

PHARMAC has withheld some material from this Minute in accordance with section 6a of the Official Information Act 1982

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 5 December 2008

The meeting was held at PHARMAC, 9th floor, Cigna House, 40 Mercer St, Wellington from 9.00am.

Present:

Sandra Coney	Chair
Matiu Dickson	CAC member
Dennis Paget	CAC member
Vicki Burnett	CAC member
Heather Thomson	CAC member

Apologies

Paul Stanley	CAC member
Te Aniwa Tutara	CAC member
Sharron Cole	CAC member

In attendance:

Fiona Rutherford PHARMAC (CAC Secretary)

Erin Murphy, Matthew Brougham, Peter Alsop, Marama Parore, Steffan Crausaz, Peter Moodie, Andrew Davies, and Simon England (PHARMAC Staff) attended for relevant items.

Carl Burgess (PTAC Chair) presented to the Committee on PTAC's role.

1. Meeting quorum

The Chair noted that a member had been delayed and that until they arrived the meeting quorum would be four to enable the Committee to get through the full agenda within the time allocated. The delayed member arrived ten minutes after the start of the meeting.

2. Minutes of October 2008 meeting

Subject to the changes agreed, the minutes of the October 2008 meeting were accepted as a true and accurate record.

Coney/Thompson (**carried**)

3. Action points

The Committee sought to have the action points that record the Committee's recommendations and PHARMAC's responses to these posted on the website along with the meeting minutes.

The Committee requested changes to some of the action points.

Coney/Dickson (**carried**)

4. Correspondence

The Committee commented that it found the correspondence report very useful to identify key themes in correspondence with PHARMAC. The Committee considered that it should continue to receive the report as it assists CAC in keeping a watching brief on correspondence.

The Committee noted that it is useful that PHARMAC now tracks correspondence across the organisation.

The Committee discussed its reply to an item of correspondence it had received from an individual.

5. Chair's report

The Chair reported that since the October meeting the Chair had attended two Board meetings and no significant issues of relevance to the Committee were raised.

The report also noted that CAC members Vicki Burnett and Dennis Paget had attended a teleconference with PHARMAC staff to discuss seeking information from stakeholders to contribute to the CAC Terms of Reference review.

Coney/Dickson (**carried**)

6. Conflicts of interests

The Committee reviewed and updated the Conflicts of Interest register.

No interests relating specifically to items on the December meeting agenda were declared.

7. Matters arising

The Committee noted that a high number of applications of good quality were received for the position of Pacific Committee member. The Chair advised the Committee that interviews were being organised and these would occur either late 2008 or in early 2009.

The Committee sought confirmation that the plan to review the Committee's Terms of Reference was sent to Committee members. PHARMAC staff confirmed that this information had been emailed with other material for the teleconference.

One Committee member suggested that PHARMAC's Access and Optimal Use team contact John Cosgriff who is undertaking a project for the Ministry of Health on obesity related to the use of new anti-psychotic medication.

8. Consultation on the voluntary checklist

The Committee agreed to write a response to those organisations which provided submissions in response to the consultation on the Voluntary Checklist for Health Consumer Organisations Entering into Health Industry Sponsorship.

After consideration of the submissions, the committee amended the checklist to include a note about the possible use of the checklist for other types of sponsorship or funding, added a new dot-point regarding unintended outcomes and lessons learned, and included a resource section. The Committee delegated the final sign-off on the Checklist to the Chair and the secretary.

The Committee agreed to posting the final copy of the Checklist on the PHARMAC website and sending a printed copy to all groups that responded to the first consultation, as well as some additional groups.

The Committee suggested holding some documents in reserve for stakeholder events.

Coney/Paget (**carried**)

The Committee expressed its appreciation for the work that CAC member Sharron Cole put into developing the draft consultation document.

Burnett/Coney (**carried**)

9. Funding and procurement update

Herceptin

The Committee noted that PHARMAC had been involved in discussions with the Ministry of Health about how it can support the Government to fulfil its pledge to fund 12 months Herceptin for HER2 positive breast cancer patients within 100 days. The Committee was advised that the Government would release details of the process for funding when it has been confirmed.

PHARMAC staff advised that the choice of 9 weeks or 12 months treatment would be up to the doctor to determine in discussion with patients, but it is likely that the 12 month choice would be offered to all patients. PHARMAC staff also noted that it is incumbent on specialists to discuss issues of side-effects from the longer course treatment when discussing treatment options with patients.

The Committee suggested that PHARMAC should consider using information collected from patients to compare the effects of the two treatment lengths, and the varying effects of the concurrent and sequential treatments.

Isotretinoin

The Committee was advised that the Board had decided to allow vocationally trained General Practitioners to prescribe isotretinoin and that the special authority mechanism would be used to monitor prescribing data. These General Practitioners will be required to indicate each time they prescribe that they are competent and able to prescribe the medication.

PHARMAC staff advised the Committee of concerns that had arisen through consultation including those expressed by Medsafe about risks of side-effects (including those for pregnant women) that may occur as a result of widening prescribing.

In PHARMAC's view, general practitioners are well-placed to manage pregnancy and ensure that people have adequate access to contraception.

The Committee asked that PHARMAC provide an update following its discussion with Medsafe about listing the pharmaceutical on the Intensive Medicines Monitoring Programme.

Monitoring the effects of brand changes

The Committee had a discussion with PHARMAC staff about monitoring the effects of brand changes. The following points were raised:

- PHARMAC does not usually monitor the impact of brand changes but relies on bio-equivalence data that demonstrates the product should have the same effect.
- All products cause a brief increase in reporting – this is usually minor and ceases rapidly.
- Products with a narrow therapeutic index, such as thyroxine, are not usually tendered and made sole supply as these products are more likely to result in difficulties for patients.
- Prescribing data only demonstrates gross changes as there is considerable underlying variation from month to month. It is also very difficult to identify causal relationships between Pharmaceutical Schedule changes and changes in prescribing as often a range of factors are at play.
- The Centre for Adverse Reactions Monitoring (CARM) does record effects of brand changes (it collects information about lack of efficacy). PHARMAC refers all complaints to CARM. PHARMAC is not well set-up to collect and record information as accurately as CARM does. The relative success of New Zealand's adverse reaction monitoring regime is attributed in part to the fact that a university, and not the government, administers the programme.

The Committee asked that time be set aside at its March meeting for a discussion of PHARMAC's monitoring of the effects of brand changes. The Committee also asked that it be provided with copies of the leaflets that are given to patients and prescribers when brands are changed.

The Committee suggested that PHARMAC should be responsible for ensuring that information about brand changes is included in patient management systems in GPs surgeries. The Committee also suggested that it would be interesting to look at the data associated with a specific change and CARM's response to this.

10. Discussion with Manager Corporate and the Chief Executive

PHARMAC staff and CAC discussed the functioning of the PHARMAC-CAC interface, as part of seeking ongoing improvement in that interface, including:

- the role of the CAC secretariat, recognising that the role is chiefly to assist the Committee but may also involve, where useful to the Committee, providing a PHARMAC view and/or presenting papers;
- the CAC recommendations Board paper, including the process for seeking CAC comments on this;

- the management of CAC correspondence, including arrangements for PHARMAC response where duplicate correspondence is sent directly to PHARMAC staff; and
- CAC member attendance at sector events, including a process for seeking the CAC Chair's view on these requests.

The Committee also suggested that PHARMAC should keep an open mind about any health sector reviews or projects that it considers would benefit from CAC member involvement.

11. Presentation by PTAC Chair

Carl Burgess, the PTAC Chair, presented to CAC on PTAC's role and relationship to PHARMAC.

10. PHARMAC Forum

The Committee discussed the draft Forum agenda and invitation list. The Committee's suggestions included:

- That 'consumer' rather than 'citizen' engagement better reflects what PHARMAC wanted to discuss with stakeholders. The Committee also reiterated that it is only one part of PHARMAC's approach to engaging consumers and that any discussion at the Forum should reflect broader engagement approaches.
- That PHARMAC could establish a fund for groups to apply for money to meet travel costs to attend the Forum. This would assist in providing a broader range of groups with the opportunity to be involved
- That an additional agenda item could be a comparison of NZ and Australia in terms of use of generic medicines.
- That the agenda was very full for a relatively short time-frame and that the items should be pared down and more time be provided for discussion and breaks.
- PHARMAC should consider what information stakeholders would find useful, including potentially a presentation on PTAC's role.
- That PHARMAC consider how people are seated – including the benefits of people being able to sit with those whom they feel most comfortable.

11. Information for consumers on involvement in PHARMAC's processes

The Committee was asked for comment on a document for stakeholders (including consumers) on how to be involved in PHARMAC's decision processes. Committee members agreed to provide feedback on this document within the week, via email.

12. [Section withheld in accordance with section 6a of the Official Information Act 1982]

13. Update about exceptional circumstances

PHARMAC staff advised the Committee that a consultation document on exceptional circumstances would be released shortly, subject to discussion with the Minister of Health, and that the Committee would have the opportunity to make a submission.

The Committee commented that it would have been useful if it had provided comment on the accessibility of the draft consultation document. It also asked that time be set aside on its March meeting agenda to consider a response to consultation. The Committee suggested that PHARMAC wait until the New Year to send out any consultation information as it was likely to be lost in December.

14. Access and Optimal Use Update

Polypharmacy

In response to a request from CAC members for information, PHARMAC staff reiterated that the Ministry of Health had put in place a new Safe Medication Management Programme and the work of this overlapped with PHARMAC's planned polypharmacy activities. As a result PHARMAC will not be undertaking further work in this area at this time.

One Heart Many Lives

One Committee member expressed the view that the number of people being reached by One Heart Many Lives was not as many as it could be, particularly in rural communities or communities on the fringe of urban communities. In addition some men do not support the approach to addressing separately different aspects of health (e.g. different programmes for heart health, diabetes, etc). It was also mentioned that it is good to be able to respond to trigger events in the local community – often receptivity after these events is higher than at other times.

PHARMAC staff commented that the organisation is very keen for the programme to be as adaptive as possible to be able to respond to what communities want and need, rather than what others interpret is needed.

PHARMAC staff also discussed the approach it is taking to link up with other health promotion organisations (e.g. Heart Foundation) to take a more holistic approach to raising awareness of the need for health improvement and illness prevention.

The Committee noted that PHARMAC staff will be holding a One Heart Many Lives stand at a family event in Glendowie in December and are investigating having a stand at a kapa haka festival in the New Year.

Antipsychotics and dementia

The Committee sought to confirm the status of the public information leaflet for the anti-psychotics campaign. PHARMAC staff agreed to send an email update after the meeting on this topic.

Māori pharmacy scholarships

The Committee noted that the Hiwinui Heke Maori pharmacy scholarships were launched in October, benefiting three university students.

Social marketing

The Committee noted that PHARMAC's social marketing work was received positively at a social marketing conference that PHARMAC staff attended. The audience was particularly impressed that PHARMAC was using cost-effectiveness analysis to inform campaign selection and evaluation.

15. CAC Terms of Reference Review

The Committee discussed the information package that PHARMAC intended to send out to stakeholders to elicit their views on key issues that the Terms of Reference review needed to consider.

The Committee made a number of suggestions for wording and formatting changes within the documents, including a section for respondents to identify the category of organisation they are responding on behalf of.

The Committee considered that the timeframe for responses should be longer.

The Committee suggested that PHARMAC staff talk to ACC and the New Zealand Guidelines Group to find out how their consumer advisory committees operate.

Date
