PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency (Pharmac)

Minutes of the Board Meeting

Tuesday 28 April 2026 at 9.00am

Held Virtually

***Attendees*:**

Board members

Paula Bennett	Chair
Dr Peter Bramley	Deputy Chair
Talia Anderson-Town	Board member
Lucy Elwood	Board member

Apologies

Dr Margaret Wilsher	Board member

Board Observers

Rhiannon Braund	PTAC Deputy Chair
Robyn Manuel	CAC Chair

Pharmac staff in attendance

Natalie McMurtry	Chief Executive
Catherine Epps	Director, Medical Devices
David Hughes	Director, Advice and Assessment/CMO
Michael Johnson	Director, Strategy, Policy & Performance
Adrienne Martin	Acting Director, Pharmaceuticals
Nicola Ngawati	Director, Equity & Engagement
Maria Robertson	Director, Corporate Services
Trevor Simpson	Kaituruki Māori - Director Māori
Jacqui Webber	Board Secretary (Minute taker)

Attendees joined the meeting to present relevant papers: Jannel Fisher and Conal Edwards.

1. Welcome and Apologies

The Chair welcomed everyone and formally opened the meeting at 9.02am. Apologies were noted from Margaret Wilsher.

2. Chair's Report

2.1. Chair's Verbal Update

The Chair noted this would be Jacqui Webber's last meeting and acknowledged her contribution. The Board wished Jacqui well for the future.

2.2. Interest Register

The Board ***noted*** the interest register and no conflicts were registered.

2.3. Minutes of Board meetings

The Board ***resolved*** to ***adopt*** the minutes of the meetings held on 30 March 2026, as a true and correct record of the meeting, subject to minor amendments.

3. Decision Papers

3.1. 2025/2026 Quarter Three Performance Report

The Board considered the 2025/26 Quarter Three Performance Report, which summarised progress against the organisation's strategic priorities and associated work programme, the 2025/26 Letter of Expectations (LoE), and the performance measures set out in the 2025/26 Statement of Performance Expectations (SPE).

Staff took the paper as read and highlighted primary points.

The Chair raised a question regarding the societal impacts work, specifically whether the value of the Erasmus University (Netherlands) engagement should be reviewed. This matter was noted for management consideration.

The Board also discussed future reporting and suggested that, when reports are published, consideration be given to presentation and accessibility, including how information is communicated, to improve clarity and better showcase organisational achievements.

It was further noted that care should be taken in the use of acronyms, ensuring these are defined in full on first use in future reports.

The Board:

- ***approved*** the content of the 2025/26 Quarter Three Performance Report
- ***noted*** that following Board approval of the Quarterly Performance Report, it will be provided to the Associate Minister of Health.

3.2. Timely Access and Transparent Decisions programme

The Board considered a paper seeking endorsement of the Timely Access and Transparent Decisions (TAD) Programme, intended to stabilise and modernise Pharmac's assessment and advice model.

Staff took the paper as read and responded to questions from the Board.

In discussion, the Board raised the following matters:

- **Programme name -** The Board queried whether the term "Timely Access" appropriately reflected the intent of the programme and were concerned that it may be

misinterpreted. Staff agreed to consider alternative programme names and circulate a proposed revised title to the Board for approval.

- The Board discussed the importance of coordination and consistency across medicines and medical devices, including how key terms and processes are interpreted by suppliers. Staff advised that a core objective of the programme is to reduce inconsistent definitions and approaches across groups, and to improve alignment.

- **Programme principles and resourcing -** The Board queried the realism of the proposed programme principles given current workforce pressures. Staff advised that programme funding includes provision for dedicated secondment opportunities to support delivery.

- **Programme duration -** The Board questioned why the proposed timeframe was four years, rather than a shorter period. Staff advised that the programme is intended to move beyond continuous improvement and enable more substantive change over time.

- **Funding and governance -** The Board requested a clearer outline of proposed expenditure, including how and when funding will be allocated. It was agreed that an initial breakdown would be provided through the Finance, Audit and Risk (FAR) Committee, with ongoing visibility of programme spend.

- **Options for Investment (OFI) –** Management highlighted the risk of more timely assessments increasing the number of medicines on the OFI list, potentially creating additional pressures for Government related to funding. The Board indicated support for a longer list of medicines being considered for funding through the Options for Investment process as it is a true reflection of following process.

- **Pharmac operating model -** The Board emphasised the need for a clearer articulation of Pharmac's assessment and advice model, including what distinguishes Pharmac and the principles underpinning how it operates, rather than framing changes solely as continuous improvement. Pharmac needs a different way of thinking – what do we mean when we look at the Pharmac model – define the model and what we do that makes us special. Thinking differently - Principles of who we are and how we achieve.

- **Operational measures and reporting** - The Board discussed the concept of "stopping the clock" and noted the importance of data quality and workflow reporting. Staff advised this is an area of focus and agreed that more information will be included in future papers.

- **Forward planning and communications -** The Board requested a detailed workplan, including milestones, resourcing and budget oversight by FAR, and regular progress reporting to the Board.

  The Board also requested a future update outlining a communications plan, including how the Reset Programme will be closed out and how the TAD Programme will be introduced.

The Board:

- ***endorsed*** the proposed aim, principles and workstreams for the Timely Access and Transparent Decisions (TAD) Programme to commence on 1 July 2026
- ***endorsed*** an initial focus on strengthening the current assessment and advice model with more transformative change as a longer-term goal

- ***noted*** that improvements in application processing efficiency will likely lead to an increase in number of medicines on the Options for Investment list which may subsequently lead to potential public pressure for additional funding for the medicines budget
- ***noted*** that the Senior Leadership Team have agreed to utilise Reset Programme budget underspend of approximately $1 million in 2026/27 to establish a 12-month fixed-term Programme Delivery Office and fund dedicated subject-matter-experts to support TAD programme delivery
- ***noted*** that not progressing with the TAD Programme will likely attract public scrutiny and reputational risk for Pharmac, given momentum of the Reset Programme, previous public commitments and Ministerial expectations.

Next Steps/Actions

- Programme name - management to offer alternative suggestions and allow Board Chair to review.
- Funding and governance – provide the Board with a clearer outline of proposed expenditure, including how and when funding will be allocated. It was agreed that an initial breakdown would be provided through the FAR Committee, with ongoing visibility of programme spend.
- Forward planning and communications - the Board requested a detailed workplan, including milestones, resourcing and budget oversight by FAR, and regular progress reporting to the Board.
- The Board also requested a future update outlining a communications plan, including how the Reset Programme will be closed out and how the TAD Programme will be introduced.

3.3. Proposal to Proceed to Consultation to Amend the Special Authority Criteria for diabetes medicines

The Board considered a paper seeking approval to proceed to consultation on proposed changes to funded diabetes medicines eligibility. The proposed changes include removing ethnicity-based eligibility criteria and widening access by lowering the five-year cardiovascular risk threshold. The paper also provided context on comparable New Zealand health sector precedents where ethnicity-based criteria have been withdrawn and replaced with alternative access settings.

Staff took the paper as read and responded to questions from the Board.

In discussion, the Board noted and discussed the following:

- **Future ethnicity-related decisions -** The Chair asked whether this would be the final paper relating to ethnicity-based criteria. Staff advised that one further paper is expected, with consultation likely to commence by June and emphasised the importance of ensuring the Minister is clearly briefed on the overall approach.
- **Value for money and prioritisation -** [redacted] Staff outlined the rationale for the proposal and the anticipated patient impact.

-
- **Equity and population impact -** The Board sought clarification on the expected impact of widened access on different population groups, including Māori and other priority populations, particularly those under 40 years of age. Staff referred to Table 1 of the paper, which outlined additional patient numbers arising from the proposed access changes.
- **Communications and wider system impacts -** The Board emphasised the need for clear public communications, including the ability to articulate future impacts for Māori and Pacific peoples. The Board also noted the importance of highlighting broader health system benefits and savings, not solely the impact on Pharmac.
- **Evidence base -** The CAC Chair noted recent academic work relevant to ethnicity-based access settings and requested that a link to the referenced journal article be circulated for information. (Article Link - Indigenous Leadership and Advocacy in Pro-Equity Eligibility Criteria for New Diabetes Medicines in Aotearoa New Zealand [Policy Report])
- **Consultation materials -** The Board requested that consultation questions and supporting communications be written in plain, accessible language and the Chair expressed interest in reviewing these materials prior to release.

The Board:

- ***agreed*** to proceed to consultation to remove ethnicity criteria requirements from the special authority criteria for diabetes medicines and lower the five-year cardiovascular risk threshold from ≥15% to ≥10% (a person's chance of having a cardiovascular disease event in the next five years)
- ***noted*** the estimated cost of widening access to diabetes medicines is within the current medicines budget forecast and does not materially worsen the out-year forecast position
- ***noted*** the proposal would not impact those individuals who currently have access to diabetes medicines through the existing criteria and would only affect access for individuals new to treatment
- ***noted*** the proposed changes to the special authority criteria align with other similar instances across the health sector where such changes to remove ethnicity-based criteria have occurred.

4. General Business

Update from FAR Committee Chair. The FAR Chair provided a brief update on the recent FAR Committee meeting, noting that budgets and forecast are doing really well. The FAR Chair also acknowledged the contribution from Jacqui to the FAR Committee and wished her well for the future.

The meeting closed at 10.16am.

Date of Next Meeting: Tuesday 26 May at 9.00am, in Wellington

Paula Bennett, Chair Date