PHARMAC
TE PĀTAKA WHAIORANGA

Version for Public Release
Some information may have been redacted for reasons including confidentiality

Pharmaceutical Management Agency (Pharmac)

Minutes of the Board Meeting held on Tuesday 25 June 2024, at 9.30am

At Pharmac Offices, Level 9, 40 Mercer Street, Wellington and via Teams

Present:

Board members

Paula Bennett	Chair
Dr Peter Bramley (BSc (Hon), LL.B, PhD)	Deputy Chair (via Teams)
Talia Anderson-Town (BBS, PG Dip Professional Accounting, CA, CPP)	Board member
Dr Anthony Jordan (BHB, MBChB, FRACP)	Board member
Dr Margaret Wilsher (MD, FRACP, FRACMA)	Board member

Apologies

Dr Diana Siew (PhD)	Board member
Robyn Manuel	Board Observer, CAC Chair

Board Observers

Dr Jane Thomas	Board Observer, PTAC Chair
Sione Vaka	Board Observer, for CAC Chair

Pharmac staff in attendance

Sarah Fitt	Chief Executive
Catherine Epps	Director, Medical Devices
Michael Johnson	Director, Strategy, Policy & Performance (via Teams)
Geraldine MacGibbon	Director, Pharmaceuticals
Kathryn McInteer	Director, Corporate Services
Nicola Ngawati	Director, Equity & Engagement
Caroline de Luca	Acting Director, Advice and Assessment/CMO
Trevor Simpson	Kaituruki Māori – Director Māori
Jacqui Webber	Board Secretary (Minute taker)

Attendees joined the meeting to present relevant papers: Graham Durston, Ishani Noble, Yazmin Juned, Gillian Anderson, Adrienne Martin, Matthew McKenzie, Brent McPherson, Danae Staples-Moon, Davina Carpenter and Jannel Fisher.

1. Director-only Discussion

The meeting commenced at 9.40 am for Board only time, with the full meeting commencing at 10.27am. The Chair welcomed everyone and **noted apologies** from Diana Siew and Robyn Manuel, and welcomed Sione Vaka to his first Board meeting.

2. Governance and Information matters

2.1 Glossary of Terms

The Board **noted** the Glossary of Terms.

2.2 Board Actions

The Board **noted** the Actions.

2.3 Matters Arising

The Board **noted** the Matters Arising.

2.4 Board Annual Agenda 2024

The Board noted the Annual Agenda for 2024.

The Chair noted that we are currently reviewing a calendar of meetings for 2025 and will look to move to Tuesday meetings.

2.5 Board and Committee Member Terms and Attendance Record

The Board **noted** the Board and Committee Member terms and the Attendance Record.

2.6 Interests Register

The Board **noted** the Interests Register.

Anthony Jordan and Talia Anderson-Town noted they have new interests to add and will advise these separately.

3. Record of Previous Meetings

3.1 Minutes of meetings

The Board:

resolved to adopt the minutes of the meetings held on 31 May 2024 and the out of cycle meeting held on 6 June 2024, as being a true and correct record of the meeting; and

noted and **endorsed** the minutes of the Audit and Risk Committee meeting held on 28 March 2024.

4. Chair's Report

4.1 Verbal Update from the Chair

The Chair provided a verbal update to the Board on recent activities. Comments included:

- Extended her thanks and congratulations to kaimahi and acknowledged the volume of work that has been carried out

- Commented that Ministers acknowledged how independent Pharmac is and endorsed our robust processes
- Has had meetings recently with Ministers and Todd Stephenson, and also met with the Director General, Dr Diana Sarfati
- Spoke at MTANZ Conference on Monday.

4.2 Correspondence

The Board **noted** the correspondence report.

5. CE Report

5.1 Chief Executive's Report

The Chief Executive spoke to her report and in particular noted:

- The announcement on funding made yesterday
- Funding will initially focus on cancer medicines and as well as non-cancer treatments
- Support with resourcing – our workload will be increasing with the funding announcement
- The impact of having our own minister has been very positive
- Estimates Health Select Committee – the Chief Executive attended with Minister Seymour
- The MoU with Health NZ has been signed.

The Board **noted** the Chief Executive's Report.

Action: Board would like a plan of action with timeframes we are working towards, with regard to the additional funding and delivery.

5.2 Financial Update – April 2024

The purpose of this paper was to update the Board on the pharmaceutical budget expenditure, associated risks, our approach to managing the CPB, COVID-19 expenditure and forecasting, and to provide the Board with an overview of financials for May 2024.

The Board:

Combined Pharmaceutical Budget

noted that the Combined Pharmaceutical Expenditure Budget (CPB) for 2023/24 is $1.761 billion [redacted]

[redacted]

[redacted]

noted the Minister announced the Government will commit an additional $1.77 billion over the next four years for the Combined Pharmaceutical Budget.

noted Budget 2024 includes an additional $129.7 million over four years for the impact of reinstating the $5 co-payment from 1 July 2024 with targeted exemptions for Community Services Card holders, people aged 65 and over, and people under 14 years from 1 July 2024.

noted in July, a recommendation will be put forward as to what the expenditure target could be set at to enable Pharmac to deliver on its commitments. [redacted]

Pharmac Operating

noted for the month of May 2024 Pharmac operating results are [redacted]

5.3 Operational Savings for the 2024/25 Financial Year

The purpose of this paper was to update the Board on operational savings that have been identified as part of the preparation of the 2024/25 Budget, that forms the basis of the SPE to be approved by the Board.

The Board:

noted that staff have reviewed expenditure on a line by line basis when preparing the 2024/25 budget and as part of that, have identified operational savings

noted that while savings were able to be made, there is also some additional costs that needed to be incurred

[redacted]

5.4 Legal Report - Confidential and Legally Privileged

Pharmac's legal team provides legal oversight of contracts, supports decision making processes and manages privacy, legislative compliance, litigation, and administrative complaints.

The legal report provided an update regarding specific legal matters where awareness at Board level is appropriate, but which are not otherwise addressed in reports to the Board, as well as regular reporting on matters where the Legal Risk Fund has been accessed.

The Board:

noted the contents of the legal report.

6. Schedule & Funding

6.1 Pharmaceutical Transactions Report

The purpose of this paper was to provide the Board with an advanced overview of current issues relating to pharmaceuticals funded through the Combined

Pharmaceutical Budget (CPB), current significant supply issues, the contentious, large or significant pharmaceutical transactions and investments that staff are currently progressing and an update on vaccines and COVID-19 treatments.

The Board:

noted the update from Pharmac staff on current medicines issues and the large and/or significant medicines transactions that are currently planned or in progress

noted the summary of decisions made under Delegated Authority during May 2024.

6.2 Proposal to increase funded access to medicines for people with multiple myeloma and myelodysplastic syndrome

This paper sought a decision from the Board on a proposal to fund a new treatment, pomalidomide, and increase access to an already funded treatment, lenalidomide, for people with multiple myeloma and myelodysplastic syndrome. Funding for the new treatment and widened access would be achieved through savings generated from a brand change for lenalidomide. The proposed brand change for lenalidomide would also release substantial funds to support ongoing investments in other medicines.

The Board:

resolved to approve the listing of lenalidomide (Lenalidomide Viatris) on the Pharmaceutical Schedule as set out

resolved to approve the listing of pomalidomide (Pomolide) on the Pharmaceutical Schedule as set out

resolved to approve the delisting of lenalidomide (Revlimid) from the Pharmaceutical Schedule from 1 February 2025 as set out

resolved to approve the 4 April 2024 agreement with Viatris Ltd (Viatris) for the supply of lenalidomide (Lenalidomide Viatris)

resolved to approve the 20 March 2024 agreement with Juno Pharmaceuticals New Zealand Ltd (Juno) for the supply of pomalidomide (Pomolide)

resolved to approve the 4 April 2024 letter of agreement with Celgene Pty Limited for alternative brand allowance (ABA) supply of lenalidomide (Revlimid)

resolved that the consultation on this proposal was appropriate, and no further consultation is required.

Lenalidomide

resolved to list lenalidomide (Lenalidomide Viatris) in the Oncology Agents and Immunosuppressants Therapeutic Group (Other Cytotoxic Agents subgroup) in Section B of the Pharmaceutical Schedule from 1 August 2024 as follows:

Chemical	Presentation	Brand	Pack Size	Price and subsidy (ex-man., ex. GST)
Lenalidomide	Cap 5 mg	Lenalidomide Viatris	21	$76.92

Lenalidomide	Cap 10 mg	Lenalidomide Viatris	21	$50.30
Lenalidomide	Cap 15 mg	Lenalidomide Viatris	21	$62.13
Lenalidomide	Cap 25 mg	Lenalidomide Viatris	21	$65.09

resolved to list lenalidomide (Lenalidomide Viatris) in the Oncology Agents and Immunosuppressants Therapeutic Group (Other Cytotoxic Agents subgroup) in Part II of Section H of the Pharmaceutical Schedule from 1 August 2024 as follows:

Chemical	**Presentation**	**Brand**	**Pack Size**	**Price** (ex-man., ex. GST)
Lenalidomide	Cap 5 mg	Lenalidomide Viatris	21	$76.92
Lenalidomide	Cap 10 mg	Lenalidomide Viatris	21	$50.30
Lenalidomide	Cap 15 mg	Lenalidomide Viatris	21	$62.13
Lenalidomide	Cap 25 mg	Lenalidomide Viatris	21	$65.09

resolved to amend the following Special Authority criteria to lenalidomide in Section B of the Pharmaceutical Schedule from 1 August 2024 as follows (additions in **bold**, deletions in ~~strikethrough~~):

Special Authority for Subsidy

Initial application - (Plasma cell dyscrasia) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1. **Patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and**
2. **Patient is not refractory to prior lenalidomide use.**

Initial application - (Myelodysplastic syndrome) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. **Patient has low or intermediate-1 risk myelodysplastic syndrome (based on IPSS or an IPSS-R score of less than 3.5) associated with a deletion 5q cytogenetic abnormality; and**
2. **Patient has transfusion-dependent anaemia.**

Renewal – (Myelodysplastic syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1. **Patient has not needed a transfusion in the last 4 months; and**
2. **No evidence of disease progression.**

~~Initial application — (Relapsed/refractory disease) only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1. Patient has relapsed or refractory multiple myeloma with progressive disease; and~~
~~2. Patient has not previously been treated with lenalidomide; and~~

~~3. Either:~~
~~3.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or~~
~~3.2 Both:~~
~~3.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and~~
~~3.2.2 The patient has experienced severe (grade 3 or higher), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and~~
~~4. Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.~~

~~Initial application — (Maintenance following first-line autologous stem cell transplant (SCT)) only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1. Patient has newly diagnosed symptomatic multiple myeloma and has undergone first-line treatment that included an autologous stem cell transplantation; and~~
~~2. Patient has at least a stable disease response in the first 100 days after transplantation; and~~
~~3. Lenalidomide maintenance is to be commenced within 6 months of transplantation; and~~
~~4. Lenalidomide to be administered at a maximum dose of 15 mg/day.~~

~~Renewal — (Relapsed/refractory disease) only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Both:~~
~~1. No evidence of disease progression; and~~
~~2. The treatment remains appropriate and patient is benefitting from treatment.~~
~~Renewal — (Maintenance following first line autologous SCT) only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Both:~~
~~1. No evidence of disease progression; and~~
~~2. The treatment remains appropriate and patient is benefitting from treatment.~~

~~Note: Indication marked with * is an unapproved indication. A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier~~

resolved to apply the following restrictions to lenalidomide in Part II of Section H of the Pharmaceutical Schedule from 1 August 2024 as follows (additions in **bold**, deletions in ~~strikethrough~~):

Restricted
Initiation - Plasma cell dyscrasia
Any relevant practitioner
Both:
1. **Patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and**
2. **Patient is not refractory to prior lenalidomide use.**

Initiation - Myelodysplastic syndrome
Any relevant practitioner
Re-assessment required after 6 months
Both:
1. **Patient has multiple myeloma requiring treatment; and**
2. **Patient has not received prior funded lenalidomide.**

Continuation – Myelodysplastic syndrome
Any relevant practitioner
Re-assessment required after 12 months
Both:
1. **Patient has not needed a transfusion in the last 4 months; and**
2. **No evidence of disease progression.**

~~Initiation – Relapsed/refractory disease~~
~~Haematologist~~
~~Re-assessment required after 6 months~~
~~All of the following:~~
~~1. Patient has relapsed or refractory multiple myeloma with progressive disease; and~~
~~2. Patient has not previously been treated with lenalidomide; and~~
~~3. Either:~~
~~3.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or~~
~~3.2 Both:~~
~~3.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and~~
~~3.2.2 The patient has experienced severe (grade 3 or higher), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and~~
~~4. Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.~~

~~Continuation – Relapsed/refractory disease~~
~~Haematologist~~
~~Re-assessment required after 6 months~~
~~Both:~~
~~1. No evidence of disease progression; and~~
~~2. The treatment remains appropriate and patient is benefitting from treatment.~~

~~Initiation – Maintenance following first-line autologous stem cell transplant (SCT)~~
~~Haematologist~~
~~Re-assessment required after 6 months~~
~~All of the following:~~
~~1. Patient has newly diagnosed symptomatic multiple myeloma and has undergone first-line treatment that included an autologous stem cell transplantation; and~~
~~2. Patient has at least a stable disease response in the first 100 days after transplantation; and~~
~~3. Lenalidomide maintenance is to be commenced within 6 months of transplantation; and~~
~~4. Lenalidomide to be administered at a maximum dose of 15 mg/day.~~

~~Continuation – Maintenance following first-line autologous stem cell transplant (SCT)~~
~~Haematologist~~
~~Re-assessment required after 6 months~~
~~Both:~~
~~1 No evidence of disease progression; and~~
~~2 The treatment remains appropriate and patient is benefitting from treatment.~~

~~Note: Indication marked with * is an unapproved indication. A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.~~

resolved to award Principal Supply Status to Viatris Limited for its brand of the Community Pharmaceutical lenalidomide (Lenalidomide Viatris) cap 5 mg, 10 mg, 15 mg and 25 mg from 1 February 2025 until 31 January 2028;

resolved to award Principal Supply Status to Viatris Limited for its brand of the Hospital Pharmaceutical lenalidomide (Lenalidomide Viatris) cap 5 mg, 10 mg, 15 mg and 25 mg with a DV limit of 5% from 1 February 2025 until 31 January 2028;

resolved to delist lenalidomide (Revlimid) cap 5 mg, 10 mg, 15 mg and 25 mg (21 cap pack and 28 cap pack) from Section B and Part II of section H of the Pharmaceutical Schedule from 1 February 2025.

resolved to list on 1 February 2025 and delist on 1 May 2025 in the Oncology Agents and Immunosuppressants therapeutic group of Section B of the Pharmaceutical Schedule the following brand switch fee:

Chemical and presentation	Brand	Pack Size	Subsidy and price

			(ex-man., ex. GST)
Pharmacy Services, Brand switch fee (BSF)	BSF Lenalidomide Viatris	1 fee	$4.50
May only be claimed once per patient			

resolved to add a note to the following chemical name as listed in Section B of the Pharmaceutical Schedule from 1 February 2025 until 30 April 2025 as follows (changes in bold):

LENALIDOMIDE- **Brand Switch Fee payable**

Lenalidomide Cap 5 mg	$76.92	21	√ **Lenalidomide Viatris**
Lenalidomide Cap 10 mg	$50.30	21	√ **Lenalidomide Viatris**
Lenalidomide Cap 15 mg	$62.13	21	√ **Lenalidomide Viatris**
Lenalidomide Cap 25 mg	$65.09	21	√ **Lenalidomide Viatris**

Pomalidomide

resolved to list pomalidomide (Pomolide) in the Oncology Agents and Immunosuppressants Therapeutic Group (Other Cytotoxic Agents subgroup) in Section B of the Pharmaceutical Schedule from 1 August 2024 as follows:

Chemical	**Presentation**	**Brand**	**Pack Size**	**Price and subsidy** (ex-man., ex. GST)
Pomalidomide	Cap 1 mg	Pomolide	14	$47.45
Pomalidomide	Cap 1 mg	Pomolide	21	$71.18
Pomalidomide	Cap 2 mg	Pomolide	14	$94.90
Pomalidomide	Cap 2 mg	Pomolide	21	$142.35
Pomalidomide	Cap 3 mg	Pomolide	14	$142.35
Pomalidomide	Cap 3 mg	Pomolide	21	$213.53
Pomalidomide	Cap 4 mg	Pomolide	14	$189.81
Pomalidomide	Cap 4 mg	Pomolide	21	$284.71

resolved to list pomalidomide (Pomolide) in the Oncology Agents and Immunosuppressants Therapeutic Group (Other Cytotoxic Agents subgroup) in Part II of Section H of the Pharmaceutical Schedule from 1 August 2024 as follows:

Chemical	**Presentation**	**Brand**	**Pack Size**	**Price** (ex-man., ex. GST)
Pomalidomide	Cap 1 mg	Pomolide	14	$47.45

Pomalidomide	Cap 1 mg	Pomolide	21	$71.18
Pomalidomide	Cap 2 mg	Pomolide	14	$94.90
Pomalidomide	Cap 2 mg	Pomolide	21	$142.35
Pomalidomide	Cap 3 mg	Pomolide	14	$142.35
Pomalidomide	Cap 3 mg	Pomolide	21	$213.53
Pomalidomide	Cap 4 mg	Pomolide	14	$189.81
Pomalidomide	Cap 4 mg	Pomolide	21	$284.71

resolved to list pomalidomide in Section B of the Pharmaceutical Schedule subject to the following Special Authority from 1 August 2024 as follows:

Special Authority for Subsidy
Initial application - (Relapsed/refractory plasma cell dyscrasia) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. Patient has relapsed or refractory plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and
2. Patient has not received prior funded pomalidomide.

Renewal application – (Relapsed/refractory plasma cell dyscrasia) from any relevant practitioner. Approvals valid for 12 months where there is no evidence of disease progression.

resolved to list pomalidomide in Part II of Section H of the Pharmaceutical Schedule subject to the following restrictions from 1 August 2024 as follows:

Restricted
Initiation – Relapsed/refractory plasma cell dyscrasia
Any relevant practitioner
Re-assessment required after 6 months
Both:
1. Patient has relapsed or refractory plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and
2. Patient has not received prior funded pomalidomide.

Continuation – Relapsed/refractory plasma cell dyscrasia
Any relevant practitioner
Re-assessment required after 12 months
Patient has no evidence of disease progression.

resolved to award Principal Supply Status to **Juno Pharmaceuticals** for its brand of the Community Pharmaceutical pomalidomide (Pomolide) cap 1 mg, 2 mg, 3 mg and 4 mg from 1 August 2024 until 31 July 2027;

resolved to award Principal Supply Status to **Juno Pharmaceuticals** for its brand of the Hospital Pharmaceutical pomalidomide (Pomolide) cap 1 mg, 2 mg, 3 mg and 4 mg with a DV limit of 5% from 1 August 2024 until 31 July 2027.

6.3 Medical Devices Transaction and Investment Report

This paper provided an update to the Board on progress with medical devices national contracting activity. It also included updates on some wider medical device programme activity.

The Board commented that [redacted]

The Board:

noted the update on progress with medical devices national contracting activity

noted the summary of decisions made under Delegated Authority during May by the Director, Medical Devices.

7. Strategic Planning and Policy

7.1 Final 2024/25 Statement of Performance Expectations

This paper presented the 2024/25 Statement of Performance Expectations (SPE) for Board approval.

The Board noted that they received a word version of the SPE as we are in the process of doing the design of the final SPE and we could not get this done in the timeframe for the completion of the June Board pack.

Comments:

Staff noted that further to the funding announcement yesterday, financials have now been updated to reflect the additional funding.

The Board:

noted that changes have been made to the 2024/25 Statement of Performance Expectations, following feedback from the Board and consultation with agencies

noted that the Statement of Performance Expectations 2024/25 will be finalised, proofread, and provided to the Minister for approval by 28 June 2024

noted that the Crown Entities Act enables us to revise our 2024/25 Statement of Performance Expectations, post 1 July 2024, should this be required

approved the 2024/25 Statement of Performance Expectations.

7.2 Medical Devices Programme Update

This paper provided the Board with an update on progress of the Medical Device Programme and signalled the focus for delivery over the coming months.

The Board:

noted the update on progress with the Medical Device Programme

noted that the Programme aims to achieve in 2024/25, a comprehensive list that represents the medical devices hospitals are using with a dependency on HSC/FPIM programmes to achieve a comprehensive list within this timeframe

noted that the Programme is working to have the systems and settings in place to be able to ‘close the list’ in 2025/26

noted that there is a lack of funding certainty for the Medical Device programme from the beginning of the 2025/2026 financial year - if this is not secured the Programme is unlikely to deliver the desired benefits within an acceptable timeframe.

7.3 Te Rautaki o Te Whaioranga – update

This paper provided the Board with an update on *Te Rautaki o te Whaioranga*, Te Pātaka Whaioranga Pharmac's Māori Responsiveness Strategy (Te Whaioranga strategy).

[redacted]

The Board:

noted progress made in 2023/24 in implementing Te Whaioranga Strategy

noted that the Te Whaioranga Strategy expired in 2023 and the work initially planned to review the Te Whaioranga Strategy is deferred to 2025 to coincide with the Manatū Hauora - Ministry of Health's review of Pae Tū Hauora Māori Strategy 2023 and Whakamaua: Māori Health Action Plan 2020-2025.

7.4 International Travel Request – 2024 Vancouver Group Annual Meeting

This paper presented a proposal for the Chief Executive to attend the international forum in person. The meeting will take place over three days, 18 to 20 September 2024, in Oslo, Norway. The Chief Executive has been invited to speak on Public Engagement. This session will feature examples of public engagement in HTA, coverage and priority setting and is highly relevant with the work we have underway to incorporate the patient voice into our work.

The Board **declined** this request due to the optics in the current environment.

8. Regular Reporting

8.1 Risk Exception Report for May

The full risk register, and quarter three report were considered by the Audit and Risk Committee at its June 2024 meeting. For Board meetings in the intervening months, an exceptions report updates the Board on the items on the risk register that have materially changed.

The Board:

noted that this exception risk report summarises current and ongoing risks of relevance to the Board for May 2024

noted that the Audit and Risk Committee reviewed the quarter four register on 25 June 2024

noted that the quarter four risk register will be included in the quarterly report to the Associate Minister of Health.

8.2 Communications and Government Services report

This paper summarised communications and government services activity for the previous month and the impact of our work.

The Board:

noted that we continue to look for opportunities to be proactive with our communications and media work

noted that the website has grown in importance as a communication channel over the last three years and we are responding to users' needs to improve it

noted Pharmac's commitment to plain language beyond the requirements of the Plain Language Act to support increased transparency.

9. Guest Speaker

Dr Diana Sarfati, Director-General of Health and Chief Executive of Ministry of Health, met with the Board and provided a general update.

10. General Business

Actions:

1. Board only session in July – Nicola Ngawati to provide some material on Pae Ora Act.
2. Add November PTAC meeting to Chair's diary.

The meeting closed at 2.15pm with a karakia.

Date of Next Meeting 25 July – Board Only session
26 July – Board meeting.

Approved *26 July 2024*

Paula Bennett, Chair Date