

PHARMAC has withheld some material from this Minute in accordance with section 6a of the Official Information Act 1982

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 6 March 2009

The meeting was held at PHARMAC, 9th floor, Cigna House, 40 Mercer St, Wellington from 9.00am.

Present:

Sandra Coney	Chair
Dennis Paget	CAC member
Heather Thomson	CAC member
Sharron Cole	CAC member
Te Aniwa Tutara	CAC member
Anne Fitisemanu	CAC member

Apologies

Paul Stanley	CAC member
Matiu Dickson	CAC member
Vicki Burnett	CAC member

In attendance:

Fiona Rutherford PHARMAC (CAC Secretary)

Peter Alsop, Steffan Crausaz, Marama Parore, Sharon Ponniah, Janet MacKay (PHARMAC Staff) attended for relevant items.

1. Welcome to new Committee member

The Committee welcomed new member Anne Fitisemanu, who was appointed to reflect Pacific consumers' perspectives in addition to broader consumer concerns. Anne introduced herself, described her role at Counties-Manukau District Health Board, her voluntary roles and community connections, and her family.

2. Minutes of December 2008 meeting

The minutes of the December 2008 meeting were accepted as a true and accurate record.

Coney/Paget (**carried**)

3. Action points

Sandra Coney agreed to bring a definition of consumer from the Consumers' Collaboration for discussion at the July CAC meeting.

Coney/Dickson **(carried)**

4. Correspondence

The Committee noted the PHARMAC correspondence report.

5. Chair's report

The Chair:

- reported that since the October meeting the Chair had attended one Board meeting. Items of interest to the Committee that featured in that meeting had been scheduled for discussion on the CAC agenda;
- advised the Committee of the Pacific CAC member appointment process and the decision to appoint Anne Fitisemanu; and
- advised the Committee that the next steps for the Consumer Collaboration are unclear and are subject to funding being made available to appoint a project manager.

Coney/Cole **(carried)**

6. Conflicts of interests

The Committee reviewed and updated the Conflicts of Interest register.

No interests relating specifically to items on the March meeting agenda were declared.

7. Matters arising

The CAC members who sit on the Māori Caucus asked that the Committee discuss the recommendations arising from the Caucus meeting during the Access and Optimal Use agenda item.

8. CAC Terms of Reference Review

The Committee discussed the process for contributing to PHARMAC's review of the CAC Terms of Reference.

The Committee recommended that the Board agree to the Committee making a submission to PHARMAC in response to the information seeking stage of the review which PHARMAC would be initiating in the next few months.

The Committee discussed initial responses to the questions that PHARMAC planned to send to stakeholders. The Chair agreed to coordinate with the Committee to finalise the responses.

The Committee recommended that PHARMAC staff consider minutes of all CAC meetings when reviewing the Terms of Reference, liaise with the Chair throughout this process and provide feedback to the Chair and members on the findings.

Coney/Paget (**carried**)

9. Consumer engagement work

PHARMAC staff advised the Committee of work it had commissioned on options to improve consumer engagement in decision-making processes. The Committee agreed that it would provide comments on the draft report and noted that it wanted the opportunity to ensure that engagement with Māori and people in rural communities was considered in sufficient detail.

10. Medicines Strategy update

PHARMAC staff updated the Committee on progress with Medicines Strategy work. The Committee noted that PHARMAC's planned consultation on the review of Exceptional Circumstances schemes had been postponed pending consideration of the interface between this and the Government's commitment to investigate access to 'high-cost highly-specialised' medicines.

The Committee also noted that PHARMAC had decided to shift the date for the PHARMAC Forum until mid-2009.

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11. Access and Optimal Use Update

Antipsychotics and dementia

PHARMAC staff updated the Committee on the antipsychotics and dementia programme which encourages the review of antipsychotic prescribing in residential care facilities. Approximately 300 medication reviews had been undertaken and the Committee noted PHARMAC had been considering options for incentivising greater uptake of the review.

The Committee noted that the evaluation of the programme will include an assessment of the impact of prescribing changes on staff in the rest-homes, and approaches that they use to manage patients.

In response to a Committee query, PHARMAC staff advised that data are available about individual health practitioner prescribing of antipsychotics, including comparisons with the national average. A regular annual report of prescribing, broken down by individual, region and DHB is sent to every prescriber. An anonymised example report will be provided for the July CAC meeting. The Committee noted that this prescribing information is a powerful tool for influencing prescribing changes.

The Committee recommended that PHARMAC consider whether the outcomes of the antipsychotics work could feed into Ministry of Health and DHB audits of rest-homes.

One Heart Many Lives

The Committee noted that PHARMAC is considering how the One Heart Many Lives programme can be rolled-out to all regions. Priority will continue to be given to those areas where the disparities with regard to cardiovascular disease management are the greatest.

BPAC NZ Contract

The Committee noted that PHARMAC had renewed its contract with BPAC NZ. PHARMAC advised the Committee that the Best Practice Journal is available to anyone on the internet.

The Committee noted that the first Māori Health bulletin had been published in 2008 and it was a particularly popular edition. PHARMAC staff advised that it intended to ask BPAC NZ to do a similar version with Pacific Health statistics.

Early Childhood Asthma

The Committee noted that planning for the Space to Breathe campaign is underway and includes interventions spanning children and whanau through to health professionals, and including the community. PHARMAC staff explained that the aim of the programme is to ensure appropriate prescribing and support better asthma management in homes to reduce the rate of hospitalisations for childhood asthma.

The Committee noted that the programme will be piloted from April – September in Taranaki and will be followed by a national roll out. Counties-Manukau will be a focus for the roll-out as Pacific childhood asthma rates have increased and are now surpassing Māori.

Staying Well With Medicines

PHARMAC staff advised that the He Rongoa Pai, He Oranga Whanau (Whanau Staying Well with Medicines) Programme has been rolled out over the past year. The Committee noted that PHARMAC intended to tailor the training component of the programme to a Pacific audience.

The Committee noted that the programme is also sought in rest-homes to assist staff to explain medicines to residents. PHARMAC staff advised that PHARMAC is working towards having the programme accredited in 2009. This will initially be for a certificate-level course but the aim is to develop a diploma-level qualification in the future.

The Committee commented that there is generally a poor knowledge of the basics of medicine-taking, and that the programme would have benefits beyond the Māori and Pacific populations.

Wise Use of Antibiotics

The Committee noted that, in addition to the annual Wise Use of Antibiotics campaign, a resource that explains how to give medicine to children will be developed for prescribers and pharmacists. The intention is that the resource will provide a clear and simple guide for parents.

The Committee noted that it would have the opportunity to comment on the draft version of the resource.

Māori Responsiveness Strategy

PHARMAC staff advised significant progress had been made with the implementation of the Māori Responsiveness Strategy, including the development of the Te Whaioranga Website.

The Consumer Advisory Committee discussed the recommendations that the Māori Caucus had agreed to at its meeting the previous day. The Committee reiterated the Maori Caucus recommendations that resources for vulnerable communities be sustained and the implementation of One Heart Many Lives continued.

The Committee recommended that PHARMAC monitor the impact of economic changes on medicines use. The Committee commented that the analysis may demonstrate that choices are being made not to purchase pharmaceuticals because of other essential priorities including food and bills.

Coney/Thompson

12. Seeking CAC's feedback on a consumer focused generic medicine campaign

PHARMAC staff advised the Committee that a survey would be undertaken to better understand consumer perspectives of generic medicines. The Committee's views were sought on the key issues that they consider concern consumers in relation to generic medicines.

The Committee discussed the perception that generics are inferior to branded products – not just in relation to medicines but also with regard to food products.

The Committee discussed some consumers' perceptions that PHARMAC inappropriately interferes in the consumer–doctor relationship and has no right to override the doctor's decision about the best treatment option for the patient.

The Committee suggested that PHARMAC carefully consider the terminology that is used to describe different products – for example using 'expert copies' rather than 'generics'.

PHARMAC staff advised that the specific aims of the campaign would be determined on the basis of the results of the pre-campaign survey. The Committee noted that the overarching goal of the campaign is to improve patient adherence with medicines by reducing public resistance to the introduction of generics.

The Committee commented that a consumer-focussed campaign focussed on generic products may not be most effective way to improve consumer confidence in their medicines, and that focussing on changing health professionals' attitudes may have a greater impact. PHARMAC staff agreed that this may be the case and that the pre-campaign survey would assist in clarifying whether a consumer-focussed campaign was the best approach or whether other activities would bring about the change PHARMAC is seeking.

The Committee identified that some consumers key concerns about medicines include 'Is it different to what I've been taking?', 'Will it work as well?', 'Is it safe' and 'Does it cost more?'

The Committee commented that some negative responses to generics medicines may not be explained by patient attitude towards the product.

The Committee noted that it will receive a copy of the draft survey before it is issued but that the turnaround time for comments would likely be very short.

13. Funding and Procurement Update

PHARMAC staff advised of the funding of new treatments and widened access including pegylated interferon for Hepatitis B and leflunomide for psoriatic arthritis. The Committee noted that additional funding for the Community Pharmaceutical Budget in 2010 would allow more medicines to be funded.

The Committee noted that dermatologists had not responded to requests for assistance with GP training on the prescription of isotretinoin. PHARMAC staff advised that they would update the Committee on PHARMAC's discussions with Medsafe and the Medicines Adverse Reactions Committee (MARC) at CAC's July meeting.

The Committee commented that it would be useful to know how many people are going to benefit from new medicines that are planning to be funded and PHARMAC staff agreed to provide this information at the next meeting.

14. Brand changes discussion

PHARMAC staff advised that its work to support brand changes had changed over time. There was significant support for some major brand changes in PHARMAC's early days but this had dropped off over time. PHARMAC recognises that this is a critical area of work and is now increasing its focus on this.

The Board noted that PHARMAC is trying to align and improve incentives and systems for the prescribing of generic medicines.

The Committee made a number of suggestions about brand changes including that PHARMAC:

- provide information early about the fact that a brand change would happen;
- work to get health practitioners on board with changes and ensure that they express confidence in the funded medicines as consumers would be more likely to accept a change if the prescriber explained it to them;
- advertise the reason that a brand change is being made (e.g. if the supplier has stopped providing the medicine in New Zealand) as this may generate trust;
- check that the resources that are being produced for consumers are actually being used by pharmacists and health practitioners;
- use the resources as a way to collect information (e.g. using a postage paid response form) from patients about their experience of brand changes; and

- ensure that resources address peoples fears about brand changes.

With respect to the brand change leaflets the Committee suggested that information about why the change is being made should be at the bottom of the leaflet. The Committee also commented that coloured leaflets and reverse type can be very difficult to read and that the visual presentation could be improved to be more accessible.

Date
