Minutes and actions

Group	Pharmac & Health NZ Medical Devices Supplier Reference Group
Date	Tuesday 21 July 2026
Attendees	**Pharmac** Catherine Epps, Director Medical Devices (Co-Chair) Andrew Davies, Medical Devices Transition Manager Megan Nagel, Engagement Lead Cat Boyes, Executive Assistant (notes) Ginette Spence (Guest) **Health NZ** Andrea Gregory, Commercial Director (Co-Chair) Philip Jones, Head of Sourcing Execution Grant Lee (Guest) Ian Malone (Guest) **Suppliers** Aisling Weir, Aroa Andrew Short – Permobil Bruce Moller – Howard Wright Chris Iles – Obex Med-Tech Group Dorcas Hemi – FPH Care Rachelle Hodgson -Traksol Ltd Tania Hawkes – BD Wing Lam Wong – Roche Diagnostics NZ Ltd
Apologies	

1. **Welcome and purpose**
   - SRG members were welcomed to the meeting, with a particular welcome to new member Aisling Weir, commercial lawyer at Aroa Biosurgery who was attending for the first time and is replacing Erin Currie, Phillips.
   - The purpose of this meeting was to:
     - sense-check how recent messages have landed (including at MTANZ)
     - build a shared understanding of upcoming changes related to Health Technology Assessment and the Health System Catalogue
     - gather insights, questions and implications of this work to inform planning and implementation.
2. **Feedback from MTANZ**
   - Feedback on HealthTech Week and the MTANZ Conference was very positive. Attendees appreciated the strong collaboration and joint approach between Health NZ and Pharmac. The high-level overviews provided in the presentations were valuable, particularly for those not closely involved in the work to date.
   - Key feedback focused on the need for greater operational detail, including clarification on how the changes will work in practice and impact business-as-usual activities.

- Suppliers highlighted the need for greater clarity on operational and day-to-day processes, including points of contact and contracting responsibilities. It was agreed that direct discussion of supplier feedback would be beneficial.
  Action: Organise a session with MTANZ representatives and SRG members to review detailed supplier feedback from the Supplier-only session at the conference and identify opportunities to improve communications and implementation planning.

3. **Health Technology Assessment (HTA)**

Introduction

- Ginette Spence (Pharmac) and Grant Lee (Health NZ) led a presentation on the Health Technology Assessment (HTA) process with the aim of providing context on the proposed process for assessing novel medical technologies, seek supplier feedback, and explaining the operational work currently underway.
- The proposed framework aims to establish a single national entry point for new medical technologies, with clear definitions, triage pathways, links to procurement processes, and transparent assessment and decision-making.
- The group was guided through the feedback questions, high-level application process, and draft application form. They were asked to review the draft assessment process and provide feedback on its clarity, practicality, potential bottlenecks, and whether international or New Zealand learnings should be incorporated. Supporting documents will be circulated after the meeting, with feedback requested by 9.00am, Monday 3 August, after which outcomes from the feedback will be shared.
- Feedback was also sought on the draft application form, including the relevance and clarity of questions, logical flow, proposed two-stage structure, and the feasibility of adapting international evidence and economic models to the New Zealand context.
- A proposed two-stage application process would allow suppliers or clinicians to submit new or novel medical technologies for consideration, supported by clear eligibility criteria and guidance developed jointly by Health NZ and Pharmac.
- Part 1 applications would be screened against assessment priorities and could proceed to a full assessment (Part 2), be redirected to another pathway, be declined, or be fast-tracked for implementation where appropriate.
- Technologies progressing to full assessment would either undergo assessment, by members of Health NZ and Pharmac, of existing HTA materials supplied by the suppliers or would result in Health NZ commissioning Pharmac to build some/ all of the missing components where appropriate, with findings used to inform Health NZ recommendations, including adoption, further evaluation or research, non-adoption, or investment decisions.

Discussion

- The group discussed the review of assessment priorities, noting these would be reviewed at least annually and made publicly available, and sought indicative timeframes for progression through the application and assessment process.
- Noted that pilot assessments had been completed in approximately 98 days from acceptance by the secretariat, while noting future timeframes may vary depending on application complexity and volumes as the process expands to external submissions.
- Noted that Pharmac and Health NZ have agreed service levels for commissioned HTAs, with the most comprehensive assessments expected to take up to three months, while less complex applications would undergo proportionate review.
- Suppliers sought assurance that applicants would receive ongoing communication throughout the process; Pharmac and Health NZ confirmed an application lifecycle model is being developed to support regular notification, clarification requests and transparent progression through each assessment stage.
- Suppliers discussed the scope of triage and rerouting processes, noting that technologies not necessarily “new” but that are new to Health NZ may still be eligible for consideration, while upgrades or out of scope items would be redirected to the appropriate pathway.

- It was confirmed the pathway is a joint Pharmac and Health NZ process and that prioritisation criteria are still being developed, with the Triage Committee responsible for assessing strategic alignment, urgency and relative priority of submissions.

Application form

- The draft application form jointly developed by Pharmac and Health NZ was discussed, noting suppliers are the first external group to review it. Feedback is sought on its clarity, guidance and suitability to support assessment and decision-making.
- The form is intended to support a future digital submission system and includes sections covering applicant information, effectiveness and safety, population need, equity considerations, technology details, implementation requirements, costs and savings, and system readiness.

Discussion

- The group discussed the practical implications of the two-stage approach, noting that both suppliers and clinicians may be involved in initiating applications and that the delineation between Part 1 and Part 2 requirements is still being developed.
- The group also discussed how new technologies may enter the pathway, noting submissions could originate from either clinicians or suppliers and that the application process remains under development and refinement.
- Questions were raised regarding engagement between suppliers and clinicians for technologies not yet contracted or in use, with Pharmac and Health NZ noting that assessment would rely on the availability of supporting evidence, including international data where relevant.
- The draft process, application form, and feedback questions would be circulated following the meeting, and further comments or questions are invited through the joint Pharmac–Health NZ feedback channels.

4. **Health System Catalogue**

- Ian Malone led a presentation on the Health System Catalogue and provided background, noting its original role as the national master data repository for item, pricing, and product information across the health sector. It was noted that the Health System Catalogue was established prior to the creation of Health NZ and supported multiple systems across former DHBs, serving as a central source of supplier and product data.
- The evolution of the Health System Catalogue following sector reforms and the transition of all districts to Oracle was outlined, setting the context for future supplier engagement, electronic data integration, and data quality requirements.
- Noted that, following the transition of all former DHBs to a single Oracle platform under Health NZ, the role and management of the Health System Catalogue has evolved to support a unified national system.
- Noted that suppliers are expected to maintain accurate and up-to-date catalogue information, including contracted products, purchased items, new additions, and discontinued products, to ensure a comprehensive national master data source.
- Noted the Health System Catalogue now contains approximately 300,000 items and has been integrated into Oracle, creating a consolidated source of supplier, pricing, contract, and catalogue information to support purchasing and product management across Health NZ.
- Noted that significant work had been completed to migrate the Health System Catalogue into Oracle, with supplier data now managed through either GS1 integration or Oracle iSupplier. The Oracle platform now supports both a supplier master catalogue and a national purchasing catalogue, enabling supplier-provided product information to flow more efficiently into purchasing and procurement processes.
- An expanded iSupplier capability has been introduced, giving a wider range of suppliers access to catalogue, pricing, order, invoice, and product information management, including the ability to provide supporting product documentation and media.

Discussion

- Suppliers sought clarification on integration of historical product documentation and catalogue information into the new Oracle-based Health System Catalogue platform. Advised that while the capability to consolidate existing product information, pricing, documentation, and evaluation records is intended, this work is still in the early stages following the recent Oracle migration and will be implemented progressively.
- Confirmation that current supplier publishing processes remain unchanged for GS1 suppliers, while highlighting the long-term objective of establishing a comprehensive, centralised repository of product, pricing and supporting information to support evaluation, procurement and contract management activities.
- Suppliers discussed supplier data publication options and received confirmation that although GS1 was the preferred option, it is ultimately up to the supplier to choose whether they publish their data through GS1 or directly to Health NZ through Oracle iSupplier depending on their business and integration requirements.
- Noted that EDI and Health System Catalogue improvements are focused on establishing a stable, accurate single source of truth, with suppliers encouraged to maintain complete and up-to-date product and pricing data to support future system integration and reduce manual processes.
- The importance of maintaining accurate and complete product master data was highlighted, to support patient safety, product traceability, and a sustainable, fit-for-purpose national data framework.
- The group noted the cost and resource burden of maintaining catalogue data, particularly for smaller suppliers, and queried pricing review mechanisms. Pharmac and Health NZ acknowledged the concern and noted that accurate master data provides system-wide benefits, while some customised products will continue to require separate quotation processes.
- Suppliers raised concerns about delays in contract and pricing reviews and sought greater clarity on review processes and timeframes; advised that reviews are generally considered at contract renewal, acknowledged opportunities for improvement, and noted that future system enhancements are expected to support more efficient contract management.
- Challenges associated with pricing and catalogue management for customised products, bundled solutions, and rental-based services were discussed, noting the need for flexible approaches that reflect varied clinical configurations and procurement models. These complexities were acknowledged and it was advised that further engagement with suppliers would be required to identify practical mechanisms for managing bundles, accessories, and rental arrangements within the catalogue framework.
- There was a query about what education and change management is being undertaken within Health NZ to improve awareness and use of catalogue information, noting instances where products already approved and purchased elsewhere were still being subject to local quotation and approval processes. It was advised that regional variations in product approval and catalogue management processes remain in place, despite a shared Oracle platform, and confirmed work is underway to improve national coordination and reduce duplication across districts.
- Health NZ noted that ongoing internal education and process standardisation are underway, but that achieving consistent national practices across the organisation will take time due to the scale and complexity of the organisation.
- Pharmac and Health NZ advised that the Health System Catalogue is intended to become the authoritative national source for product and pricing information, with increasing automation and integration expected to make catalogue participation a key component of future Health NZ procurement processes.
- Suppliers discussed ongoing variability in catalogue and product approval practices across districts and noted the need for continued education, standardisation, and national alignment to reduce duplication and improve use of shared catalogue information.

5. **Any other business**
   - Suppliers discussed concerns about response timeframes for the Procurement/SSRM inbox, with assurance given that enquiries are monitored and triaged with a target acknowledgement within three working days, and that initial post-go-live issues have been resolved.
   - The group emphasised the need for clear supplier contact points, consistent relationship management, and defined processes following contract transitions, with Pharmac and Health NZ confirming dedicated contract management roles and engagement models are being developed to support suppliers.

6. **Next meeting dates**

   2 September 2026 at 2.00-4.00pm
   17 November 2026, 1.30-3.30pm (face to face in Auckland)

Actions	**Who**	**When**
Organise a session with MTANZ representatives and SRG MTANZ members to discuss detailed supplier feedback captured at the MTANZ supplier only session at the MTANZ conference. Discussions to identify opportunities to improve communications and implementation planning.	Chris Iles to liaise with Cushla Smyth, MTANZ CEO to coordinate meeting	12 August 2026