

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

Friday 7 March 2008

The meeting was held at PHARMAC, 14<sup>th</sup> floor, Cigna House, 40 Mercer St, Wellington from 9.30am.

### Present:

|                          |            |
|--------------------------|------------|
| Sandra Coney             | Chair      |
| Matiu Dickson            | CAC member |
| Dennis Paget             | CAC member |
| Sharron Cole             | CAC member |
| Vicki Burnett            | CAC member |
| Te Aniwa Tutara          | CAC member |
| Kuresa Tiumalu-Faleseuga | CAC member |

### *Apologies*

|                 |            |
|-----------------|------------|
| Paul Stanley    | CAC member |
| Heather Thomson | CAC member |

### In attendance:

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Fiona Rutherford PHARMAC (CAC Secretary)

Peter Moodie, Scott Metcalfe, Adam McRae, Marama Parore, Peter Alsop, and Simon England (PHARMAC Staff) attended for relevant items.

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### 1. Minutes of December 2007 meeting

Subject to the changes agreed, the minutes of the December 2007 meeting were accepted as a true and accurate record.

Coney/Dickson carried

### 2. Action points

The Committee noted that:

- PHARMAC had provided the online Gut Reaction modules to CAC.
- PHARMAC staff had considered and acted on some of CAC's suggestions regarding staff education on people's experiences of living with various conditions.
- PHARMAC had noted the Committee's view that having a consumer representative on PTAC is not the best approach to considering consumers' views.

### **3. Correspondence**

The Committee noted further correspondence from uLearn' n' Care and agreed on a response to the letter.

### **4. Chair's report**

The Chair's report noted that the Chair was now attending PHARMAC Board meetings as an observer. The report explained the arrangements pertaining to the Chair's disclosure to the Committee of items arising at Board meetings.

The report noted PHARMAC's intention to manage its workload by undertaking the Pacific Strategy work after completing key Medicines Strategy projects. The Committee commended PHARMAC for its work on reducing inequalities through the Maori Responsiveness Strategy. The Committee commented that it considers the Pacific Strategy is a priority given the inequalities in Pacific health, and the Government focus on reducing inequalities. The Committee considers that a strategy needs to be put in place to link the activities of DHBs, PHOs and other organisations involved in improving Pacific health. The Committee is concerned that PHARMAC is delaying this work until it has completed other key projects. The Committee considers that work on the Pacific Strategy should be progressed as a priority.

The report included the suggestion that the Committee undertake a stock-take of its work over the 5 years since the Committee was established. The Committee considered that this would provide it with the opportunity to identify what it has achieved, and review its effectiveness in providing advice to the PHARMAC Board.

The report noted that PHARMAC intends to broaden its range of activity to include a wider range of consumer groups. The Committee suggested that there needs to be opportunities for PHARMAC to meet with a wide range of consumers and for the Committee to present on its role. It was suggested that the presentation could also promote the reporting of adverse events.

The Committee recommended to the PHARMAC Board that the Committee develop a presentation for engagement with community organisations, with a view to pursuing that engagement later in the year.

Coney/Dickson

The report noted that the planning group for the establishment of a national consumer entity is working on finalising the constitution for the entity, prior to the first AGM.

The report was received by the Committee.

Te Aniwa/Dickson

### **5. Conflicts of interests**

The Committee was provided with a copy of the interests register and asked to confirm that the details were accurate. The interests register was updated as a result of this discussion.

## **6. PHARMAC's correspondence with consumers**

The Committee reviewed examples of PHARMAC's replies to correspondence from consumers. The Committee commented that the tone of some of PHARMAC's letters had improved and was better suited to consumers. The inclusion of PHARMAC staff contact details to enable individuals to directly contact the relevant person for more information was also supported by the Committee. The Committee noted that further improvements could be made by ensuring the consistent use of a less formal tone in replies.

## **7. Information on the use of antipsychotics**

The Committee had previously requested information on the use of antipsychotic medication in children over time and in different ethnic groups. PHARMAC provided an overview of the use of antipsychotic medications in children over time, and in different ethnic groups. This indicated the use of newer antipsychotics has been increasing, and now some 800 children use these medicines; the pattern of increasing use of newer antipsychotics in children is similar to that of all ages overall (where nearly all usage is in adults); and most if not all use of antipsychotics in younger children appears to be in highly sick children with serious medical problems and often multiple other medications. The Committee noted that most, if not all the use of antipsychotics in children is for the treatment of other serious non-psychiatric indications (e.g. controlling nausea when receiving chemotherapy for cancer).

By ethnic group, PHARMAC's analysis indicated the use of antipsychotics is currently higher in Maori and Pacific people than in NZ Europeans, after adjusting for differences in age distributions, with similar patterns of newer to older antipsychotic use across all ethnic groups; growth has been generally similar across groups. The Committee noted the associated higher rates among Maori for recorded admissions for schizophrenia and related psychosis – particularly amongst young people.

The Committee was advised that apparent increases in prescriptions for antipsychotics across all age groups may not reflect an actual trend for a number of reasons. For example, prescription numbers for older anti-psychotics may have been falsely low in previous years because PHARMAC did not receive complete data. In addition, changes in the numbers of people being managed in community mental health services are likely to have had an impact on the data.

## **8. Information on the use of diabetes test strips**

The Committee had previously requested information on the use of diabetes test strips to estimate the number of patients with diabetes and their relative need for test strips and other medications. The Committee noted that the information provided by PHARMAC, a detailed patient-level analysis undertaken 2004 of patterns of diabetes and related medicines use (including test strip use), showed under-use of diabetes test strips by those people with diabetes requiring insulin treatment (Type 1 diabetes, and severe Type 2 diabetes). The over-use of test strips by patients with Type 2 diabetes of less severity was also apparent.

The Committee agreed with PHARMAC staff that the analysis is not a good surrogate for diabetes patient numbers given the discrepancies between the actual and ideal use of test-strips.

The Committee commented that it would be highly desirable to get a breakdown of diabetes medication use by ethnicity, age and gender so that the factors associated with under-use of medicines can be identified. Specifically, it would be useful to know if there are any predictors for diabetes treatment use according to demographic factors.

The Committee was advised that data is collected on diabetes treatments for people enrolled in PHOs through the Ministry of Health's 'Get Checked' programme. However, some patients who consider their diabetes is being well-managed do not participate in the programme. PHARMAC staff agreed with the committee that such analysis is strategically important, and committed to undertaking analysis within the coming financial year.

#### **9. Meeting Medicines Strategy and PHARMAC Forum expectations**

The Committee considered PHARMAC's proposed activities in response to the Medicines Strategy and feedback from the first PHARMAC Forum. The Committee commented that the proposed activities reflect the priorities of those involved in the Medicines Strategy process and the PHARMAC Forum, but may not reflect broader concerns (e.g. those of Maori and Pacific people). The Committee suggested that PHARMAC ensure greater attendance of Maori and Pacific people at the next PHARMAC Forum. The Committee also suggested that PHARMAC make more explicit its commitment to activities that reduce inequalities.

The Committee asked to be included in the project work arising from the implementation of the Medicines Strategy and PHARMAC Forum.

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#### **10. Access and Optimal Use Update**

PHARMAC provided the Committee with an update on a number of AOU activities.

##### Childhood asthma

The Committee noted that PHARMAC is developing an asthma resource for children as part of the childhood asthma campaign. The resource will be considered in focus groups with parents, children, and early child-care centres. The Committee also noted that their views on the characters for the resource would be sought.

##### Polypharmacy

The Committee noted that the first focus of PHARMAC's polypharmacy work is on medicines reconciliation. The Committee asked PHARMAC to consider whether there was an opportunity for consumers to be involved in the polypharmacy work. Specifically, the Committee considered it may be helpful to provide assistance to family members so that they can advocate for their relatives, where these relatives are unable to advocate for themselves.

The Committee noted the barriers to sharing information about what medicines people are taking, and the discussed the development of a common code to trace medicines use. PHARMAC advised that work on health information is being undertaken in the context of the HISAC (Health Information Strategy Action Committee) work. Two Committee members indicated that they knew people involved in the HISAC work and would report back to the Committee at the next meeting about progress on the work.

### Wise Use of Antibiotics

The Committee noted that PHARMAC's campaign had been associated with a switch from broad spectrum to narrow spectrum antibiotic prescribing – reflecting more targeted use of antibiotics. In addition, there has been good recall of antibiotics prescribing commercials.

### One Heart Many Lives

The Committee noted the planned One Heart Many Lives National Workshop to assist PHOs and DHBs in addressing cardiovascular disease (CVD). The Committee noted that CVD is a key health problem affecting people with mental illness. The Committee encouraged PHARMAC to consider the linkages with other people that need to be involved and suggested that a clinical leader or GP with mental health expertise should be involved in every region.

### Mental Health

The Committee noted that PHARMAC has issued an RFP to develop a programme to address the over-use of anti-psychotics for people with dementia. The Committee also noted that as part of this work, PHARMAC will be determining the impact to the rest home of not medicating people.

### SPARC GRx

The Committee noted that PHARMAC is working with SPARC on the expansion of the Green Px programme. The Committee commented that people do not know enough about the resources that available to assist them. The Committee commented that people think they will be told-off about being overweight and needing more exercise. The Committee encouraged PHARMAC to work with SPARC to raise awareness and demand among consumers for green prescriptions.

## **11. Consultation on Checklist on Consumer Sponsorship**

The Committee confirmed that it wished to consult health consumer organisations about a Checklist on health industry sponsorship. The Checklist was proposed by the Committee when it surveyed groups on the topic of sponsorship, and the majority of respondents supported this approach. The Committee will review the Checklist and a cover letter prior to them being distributed for consultation.

The Committee agreed that Checklist was the most appropriate title as it reflected that the document is not directive, but includes questions that consumer groups may find useful to consider. The Committee asked that the cover letter reflect that the Committee changed the proposed resource title from 'Guidelines' to a 'Checklist' in response to comments from some groups that the notion of Guidelines was prescriptive.

## **12. Statement of intent**

PHARMAC provided its draft statement of intent to the Committee for comment. The Committee considered that the Pacific Strategy should be included as a priority in the Statement of Intent. The Committee also suggested that PHARMAC consider becoming

involved in the development of health information for consumers, and the production of a consumer magazine by CAC.

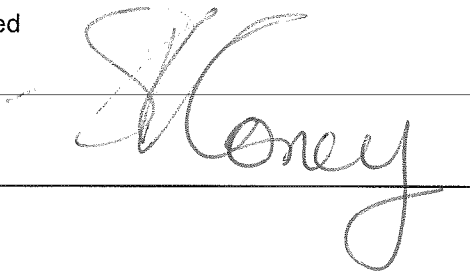
Given the limited time available to comment in the meeting, and the need for more work on the draft version, PHARMAC undertook to provide the SOI and Statement of Service Performance to the Committee for feedback via email.

**13. Notification and consultation letters**

PHARMAC provided the Committee with examples of its new notification and consultation letters. The Committee noted that these were an improvement on previous versions. The Committee also suggested that PHARMAC should continue its efforts to simplify the language used in these documents.

Signed

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A handwritten signature in cursive script, appearing to read "S. Honey", is written over a horizontal line.

Date

3 / 7 / 08

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