

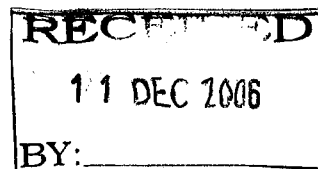
Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 10 November 2006

The meeting was held in the Internal Meeting Room, 14th floor, Cigna House, 40 Mercer St, Wellington from 9.30am.

Present:

Sandra Coney	Chair
Matiu Dickson	CAC member
Dennis Paget	CAC member
Heather Thomson	CAC member
Sharron Cole	CAC member
Te Aniwa Tutara	CAC member



Apologies

Vicki Burnett	CAC member
Paul Stanley	CAC member
Kuresa Tiimalu-Faleseuga	CAC member

In attendance

Simon England PHARMAC (minutes)

Marama Parore, Steffan Crausaz, Peter Alsop (PHARMAC Staff) attended for relevant items.

1. Record of previous CAC meeting

The minutes of the 14 July 2006 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Coney/Paget carried

2. Conflicts of Interest

No new conflicts of interest were declared.

3. Chair's report

The Chair made a verbal report to the committee. Members had contributed items for the PHARMAC Annual Review. A letter drafted for distribution with the industry sponsorship paper had been commented on by members. Some adjustments to the paper had been noted. The consumer-oriented pamphlet was also being progressed by PHARMAC.

Members had provided feedback to PHARMAC on the Transtasman therapeutics agency consultation document.

Maori caucus meeting:

Issues covered in the Maori Caucus meeting included:

- Pacific Responsiveness Strategy – Maori caucus supports this in principle
- Maori representation on PHARMAC advisory bodies and Board
- Integration of the Maori health team within PHARMAC's corporate structure
- Renaming of the Maori health team as Te Whai Oranga
- Future development of the PHARMAC Maori Responsiveness Strategy
- Recognition that PHARMAC had improved its responsiveness to Maori health needs.

The CAC considered that the Maori caucus group should continue to maintain strong links between people representing Maori interests on all PHARMAC bodies.

CAC recognises the contribution of the Maori Caucus towards progressing Kaupapa Maori within this organisation and supports continuation of its membership across all levels of PHARMAC.

Dickson/Coney carried

Feedback from the Board to CAC:

The PHARMAC Board had responded to recommendations made at the July 2006 meeting. Of particular interest to the committee was the Board's response to a recommendation to undertake a study of Exceptional Circumstances. The committee noted that a review of EC would be undertaken and would like to be involved in this work as it progresses.

Members had agreed to provide PHARMAC with a list of overarching groups that ought to be on the regular consultation database.

4. Correspondence

A letter had been received from a woman with breast cancer, which had also been provided to PHARMAC, and the committee would respond to the letter.

5. Demand Side Update

The Demand Side team had increased its workload and was progressing some exciting projects. The downside was that capacity was being stretched.

- Diabetes resources – these had been well received and positive working relationship established with Diabetes NZ.
- Mental health – reports had been commissioned to background projects, CAC will be updated and involved as future campaigns develop. One current issue is a lack of good quality independent consumer resources in mental health.
- Antibiotics – a patient leaflet may be developed around pandemic antibiotics. This will involve close work with the Ministry and DHBs. The 2006 Wise Use of Antibiotics campaign was being assessed.
- One Heart Many Lives – DHBs were continuing to embrace the campaign. The campaign is continuing in Hawke's Bay and the Northland project has also begun. A patient-oriented flip-chart may also be developed to assist with this campaign.
- Dyspepsia – funding is approved from DHBs. CAC's view will be sought in March (or once final plan is developed)
- BPAC – the contract to provide prescriber services has been renewed
- Asthma – the committee's assistance is being sought in the development of resources for children to provide information about asthma. This may involve developing children's books, or developing a character for children.

The committee expressed its support for the quantity and quality of work undertaken by the Demand Side team and for the ongoing involvement of the CAC.

The CAC commended to the Board the impressive achievements of the Demand Side and Maori Health teams, and the benefits they are bringing to NZ consumers. The CAC appreciates the comprehensive reports provided by the team and the manner in which they involve CAC in their work.

Coney/Paget carried

Action plan on Maori Responsiveness Strategy

A five-year development plan was being developed to 2011. The Strategy is to be renamed Te Whaioranga (In Pursuit of Health) – reflecting similar aims to other Government Maori health strategies, and embraced the concept of Tapa Wha.

A consultation plan for 2007 and beyond was in development, CAC would be an integral part of the consultation process.

Maori use of medicines

This project had been renamed He Rongoa Pai: He Oranga Whanau. The project had wider implications than just for Maori, and PHARMAC would be examining the possibility of rolling the campaign out nationally.

The committee considered a question and answer check sheet for prescribers/GPs might be a useful addition to resources.

6. Pacific Responsiveness Strategy

The Board had acknowledged CAC's view and asked PHARMAC to undertake a stocktake of how PHARMAC's current activity impacts on Pacific Island health.

An external contractor may be asked to undertake the stocktake. A draft report could be brought to the next meeting of CAC.

The committee considered that in considering a Pacific strategy, the existing Maori Responsiveness Strategy should not be used as a template. In developing a strategy consultation with Pacific Island groups and consumers would be necessary.

The committee thanked the Board for initiating the stocktake of PHARMAC's responsiveness to Pacific Island Health, and looks forward to working closely with the PHARMAC team as the work goes forward.

Coney/Dickson carried

7. Medicines Strategy

PHARMAC had been providing input to the Ministry of Health as part of its work in examining a Medicines Strategy. PHARMAC would continue providing input to the Strategy work as it develops.

The committee agreed that it would seek to input to PHARMAC's inputs to the Ministry (on its discussion paper) and potentially hold a teleconference to provide further input to PHARMAC around the Ministry of Health's Medicines Strategy work. Once the discussion paper is released, CAC will have an important role to playing providing its views to PHARMAC staff.

8. Making PHARMAC an even better place to work

This is an internal process developing PHARMAC's culture. From a consumer perspective, this is aimed at helping PHARMAC connect better with stakeholders and promote better understanding of its processes and decisions.

CAC considered there were a number of ways PHARMAC could better connect with the community and obtain support for its work:

- Issuing information backgrounding its decisions
- Providing information to DHB Board members (particularly on high profile issues, such as Hereptin)
- Improving the PHARMAC website
- Putting a 'human face' on PHARMAC.

The committee broadly supports the internal project and considers this type of work important to develop the organisation's capacity and responsiveness to consumer needs.

9. Funding and Procurement Update

The committee was updated on developments in medicine funding. Issues highlighted included:

- Aspirin tablets splitting – this had been an issue although a low dose aspirin was now fully funded.
- Methylphenidate – brand change is occurring for the 20mg long-acting methylphenidate. PHARMAC had implemented a communications strategy around the transition and this had involved consumer groups, who had provided some good ideas.
- Paroxetine – PHARMAC was still examining options in this area.
- 2006-07 was shaping as a big year for both savings and investment transactions.
- New procurement projects on behalf of DHB hospitals were currently being scoped – included stents, wound care, antidotes and antivenoms.

The committee was also updated on progress in the assessment of Herceptin.

10. Report on CHG funding from industry groups

The committee accepted a final revision of the summary of submissions as a full and final version of the analysis. The committee requested that the analysis document, and an accompanying cover letter, be sent to all respondents as soon as possible.

The committee considered a draft checklist for groups considering funding from the health industry (as supported by 83% of respondents to the questionnaire). The committee agreed to develop the draft checklist via email exchange and bring a revised version back to the next meeting.

11. General Business

The committee asked to be updated on when membership of the committee expires. The committee considered that there had been changes in membership of the committee and of the PHARMAC Board since the committee was formed in 2002. The committee considered there was merit in the committee and the Board meeting informally at some time during 2007.

Provisional meeting dates for 2007 were agreed.

The meeting ended at 3.25pm

Signed

Stoney

Date

4/12/06