

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting Thursday 9 October 2014

The meeting was held at PHARMAC, 9th floor, 40 Mercer St, Wellington from 9.30am.

Present:

Kate Russell	Chair
Shane Bradbrook	CAC member
Maurice Gianotti	CAC member
Barbara Greer	CAC member
Katerina Pihera	CAC member
David Lui	CAC member
Lina Samu	CAC member

Apologies:

Key Frost	CAC member
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In attendance:

Simon England (CAC Secretary); Joy Gribben, Jude Ulrich, Steffan Crausaz, Angela Cathro, Lauren Grierson, Katie Appleby, Rebecca Elliott, Kerri Osborne (PHARMAC Staff); Deon York, Linda Gilbert (Health Quality and Safety Commission); Emma Giles and Angela Manson (Ministry of Health) attended for relevant items.

1. Record of previous meeting

Minutes of the 9 July meeting were accepted as a true and accurate record.

Russell/Gianotti

2. Chair's report

No activity of note to report. The Board meeting the day prior to this CAC meeting was the only Board meeting held since the previous CAC meeting.

3. Action points

Members discussed the position of deputy chair, which had been vacant since the end of July. Members asked that PHARMAC staff convey the CAC's recommendation to the Board that Shane Bradbrook be appointed deputy chair.

Members expressed a desire to see PHARMAC's view on issues so they can effectively communicate its role to members of the community. This would be helpful for any members asked to comment in the media (with permission of the chair and PHARMAC Chief Executive). Pacific media had shown a particular interest in the new CAC members.

Action points:

- Provide members with key messages on PHARMAC's work.
- Organise workshop for next CAC meeting on interaction with the media.

4. Correspondence

Members considered PHARMAC's correspondence reflected a positive tone and turnaround time. Members advised that, if there was to be a delay in providing a full reply, that an initial response should be sent acknowledging the communication.

PHARMAC staff proposed that the correspondence report be expanded to include other PHARMAC communications and stakeholder interactions. This would give CAC members a more fulsome picture of PHARMAC's overall engagement with the community. Members agreed to the report being amended in this way for future meetings.

Action Point: Check PHARMAC appropriately acknowledges communications.

5. Chief executive discussion

Chief Executive Steffan Crausaz outlined some current highlights of PHARMAC's work.

Decision Criteria

The Decision Criteria work is continuing, and moving towards planning implementation. The Board has made a decision and this will likely be announced in November. Implementation is complex and likely to occur over a year's timeframe.

Rare disorders RFP

The rare disorders RFP had closed and PHARMAC was pleased with the level of response. Responses had produced some submissions for things not previously thought about. The next step is to seek clinical advice on the submissions and move towards public consultation on funding proposals.

Investments

PHARMAC has approved a large agreement with two companies, involving 10 new medicines and wider access to others. The agreements also include significant changes to how multiple sclerosis treatments are made available for people with MS. Funding will take effect from 1 November. Existing patients can remain on treatment, or change if they want to.

PHARMAC had made some changes in relation to consultation – for example people don't need to start on new treatments if it's not clinically appropriate. Other changes may come following future consideration by PHARMAC.

The Novartis/Biogen agreements pretty much mark the end of PHARMAC's investment programme for the year, as planned.

Hospital medical devices

More than 5000 line items are now listed as hospital medical devices, compared to 1600 medicines and other items on the community schedule. To date savings worth up to \$8 million over five years have been negotiated.

The work is building up a solid base in some categories – for example wound care has about 90% of all items. The next step is to set up categorisation of devices and maybe look to have some supply side activity using tools like therapeutic group reviews.

Members considered PHARMAC's work was now creating significant opportunities for DHBs to make savings and help manage their budgets better without the need for making cuts.

6. Te Whaioranga – current activity and future directions

PHARMAC is currently pulling together a two-year reporting framework to 2015. This will be reported on quarterly. The next step will be presenting the workplan for 2015-2017 to the Board.

Members considered the activity report to be welcome and accessible. Members advised the report could be distributed to any and all organisations that have a Māori constituency, along with a link to the Te Whaioranga strategy. PHARMAC's ePanui newsletter could be a useful channel for this.

Members acknowledged the work of Te Rōpū Āwhina Māori in helping develop the workplan.

Members noted reference to Te Tiriti, which was welcomed. The workplan was quite comprehensive which reflected the amount of work going on. For example this is seen in the way PHARMAC welcomes people and the internal culture. PHARMAC seen as one of the few if not the only organisation that has the Treaty of Waitangi and Ti Tiriti o Waitangi acknowledged as being on the same level.

7. Changes to PHARMAC's Decision Criteria

PHARMAC Staff outlined the process to date in developing the Decision Criteria. The Board has now made a decision and this is likely to be announced in November.

The main change is the move from using nine Decision Criteria to 15 factors for consideration. This will be expressed in a circular diagram with four segments covering the different dimensions of the factors. PHARMAC is also developing supporting text to explain what each factor covers.

The factor on health disparities aims to capture Pacific peoples and other populations. The supporting information makes clear that health of Pacific peoples will be considered under this factor.

Initial communications found quite a bit of misunderstanding about how PHARMAC makes its decisions, so it will be important to communicate this well to the community.

The November announcement is likely to include a notification letter to stakeholders, including those who attended the community forums and stakeholder event, stakeholder engagement and media activity. This will all be supported by information and an interactive diagram on the PHARMAC website.

The supporting information will be updated as a 'living document', which will enable PHARMAC to make updates if something is not clear.

Implementation will include training for staff and advisory committees including CAC. CAC's view on what would be included in training would be helpful.

CAC feedback

Members acknowledged the changes that had been made to incorporate whānau and wider society into the framework. This was positive language had acknowledged the call to incorporate community values, which was a necessary but brave step. Members welcomed the acknowledgement of tangata whenua as a separate factor for consideration and also that the needs of other populations will also be considered.

Members considered a Youtube video would support the interactive diagram. A link to the video could be sent to community groups, to link from newsletters or websites.

A version of the 'Mission Impossible' exercise could also be developed to help people understand the framework and factors. This would help people to learn by doing.

The changed framework could provide a focus for the next PHARMAC Forum.

Staff should work with Te Tira Whakarata Māori when approaching Māori media. CAC also had a role to assist with engaging with communities.

Some members considered that not having health of Pacific people explicitly listed in the 15 factors for consideration could be seen as a backward step. This went against the move to being more explicit in what PHARMAC considered. The risk was that this change could offset gains that had been made in PHARMAC's interactions with the Pacific community. Visibility of Pacific health, and Pacific health need, was important in the decision-making framework.

From a population health perspective, the number of Pacific people in New Zealand was increasing, so the needs of this community needed to be considered explicitly.

Staff explained that consideration of Pacific peoples' health remains in the 'health of population groups experiencing health disparities' which has broadened to also include other population groups that PHARMAC needs to take into account when considering health disparity. Staff acknowledged members' views that the lack of explicit reference to Pacific peoples in the diagram could be perceived as downgrading the status of Pacific peoples' health need.

Staff noted that this was not the intention – Pacific peoples' health need will continue to be considered carefully, and that the review had highlighted the importance of also considering the needs of other populations with high health need. Staff will make this more explicit in the interactive web diagram, the supporting information, and in explaining this directly to Pacific peoples.

Another workstream is to progress the update of the Pacific Responsiveness Strategy. This will involve engagement with the community which would be another opportunity to explain the consideration of Pacific peoples' health in the framework.

Members considered that PHARMAC needed to demonstrate a commitment to highlighting and considering Pacific peoples' health need, and that this needed to be a covenant between PHARMAC and the Pacific community.

Members considered that refreshing the Pacific Responsiveness Strategy and clearly explaining the place of Pacific peoples' health need would be positive outcomes.

8. PLAN resource

Staff from the Health Quality and Safety Commission (HQSC) updated the committee on the project and resources being developed around health literacy. The PLAN programme aims to help patients get the information they need from their health professionals. Material will be launched during Patient Safety Week in November. CAC members were invited to launch events.

Development of the resources had included external advice, talks with PHARMAC and HQSC consumer networks, focus groups including a mix of ethnicities. Road testing had included a Hawke's Bay PHO and Westfono in Auckland. The resources were a starting point for people having a better rapport with their doctors. HQSC would evaluate and potentially revise the programme as time goes by.

CAC members supported the written sheets approach as this was a resource that people could take back to their families to discuss.

While a wall poster was useful it was perhaps not as prompting as a wallet card-style resource. CAC members still supported the wallet card concept, although HQSC did not have budget to extend to such a resource at present.

9. NZ Medicines Strategy update project

Ministry of Health staff outlined the background to NZ Medicine Strategy and a move to review and refresh it in 2014/15 as most activities identified had been achieved by 2013.

Current process is to identify impact areas that could be incorporated in a revised Strategy. Consumer input would be sought. The review has a tight deadline.

CAC members considered consumer input should be sought as early in the process as possible, and throughout the process. Originally the medicines NZ strategy was led by consumer groups.

Members considered a discussion document would be a good output – this could be distributed via email lists and consumer networks.

10. Update on implementation activities

Rheumatic fever

Antibiotic adherence was still an issue. A project was underway to look at adherence rates in the school-based programme.

Some concerns regarding use of antibiotic injections appeared to have been modified recently, and may have been helped by recent CAC advice.

A programme using the injection could run from March 2015 – this was because of the relatively long lead-in time required for producing sufficient stock.

There was also concern around managing antimicrobial resistance.

Space 2 Breathe

This year-long study in west Auckland looked at whether having more intensive intervention in children with asthma leads to better health outcomes. The results are now being presented. The trial led to improved confidence in children and understanding of asthma for children and staff/parents. There was less frequent use of symptom relievers, better use of preventers - which was the desired behaviour.

There were fewer asthma symptoms reported in the active arm compared to the control arm, which meant children and their families had better quality of life. But surprisingly this didn't lead to a reduction in acute admissions to hospital.

Members asked if sub-analysis would be undertaken to look at whether the raised awareness led to a raised threshold at which people would seek hospital treatment. Greater awareness of an acute episode could lower the threshold at which people sought hospital treatment.

Action Point: provide final report to CAC.

Seminar Series

PHARMAC runs these educational seminars for health professionals. They are run by specialists in topic areas, are generally over-subscribed and PHARMAC is now videoing them and putting them

online. PHARMAC is looking to build up a library of resources including videos, and talking to the medical colleges about whether watching videos will give them the CME points that come with attending seminars.

A recent seminar on mental health in maternal women, particularly looking at Pasifika people, had opened possibilities of running other seminars of specific interest to people with an interest in Māori or Pacific peoples' health.

An upcoming seminar focused on eczema. Others that impact on Māori and Pacific peoples' health issues were being looked at, and CAC's input was sought on clinical experts who could be tapped into.

Mental health

PHARMAC is running a further pilot on the use of antipsychotic medicines in people with dementia. The pilot included education for nurses and GPs to think about what other interventions might be required to reduce the prescribing of antipsychotics. Prescribing was appropriate for some people, but in dementia they were sometimes used to control behaviour.

The pilot was occurring in Wellington, and if successful could be rolled out more widely.

11. Member report-back

Pasifika Futures conference, Wellington

David Lui reported back to the committee on his attendance at the Pasifika Futures health conference. This had been a worthwhile event to attend, and helped put the committee in touch with the key people in Pacific health, from New Zealand and internationally. There had been a high level of awareness of PHARMAC appointing three Pacific members to CAC, and this had been positively commented on.

Attendance had led to three further offers for David to present to community groups – this was where members could make the most difference. Some of these requests are for areas outside Auckland, which David can fit around other work.

There are further opportunities for engagement and media activity. The high level of interest in Pasifika members on CAC has led to requests to talk in the media. Members considered it would be useful to have a briefing to improve their skills and knowledge when talking to the media.

Some of the ideas coming through were from people not from within the traditional 'health' framework, so it was important to make those connections too.

Public Health Congress, Auckland

Shane Bradbrook outlined his attendance at the two-day Public Health Congress. There had been lots of positive comment about PHARMAC. Of particular note was interest in the Trans Pacific Partnership trade negotiations, and a presentation given by Auckland University researchers on that subject. This could make an interesting presentation to a future CAC meeting.

The Congress included an interesting range of speakers and topics, not necessarily directly health-related. For example, there was discussion on the role of climate change on health.

Health literacy was a common theme. Delegates had been pleased to hear an initiative is underway (led by HQSC) and welcomed news that this would be available in pharmacies as well as health centres. The key message was to keep things simple.

Tobacco control was another theme. Some people were seeking funding for further smoking cessation products – Shane was able to point out the role of CAC and that funding applications needed to be made through PHARMAC.