Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Thursday 17 March 2005

The meeting was held in the Tait Room, 14th floor, Cigna House, 40 Mercer St, Wellington from 9.30am.

Present:

Sandra Coney	Chair
Vicki Burnett	CAC member
Sharron Cole	CAC member
Matiu Dickson	CAC member
Dennis Paget	CAC member
Paul Stanley	CAC member
Heather Thomson	CAC member
Kuresa Tiumalu-Faleseuga	CAC member
Te Aniwa Tutara	CAC member

In attendance

Simon England

PHARMAC (minutes)

Dr Peter Moodie, Rachel Mackay, Adam McRae, Steffan Crausaz, Scott Metcalfe, Cristine Della Barca, (PHARMAC Staff), attended for relevant items.

1. Record of previous CAC meeting

The minutes of the 4 November 2004 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Coney/Dickson carried

2. Conflicts of Interest

No conflicts of interest were declared

3. Chair's report

The Chair tabled a written report to the committee. The chair noted that there were a number of avenues open for the CAC to increase its profile, possibly through an article in the PHARMAC Annual Review, or the PHARMAC newsletter in PHARMation. These opportunities would be pursued with PHARMAC.

A letter had been received from the Researched Medicines Industry Association (RMI), seeking observer status at CAC meetings.

The Committee resolved that the Chair reply to the RMI that the Committee does not agree to the organisation having observer status at CAC meetings

Coney/Thomson carried

The chair will circulate a draft response to the RMI to committee members for comment

The chair noted that the committee had received no information on whether a Pacific Responsiveness Strategy would proceed. The committee considered that other Government

agencies could be consulted to see what steps they had taken with regard to the needs of Pacific peoples. The committee requested PHARMAC Staff prepare a paper for the next meeting of CAC.

4. Correspondence

The committee noted a letter from Medsafe in response to a CAC letter recommending information be provided to people prescribed antidepressants. The committee considered that, in order to make an informed response, it would be useful to know whether any changes in prescribing patterns had occurred since the updated Medsafe advice was issued in October 2004.

CAC requested a report on whether prescribing patterns have changed since the issuing of a letter on SSRI antidepressants to health professionals by Medsafe.

Burnett/Tiumalu-Faleseuga carried

CAC requested that a letter be sent to Medsafe requesting that it develop information resources for families and patients on the risks and benefits of SSRIs and TCAs and alternatives.

Tutara/Burnett carried

The Committee decided to write a letter to Medsafe regarding the need to include consumers on all committees formed under the Joint Trans-Tasman Therapeutic Products Agency and offered the services of any and all CAC members of any committee.

Paget/Cole carried

PHARMAC was asked to send names and CVs of all CAC members to Medsafe.

CAC budget

CAC requested that PHARMAC be asked for funding to allow CAC members to attend relevant conferences and seminars, and for resources such as business cards. PHARMAC also to be asked to provide opportunities for CAC members to participate in Demand Side health promotion activities.

5. Demand Side Update

One Heart Many Lives campaign

This campaign is rolling out into a further phase with PHARMAC offering support for community-initiated projects in Porirua, the Bay of Plenty and Auckland. The committee noted an analysis of the campaign roll-out and an apparent lack of cut-through in Auckland. This may have been due to the way the campaign was delivered, other "noise" in the Auckland market and differences in perception of the message's relevance across age and ethnic groups.

Members continued to support the approach and messages of the campaign and considered there were further opportunities that could be explored, such as arranging a workshop for Maori artists and composers with a view towards having material included in the national kapa haka festival.



Asthma management campaign

Further work was being undertaken to look at extending this campaign to children with asthma. A paper was being prepared to obtain a view from CAC on aspects of the campaign. This could be reviewed via teleconference.

Diabetes campaign

Preliminary resources for diabetes testing had been developed and reviewed by expert groups, including consumer groups. These resources had been changed in response to feedback. In addition to the resources supplied, a flip-chart similar to the asthma flip-chart could also be produced. Members agreed to take the revised resources for review and feed back any comments to PHARMAC Staff.

Atypical antipsychotics

This was a campaign designed primarily for clinicians, aimed at having consistent prescribing behaviour for atypical antipsychotic medicines across New Zealand. Work involved analysing national prescribing data and working with clinical groups.

General

The committee noted that the NZ Guidelines Group was holding a National Health Consumers Summit in Auckland on 31 October-1 November 2005. This was considered a good opportunity for CAC to raise its profile and outline the steps PHARMAC has taken to include consumer input into its processes. PHARMAC staff noted that PHARMAC is in discussions with NZGG about sponsoring the Summit. CAC members discussed the possibility of PHARMAC funding CAC members to attend the Summit.

The CAC was also interested in preparing one or more papers/poster displays or workshops for the Summit on both the role and activities of CAC.

The committee considered it would be good to meet with NZGG representatives in advance of the conference and resolved to invite Judi Strid or Catherine Marshall (or both) to the next meeting of CAC.

The committee noted that no communication had been received from organisers of the 2004 conference on consumer healthcare information, held in Christchurch. The chair agreed to follow this issue up with the conference organisers.

6. Maori Responsiveness Strategy

PHARMAC Staff had consulted with Maori regarding a project to look at Maori use of medicines. Feedback would be used to decide the next steps that could be taken, which could include developing resources, or promoting better training for health professionals.

PHARMAC had recently completed a series of nine hui across New Zealand, to report back on progress against the 2002 Maori Responsiveness Strategy. CAC members had attended some of these hui, including a PHARMAC Staff training hui in Lower Hutt. CAC members commended PHARMAC for putting itself on the line to deal with issues face to face, and to receive direct feedback from Maori.



7. Cancer Treatments Project

PHARMAC had consulted on a proposal to take on the management of funding for pharmaceutical cancer treatments, and was meeting with DHBs to obtain further information. This would be used to provide recommendations to the PHARMAC Board.

There were inconsistencies in the way medicines were used and how data was collected across different cancer treatment centres. Members considered that any steps that could be taken to remove inequalities in the way patients access cancer treatments were to be welcomed.

Members asked for information on how consumer groups were involved in the consultation process.

9. Supply Side update

Main activities included implementing a change in the way diabetes blood testing strips and meters were subsidised. Previously meters had been provided through the Ministry of Health.

Decisions stemming from the tender for 2004-05 were also now being implemented.

10. Consultation database update

A number of changes had been made to the database to make it easier for PHARMAC Staff to identify interest groups and send them information. Work had also been undertaken to update the contacts in the database and add organisations and individuals. A more rigorous process had been put in place to ensure the database is kept up to date and to ensure that people who respond to consultations, and who aren't already in the database, are added.

The PHARMAC Website also had a subscriber mechanism that allowed people to be kept up to date with current consultations. PHARMAC could look at doing a mail-out to make people aware of the website service.

Members considered PHARMAC could put together a resource informing people how they could be involved in providing input to PHARMAC, through the website, 0800 number, or through contacting CAC. The committee asked PHARMAC Staff to put together a draft of ways in which consumers can be involved in PHARMAC activities.

The committee asked for a written report to be provided to the next CAC meeting.

11. Discussion paper on guidelines for consumer groups

The PHARMAC Board had reviewed a draft of the paper and considered this was a project for the CAC to lead with support from PHARMAC.

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Members acknowledged the work put into the paper by the chair.

The chair agreed to draft a covering letter and questionnaire setting out options that people could consider in response to the paper, when it was circulated for feedback. Members agreed timeframes in which to receive further feedback on the paper, questionnaire and letter, for distribution to commence and for how long respondents would have to provide feedback on the paper.

The Committee resolved that the results of the feedback will be collated and analysed by PHARMAC staff and CAC. Following this, CAC may develop a checklist or key questions to consider and a guideline, if this is supported by the feedback.

The CAC agreed that if there is an opportunity, they would like to present the results to the National Consumer Summit.

Coney/Tiumalu-Faleseuga carried

12. General

Members were briefed on issues around the supply of influenza vaccine.

The meeting concluded at 4pm.



Signed

Date

16 May 2005