

# Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Thursday 14 July 2005

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

## Present:

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

## Apologies

Matiu Dickson                      CAC member

## In attendance

Simon England                      PHARMAC (minutes)

Marama Parore-Katene, Stuart Bruce, Steffan Crausaz, Cristine Della Barca, (PHARMAC Staff), attended for relevant items.

## 1. Record of previous CAC meeting

The minutes of the 17 March 2005 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

*Cole/Coney 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 had been considerable interest in the discussion paper, Health Industry Sponsorship of Consumer Health Organisations. Members requested a media clippings file of the coverage.

Members thanked the chair for her work in leading the development of the discussion paper, which was initiated and developed by CAC as part of its role in reflecting consumer issues in the pharmaceutical area.

## 4. Matters arising

The CAC secretary was asked to prepare a summary of members' CVs for forwarding to Medsafe, in relation to an action point 7 from 14 March 2005 meeting.

Members requested PHARMAC develop business cards to distribute to members, this would help raise the profile of members and of the committee.

The committee reiterated its request for PHARMAC to develop a resource outlining how consumers can participate in PHARMAC's activities.

## **5. Correspondence**

The committee noted a letter from the Researched Medicines Industry Association, accepting an invitation to speak to the committee. The CAC agreed to include a presentation by the RMI at a future meeting of CAC.

A letter was received from the Auckland Breast Cancer Foundation. The committee noted the letter appeared to be addressed to the chair in a personal capacity, rather than to the committee as a whole. The committee considered the action requested by the letter fell outside the remit of the CAC. The chair would be meeting with the author of the letter in a different capacity, and would raise the issues with her then. The chair also agreed to draft a letter in response and to circulate to members for comment prior to being sent.

The committee considered a letter from the parent of a patient regarding the antipsychotic medicine Risperdal Consta. Members noted that PHARMAC is currently consulting on a proposal to subsidise Risperdal Consta. The committee resolved to write an interim letter in response asking if an anonymised version of the letter could be included as part of consultation. The committee further resolved to write a more substantive reply, thanking the author and inviting her to share her story more widely.

## **6. Demand Side Update**

### *Maori Use of Medicines project*

This project has been delayed due to other projects taking priority. Information gathered so far has been valuable and will be used to develop the project. Ideally, the Maori Use of Medicines project could be a pilot for a wider campaign to promote the best use of medicines to consumers.

### *Diabetes*

A contract was being negotiated with Diabetes NZ to develop patient information. Focus groups were being held to ensure the information developed was appropriate. This was seen as a very positive step.

### *Wise Use of Antibiotics*

This had been relaunched in May 2005 and continued to be successful.

### *One Heart Many Lives campaign*

The campaign continues to move forward. PHARMAC is moving to taking a leadership role in the sector, bringing together cardiovascular projects that had been working in isolation, but towards common ends. This was important for maximising capacity. More work was underway to examine ways in which the campaign can continue to expand. There had been resistance in some areas but PHARMAC had sought to work alongside the existing providers and projects.

Meetings had been held in Blenheim with a view to rolling out the campaign in the upper South Island. PHARMAC Staff agreed to advise the CAC member resident in Marlborough of any future meetings.

#### *Isotretinoin*

The committee noted that widening access to isotretinoin was to be looked at by the Pharmacology and Therapeutics Advisory Committee (PTAC). The CAC expressed a desire to have input into this review, and sought further information on the issue and what was being proposed.

The committee agreed that it could address this issue via a teleconference once it received information.

### **7. Pacific Responsiveness Strategy**

Preliminary meetings have been held with some groups representing Pacific Peoples to initiate a process of consultation on a Pacific Responsiveness Strategy. PHARMAC has allocated funding for the development of this process in 2005-06.

Kuresa Tiumalu-Faleseuga sought to have continued contact with PHARMAC Staff as the process continues.

The committee requested a report on progress for its next meeting.

### **8. CAC profile, interaction with consumer groups**

The CAC had indicated a desire to lift its profile and have more interaction with consumer groups. The PHARMAC Board had indicated its support for the CAC to have a role in communicating with stakeholders and was seeking the CAC's views on how this could be achieved.

PHARMAC Staff were preparing a strategy with a number of initiatives planned to improve the way PHARMAC interacts with stakeholders.

Members identified 2 issues that indicated a cautious approach was required:

- Workload – any increase in interaction would require greater commitment from CAC members, which could have financial limitations;
- Interaction with consumer groups might change the relationship between CAC and the PHARMAC Board; and

Members resolved to schedule a meeting to examine the issue in detail. This would involve looking at:

- How CAC sees its role;
- What any change might mean to frequency of meetings, workload on members etc; and
- CAC's relationship with the PHARMAC Board.

PHARMAC Staff noted the CAC would like to see the committee's pay rates reviewed.

## **10. SSRI antidepressants**

Problems with accessing data from the PharmHouse limited the information available to the committee. Members asked for up-to-date information showing the SSRI prescribing trends to be forwarded as soon as possible. This could be discussed via a teleconference. The committee noted this was the third occasion data had been requested.

## **11. Supply Side Update**

The committee was briefed on a number of transactions that had either seen new medicines listed or access widened. These included

- Listing oxycodone for severe pain
- Widening access to pioglitazone for Type 2 diabetes
- Widening access to aromatase inhibitors for early stage breast cancer
- Widening access to Kaletra, a treatment for HIV/AIDS.

Consultation was also underway regarding a proposal to subsidise Risperdal Consta, an injected form of risperidone.

Patients continued to comment on the restrictions to the number of blood glucose testing strips, and on the listing of the Salamol brand of salbutamol asthma inhalers.

## **12. Update, PHARMAC's consumer consultation database project**

PHARMAC Staff briefed the committee on work that was underway to improve the consultation database, to keep it up to date and to maximise its use.

The committee considered that it may be preferable to send consultation letters to positions (e.g. Chief Executive, DHB Funding and Planning Managers), rather than named individuals. In some cases email could be more effective than faxing.

Members sought a list of Pacific Island and Maori contacts contained in the PHARMAC database.

Members agreed to send through details of further community groups for inclusion in the database to PHARMAC Staff.

## **13. Discussion paper on guidelines for consumer groups**

Feedback had been received from 69 groups and individuals on the discussion paper, Health Industry Sponsorship of Consumer Health Organisations. Some common themes had

emerged, for example very few groups had written policies on the issue, while most groups said they would not endorse products.

The committee agreed that a more complete analysis was required in order to progress work further. The committee requested that PHARMAC undertake such an analysis and provide a written report to the CAC. This report could be adapted for use as a presentation.

The analysis could look at:

- What sort of groups responded
- The types of responses
- Preferences
- The distribution of views on a continuum
- The comments that were made

The committee resolved that those parties who had responded should receive a written acknowledgement. The letter should outline what had occurred so far and say further analysis was being undertaken. In some cases there were individual points to respond to. The CAC chair agreed to respond to these individual issues.

#### **14. General**

Members were briefed on issues around the supply of influenza vaccine. PHARMAC had responded to concerns raised about using one supplier and would have at least two suppliers from the 2006 winter onwards. PHaRMAC had also reached an agreement with Sanofi Pasteur to cover the additional costs in sourcing vaccines during 2005.

Members agreed to schedule a two-day meeting for 29-30 September 2005. This would include a discussion on CAC's future role in interacting with PHARMAC stakeholder groups. Members also agreed to meet on 18 November 2005.

The meeting concluded at 4pm.

Signed

Henry

Date

11 / 10