

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Wednesday 28 March 2018

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

Present

David Lui	Chair
Stephanie Clare	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
Francesca Holloway	CAC member (teleconference)

Apologies

Key Frost

In attendance

Katie Sherriff (Acting CAC Secretary), Sarah Fitt, Rebecca Elliott, Alexis Poppelbaum, Bhawan, Ateene Andrews, Kerri Osborne, Janet Mackay, Karen Jacobs-Grant (PHARMAC staff) attended for relevant items.

1. Record of previous meeting

Minutes of the 27 November 2017 meeting were accepted as a true and accurate record.

Woodhams/Samu

2. Chair's report

The Chair commented that with the election and a change of government some changes had been signalled, including with the health sector. The Chair noted that this can bring some uncertainty for people, but that change can also bring opportunities. One thing that the government has signalled won't be changing is that the consumer voice will continue. The Chair noted that it is CAC's role to continue working with communities, ensuring there is alignment between CAC and PHARMAC, and looking at issues where CAC can best contribute.

The Chair also noted that some wording from PHARMAC for CAC members about the current CPTPP agreement, and whether this affects PHARMAC, could be useful when CAC members are engaging with communities.

Grapevine

Comment from members on themes expressed in the community:

- There is currently a Bill in front of parliament about cannabis/medical grade cannabis and its role in treatment, particularly around pain management
- Noted that some DHBs are in the process of developing consumer councils
- Noted that the shingles vaccine will be funded from 1 April 2018
- Noted that the role of blister packs and medicines reminders might be particularly useful in improving adherence, particularly for the mental health community
- Feedback at the Pasifika festival indicates there continues to be some confusion with this community about their insulin medicines and they may not be on the most appropriate insulin for their condition.

The group noted recent brand changes and discussed mechanisms to connect consumers to appropriate agencies and one source of truth.

CAC members advised PHARMAC to engage with agencies to highlight and promote the Healthline number through communications channels, to ensure that there is a clear single point of contact for consumers.

CAC members acknowledged Claudia Ilkovic's work in supporting and facilitating CAC meetings.

3. Session with the Chief Executive

Members congratulated Sarah Fitt on her appointment as Chief Executive, and encouraged continuing the open relationship PHARMAC and the CAC have.

PHARMAC had also made some recent staffing changes including Lisa Williams being appointed as Director of Operations, Michael Johnson appointed as Director of Strategic Initiatives, and recruitment for Director Engagement and Implementation being underway.

Members were updated on progress on the organisational strategy, with work underway to focus on long-term strategic initiatives, bold goals, and better business planning. The Access Equity team is now fully in place and it was noted that equity has been signalled as one of the Minister of Health's interests.

In hospital medical devices, PHARMAC intended to have all hospital medical devices on contract by the end of 2019.

Members were updated on recent interest and activity with vaccines, in particular the influenza vaccine (where funded vaccine will be available from 4 April), zoster/shingles vaccine being funded from 1 April, and the Gardasil vaccine having a greater than anticipated uptake with boys.

Staff are progressing an applications system (PHARMConnect) to give more visibility to PHARMAC's application processes. It was proposed that the applications system be added to a future CAC agenda.

4. Consumer engagement review

CAC members participated in a workshop to identify opportunities for consumer engagement in PHARMAC processes. Members acknowledged that though there are opportunities for consumer input in the scenarios that were workshoped, improvements could be made

particularly to the visibility of PHARMAC's processes and recognition of where consumer input has been incorporated.

It was noted that PHARMAC could use more plain English and popular communications channels to obtain feedback from consumers.

CAC members also participated in an exercise reflecting on their current role – specifically the elements of their role they would like to keep, start, and stop. Members noted this will feed into PHARMAC's review of the CAC Terms of Reference.

Members noted that PHARMAC will be publicly consulting on PHARMAC's mechanisms for consumer engagement, and the CAC Terms of Reference. CAC members will be involved in public consultation events to the extent possible. Members recommended that PHARMAC consider accessibility and marginalised groups when booking venues for the future public consultations.

5. PHARMAC's work in eliminating medicines access inequities

PHARMAC's Access Equity team developed a draft paper indicating early thinking around access equity for medicines.

Members were supportive of the concepts presented in the draft paper and commented that the identified drivers to medicine access resonated with them and their communities.

Members provided feedback on other areas that could be considered for inclusion, or influence or consultation by PHARMAC. This included close consultation with the pharmacist/pharmacy workforce, alignment with the Pharmacy Action Plan and the Community Pharmacy Service Agreement where appropriate, influencing professional development/knowledge of health workforce about access (eg knowledge that sick leave can be used to get access to doctor), and inclusion of child health considerations and programme development (eg iMoko) in relation to medicines access.

Members noted that availability of specialist services impacts on medicine access, as did affordability. Members also noted that cultural barriers with respect to medicine acceptability played an important role.

Members recommended that Access Equity keep in contact with the CAC and invited the team to contact them for engaging with their communities.

6. Engaging the community on Māori health areas of focus

CAC members were updated on PHARMAC staff continuing to seek input on updating PHARMAC's Hauora Arotahi (Māori health areas of focus).

Members noted that PHARMAC staff have been using a variety of approaches to engage communities with the process to update the Hauora Arotahi, including community hui and focus groups, face to face meetings, and promoting the online survey via PHARMAC's social media channels. Members recommended shifting the engagement approach to ensure people respond to the online Hauora Arotahi survey.

Members acknowledged the work of the Māori Responsiveness Team over the past 10 years.

Members acknowledged PHARMAC's Kaumatua, Bill Kaua, receiving the New Zealand Order of Merit at the New Year's Honours.

Meeting closed 3.50 pm.