

- a) services are provided in a timely, equitable and efficient manner to appropriately meet consumers’ assessed needs;
- b) service delivery reflects current good practice and is provided by suitably skilled and qualified personnel;
- c) facilities allow for adequate privacy and staff are sensitive in meeting patients’ needs for adequate privacy during physical examination and sensitive discussions (the General Practitioner or the patient may request a chaperone during such examinations);
- d) consumer records meet legislative and accepted professional and/or sector standards;
- e) safe and timely referral, discharge or transfer; and
- f) an appropriate range of linkages and co-operation is maintained with other providers and community agencies to promote effective service delivery.

“B8 Facilities/Safe Environment

“B8.1 The General Practitioner’s service provision to consumers includes that:

- a) all buildings, plant and equipment used in service provision are fit for their purpose and are maintained adequately and in safe working order as required by legislative and regulatory requirements and other relevant standards;
- b) appropriate safety and emergency equipment and related information is clearly displayed and accessible.”

4. Replacement of Schedule 3

The Notice is amended by deleting the existing Schedule 3, and replacing it with the following Schedule:

“Schedule 3

“IMMUNISATION SERVICES

“1 Childhood Immunisation Services - Preamble:**“1.1 Objective**

The objective of immunisation services is to improve, promote and protect the health of the population, particularly children, both individually and collectively, by preventing and controlling vaccine-preventable diseases. Methods of reducing the impact and risk of vaccine-preventable diseases include:

- a) increasing the numbers and proportion of children with completed scheduled childhood immunisation on time, by the time they are two years old, and by school entry;
- b) developing and maintaining effective recall systems, which remind parents/caregivers of due dates for vaccinations and recall those who are delayed or late in receiving vaccinations;

- c) ensuring children do not “fall through the gaps” by developing effective links between services and assisting individual children to access vaccination services.
- d) maintaining high quality immunisation services;
- e) giving up to date, accurate information and advice to parents/caregivers and the public about vaccines and immunisation; and
- f) ensuring vaccine integrity by effectively maintaining and monitoring the “cold chain”.

“1.2 Principles

“Continuity of responsibility for immunisation

The Ministry of Health regards immunisation as an entitlement for all children. Consequently, both parents and health service providers have responsibilities to ensure that children are immunised (subject to parental consent).

For most children, their usual general practice provides immunisation services and is able to ensure that the child’s immunisation schedule is completed. However, some children do not have a regular provider of primary medical care, or have difficulty accessing services (for example due to physical or financial barriers). All children should have an identified provider who is responsible for ensuring that all scheduled vaccines are given.

Responsibilities of primary care service providers for the early childhood immunisation schedule begin when the child:

- is transferred from the Lead Maternity Carer after birth; or
- is referred from a Well Child Service provider at approximately 6 weeks for immunisation services; or
- joins the practice.

Responsibilities end when the child:

- completes the immunisation episode scheduled at age 4 years; or
- is transferred to another immunisation service provider; or
- advice is received by the practice that the child has left the practice; or
- is lost to follow up (after reasonable and repeated efforts to contact the caregiver have failed, and appropriate referral has been undertaken as detailed below).

Where the immunisation episode scheduled at age 11 is not given through a school programme, each general practice is also responsible for ensuring that this episode is offered. In areas where there is a school immunisation programme, parents still have the choice to have the 11-year episode given by their general practice. The District Health Boards will assist (where privacy issues are satisfied) by supplying regular lists of children who have been vaccinated at school to all general practitioners.

When a child is late for immunisation, despite recalls, the primary care provider shall refer the child to an appropriate Well Child Service provider or immunisation co-ordinator or community immunisation service (depending on local arrangements, and privacy and consent issues) to either facilitate or undertake the child’s immunisation, and report back.

Definitions for immunisation on time, overdue, non-responder and declined are set out in the national standardised terminology for immunisation audit.

“Linkages with other services

Linkages between services can be important in ensuring that children receive their entitled immunisation and well child services, and that health and developmental problems are detected early and interventions started.

Co-ordination between providers is important to monitor trends and targets in immunisation. The following services or organisations may have a role in assisting delivery of immunisation services, and may need to be involved for some children:

- a) immunisation co-ordinators working for an IPA or PCO, Public Health Service and Maori or Pacific Health Service providers;
- b) other primary care providers;
- c) the child’s family;
- d) Other Tamariki Ora/Well Child Services, including Plunket, Maori and Pacific Island child health service providers and the Maori Women’s Welfare League;
- e) health services for “hard to reach” children;
- f) public health services;
- g) paediatric services;
- h) Maori and Pacific health services;
- i) the Immunisation Advisory Centre (IMAC);
- j) non-medical vaccinators;
- k) maternity service providers, including hospital and independent midwives;
- l) early childhood education services (mostly for enquiries and certificates);
- m) schools (mostly for enquiries and certificates);
- n) income support and child health and welfare services and agencies (including “Family Start” and “Strengthening Family Programme”), when facilitating a child’s access to immunisation services;
- o) the Centre for Adverse Reactions Monitoring (CARM).

“2 Services

- “2.1 Each General Practitioner will provide immunisation services as specified in this Schedule 3. The responsibilities of a General Practitioner to provide immunisation services may be discharged by a registered nurse provided that the General Practitioner must ensure that the registered nurse complies with all of the terms and conditions set out in this Schedule 3 (and in particular the obligations of clause 2.1t) and any other terms and conditions in this Advice Notice relevant to the provision of immunisation services. Immunisation services include, but are not limited to:

Informing parents and vaccinating children:

- a) responsibility for delivery of the immunisation programme of each child who is a patient of the General Practitioner from birth to age five;
- b) advising and informing parents whenever possible about immunisation and vaccine-preventable diseases, including pre-parental education;
- c) vaccinating children, as specified in the current Immunisation Schedule (included in the Immunisation Handbook and amendments notified by the Ministry of Health), or as agreed with the caregiver;

- d) opportunistic immunisation of children who are not enrolled or registered patients of that General Practitioner and those attending for other reasons who are found to have missed scheduled immunisations;
- e) encouraging parents/caregivers of children who are either not enrolled or are not registered patients to enrol with primary care and well child providers;
- f) ensuring whenever possible that tuberculosis and hepatitis B prophylaxis are prescribed and given if indicated;
- g) where appropriate as the Lead Maternity Carer, inform the local immunisation co-ordinator, with the relevant parental consent, of babies born to mothers who are hepatitis B carriers;

Recall registration, immunisation information and certificates

- h) for any child registered or enrolled with the practice, or for a child neither enrolled nor a registered patient, obtaining immunisation history at the appropriate time and where available from previous provider, or a regional / national register, or other immunisation history source (including the Tamariki Ora Well Child Book or Immunisation Certificate);
- i) providing parents and caregivers a schedule of due dates for their child's immunisations;
- j) accurately and completely recording immunisation episodes (including the vaccine given, the date of administration, batch number, expiry date of vaccine and site of administration, vaccinator's name) in:
 - practice records (electronic and/or written)
 - the Tamariki Ora Well Child Health Book;
- k) ensuring the child's NHI number and current address is in the practice records;
- l) transmitting information on immunisation episodes electronically (in an agreed and notified format) to:
 - Health Benefits or our nominated agent (this applies to both claiming and non-claiming vaccinators)
 - any regional and/or national immunisation data network, provided that the network has met all relevant privacy, governance, ethical and iwi considerations (note: some practices have exemptions from electronic data transfer, but if so will send the same information in hard copy);
- m) maintaining and making appropriate use of an accurate immunisation recall register, including reminding parents/caregivers of due dates and recalling those who are delayed or late in attending for vaccinations;
- n) liaison with other providers regarding children who are not registered or enrolled to ensure they are placed on a recall system;
- o) referring any child (including any child not registered or enrolled with another practice), who is known to be more than two months overdue for any immunisation event, and who has not responded to at least three contacts, to either an appropriate immunisation outreach, a Well Child Service, or the local immunisation co-ordinator;
- p) completing immunisation certificates following the 15 month immunisation episode and the pre-school immunisation episode when implemented in 2001;

- q) sharing of a child's vaccination history with other vaccinators subject to appropriate privacy considerations;
- r) inform the usual vaccinator of an immunisation episode within 2 weeks if the vaccinator is not the usual vaccinator. (The usual vaccinator for any school-based vaccination programme is the School Health Service.)

“Service standards

- s) Each General Practitioner will meet the immunisation requirements or standards for Practitioners and follow the immunisation guidelines in:
 - any standards or guidelines distributed to vaccinators by the Ministry of Health or the Medical Officer of Health, or approved by the Ministry of Health (including the Immunisation Standards in the current edition of the Immunisation Handbook, and any amendments)
 - relevant legislation (including regulations);
- t) ensuring vaccinators have received appropriate training and that at least one (and preferably all) of the Practice Nurses in a practice has been certified by the Medical Officer of Health as a vaccinator by the end of 18 months from the date that this amendment comes into effect;
- u) reporting any significant adverse vaccine-associated events to the Centre for Adverse Reactions Monitoring;
- v) participation in and support of immunisation promotion activities;
- w) undertaking regular audit within the practice using a method approved by the Ministry of Health;
- x) Cold chain management, using the current standard approved by the Ministry of Health, and taking part in cold chain monitoring.

“2.2 Each General Practitioner will maintain working relationships with relevant providers including, but not limited to:

- a) immunisation co-ordinators working for an IPA or PCO, IMAC, Public Health Service and Maori or Pacific Health Service providers;
- b) other primary care providers;
- d) Tamariki Ora Well Child Services.

“2.3 Each General Practitioner will endeavour to ensure that he or she is delivering immunisation services in a culturally appropriate manner.

“2.4 Each General Practitioner will work towards meeting and maintaining the national immunisation targets that are reviewed from time to time by the District Health Board and / or the Ministry of Health.

“2.5 Each General Practitioner will assist with epidemic control and other situations where coordinated action is required.

“3 Adult Immunisation Services

“3.1 General Practitioners shall provide the following vaccination services for adults:

Adult Tetanus - Diphtheria (Td)	Adults should receive boosters of Td vaccine at aged 45 and 65, after some injuries and as part of any transition programme developed by the DHBs and/or Ministry of Health. The vaccine is available free but no immunisation-subsidised fee may be claimed for these booster doses. The practitioner is entitled to charge the patient an additional fee for this service.
Influenza	<p>For Persons aged 65 years or over on the date the vaccine is administered.</p> <p>For Persons aged under the age of 65 years with chronic illness according to guidelines issued by the Ministry of Health applicable at the time the vaccine is administered.</p> <p>A subsidised fee may only be claimed for vaccines administered between 1 January and 30 June in any calendar year, unless otherwise indicated.</p> <p>Influenza vaccine is to be provided in accordance with the further terms set out in clause 3.2 below.</p>

“3.2 Guidelines for Fully Subsidised Influenza Vaccine

The Ministry of Health may from time to time advise the eligibility criteria for the types of Patients who are eligible for fully subsidised influenza vaccination.

This advice will be given through other mechanisms and not through the S88 notice. The 2002 eligibility criteria are set out in Appendix 1 to this Schedule.

“4 Payment of Subsidised fees for Immunisation

“4.1 If, in the course of an immunisation programme approved by the District Health Board and/ or the Ministry of Health, a vaccine supplied by our authorised agent is administered by a General Practitioner, or by a registered nurse acting under the direction of a General Practitioner, the General Practitioner shall be entitled to receive, in lieu of any other fee that the General Practitioner might otherwise be entitled to receive under this Notice and in respect of each occasion on which the Patient attends for the administration of any such vaccine or vaccines, the subsidised fee specified in clause 4.6 below.

“4.2 The General Practitioner will be entitled to receive, in lieu of any other payment that the Practitioner might otherwise be entitled to receive under this Notice the subsidised fee specified in clause 4.6 below for the administration by the General Practitioner, or by a registered nurse acting under the direction of the General Practitioner, of an influenza vaccine purchased from a supplier nominated by the Ministry of Health in writing from time to time.

- “4.3 Nothing in this Schedule shall entitle a General Practitioner to receive more than the relevant subsidised fee specified in clause 4.6 or 4.4 below in respect of the administration of more than one vaccine on the same occasion.
- “4.4 Subject to clause 4.5 below, no General Practitioner shall demand or accept or be entitled to recover from the Patient or any other Person, any fee in respect of the services for which a subsidised fee is payable under this Schedule.
- “4.5 Nothing in clause 4.4 above shall affect the rights of a General Practitioner in relation to any other service, notwithstanding that that other service was provided on the same occasion as that on which the vaccine or vaccines were administered.
- “4.6 The subsidised fee for the administration of a vaccine episode on the childhood immunisation schedule as detailed in the Immunisation Handbook, other than the influenza vaccine, shall be \$18.00 (GST inclusive). The subsidised fee for the administration of the influenza vaccine will be \$11.00 (GST inclusive) plus the purchase cost (inclusive of GST) of the vaccine from the nominated supplier. For the purposes of clarity, a vaccine episode is a visit on any given day for the administration of any number of vaccine. The subsidised fee for immunisations will be reviewed annually.
- “4.7 The immunisation programmes, which are currently approved under this Schedule, are detailed in the Immunisation Handbook and any subsequent amendment notified by the District Health Board and / or the Ministry of Health.

“5 Claims for Immunisation subsidised fees

- “5.1 Claims for payment of immunisation subsidised fees are to be submitted to Health Benefits electronically in accordance with the Business Rules unless otherwise approved by us.
- “5.2 Each claim for any individual must clearly identify all of the following information:
- a) the name and date of birth of the Person to whom the vaccine was or the vaccines were given; and
 - b) either the NHI Number or the address of the Person to whom the vaccination was given; and
 - c) the type of vaccine or vaccines given to each Person; and
 - d) the date that the vaccine was or the vaccines were given.
- “5.3 A subsidised fee will be paid to a General Practitioner for the administration of a vaccine or vaccines as set out in this Notice subject to the following conditions:
- a) the immunisation has not already been given and a reasonable effort has been made to check whether the immunisation has not been given and the subsidised fee is claimed in accordance with the claiming and NHI Number requirements of this Notice and the claim complies with the information requirements set out in the Information Schedule of this Agreement; and
 - b) The General Practitioner will not charge the Patient for immunisation services where a subsidised fee is available and payable under this Notice. If any General Medical Service other than immunisation is provided by the Practitioner at the same time as the Consultation for the immunisation service then the General Practitioner may charge for that other service (including claiming the General Medical Services Benefit, if eligible). A simple check of fitness (without clinical indication) for immunisation is considered part of the immunisation service.

- c) A Practitioner will not be eligible to receive a payment unless the Practitioner has made a reasonable effort to check whether the immunisation service has been previously performed.

“5.4 The NHI requirements for immunisation claims where all the immunisation claims will be paid in full are:

- 1 September 2001 80% of immunisation claims must have valid NHI numbers
- 1 July 2002 85 % of immunisation claims must have valid NHI numbers

Where the proportion of NHI numbers in a whole claim is less than the targets specified above, those single claims that do not have NHI numbers will not be paid.

“5.5 For all immunisations eligible for a payment of a subsidised fee, other than influenza immunisations, the subsidised fee is currently \$18.00 (GST inclusive) in respect of each immunisation episode as set out in this Notice. The subsidised fee for immunisations will be reviewed annually by the Ministry of Health.

“5.6 The following provisions apply to influenza immunisations:

- a) subject to all other provisions of this Notice below, a payment comprising of the vaccine cost plus the immunisation subsidised fee as advised by the Ministry of Health from time to time will be paid for influenza immunisations administered to eligible people as defined by Ministry of Health Influenza Guidelines. The Ministry of Health from time to time will also advise the vaccine cost, and the District Health Board will advise any change to the vaccine cost one month prior to the commencement of the programme.
- b) the Ministry of Health Influenza guidelines may be amended from time to time. The Ministry of Health will consult with the sector on any change to such guidelines.
- c) payments will be made only for influenza vaccinations administered between 1 January and 30 June in any calendar year.
- d) the Ministry of Health will advise each General Practitioner (in a manner to be determined by the Ministry of Health) of the supplier from whom the vaccine is to be purchased and the price as required from time to time.

“5.7 A subsidised fee of \$18 will be paid for the administration of a vaccine or vaccines where:

- a) the Person is a household contact or sexual contact of person with acute Hepatitis B or a carrier of Hepatitis B; or
- b) the Person is a household contact of a person with Measles, Mumps or Rubella.

This subsidised fee will be reviewed annually by the Ministry of Health.

“Appendix 1 to Schedule 3**“2002 Eligibility Criteria for fully subsidised Influenza vaccine**

- a) any Person aged 65 years and over; and
- b) any Person under the age of 65 years with one or more of the following conditions:
 - i) cardiovascular diseases, including:
 - A) ischaemic heart disease;
 - B) congestive heart failure;
 - C) rheumatic heart disease;
 - D) congenital heart disease;
 - E) cerebro-vascular disease;
 - ii) chronic respiratory diseases, including:
 - A) asthma, if on regular preventive therapy;
 - B) all other chronic respiratory diseases with impaired lung function;
 - iii) diabetes;
 - iv) chronic renal disease;
 - v) any malignancy but excluding basal cell and squamous cell carcinoma if the latter two are not invasive;
 - vi) other conditions, including:
 - A) auto-immune diseases;
 - B) immunosuppression;
 - C) HIV;
 - D) transplant recipients;
 - E) neuromuscular and CNS;
 - F) haemoglobinopathies.

Patients with the following conditions are not eligible for fully subsidised influenza vaccination:

- a) asthma not requiring regular preventative therapy;
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease;
- c) pregnancy in the absence of another risk factor.”

5. Amendments to Schedule 4

The Notice is amended by:

- a) deleting clause 2.5(b) of Schedule 4, and replacing it with the following:
 - “2.5(b) contain the date prescribed, patient name, NHI where available, patient date of birth (for persons under the age of 14 and where no NHI), patient gender (where no NHI), patient category, community services card status, high use health card status, name of pharmaceutical and dose, frequency of dose, quantity or total days supply, special instructions if applicable, and the appropriate purchaser, if it is not the

District Health Board. The District Health Board (or the Ministry of Health) shall be the payment agent only for medical / illness related prescriptions for Eligible People); and”

- b) deleting clause 3.1.9 of Schedule 4, and replacing it with the following:

“3.1.9 Has supplied any pharmaceutical requirements contrary to the Pharmaceutical Schedule and/or subclause 4.2.3 of this Schedule”

6. Amendments to Schedule 6

The Notice is amended :

- a) by deleting clause 16(b) of Schedule 6, and replacing it with the following clause:

“16(b) Contain the date of referral, patient name, NHI where available, patient date of birth (if no NHI), patient gender (if no NHI), name of test or test code, and the identification of the appropriate payment agent, if it is not the District Health Board or Ministry of Health. (The District Health Board (or the Ministry of Health) shall be the payment agent only for medical / illness related prescriptions for Eligible People); and”

- b) by adding the following clauses after clause 18 of Schedule 6 as clauses 19 and 20:

“19 Prohibition on Laboratory Referrer Incentives

“19.1 No General Practitioner will accept any incentive or inducement from a laboratory service provider, either directly or indirectly.

“19.2 An incentive or inducement includes, without limitation:

“19.2.1 the provision of goods or services to the General Practitioner, or a person connected to the General Practitioner, where those goods or services are capable of being expressed in monetary terms and are provided without any corresponding obligation on behalf of the General Practitioner or connected persons to pay a reasonable price for the goods or services;

“19.2.2 the payment of any money to, or on behalf of the General Practitioner, provided that the following is not an incentive or inducement:

- a) the provision of the following items free of charge, in quantities reflecting regular patterns of usage:
- i) specimen containers, including paediatric urine bags;
 - ii) fixatives;
 - iii) microbiological/virological swabs and/or transport media;
 - iv) alcohol swabs;
 - v) vacutainer holders, needles and needle guards;
 - vi) cervix spatulas, brushes and brooms;
 - vii) slides and slide carriers;
 - viii) biohazard/plastic bags, rubber bands;
 - ix) request forms, telephone request forms, laboratory handbook, antibiotic handbook and other laboratory information documents;
 - x) sharps containers for specimen taking (where you collect specimens);

- xi) polydose powder;
- xii) other similar, small consumables;
- b) training in or quality assurance of specimen collection techniques;
- c) the provision of computer software where the software is specific to the ordering of Schedule Tests or the receiving of Schedule Test results; and
- d) payment to the provider of electronic mail services for costs of electronic transmission of Schedule Test results.

“19.3 For the avoidance of doubt, the provision of the following or the making of a payment relating to the following is an incentive or inducement:

- a) fax equipment, including fax machines;
- b) computer equipment;
- c) computer programmes and network services, except as allowed under clauses 19.2(c) and (d) above;
- d) medical equipment, excluding the items listed in clause 19.2.2 above;
- e) office equipment, excluding the items listed in clause 19.2.2 above;
- f) motor vehicles and accessories;
- g) conference fees;
- h) travel expenses;
- i) gifts, other than minor tokens of goodwill, not exceeding \$50 per annum per Practitioner, in value;
- j) collection facilities, other than those provided under clauses 19.4(a) or (b) below;
- k) collection and/or transportation of samples, other than a payment under clause 19.6 below.

“19.4 Collection facilities are not an incentive or inducement if:

- a) the facilities are not shared with a laboratory service provider; or
- b) the facilities are shared with a laboratory service provider but are:
 - i) provided for clearly demonstrable reasons of economy or service effectiveness; and
 - ii) all transactions between the General Practitioner and the laboratory service provider are conducted at arm's length; and
 - iii) a reasonable payment for all services provided within the facility (such as cleaning) is made to or by the General Practitioner at current market rates;

“19.5 For the purpose of this clause 19, “collection facilities” and “facilities” means physical rooms or buildings used for the collection of laboratory samples or specimens.

“19.6 A payment for the collection and/or transportation of samples is not an incentive or inducement if:

- a) the payment is for the actual costs of providing the collection and/or transportation of samples; and

- b) where such costs are identifiable, the payment is an amount equal to those costs; or
- c) where such costs are not identifiable, the payment is an amount that reflects a fair and reasonable reimbursement of the General Practitioner's costs, having regard to the supply of items such as labour, premises and consumables and to any other payments made by the Ministry of Health or District Health Board or Patients for the collection and/or transportation of samples;

provided that the payment for collection and/or transportation:

- d) is on a 'per Patient' and not a 'per sample' basis;
- e) is only for actions, in relation to the collection of samples, which a laboratory service provider would ordinarily carry out if the General Practitioner did not do so;
- f) is not for actions which the General Practitioner would ordinarily carry out, and which could be covered by a separate payment for those services, such as the completion of a referral form;
- g) is only to cover services reasonably provided by the General Practitioner to the extent that such services are not already funded by the Ministry of Health, such as services covered by the Practice Nurse subsidy;
- h) does not result in the General Practitioner in any other way profiting excessively from providing the collection and/or transportation.

"19.7 For the avoidance of doubt, the ability to audit the General Practitioner and any records or other information under this Notice includes audit for the purpose of verifying compliance with the obligations of the General Practitioner under this clause.

"19.8 If the General Practitioner (or any person connected to that General Practitioner) is in receipt of any incentive or inducement from a laboratory at the date that this variation comes into effect, no payment will be withheld if the incentive or inducement has been removed or has ceased to be an incentive or inducement by reason of payment or otherwise equivalent to the incentive or inducement (any such payment being by the General Practitioner, or connected Persons, as applicable) within three months from the date that this variation comes into effect.

"19.9 If the General Practitioner (or any person connected to that General Practitioner) accepts any incentive or inducement from a laboratory service provider, either directly or indirectly, that General Practitioner will reimburse to the District Health Board the amount of any such incentive or inducement and indemnify the District Health Board and the Ministry of Health for any loss caused by that General Practitioner's actions, including payment of costs relating to audit, investigation and legal services, as applicable. The District Health Board will provide the General Practitioner with a reasonable opportunity to comment on any allegation that the General Practitioner has received an incentive or inducement before exercising or enforcing its rights under this clause.

"20 Identification of Payer

"20.1 All prescription and laboratory referral forms completed by the General Practitioner must identify the payer in respect of those services, where the payer is not the District Health Board (or the Ministry of Health).

- “20.2 For medical/illness related prescriptions and laboratory referrals for Eligible People the payer is the District Health Board (or the Ministry of Health).
- “20.3 Where the Accident Compensation Corporation (ACC) is liable, prescriptions and laboratory referrals will need to identify ACC as the payer. Where an ACC claim has been registered, prescriptions and laboratory referrals should also identify the ACC claim number.
- “20.4 Where more than one pharmaceutical is prescribed for a Patient at the same time and the subsidy for one or more of the pharmaceuticals will be paid by a different purchaser then the pharmaceuticals may not be set out on one prescription form.”

Explanatory Note

Some General Practitioners who claim payment for GP services are paid under a Notice originally issued pursuant to section 51 of the Health and Disability Services Act 1993, and continued by the New Zealand Public Health and Disability Act 2000. On 1 July 2001, under the Health Sector Transfers (Provider Arrangements) Order 2001 (SR 2001/135), the Ministry of Health transferred its obligations under that Notice to the District Health Boards in whose regions the GPs' services were provided.

Those District Health Boards and the Ministry of Health have worked together in consulting with the New Zealand Medical Association on the substance of these amendments. In essence, these amendments:

- add Provider Quality Standards to the Notice, requiring GPs to work towards improved quality in their practices;
- replace the existing Immunisation Schedule with a new Schedule that
 - a) seeks to co-ordinate these GPs' services with other Well Child providers,
 - b) aims to increase the provision of immunisation information to the community, and
 - c) makes some changes in payments for immunisation;
- make some changes to the rules regarding GPs' interactions with laboratories.

These amendments are issued by all District Health Boards simultaneously. The Minister of Health has given her written approval to them in terms of section 89(3)(b) of the New Zealand Public Health and Disability Act, as they involve departures from the terms and conditions set out in the existing Notice. This in turn gives effect to the principle of national consistency contained in section 89 of that Act.