

## Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

**Friday 12 March 2021**

The meeting was held on Level 9, 40 Mercer St, Wellington from 9.25 am.

### **Present:**

Lisa Lawrence                      Chair  
Adrienne von Tunzelmann      Deputy Chair  
Hazel Heal  
Robyn Manuel (via Zoom)  
Leslie Robinson  
Mary Schnackenberg  
Tui Taurua  
Sione Vaka  
Vivien Verheijen  
Janfrie Wakim

### **PHARMAC staff in attendance:**

Alison Hill (Director of Engagement and Implementation), Janet Mackay (Manager, Implementation), Merryn Simmons (Implementation Lead), Trish Elise (Minute taker)

**For relevant items:** Sandy Bhawan (Manager, Access Equity), Robyn Harris (Senior Advisor, Access Equity), Alexa Masina (Senior Advisor, Pacific Responsiveness), Grace van Dyk (Procurement Specialist), Jane Wright (Senior Communications Advisor – Media), Sarah Kennerley (Senior Communications Advisor – Social Media), Graham Beever (General Counsel)

### **1. Welcome and whanaungatanga**

The Chair opened the meeting with a karakia, followed by a mihi whakatau to welcome Janfrie Wakim (first meeting at PHARMAC premises). Attendees introduced themselves.

### **2. Chair update / Board meeting report back, matters arising, confirming notes from previous meeting**

#### *Board meeting report*

The Chair and Deputy Chair provided an update of the past two Board meetings. Key items of interest to the committee included the discussion about the Special Authority for the diabetes medicines at the January meeting, and an update on the results of PHARMAC's stakeholder engagement survey at the February meeting.

**Action:** Results of the stakeholder survey and planned next steps will be shared with the Committee in a discussion at either the May or June meeting.

- Members discussed the name of the Committee (CAC). Alternative names suggested included a reo Māori equivalent to CAC, 'Consumer Experiences Council', and 'Community Advisory Rōpū'. The name could be discussed further in the context of the Terms of Reference for the Committee planned for discussion in May or June 2021.

#### *Matters arising*

- Members shared their desire to have regular connection with Māori PHARMAC staff. PHARMAC staff will ensure Māori, and other, staff members have opportunities to meet with Committee members, especially at face-to-face meetings. PHARMAC will also be providing an update on PHARMAC's Rautaki o te Whaioranga in an upcoming meeting.

#### *Notes of the previous meeting*

The notes of the previous meeting were accepted as true and correct.

**Moved/Seconded:** Janfrie Wakim/Hazel Heal

#### *Action List*

An action list will be included with the agenda for all meetings and will include items that have been completed. Action list to include PHARMAC secretariat drafting letter, on behalf of the Committee, expressing Committee members' concerns about negative impacts of direct to consumer advertising of prescription medicines. This letter will be addressed to the Ministry of Health.

**Action:** Action list update to be included in agendas for all meetings.

### **3. Induction: Access Equity – consumers and communities**

As an induction for committee members, PHARMAC's Access Equity team presented on the Medicines Access Equity strategic priority.

The presentation outlined:

- research and data that helped to inform the Access Equity priority areas;
- quality improvement projects that have informed PHARMAC's approach;
- PHARMAC's medicines access equity work programme over the coming years.

Discussion covered:

- whether community health initiatives to influence lifestyles, such as diet, exercise and stress would change data and how changes could be identified;

- whether there was any evidence of the effects of pharmacy co-payments, in particular with the evolution of pharmacies that advertise no prescription fees. Staff said a study of the impact of co-payment waivers on prescription pick-up is currently being undertaken by University of Otago pharmacy school;
- whether there was any data on the former refugee population, or any plans to engage with this population group. Staff said it is impossible to identify former refugees through medicine dispensing data at this time; hence the initial focus on Māori and Pacific peoples. Due to small numbers, separating Pacific into different groups reduces the quality/power of the data;
- why cancer is not a priority condition for PHARMAC's medicines access equity programme. Staff said that because treatments generally take place in hospitals adherence to medicines is not a big issue and that cancer treatments are therefore not a focus in this piece of work.

#### **4. Sustainable procurement**

The procurement specialist presented PHARMAC's proposed Sustainable Procurement Flexible Framework.

This was an early opportunity for members to provide advice on PHARMAC's approach to engaging with consumers on this work. The paper asked members several questions.

CAC advised that reducing waste is what the general public are most interested in and suggested PHARMAC considers investigating:

- use of plastics that are biodegradable or compostable. Staff said Medsafe set restrictions, and biodegradable packaging may reduce the expiry date of the medication;
- use of plant-based plastics for devices. Bay of Plenty DHB has plans to become a green hospital. Members suggested they would want devices that fit with their aspirations.

In response to questions, members suggested:

- the sustainability policy should be published on the PHARMAC website, as this would help develop public trust;
- people with disabilities should be included in communications about changes to more environmentally friendly products.

Overall CAC was supportive of implementing the Flexible Framework and would like PHARMAC to do as much as possible to improve sustainability.

Members suggested PHARMAC:

- engage with "Para Kore", a Māori group working with marae to reduce waste;
- investigate what DHBs are doing in the sustainability area, such as ISO 14001;
- support a project to allow for refillable pill containers.

Members also suggested PHARMAC get involved in education about discarding of medicines into landfill, but staff noted this was outside of PHARMAC's control.

Members were supportive of PHARMAC asking questions about sustainability when considering which medicines are funded, though acknowledged that there are limited choices for medicines.

## **5. PHARMAC update**

In the absence of the Chief Executive, the Director of Engagement and Implementation gave an update on current PHARMAC projects or issues, including:

- The recently announced independent Review of PHARMAC;
- Uptake of new diabetes medicines under Special Authority;
- Consultation on the CAC and PTAC Terms of Reference, closing on 19 March.

Confidentiality was emphasised about the information provided.

## **6. Induction – Communications (including the media and social media) and Legal: keeping CAC members safe**

### *Media*

Members of PHARMAC's communications team gave an overview of PHARMAC's approach to, and engagement with the media, including the media policy and how it applies to committee members.

PHARMAC would be interested in opportunities to profile members in local media and show how members' personal experience helps them give independent advice to PHARMAC.

The key things committee members needed to know were:

- to advise the Senior Communications Advisor – Media if a committee member is asked about PHARMAC during or before any media interview;
- If possible, committee members should not talk with media about PHARMAC. If members are asked for their opinion, please request they contact the Senior Communications Advisor – Media. Members can contact through the usual Committee email address.

### **Actions:**

- *If members meet people who share their story about a funded medicine making a positive difference to them, please advise the Communications team.*
- *Senior Communications Advisor – Media to prepare some phrases that members can utilise when communicating with the public.*

### *Social Media*

Staff gave an overview of PHARMAC's social media activities. PHARMAC currently uses Facebook, Twitter (@PHARMACNZ), and LinkedIn (under Pharmaceutical Management Agency).

Members were reminded about key steps to keep themselves safe online:

- When you post on Facebook, you can choose your audience. Use the 'Privacy Checkup' to manage your privacy settings so you know who's seeing what you share:
  - On desktop: Click the '?' icon in the top right of your Facebook > select 'privacy checkup';
  - On mobile device: From the menu click 'settings & privacy' > 'settings' > 'privacy settings' > 'Check a few important settings'.
- Members are welcome to "like", retweet and share content from PHARMAC social media.
- Members should not respond to comments from their personal Facebook account on behalf of PHARMAC or the CAC.
- If members see a comment or question on a PHARMAC social media site they believe they have an answer to, they should email the CAC inbox or private message the PHARMAC Facebook account. The member's suggested response will then be reviewed for approval and posted as a response from the official PHARMAC account.

The members were asked to:

- encourage advocates within their networks to follow and engage with PHARMAC on social media;
- have a willingness to come on the social media journey;
- advise on Advocacy Groups the communications team should actively reach out to. A list has been used to identify their social media platforms.

**Action:** *Social media guidelines to be provided to advisory group members.*

### *Use of photos*

Staff asked members for permission to use photos of members in their capacity as members of the Committee. There was discussion about reputational risk for members as they were informally classed as part of PHARMAC. It was agreed that members would be asked before their images were used.

### *Legal*

PHARMAC's General Counsel provided an overview of confidentiality and managing interests, as it relates to being a member of the Committee.

It was noted there are three main reasons for confidentiality:

1. Commercial reasons – specific transactions, pricing etc.;
2. Personal privacy;
3. Timing – as the committee may be provided with information in advance of it being made public, but in time the information will be public.

All discussions at committee meetings should be considered confidential, unless determined otherwise. If members wish to share information outside of the meeting, they should seek approval from PHARMAC first. In future papers provided to the committee would include “Confidential”, where appropriate, in the title of the document.

It is important for PHARMAC to demonstrate that any conflicts of interest are managed. A register is kept to ensure PHARMAC keeps track of different interests, and forms are completed by staff and committee members. Some key points noted were:

- It is understood and expected that members will have a range of other interests within the health sector – the most important thing is that these interests are declared so that decision makers are aware of the context. It would only occasionally be necessary to exclude a member entirely from an item.
- It is useful to distinguish between ‘interests’ and ‘conflicts of interest’ – a conflict will usually only be apparent in relation to a specific agenda item, however we keep a register of interests in order to help anticipate and manage any conflicts that may arise.
- Advice and guidance is available as required in dealing with any potential conflicts. Members are encouraged to err on the side of caution in declaring interests as that allows any issues to be surfaced and resolved.

**Actions:**

- *PHARMAC staff to include the committee’s register of interests in Objective Connect. The register to be an agenda item for each committee meeting.*
- *If significant documentation is added to Objective Connect, staff to email members to advise that it has been added.*

**7. Consumer work plan**

Staff gave an update on PHARMAC’s consumer work programme. This crosses all of PHARMAC’s six strategic priorities. PHARMAC has been considering how to capture, and report on, the consumer work.

Initial work is considering the definition of ‘consumers’ to help shape up the work PHARMAC undertakes. There are different levels, and approaches, to consumer engagement depending on what the focus is. Staff proposed four different consumer groupings, under the general label of ‘consumer’:

- Consumer Advisory Committee
- Consumer advocacy groups
- Consumers
- General public

Consumer Advisory Committee - is the strategic committee for PHARMAC to receive consumer perspectives and advice across PHARMAC’s work. The committee’s purpose is to provide this advice on issues brought to the committee.

Consumer advocacy groups - are often interested in specific therapeutic areas, such as arthritis or diabetes. PHARMAC engages with these groups when there is work in those areas, such as proposals for funding or significant brand changes.

'Consumers' group - is the area which is not as well defined in terms of what PHARMAC is trying to achieve, and what we mean by this group. Committee members noted that as 'consumers' of information that PHARMAC produces, healthcare professionals could fit under this grouping. Committee members also suggested that the 'consumer' group could potentially be removed, as the other three groups could sufficiently capture all 'consumers'. It was suggested that the term "community" be used rather than "consumer".

General public – are kept informed of PHARMAC's work through public facing channels including the PHARMAC website, managing and responding to enquiries, social media and media relations.

PHARMAC staff will be engaging with other government agencies about their consumer work, to help inform PHARMAC's structure and approach.

Suggestions were made in relation to engagement:

- Engagement with focus groups by use of surveys.
- There is a need to be innovative and flexible in how PHARMAC works with stakeholders.
- It was suggested a pool of people be established that can be called upon depending on the issue.
- Refugee communities could be a focus group.
- Leveraging off other agencies' engagement, e.g. Ministry of Health, MBIE.
- Use of other organisations to undertake consultation and promote PHARMAC.

## **8. Closing**

The meeting closed at 3.00 pm.