

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Wednesday 29 November 2017

The meeting was held on Level 9, 40 Mercer St, Wellington from 10 am.

Present

David Lui	Chair
Stephanie Clare	CAC member
Key Frost	CAC member
Lisa Lawrence	CAC member
Te Ropu Poa	CAC member
Tuiloma Lina Samu	CAC member
Neil Woodhams	CAC member
Adrienne von Tunzelmann	CAC member

Apologies

Francesca Holloway	CAC member
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In attendance

Simon England (CAC Secretary), Kerri Osborne, Jude Ulrich, Steffan Crausaz, Alexis Poppelbaum, Karen Jacobs-Grant (PHARMAC staff); Prof Tim Stokes and Georgina Richardson (University of Otago); Rayoni Keith and Bonnie Jones (Ministry of Health) attended for relevant items.

1. Record of previous meeting

Minutes of the 14 July 2017 meeting were accepted as a true and accurate record.

Clare/von Tunzelmann

2. Chair's report

The Chair commented that in interactions he has had, the community's understanding of PHARMAC continues to grow, and there is more support for its work. This has been expressed at sector meetings involving Auckland DHBs and in return meetings with Pacific people. People feel that PHARMAC uses a robust decision-making process. PHARMAC is also seen as open – has been seen through attendance at fonos and through the presence of senior staff including the Chief Executive.

There continued to be an acceptance and necessity of the need for consumer voice in health, and for the consumer voice to inform decisions. Consumer councils had been formed in DHBs. Members agreed incorporating consumer views and consultation with consumers was vital to ensure high quality decisions.

PHARMAC was an organisation that really valued the consumer voice – this was seen at Board level. The Chair sees continued potential for CAC to be a conduit to help PHARMAC interact with the community.

Grapevine

Comment from members on themes expressed in the community:

- Advocates had expressed a desire to create a Pasifika disabled persons organisation
- The NZ Aids Foundation has been advocating for the HIV treatment PrEP. PHARMAC is currently consulting on this.
- Noted that PHARMAC is continuing to work with a Pacific pharmacist group.
- Noted that funding restrictions on Champix (varenicline) may not support achievement of New Zealand's Smokefree 2025 aspirations.
- Community programmes such as One Heart Many Lives and He Rongoa Pai, He Oranga Whānau helped bring people together to lower cardiovascular risk. Key step was in encouraging Māori men to self-manage their health and risk factors.

3. Decision Making Audit Tool (DMAT)

Otago University researchers were investigating using a UK-developed tool, to establish how robust decision-making processes are in the NZ health sector. This involved website reviews, and interviews with staff from DHBs, ACC and PHARMAC. CAC's view was now sought on the tool's appropriateness in a New Zealand setting.

One issue that had emerged was how to match up the organisation's view of its transparency/availability of information, with how accessible it actually is. DMAT could be useful to verify this view of accountability and transparency.

Members thought it would be useful to ask where the general public gets its information from. For example, they might not get information from an 'official' website – it may instead come from a friend or the media. It would be useful for the Otago team to ask this question more widely. CAC might not be the best forum because it's a well-informed group.

Members commented that qualitative information could usefully be gathered in the questions, to provide context. There may be subtleties in responses that are illuminated by comments. Otherwise responses are left to the team to interpret.

In summary CAC members advised:

- DMAT would be useful to NZ health service users to give confidence in the NZ health system
- Scope of domains is good, questions were clear.
- The 'quality of care' domain could be renamed/repurposed as 'access' to make it more widely relevant.
- Diversity and cultural considerations – tangata whenua has a status in Aotearoa/NZ. This was currently missing.
- Consider using small focus groups as representative views. Facilitated forums would be useful because they could ensure shared understanding of terminology etc.

Members considered that the most significant weakness at present was the absence of cultural competency or cultural context, whether this be around professions/ethnicities/urban/rural. This should be woven through the questionnaire. Otago University's Department of Ethnic Studies may provide guidance in this regard.

The committee would welcome a further presentation from the Otago University team once they've decided on next steps.

4. Session with the Chief Executive

PHARMAC was working to understand Government health priorities. An initial meeting had been held with the new Minister, and PHARMAC had begun providing advice, including its [Briefing to the Incoming Minister](#).

Priority now was to effectively on-board Sarah Fitt as next Chief Executive, with a transition period to the new CE so Sarah could be effective in her new role once she takes on the role from 6 January 2018.

Changes in international trade negotiations now mean the CPTPP has no implications for PHARMAC. PHARMAC is planning to make some unrelated business process changes, including improving the customer experience of the funding application process.

Staff had been working to implement the new strategy, including the bold goals. PHARMAC had created a team around Access Equity to push ahead with Bold Goal 1. A new Director position had also been appointed to help drive systems work (Bold Goal 3). Devices work is well underway. Improved data and analysis meant we are now seeing the results of influencing both price and mix of hospital medical devices on long-term expenditure. This is giving us the ability to tell a stronger performance story.

Acknowledging this was the last time the current CE would attend a meeting, members thanked Steffan for his openness and working relationship with the Committee, and for valuing and championing input from consumers. This leadership in the consumer space rippled across the organisation and was reflected in how PHARMAC is perceived externally.

5. CAC Terms of Reference review

The CAC Terms of Reference have not been reviewed since 2010, and a review was timely. A review also provided an opportunity to ask a wider question about the scope of the committee and whether it had a wider role, such as in having input to PHARMAC's pharmaceutical assessment process.

Members commented that the current Terms of Reference are useful because they enable CAC to guide and provide input to PHARMAC while staying at arm's length from PHARMAC's decisions.

Members considered that the Committee would still want a role in advising PHARMAC on who to consult around decisions. However, there were other opportunities in PHARMAC's process where consumer views or perspectives could be incorporated. For example, providing perspectives on applications going to PTAC, or advising PHARMAC on its prioritisation and ranking of proposals process.

Members considered that just because it's a technical discussion doesn't invalidate a consumer perspective – because there may be elements from a consumer perspective that are valid. Qualitative views also need to be captured in decision-making. Technical knowledge wasn't always necessary – primary skill was in knowing what questions to ask.

As a matter of principle, members reiterated the view that consumer views and perspectives were good business. Involving consumers early can help avoid problems later on. Currently decisions are seen as heavily influenced by the PTAC view – members considered there was a need to incorporate consumer perspectives alongside scientific evidence.

Members considered that the pool of current and former CAC members could be a useful resource for PHARMAC to tap into. These were people who were well versed in the PHARMAC process and could put aside or manage personal or community interests. Members noted that any such group providing consumer input to the funding process would require its own Terms of Reference. This would help protect consumer advisors from being 'captured' by PHARMAC.

Before making any change to the material being provided to PTAC, such as adding consumer input, it would be useful to obtain PTAC's view about such a step. Members considered that it may be optimal to give a consumer perspective on the ranking of proposals in PHARMAC's prioritisation process.

The Factors for Consideration provided a basis for ensuring PHARMAC was seeking sufficient information about a proposal's impact on individuals, families/whānau and wider society.

In terms of structure of the Terms of Reference, members agreed it would be helpful to remove administrative items from the current ToR to streamline the revised document.

Members advised that taking a draft revised Terms of Reference out to community forums would be a useful way of seeking input. People were more likely to engage with a proposal than an open-ended question.

6. Engaging the community on Māori health areas of focus

PHARMAC staff had begun seeking public input on revising the Māori health areas of focus. An initial hui had been held in Masterton, with others planned.

At each hui PHARMAC ran a workshop, which was fronted by a senior executive and supported by staff. Whānau attending were asked to provide their views on the health areas of focus the community considered were important for them.

CAC members were asked for their input in a workshop setting.

Common themes provided by CAC:

- Resistance to antibiotics
- Mental health
- Early intervention and management - health coaching. Developing well-informed health service users.
- Mahi wairua
- Child health
- Need to increase health literacy
- Integrated care so all parts of the system talk to each other. Data sharing.
- Age and stage vulnerability.

Members considered that the outcome of the process might not just be having a list to use – it's about using the list to influence others in the system too, eg pharmacists, colleges. Staff acknowledged this point which had already been identified. For example, one of the early themes to emerge from the community is the role of rongoā Māori, which is outside the scope of PHARMAC's work but could potentially be acknowledged in some way.

The community discussions also sought input to the selection of a Māori name for PHARMAC. The options were:

- **Whiwhi Takohanga**
Responsible choices / choosing responsibly.
- **Hauora Whai Rawa**
Funding well-being.
- **Te Pātaka Whaioranga**
The Storehouse of Wellbeing.

PHARMAC intends to announce the outcome of both of these discussions during Matariki 2018, if they are completed by then.

Members asked to be informed about when hui are occurring. Members were also asked for their input on any local events or hui where PHARMAC could present.

Members asked to be sent the MHAF presentation.

7. Ministry of Health vaccines implementation team

Ministry of Health immunisation team staff outlined the role of the Ministry's vaccines team and how it implements the national immunisation programme. The Ministry team works closely with PHARMAC and the immunisation advisory centre (IMAC).

Ministry staff outlined how the work in immunisation aligns with the NZ health strategy themes:

- People-powered
- Closer to home
- Value and high performance
- One team
- Smart system.

Recent implementation decisions by PHARMAC include HPV for boys, chickenpox vaccine being added to the childhood immunisation schedule, while the shingles (zoster) vaccine would be added next year.

Members were interested in the adequacy and accuracy of the National Immunisation Register, particularly in respect to capturing influenza immunisation rates.

Members were also interested in the Ministry's approach to reaching 'difficult' communities with low immunisation rates. Ministry staff advised the Ministry had targeted programmes in some communities.

Looking to the future, there was a desire to see an expansion in the role of pharmacists as vaccinators, potentially with whooping cough vaccine being next.

Meeting closed 3.30 pm.