

Minutes and actions

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| Group | Pharmac & Health NZ Supplier Reference Group |
| Date | Wednesday 11 March 2026 |
| Attendees | <p>Pharmac - Catherine Epps, Director Medical Devices (Co-Chair) Paul Denham, Contract Manager/Team Leader Megan Nagel, Engagement Lead Cat Boyes, Executive Assistant (notes)</p> <p>Health NZ - Andrea Gregory, Commercial Director (Co-Chair) Philip Jones, Head of Sourcing Execution</p> <p>Suppliers Wing Lam Wong – General Manager, Roche Diagnostics NZ Ltd Tania Hawkes – Country Lead NZ, BD Erin Currie – Country Manager, Philips Chris Iles – Director of Finance, Obex Med-Tech Group Andrew Short – Vice President Commercial, Permobil Bruce Moller – Chief Executive Officer, Howard Wright Dorcas Hemi – Product Manager NZ, FPH Care</p> |
| Apologies | Rachelle Hodgson, Traksol Ltd |

1. **Welcome and introductions**
Members introduced themselves, discussed their backgrounds, and shared how they hoped to use and contribute to the meetings going forward.
2. **Purpose of the Medical Devices Supplier Reference Group**
 - Noted this is an advisory group - not a decision-making forum.
 - Members will act as trusted advisors and influencers, providing early and meaningful insight into work undertaken by Health NZ and Pharmac.
 - Members will:
 - provide advice early in the formation of ideas
 - help improve system coherence, clarity, and ease of navigation for suppliers engaging with both agencies
 - avoid discussion of individual suppliers or company-specific issues
 - focus on collective issues that impact the broader supplier community.
 - Members were reminded that they will see emerging, early-stage thinking which may not be finalised.
3. **Ways of working together**
 - The expected working approach was noted:
 - Constructive, solutions-focused discussions.
 - Diversity of views is welcomed; challenge and different perspectives are encouraged.
 - Preparatory reading may be required before meetings.
 - Members are expected to adopt a system-wide lens.
 - Meetings will occur every two months with the next meeting on 19 May.

- Minutes and agendas will be circulated after each meeting.
 - Noted that minutes and next-step summaries will be provided to support continuity for members who may miss a meeting.
 - Noted the duration of the Supplier Reference Group will likely be 12 months, aligning with the transition programme timeline.
- 4. **In-Scope and Out-of-Scope areas for discussion**
 - Catherine summarised the scope.
 - In Scope:*
 - Implementation of the Joint Letter of Expectations.
 - Transition processes and system redesign.
 - Identification of improvement opportunities.
 - Collective supplier-focused issues.
 - Advice on sequencing and risks.
 - Out of Scope:*
 - Individual company issues: commercially sensitive topics, including pricing, discounts and specific contract negotiations.
 - Confidential internal information from suppliers.
 - How will patient and clinician perspectives be considered? Noted this is not directly part of this group, and other channels exist - external experts may be invited to future meetings, where appropriate.
 - Noted the importance of compliance with the Commerce Act - this was acknowledged and reinforced.
- 5. **Confidentiality and Information Management**
 - All members have been sent confidentiality agreements to sign and return.
 - Members should not share internal discussions with their organisations unless materials have been publicly released.
 - Only material published on Pharmac or Health NZ websites may be shared externally.
 - Noted the group operates under the Official Information Act.
 - Will the group jointly agree what may be communicated publicly? Noted that minutes and communications will be standardised, jointly approved, and published on both agencies' websites.
- 6. **Joint Ministerial Letter of Expectations**
 - Noted that the letter requires clearer roles, stronger alignment across agencies, reduction in duplication, shared responsibility model across categories.
 - Noted that Health NZ holds budgets, and Pharmac provides HTA support.
 - Noted categories have been jointly assessed to determine which agency leads each category for the purpose of delivering predictability, transparency, and a coherent supplier pathway.
 - Noted the desire to avoid "tick-box" compliance - suppliers stressed the importance of genuine collaboration rather than token engagement.
 - Noted concerns raised about historical gaps in joint processes between agencies, and that there is now a desire to ensure new ways of working become embedded into BAU.
 - Noted the Oversight Group is led by the Ministry of Health. Six-monthly reporting is required. The first report due end of March and is expected to be made public sometime after that.
- 7. **Transition of Contracts**
 - Noted the explanation about what contract transition is and is not.
 - What it Is:*
 - Aligning contracts with the new category leadership model.
 - Improving cross-agency coordination.
 - Joint communications to suppliers.
 - Development of supporting frameworks and processes.
 - What it Is Not:*
 - Not a renegotiation.
 - Not altering pricing or commercial terms.

- Not an opportunity to raise supplier-specific issues.
- Transition sequencing is in development, with a pilot transition planned with two suppliers.
- Communications being drafted.
- Transition will occur in stages and affected suppliers will be notified.

8. Supplier Feedback on Transition Planning

- Noted:
 - Need for sufficient lead time. Contract reviews within supplier organisations can take 6–8 weeks; early notice is essential.
 - Need for clear timelines per supplier.
 - To allow management of BAU obligations such as product changes, clinical engagement, and reporting.
 - Data and reporting pressures.
 - Some legacy contracts have inconsistent reporting requirements.
 - Suppliers asked for early visibility if reporting expectations will change.
- Query about whether both agencies are sufficiently resourced for timely transition. Noted that Health NZ has recently increased resourcing, and external support has been engaged.
- Suppliers asked when a consistent HTA pathway will be communicated? Noted this is a priority for future communication.
- Noted supplier concern that transition may slow procurement activity. Pharmac and Health NZ reaffirmed that BAU continues unchanged until contacted directly regarding a contract transition.

9. Future Meeting Planning

- Noted that meeting notes and an action log will be issued within two weeks.
- Noted a coordinated public launch of the Supplier Reference Group will accompany the publication of minutes.
- Proposed next meeting date: 19 May, with future meetings tentatively planned for July and September.
- Requested that external communications be reviewed by this group before publication. This was agreed where possible.
- Noted the need to eventually discuss post-transition BAU processes including adding and removing products, and contract variations. Pharmac and Health NZ confirmed this will be part of future agendas.

Next meeting date: 19 May 2026 at 2pm

| Actions | Who | When | Status |
|---|----------------------|-----------------|---------------|
| All members to return signed confidentiality agreements | All | By next meeting | |
| Pharmac/Health NZ to circulate formatted minutes | Catherine/ Andrea | | |
| Pharmac/Health NZ to share launch materials with the group | Catherine/ Andrea | | |
| Pharmac/Health NZ to develop and share contract transition timelines | Catherine/ Andrea | | |
| Provide an update on HTA pathway development | | | |
| Pilot contract transition in late April and report back lessons learned | | | |