

Report Card: New things we said we would do...

Improve information about applications progressing through the funding process.	X	We support the idea of making applications easier to track. We scoped an "application tracker" for the PHARMAC website, but this was unable to be advanced due to key people being involved in other work. We intend to progress this work in the future.
With DHBs, refining a principles-based approach for setting the community pharmaceutical budget.	○	We used a set of principles to inform our work in setting the pharmaceutical budget for the last two years. The principles used to set the 2009/10 budget were: <ul style="list-style-type: none"> • Maximising the benefits from investment in community pharmaceuticals; • Aligning incentives across the sector; • Improving access to existing and new medicines; and • Ensuring that DHBs remain within overall funding parameters. We will continue to work with DHBs and the Ministry of Health to progress this work further in the 2009/10 financial year.
Publicising the forward budget path agreed with DHBs.	✓	We published this information in our Statement of Intent.
Reviewing the Exceptional Circumstances Schemes.	X	The Government has commenced a review of High Cost Medicines, and the role of Exceptional Circumstances is included in the High Cost Panel's Terms of Reference. The review work we had committed to in our 2008/09 Statement of Intent is on hold, pending the outcome of the High Cost Panel's work.

Report Card

Forum

The inaugural PHARMAC Forum was held in December 2007. The event was attended by approximately 100 people representing consumer groups, medical groups, the pharmaceutical industry, DHBs and Government. We captured all the feedback we received at the Forum, then analysed it to identify the main themes and suggestions for work we could do to improve our interactions with stakeholders.

A week after the 2007 Forum, the medicines strategy *Medicines New Zealand* was released along with its action plan. We took into account the work this identified for PHARMAC when we developed our Forum action plan. Many of the suggestions made at the Forum overlapped with activities specified for PHARMAC in *Actioning Medicines New Zealand*.

The resulting workplan was distributed to Forum attendees in July 2008.

29 actions were identified

23 have been completed

3 have begun but are not completed

3 have been deferred

This report outlines the work we have done, and the reasons why some of the activities we said we would do, haven't been completed.



Report Card: Things we said we would keep doing and improve...

Actively managing the consultation database to ensure appropriate groups are identified for consultation.	✓	Ongoing improvements are being made. The database is actively managed and can be subscribed to by emailing consultation@pharmac.govt.nz . PHARMAC's website also includes RSS feeds for new consultation documents.
Making improvements to our consultation and notification letters.	✓	These letters now more clearly outline the proposals we are consulting on, and what this might mean for health professionals or patients. Our notification letters now provide a summary of how we have responded to consultation feedback in our decisions.
Where practicable, providing feedback to people on their individual submissions and the outcome of decisions.	✓	We acknowledge individual submissions where possible. And our notification letters, which are sent to people who have responded to consultation, now provide a summary of how we have responded to the key issues raised in consultation.
Improving the PHARMAC website to provide better access to information.	✓	A new-look PHARMAC website, with sections tailored for different stakeholder groups, was launched in March 2008. In addition, we have launched an online 'shop' for PHARMAC's resources, www.pharmaonline.co.nz .
Evaluating options to minimise the impact of brand changes on consumers.	✓	We consulted on a proposal to implement an Alternative Brand Allowance in late 2007. Feedback on this proposal from suppliers was that it was not workable. We are continuing to carefully consider the effects of brand changes on patients when making decisions. We can also use purchasing methods other than sole supply where this is warranted. However, this has to be continually balanced against the health outcomes and potential savings on offer.
Providing PHARMAC Staff training to continually improve our ability to communicate clearly with stakeholders.	✓	Staff training is an integral part of PHARMAC's overall commitment to improving our engagement and communication. The priority PHARMAC gives to improving communications and engagement has remained a live discussion topic within PHARMAC.
Working with other agencies in the sector to ensure a cohesive and co-ordinated approach to optimal use activities.	✓	Our Access and Optimal Use work sees us working alongside a range of stakeholders. These include DHBs and PHOs (e.g. One Heart Many Lives), Plunket (Wise Use of Antibiotics, new children's leaflet), Asthma Foundation, Paediatric Society (Space to Breathe), College of Psychiatrists (antipsychotics in the elderly project).
Investing in projects that provide health benefits for New Zealanders, including Māori and Pacific people.	✓	PHARMAC has two projects underway that specifically target Māori health issues. One Heart Many Lives, a cardiovascular campaign whose target audience is Māori and Pacific men, is now active in three DHB regions. A community-led campaign, we are also working to develop it in other DHB regions. In 2009 PHARMAC launched a new campaign pilot, Space to Breathe – He Tapu te Ha in Taranaki. The campaign targets under-use of asthma medicines in Māori children. The pilot will be evaluated before deciding whether to roll it out nationally.
Implementing our Access and Optimal Use programmes that aim to ensure medicines are well prescribed and well used by patients.	✓	PHARMAC is continuing to support BPACNZ, which provides best practice prescribing advice for doctors. Campaigns such as One Heart Many Lives, Wise Use of Antibiotics, and Space to Breathe all promote the optimal use of medicines.
Conducting research around optimal use activities, evaluating the effectiveness of programmes, and making the results publicly available.	✓	We routinely undertake evaluations of our access and optimal use campaigns, and some of these are now published on the PHARMAC website.
Being respectful in our references to stakeholders in our communications.	✓	This emerged from comments at the 2007 Forum that some PHARMAC statements had sought to 'demonise' the pharmaceutical industry. PHARMAC appreciates the important role the industry, as well as other stakeholders, play in the medicines system. We have sought to discuss and, if needed, debate issues in a more neutral way. We have an organisational value that includes respectful and courteous conduct.
Funding for health professional training services (such as the Seminar Series).	✓	PHARMAC continues to fund the Seminar Series for doctors and health professionals. The Seminar Series continues to be popular and over-subscribed.
Reviewing and, where appropriate, removing specialist restrictions on prescribing some Pharmaceutical Schedule medicines.	✓	Restrictions were removed from 43 medicines in 2007-08, and a further 29 were removed in 2008-09. In addition, during 2008-09 29 Special Authorities were relaxed.

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Investigating the use of longer consultation periods, when appropriate.	✓	PHARMAC has discretion over how long it consults. While routine schedule changes are usually consulted on for two weeks, longer consultation periods do occur depending on the proposal or issue being consulted on. Longer consultation can also delay decisions being made or implemented, so longer periods can also reduce health outcomes.
Making greater use of email and electronic formats to seek consultation responses.	✓	As part of the new PHARMAC website, we created a new 'rapid' online consultation facility. We are improving our email database to better cater for sending and receiving consultations electronically.
Publishing guidance for stakeholders on how to be involved in the decision-making process.	✓	A new booklet, Having your say in our decisions was published in December 2008. This was intended as a user-friendly guide to being involved in PHARMAC's work through the opportunities that exist. This booklet complements the PHARMAC Information Sheets that have also been published.
Enabling pharmaceutical suppliers to present funding submissions to PHARMAC face-to-face.	✓	While these meetings have always occurred, we made these a more routine feature of the funding process from April 2008.
Investigating a mechanism to include early public input to the medicine funding process.	○	We are asking for feedback on potential options for achieving this in our consumer participation discussion document.
Reviewing the Terms of Reference of the Consumer Advisory Committee.	○	This work began with an information-seeking open consultation in April 2009. Information we gathered during this process is being used to inform broader work we are undertaking on consumer participation. We are seeking further feedback through our consumer participation discussion document. Once completed, this will inform the revision of the CAC Terms of Reference.
Having the chair of the Consumer Advisory Committee attend PHARMAC Board meetings as an observer.	✓	This is now a routine part of the PHARMAC Board's meetings.
Reviewing the PTAC appointment protocol (led by the Ministry of Health).	✓	The Ministry of Health leads this work, as PTAC appointments are made by the Director General of Health. Consultation on a redrafted appointment protocol was completed, and changes are being incorporated into a new appointment protocol.
Consulting broadly on changes to the PTAC operational guidelines.	✓	Revised PTAC guidelines (Terms of Reference) were published in July 2008. Changes included clarifying the relationship with PHARMAC, a commitment to publish more minutes (including minutes of sub-committees), and broadening the scope of the committee's membership. Overall, the changes were designed to improve transparency and public confidence in the committee.
Providing more information about PHARMAC's decisions, for example decision summaries.	✓	Our notification letters now contain more information about our decisions, including a summary of how we have responded to key issues raised in consultation. We have considered whether new documents, such as decision summaries, would add significant value to these improved notification letters. We consider that decision summaries would provide limited additional benefit over these improvements, but would entail significant extra work for PHARMAC and bring some risks to our decision processes.
Producing a suite of information sheets about PHARMAC and its activities.	✓	Information Sheets were published in December 2008.
Developing Memoranda of Understanding between PHARMAC and DHBs to clearly convey our respective roles (including in setting the Community Pharmaceutical Budget).	✗	We undertook preliminary work with DHBs, however, the project was delayed due to other work priorities of DHBs and PHARMAC. This work remains important and we intend to progress it in 2009/10.