



Expanded role already bearing fruit

From the Chief Executive

Some recent decisions have highlighted the benefits PHARMAC can bring to its expanded role within the health sector. Since July 2012 we have been responsible for managing the nationally funded portfolio of vaccines, in addition to community and cancer medicines. We are also on track to publish the first nationally-consistent list of hospital medicines (the Hospital Medicines List, or HML) on 1 July 2013, and are moving towards national management of medical devices.

This is all important work we have been entrusted with, and we are keen to make a positive difference.

Already we have made two decisions that have improved public access to vaccines. Firstly, we widened access to the pertussis (whooping cough) vaccine so it is funded for women during pregnancy. This recognises public health concern over the current whooping cough outbreak.

More recently, we have provided funded access to the influenza vaccine for children aged 6 months and under five years, for children with significant respiratory disease. That decision will help the most at-risk children receive a funded influenza immunisation during the current flu season.

Our hospital pharmaceuticals work is also advancing. We have begun publishing the individual therapeutic groups that, when combined, will make up the full HML. The full list will be published for the first time on 1 July 2013 in the expanded section H of the Pharmaceutical Schedule.

Once the HML is published, we will be giving District Health Board clinicians and hospitals time to adapt. It's almost certain that despite our best intentions and public consultation, things will have been missed – things that are used and aren't on the list. We don't want good clinical practice to be impacted by any unintentional omission from this list, so will be advising clinicians to continue with their practice and notify us of any issues that arise. This will be a 'soft landing' for the full list, with a period for ironing out any issues. After that, we will be looking to have all clinicians using the list as published.



PTAC to maintain integrity under new chair



Sisira Jayathissa has been chair of PTAC, PHARMAC's primary clinical advisory committee, since October 2012. A member of the committee since 2004, Dr Jayathissa is Clinical Director of Medicine and Community Health at Hutt Valley DHB and is also a Senior lecturer at the Wellington School of Medicine (University of Otago).

With PHARMAC's expanding role, PTAC's scope is also expanding. To recognise this, PTAC's membership has increased to 12, and the number of subcommittees reporting to PTAC now numbers 20 – including subcommittees dedicated to vaccines (Immunisation Subcommittee) and hospital medicines.

"This provides a network of about 120 highly committed, practicing doctors, nurses and other health professionals all providing advice to PHARMAC. We need to keep all these dedicated practitioners well informed about current issues PTAC is dealing with" says Dr Jayathissa.

"The real power of PTAC is that all its members are practicing in the community and in contact with patients every day. This means that, even though in meetings they are dealing with clinical trial information and population data, they are still very much aware of the impact the recommendations they make can have on the community."

Dr Jayathissa says PTAC's advice plays a major part in the decisions PHARMAC makes and members are committed to maintaining the integrity of the advice the committee provides.

PTAC meets four times per year, with the next meeting scheduled for May 2013.

New PHARMAC publications

PHARMAC's 2012 Annual Review illustrates some of the changes that have occurred around pharmaceutical usage in New Zealand since 1993, when PHARMAC was established. As well as providing data to show changing usage patterns, the 2012 Annual Review also provides commentary on some of the changes that have been seen – like the rise of generic medicines, biologic medicines, and the proliferation of cancer medicines that mean many cancer patients can now be treated at home, rather than in hospital.



As well as the Annual Review, PHARMAC has updated and published its popular Information Sheets in book form. The publication outlines different aspects of PHARMAC's work and aims to give people an easy-to-read guide to PHARMAC and its work.

Copies of the Annual Review and other PHARMAC publications are available from www.pharmaonline.co.nz.

OHML summer programme

Our One Heart Many Lives cardiovascular awareness campaign continues to encourage men to have their hearts checked. Over the summer the programme focuses on community events such as Te Ra o te Raukura in Lower Hutt, and the Porirua Creekfest.

At Creekfest, the One Heart Many Lives stand had a visit from Minister of Health, the Hon Tony Ryall, who even had his blood glucose levels checked. More than 100 men had heart checks at the festival.



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Te Whaioranga 10-year plan

PHARMAC's Board has approved a 10-year plan for Te Whaioranga, PHARMAC's Māori Responsiveness Strategy. The plan sets out how PHARMAC will contribute to reducing disparities in access to medicines and improve knowledge of the safe use of medicines.

The 10-year plan identifies five key strategies to build on the activities undertaken by PHARMAC since the original Māori Responsiveness Strategy was published in 2002:

1. Advance tino rangatiratanga with whānau in health interventions;
2. Establish and maintain authentic strategic connections;
3. Champion evidence based Māori medicines management;
4. Support and engage in indigenous research and development about pharmaceutical management; and
5. Enhance and enable internal expertise and capability in te ao Māori.

The next step is to identify a 2-year action plan with key outputs and outcomes identified to measure and monitor our progress on the five strategies.

Diabetes meters change

More than 70,000 people with diabetes are using the new CareSens range of blood glucose meters since PHARMAC started funding the range from September 2012. Those who have not switched to a CareSens meter yet will collect a new meter next time they visit their pharmacy or GP.

The move to sole supply of blood glucose meters has been a landmark brand switch for PHARMAC.

"The key thing here is not only the number of patients, it's the nature of the change," says PHARMAC Medical Director Dr Peter Moodie.

"It's one thing to say take the blue pill instead of the red pill, but a device like this is a major part of patients' lives."

Implementation support for the change was the most comprehensive PHARMAC has ever undertaken, with events around the country, nationwide radio and print advertising, and support for pharmacists and general practice to communicate the changes to patients.

"As a result of this activity we saw a large number of people switch ahead of the 1 March date, when funding of brands other than CareSens ended," says Dr Moodie.