Minutes of the Supplier Advisory Panel Meeting
Wednesday 14 October 2026

This meeting was held in person and online from 2:00pm to 3:30pm.

Present:

Members

Lindsay Ancelet (GSK) – Chair

Kylie Earle (Sanofi)

Olivia Fenwick (MSD)

Francis Lawes (Pfizer)

Liz Naylor (Astrazeneca)

Angela Pantano (Roche)

Pharmac staff attendees

Karl McDiarmid (Programme Director)

David Bowers-Mason (Programme Coordinator)

Augusta Connor (Principal Technical Specialist)

Caroline De Luca (Principal Technical Specialist)

Brian Nevin (Project Manager)

Claire Pouwels (Principal Technical Specialist)

Alison Yeung (Business Analyst)

Apologies

Matt Needham (Roche)

Kate King (Medtronic)

Karakia and welcome

Action items

Previous action of the all supplier hui was noted, to be discussed further at the relevant agenda item.

SAP Panel check in

Pharmac proposed extending the duration of the panel Chair role to 6 months, the proposal was supported by the panel. Pharmac will update and recirculate the Terms of Reference to reflect this.

Pharmac sought feedback on members' experience participating in the panel and clarified expectations of members.

The group discussed member representation on the panel. Pharmac noted it was keen to ensure representation from across a range of suppliers and will look to supplement membership with members who have generic and/or smaller/biotech experience.

18 month measure update

Pharmac advised that the headline measure had been approved, with an interim report on progress towards a first-year target due to be shared in January 2027 or before. Pharmac shared the proposed frequency of public reporting on the 18-month timeframe and supplementary information which would be reported with the measure, following consumer feedback.

Members considered that Pharmac should aim to rank a high proportion of applications within 18 months, from the first year onwards, move towards a 12-month timeframe over time and report the proportion of applications completed in longer timeframes too. Members considered that setting higher targets would better allow the Timely Assessment Programme to inform requirements for achieving them.

Pharmac noted that the target (proportion of applications ranked in 18 months) will be set in the first year to reflect current capacity and a focus on eliminating the application backlog while meeting 18-month timeframe targets. Pharmac shared that targets will increase year-on-year, particularly once the application backlog has all been ranked. Pharmac confirmed that historic performance would inform the target,

but noted that estimates of past performance had some limitations which did not apply to current years. Members considered that information explaining the context behind targets would be useful when reporting information was shared.

Pharmac acknowledged feedback members reiterated about the value they would gain from granular information about the time each process step takes and distribution of time to ranking. Members would use this information to predict timeliness and aid planning. Pharmac advised that stage-level timing information and distributions may be better provided through a separate transparency initiative, which would also allow the measures to be tailored for that use (predicting timeframes).

Application acceptance criteria

Pharmac presented proposed criteria intended to clarify the conditions under which application can be accepted. Pharmac's preference is to receive clinical, economic and budget-impact information at the outset, so all process steps, including expert advice, can address the full application. A wider review of application processes and assessment pathways will follow.

Members supported a checklist for suppliers rather than a web-based questionnaire, which could be targeted more to other stakeholders. They noted that currently, information about application requirements comes from a variety of sources, including staff. They asked that where Pharmac set timeframes for suppliers to apply, they ensure that sufficient time is allowed to meet the acceptance criteria or include other options to waive the criteria.

Members supported the additional clarification about what Pharmac considers a good application, including when cost-utility analysis, cost-minimisation analysis or an adapted overseas model would be acceptable. Concern was raised that a process where an applicant needed to apply to have certain requirements waived in specific cases could introduce uncertainty or delay. Members considered that if it was made clear when Pharmac would accept an application without certain information, this could instead be a part of the guidance, with the option of talking to staff if applicants needed advice about a particular application.

Expert Advice update

Pharmac shared immediate and longer-term work reviewing expert advice as part of the Expert Advice Framework project. Immediate work includes PTAC recruitment and terms of reference, reviewing consumer roles on advisory committees, establishing the Community and Patient Advisory Committee, updating the adviser

declared interests policy, and improving the timeliness and publication of advice records. Some improvement to advice records is intended by the end of the financial year.

The broader review will consider committee structures, when and how advice is obtained, international models, lived-experience input, and advice needs for medicines and medical devices. Planning will begin in the first programme year, with work continuing into year two. Members encouraged consideration of alternative and international sources of advice and consistency across medicine, community-device and hospital-device processes.

Supplier hui

Pharmac and the Panel discussed the draft agenda for the proposed online all-supplier hui.

Close of meeting.

Next meeting: 11 November.