

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 30 September 2005

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

Present:

Sandra Coney	Chair
Sharron Cole	CAC member
Matiu Dickson	CAC member
Dennis Paget	CAC member
Heather Thomson	CAC member
Kuresa Tiimalu-Faleseuga	CAC member

Apologies

Paul Stanley	CAC member
Vicky Burnett	CAC member
Te Aniwa Tutara	CAC member

In attendance

Simon England	PHARMAC (minutes)
Erin Murphy	PHARMAC (minutes)

Marama Parore-Katene, Cristine Della Barca, Dilky Rasiah, Karen Jacobs, Jackie Evans, Mary Anne Wilson, Stephen Woodruffe, (PHARMAC Staff), attended for relevant items.

1. Record of previous CAC meeting

Members requested a clarification of the wording in section 3 of the 14 July 2005 minutes.

The committee noted the change and Minutes of the 14 July 2005 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Cole/Paget carried

2. Conflicts of Interest

No conflicts of interest were declared.

3. Chair's report

A written report was tabled.

The planned two-day meeting had not been possible due to the number of people not available, this had therefore become a one-day meeting.

The planned National Consumer Summit, which CAC members would be attending, has been reduced to one day. This meant that the workshop session around the CAC discussion paper, which had been developed earlier this year, would not be possible.

The chair had met with Gillian Wood of the breast cancer coalition. As a result of this meeting a requested letter to the breast cancer coalition was no longer required.

Minutes and recommendations from the July CAC meeting had gone to the September meeting of the PHARMAC Board. The chair of CAC did not attend or phone in to the Board meeting, as there were no contentious issues raised. The Board had earlier agreed to increase fees paid to CAC members.

The committee resolved to thank the Board in writing for agreeing to raise fees.

The chair noted that the CAC had asked to be informed about Demand Side activity that was taking place. However, members had not been informed about the PHARMAC-organised conference We Can Make A Difference, which had been held at Te Papa in September 2005. This was very disappointing and a missed opportunity for CAC members.

Members resolved to inform PHARMAC about their disappointment in not being informed about the We Can Make a Difference conference

Coney/Dickson carried

4. Matters arising

Members noted that all matters arising had been responded to or were on the current meeting's agenda.

5. Correspondence

The committee received a letter from the Neurological Alliance, in response to the discussion paper on Health Industry Sponsorship. A response would be sent.

The committee agreed to invite the Researched Medicines Industry Association to make a presentation to the first CAC meeting in 2006.

6. Demand Side Update

Diabetes

Members enquired as to whether data was available on Pacific Island peoples' use of diabetes test strips. This information would be sought and provided to CAC members, if available.

PHARMAC was developing a resource with Diabetes NZ that could be used by practice nurses and community nurses to help inform people about management of diabetes. The resource would be a flip-chart, similar to the one developed for asthma in 2004. This would enable educators to inform people face to face.

Antipsychotics workshops

PHARMAC staff have developed a series of workshops throughout the country, in conjunction with the College of Psychiatrists. This was aimed at specialists dealing with psychosis and was underway.

We Can Make a Difference workshop

This had been a successful venture, bringing together people working in District Health Boards and PHOs to discuss issues around social marketing. CAC members reiterated their desire to be made aware of such events occurring.

PHARMAC logo redesign

CAC members considered this could be an area where some Maori symbolism might be appropriate, and offered to provide input to the design process. Members sought an update on this for the next CAC meeting.

7. SSRI usage

Members were provided with detailed data showing prescribing trends for SSRI antidepressants. Members were particularly interested in trends for under 18 patients since Medsafe issued new advice in September 2004.

Data showed a tailing off in SSRI prescriptions for under 18s, particularly for paroxetine, since September 2004. However, overall prescription and patients numbers were small.

The committee requested that updated data be provided to it in six months to determine whether use had declined or increased and to revisit whether to make an approach to Medsafe with regard to information being provided to patients and parents.

In the meantime, the committee resolved to write to inform Medsafe that CAC was monitoring prescribing, and continues to hold the view that information should be provided to patients and their parents.

8. Supply Side Update

Members were briefed on current activity in pharmaceutical contracting. The Supply Side team's focus had been on investing in new medicines in recent months, and this was set to continue.

The annual multi product tender was underway, this involved consultation with consumer groups.

Feedback continued to be received regarding the decision to restrict access to diabetes test strips. A better picture of the outcome from this decision will be available once more data has been received, probably by the end of the year.

9. Isotretinoin

The committee was provided with information on a proposal to widen access to isotretinoin, by making subsidy available for prescriptions written by suitably qualified general practitioners.

Members noted that isotretinoin had been the subject of inappropriate prescribing in the past, and that an accreditation system could tighten up practices that were already occurring. However, PHARMAC had no hard data on the way the drug was used.

The committee raised a number of issues including:

- patient consent
- patient information
- ethical issues

The committee indicated it largely supported the proposal for an accreditation scheme to enable prescribing of isotretinoin by vocationally-registered GPs. However, the committee

considered it would need to see more detail on the training proposal before making a final recommendation.

The committee requested an opportunity to comment on the proposal when it was more fully developed.

10. Pacific Responsiveness Strategy

PHARMAC was discussing ways of taking this forward. A first step would be to convene an expert advisory group to provide guidance on process. This could occur as early as October. A broad Terms of Reference was being drafted to determine what was required from the group.

Members considered that it would be useful to have input to the strategy from a community level. Members agreed to email PHARMAC staff with suggestions of people who might provide meaningful advice and approaches that could be used. One such approach could be to tap into existing resources and networks, such as Pacific Responsiveness Strategies that were already in place at DHB level.

Members requested they be provided with a copy of the plan for developing a Strategy.

11. Health Industry Sponsorship of Consumer Health Organisations

Members considered that, based on feedback, the CAC had a mandate to proceed with development of a check list for consumer groups considering accepting health industry funding.

The committee was still awaiting an analysis of consultation responses, this would hopefully be available in time for the November meeting of CAC.

The next step would be to develop what could be a practical tool for consumer groups to use when considering funding or support from health industry organisations.

Members agreed to revisit this subject at the next CAC meeting.

12. CAC role in stakeholder engagement

The committee agreed that it could have a role to play in engaging more actively with other community groups, however there could be constraints, such as the time this would take out of members' schedules.

Members considered that an important early step would be to increase contact with the PHARMAC Board.

The committee considered that meeting with other community groups may bring the committee into conflict with the Board. This was something the Board needed to be aware of if it wished the CAC to become more active.

The committee reiterated its recommendation that PHARMAC develop a brochure for consumers that outlined ways in which consumers could be involved in PHARMAC activities. These included:

- The CAC
- PHARMAC's website
- The 0800 number

- PHARMAC's consultation database.

The committee considered that, while it was willing to become more active, that there were risks to this occurring and at this stage the CAC was proposing some modest steps. These included

- taking part in forums such as the NZ Guidelines Group consumer summit, in late October
- inviting presentations with groups PHARMAC was in contact with, such as Diabetes NZ.
- Inviting the PHaRMAC Board chairman to the next CAC meeting
- Investigating the possibility of the CAC and Board meeting

Members considered another step was to have more regular meetings. CAC also needed to have its profile raised within PHARMAC.

Members would also consider if there were any further projects that could be undertaken to interact with consumer groups during the next 12 months.

The meeting concluded at 3.30pm.

Signed

Alamy

Date

7/10/10
