

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 18 November 2005

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

Present:

Sandra Coney	Chair
Vicky Burnett	CAC member
Matiu Dickson	CAC member
Dennis Paget	CAC member
Paul Stanley	CAC member
Kuresa Tiimalu-Faleseuga	CAC member
Te Aniwa Tutara	CAC member

Apologies

Sharron Cole	CAC member
Heather Thomson	CAC member

In attendance

Simon England	PHARMAC (minutes)
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Marama Parore-Katene, Cristine Della Barca, Dr Peter Moodie, Matt Perkins (PHARMAC Staff), attended for relevant items.

1. Record of previous CAC meeting

Minutes of the 30 September 2005 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Paget/Tutara carried

2. Conflicts of Interest

Dennis Paget had attended a meeting of the advertising industry TAPS committee.

3. Matters arising

The committee noted that the PHARMAC Board chairman had tendered his apologies and would like to be present at a future CAC meeting.

The committee reiterated its request for a brochure to be developed informing people how they can be involved in PHARMAC's processes.

4. Correspondence

The committee noted an open invitation to attend the launch of the Access to Medicines Coalition on 24 November. The committee agreed it would be appropriate for the chair of CAC, or the deputy-chair in her absence, to attend and report back to the committee.

The committee resolved that Matiu Dickson, and subject to availability Sharron Cole, attend the Access to Medicines Coalition launch on 24 November.

The committee also requested PHARMAC Staff prepare a paper for the next meeting of CAC addressing issues raised by the ATM, including the Government's review of medicines policy. Representatives of the ATM could also be invited to attend a future CAC meeting.

5. Consumer representation on clinical committees

The PHARMAC Board had asked the committee to consider the question of consumer representation on clinical committees. This followed the appointment of a consumer representative to a committee considering Recombinant Factor VIII for haemophilia.

Members considered that consumers would add an important dimension to the decision making in clinical committees; however it was important that they were able to contribute in a meaningful way. It was felt that consumers can add to discussions by bringing questions others don't ask, and add a cultural dimension.

Members noted that PTAC and its sub-committees often worked with highly technical data that required detailed background knowledge. Further, the required reading was very significant and of limited use to a consumer representative. A consumer representative would have to sit through all this before being able to articulate a consumer perspective.

It was felt that consumer input should be considered carefully so that it had the greatest strategic impact. Members felt that this was a matter for further discussion and sought a further paper from PHARMAC.

Members considered it would be desirable to have an integrated approach, with communication between consumer representatives on clinical committees, and the CAC. Ideally they would come together regularly, perhaps once a year.

The committee commended PHARMAC for including a consumer representative on the haemophilia sub-committee, and for bringing the wider question to CAC. Members considered this demonstrated that PHARMAC placed a value on consumer input.

The committee stated that it supported in principle the involvement of consumers on PTAC and its sub-committees and wants to support the development of principles and mechanisms that would assist this to happen.

Tiumalu-Faleseuga/Stanley carried

The committee considered a useful first step might be for the chair of CAC to attend a PTAC meeting as an observer.

6. Demand Side Update

Diabetes

PHARMAC had established a relationship with Diabetes NZ and was funding redevelopment of resources. Responding to the needs of Maori and Pacific Peoples was specifically addressed through the contract with DNZ.

Members requested information be included in the next Demand Side update on how PHARMAC will ensure Maori and Pacific Peoples are covered by the Diabetes NZ contract.

Antipsychotics

A series of workshops had been held in collaboration with the College of Psychiatrists. These had been successful and a DVD was being produced to distribute to participants. Feedback forms had also indicated what some of the key learnings had been. These included relative costs of the different antipsychotic medicines and variations in prescribing patterns across DHBs.

The project may lead into further work involving the College of Psychiatrists, perhaps involving depression.

One Heart Many Lives

Further work was continuing. Regional-based projects were being supported in Northland and Hawke's Bay, these would begin in the near future.

Pacific Responsiveness Strategy

The committee noted that a plan outlining development of a Pacific Responsiveness Strategy had been prepared. The committee noted it had made a request for such a strategy at its first meeting in November 2002.

The committee requested a paper for its next meeting outlining why the Pacific Responsiveness Strategy development had not progressed, and outlining any proposed actions and a timeline.

7. Supply Side Update

The Supply Side team continued to focus on the multi-product tender and the new investments programme. Recent funding decisions included new treatments for multiple sclerosis, and low-dose aspirin for cardiac patients.

Future proposals in development include funding of adalimumab for rheumatoid arthritis, and a commercial proposal to seek agreement to list a long-acting insulin for diabetes.

8. Consumer Summit

CAC members had attended the recent Health Consumer Summit, organised by the NZ Guidelines Group. A focus group, involving the chair of CAC, met following the Summit to discuss a pathway forward.

CAC would continue to be kept informed on progress.

9. Health Industry Sponsorship of Consumer Health Organisations

The committee noted the initial draft analysis of feedback on the discussion paper. The committee agreed that it would be useful for the chair to meet with the author of the analysis to discuss further development, and a further draft could be brought back to the next meeting of CAC.

Tutara/Paget carried (abstained: Paul Stanley)

10. General Business

The committee discussed projects that could be developed for 2006. These included:


Statins – PHARMAC was promoting their use to high-needs groups, however the committee requested a paper outlining whether the targeted groups were accessing these medicines, outlining statin prescribing by ethnic group, age and gender.

Exceptional Circumstances – The committee had received a briefing on this in the past. The committee requested an updated paper on the current EC policy and any proposed changes.

PHARMAC and PHOs – The committee requested information on work PHARMAC was undertaking that involved PHOs.

The committee set its next meeting for 10 March, with a further meeting scheduled for 14 July.

Signed



Date

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