

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 1 April 2016

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

Present

Shane Bradbook	Chair
David Lui	Deputy Chair
Stephanie Clare	CAC member
Key Frost	CAC member
Neil Woodhams	CAC member
Adrienne von Tunzelmann	CAC member
Lina Samu	CAC member

Apologies

Barbara Greer	CAC member
Katerina Pihera	CAC member

In attendance

Simon England (CAC Secretary), Peter Alsop, Rebecca Elliott, Alexander Rodgers, Agnes Tokuma, Chris Peck, Anthony Bull, Steffan Crausaz (PHARMAC staff) attended for relevant items.

1. Record of previous meeting

Minutes of the 15 October 2015 meeting were accepted as a true and accurate record.

2. Chair's report

The Chair had attended the Tane Ora conference which focused on Māori men's health. The korero was about health but also about leadership. It was a great opportunity to renew connections with men previously involved in PHARMAC activities (eg One Heart Many Lives). There was lots of feedback on PHARMAC and its role, recognition of the difficult task it has. Recent publicity over pembrolizumab (Keytruda) was raised.

Recruitment for new Māori members of CAC were underway. The calibre of candidates was very high. A short-list had been formed and interviews were scheduled, which would include PHARMAC Staff, the Chair and Deputy Chair.

At Board level CAC continued to have a presence. Some good papers had been presented which were of interest to CAC – two had been included as noting papers for the Committee. There was scope for further discussion on themes such as diabetes in future CAC meetings.

Work continued on the transition to the new Chair. David Lui would be taking over as Board observer ahead of his becoming CAC Chair from August.

3. Action points/matters arising

Members noted action points and were reminded to update the interests register. A paper on diabetes was requested for the next meeting of CAC.

Members discussed some recent correspondence received and noted this could include both a response from CAC and PHARMAC. Members discussed the relative roles of CAC and PHARMAC and agreed that where possible, CAC could forward such correspondence to the appropriate body (eg PHARMAC) for a further response.

Members agreed a response to the correspondence would be provided by CAC, and also sought from PHARMAC as the decision-maker.

4. Getting familiar with the Factors for Consideration

Staff provided an update on the background and future timeline for the introduction of the Factors for Consideration. Planning was well underway to introduce the Factors from 1 July 2016. This had involved multiple communications channels and workshops with stakeholders including PHARMAC Staff, clinical advisers, pharmaceutical suppliers and others, to help familiarise them with the Factors.

To help them further understand the content of the Factors and how they will be applied, CAC members were presented with an example of a funding decision and asked to consider it using the Factors in an interactive workshop.

Members agreed the workshop provided a useful insight into the new Factors.

5. Primary care distribution

Staff provided an update on a project to improve access to medicines administered in general practice.

The project aims to enable funding to flow into the community setting to allow patients to get medicines administered by health professionals for free. This could include things like long-term contraceptives (Jadelle), Aclasta for osteoporosis, and further vaccines

PHARMAC consulted on a concept which proposed that general practice could purchase and deliver the medicine (or service), then submit a claim to have costs reimbursed. There was strong feedback from practices in relation to vaccines, who want to keep the current model where they are provided free to practices. PHARMAC's response is to exclude vaccines from the primary care project for now – just focus on other medicines.

PHARMAC has good support from PHOs and DHBs to address service issues, the next step would be to develop what that concept might look like.

Members agreed that the project was an important one to help people access medicines. PHARMAC's involvement may give some impetus to shifting services into the community, which had been talked about for some time but not actioned consistently across DHBs. Members agreed such an approach would be more convenient for patients and more efficient but cost issues need to be resolved.

Members considered that change such as this should be consumer-driven or at least be clear that the consumer voice had been heard. Has PHARMAC asked what medicines patients want delivered in a community setting? This would be a good question for PHARMAC to consider as a project rolled out – what are consumers’ preferences for which things to move into the community first – how to prioritise using a patient lens?

Members asked what the interlinkages were with the National Health Strategy and Pharmacy Services Action Plan currently in development and whether these had been investigated.

6. Members’ report-back on local consumer advisory groups

Bone marrow transplants for MS

Concern was expressed about people seeking expensive and experimental treatments such as bone marrow transplants for multiple sclerosis. This was sometimes without people having tried currently available treatments. Reflected a desire to try ‘latest and greatest’ treatments, even when not supported by evidence.

Health strategies

The Ministry of Health and DHBs were currently active in public discussion over the future of the health system, such as through the Health Strategy document. It was unclear to members which strategy led and which followed, and to what extent consumers were involved.

Members requested an update or discussion paper for the next meeting of CAC.

Blister packs

Blister packs continued to be raised as useful tools to help people manage their medicine. With many people prescribed multiple medicines, they were useful to also help avoid over-prescribing of medicines such as paracetamol, which many people did not realise could be toxic.

Most pharmacies offered blister packs but they could be expensive. Potentially blister packs could reduce wastage and avoid people stockpiling.

7. Improving our stakeholder engagement

Members were updated on PHARMAC’s work to improve stakeholder engagement. There had been a good response to PHARMAC’s 2015 stakeholder survey and this had provided the foundation for work. Internally work had continued to identify priority stakeholders and channels with which to reach them.

PHARMAC had refreshed its website to make it more accessible and also made it mobile-friendly. Members considered this a positive move.

PHARMAC was also looking at increasing its social media presence. Proactive engagement was likely to begin with Twitter and LinkedIn. This approach was supported by CAC members.

Members considered that PHARMAC could usefully develop some multi-media content (videos/graphics etc) that could be used to support social media posts. A human face was also important and this could vary depending on the audience. The most effective use of social media was to link it to web content and support key messages – an example of this was the Human Rights Commission.

Members considered that in social media PHARMAC needed to be committed to a dialogue with stakeholders, not just push out messages.

Members commented that the use of online videos for the PHARMAC Seminars had transformed them into a useful distance learning tool. This was very valuable for health professionals and also worked on mobile devices, which was an important step forward.

8. Pacific Responsiveness Strategy

During December 2015/January 2016 PHARMAC had held focus group sessions with Pacific stakeholders, which had involved CAC members. Staff acknowledged the input and leadership from David Lui, Lina Samu and Key Frost which had helped draw a high calibre of people and obtain useful insights into the issues facing Pacific communities.

PHARMAC Staff had also met with Pacific teams across Government to provide insight into policy work being conducted. This helps ensure PHARMAC is connected into external policy work.

PHARMAC had also increased its internal capacity to help develop the strategy, and established an internal working group.

Staff are working on a consultation plan with the intention of consulting publicly in June/July. Consultation will be broad but will target areas such as Auckland, Wellington, South Island, Waikato, Hawke's Bay and Whanganui.

PHARMAC recognises that before beginning engagement staff need cultural competency training.

Members were supportive of the approach being taken by PHARMAC which reflected a desire to first find out what the community's views and preferences were before developing a strategy document. This was different to processes followed by other organisations. Members considered that starting by seeking community views developed goodwill and mana and was a strong foundation for the strategy's development.

Members expressed confidence in the PHARMAC process and a desire to continue close involvement with CAC members.

9. Health programmes and implementation work in 2016

Sumatriptan stock management – There had been an international shortage of injection pens for this migraine treatment, which was affecting New Zealand. PHARMAC had provided information for health professionals and support for the introduction of vials as a stop-gap measure until pen injectors become available again.

Diabetes meters and test strips – the 2-step process is now quite advanced. External testing of meters submitted in the initial Request for Information is nearly complete, and those meeting specifications will advance to a Request for Proposals later this year. This is being carefully managed taking on board learnings from the last big change from 2011.

PHARMAC Seminars – There has been positive feedback on the Seminar Series (now called PHARMAC Seminars) being filmed and posted online. This enabled broader reach for the seminars.

Responsible use of medicines – PHARMAC is running a commercial process to award a new contract for providing prescriber and evidence-based advice to health professionals (currently held by bpacnz). A decision on the future provider of this service is expected soon.

Devices - PHARMAC continues to expand its work, treading carefully and working closely with DHBs. Current approach is national contracting rather than rationalising, although PHARMAC is currently looking at making some choices on some wound care products.

10. Update from the chief executive

Devices – currently progress was being made with some good wins, and work continued across the sector to make further progress. Expectation is that by end of 2016 work in all 12 categories of devices earmarked for PHARMAC would be underway.

PHARMAC will continue to explore developments including looking at funding new medical device technologies if they are good value for money.

Melanoma debate – Members were asked for their perspective on the debate. Observations included:

- Surprising amount of balance in the debate, given it is highly emotional. The sense is that people see the price and cost as extreme and that it's right there's a good process around it.
- Every new debate increases public understanding of PHARMAC and its role. This has previously happened with Herceptin, now pembrolizumab. Once editorial writers and columnists bring in the bigger picture it helps educate the public about PHARMAC's role and its impact. The pembrolizumab commentary comes on the back of informed debate around Herceptin and the TPPA.
- A lot of commentary has reflected a groundswell of support for PHARMAC.
- There appears to be higher awareness in the community about issues around pharmaceuticals. In the past the answer was 'blame PHARMAC'. Now there's more balanced discussion.
- People don't like the issue being politicised.
- PHARMAC is held in high regard in the health research community, this is also reflected in talks with Pacific stakeholders around the Pacific Responsiveness Strategy.

Matariki – PHARMAC is planning a sequence of events in July that would include the induction of new CAC members, connecting people from Whanau Ora collectives through Te Whaioranga, and farewelling outgoing Maori members of CAC. This would tie in with Matariki and the July meeting of CAC. Members looked forward to the occasion.