

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Thursday 21 August 2003

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

Present

Matiu Dickson	Acting Chair
Vicki Burnett	CAC member
Sharron Cole	CAC member
Paul Stanley	CAC member
Dennis Paget	CAC member
Kuresa Tiumalu-Faleseuga	CAC member

Apologies

Sandra Coney	CAC Chair
Anna Dillon	CAC member
Deirdre Nehua	CAC member

The chairman moved the apologies be accepted.

Cole/Burnett carried

In attendance

Simon England	CAC secretary
Richard Waddel	PHARMAC Board chairman

Wayne McNee, Tracey Barron, Matthew Brougham, Scott Metcalfe and Stuart Bruce (PHARMAC Staff) attended for relevant items.

Richard Waddel (PHARMAC Board chairman) attended the meeting in response to an invitation extended by the committee at its 8 May 2003 meeting.

1. Record of previous CAC meeting

The minutes of the 8 May 2003 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Dickson/Burnett carried

2. Chairperson's report

A report from the chairperson was tabled in her absence.

The report noted that the chair had attended the 27 June PHARMAC Board meeting and discussed the CAC recommendations. PHARMAC had taken action in response to these recommendations.

The chair also noted her attendance at a dinner attended by many PHARMAC staff and board members past and present.

In June the CAC chairperson met with Susanna Lawrence, non-executive director of the UK National Institute for Clinical Excellence (NICE). A report on that meeting will be presented to the next CAC meeting.

The chair was also preparing a discussion paper on polypharmacy in the elderly for inclusion in the next CAC meeting agenda.

3. Correspondence/Matters Arising

Members were provided with copies of letters sent in response to CAC recommendations, responses to them, and correspondence with PHARMAC related to the committee.

Members considered that PHARMAC's approach in dealing with issues raised by the public or clinicians on a case-by-case basis was appropriate and timely. However, members felt the committee could have a role in looking at trends in the issues raised in correspondence.

A paper on how PHARMAC could provide the committee with information on issues raised by the public or clinicians is to be prepared for a future CAC meeting.

The committee sought information on access to medicines under the Exceptional Circumstances scheme.

The EC panel provides reports to the PHARMAC Board. Copies of these reports could be made available to CAC.

The Minister of Health had responded to the PHARMAC Board's letter to her in response to a CAC recommendation on Direct to Consumer Advertising (DTCA).

The committee's recommendations about the need for informed consent around the use of unregistered medicines, or medicines being used for unregistered indications, had been outlined in a letter to Medsafe. The committee considered that this issue could be further raised by PHARMAC writing to the Health and Disability Commission, making it aware of CAC's concerns.

4. Update on Demand Side Activities

One Heart Many Lives campaign

Regional pilots of this campaign had been completed in Porirua and Gisborne. An evaluation of the impact of the campaign had been undertaken, this showed the campaign had succeeded in raising awareness about cardiovascular disease among the targeted groups, and had exceeded targets in that regard. The campaign had been listed as a finalist in the Effie advertising awards.

Further evaluation was being undertaken to determine whether there had been a change in people's behaviour as a result of the campaign. This would inform a decision about whether to roll out the campaign nationally.

Members continued to be supportive of the aims of the campaign, particularly as it impacted on Maori and Pacific peoples health.

Asthma management campaign

This campaign was continuing smoothly.

A consumer resource was being developed as a flip chart to help Maori and Pacific asthma educators inform people about their treatment choices.

Wise Use of Antibiotics

This campaign is now in its fifth year and this year enlisted the support of the Pharmaceutical Society, doctor groups and Plunket. It was continuing to have an impact in encouraging people to use appropriate treatments for colds or flu.

Members considered the material could encourage people to consult a wider group of health professionals about treating colds and flu, rather than specifying doctors in the campaign brochures.

All-at-once dispensing

The PHARMAC Board has decided to implement a partial return to all-at-once dispensing from 1 October 2003. Consumer information was being prepared to inform people about the changes.

5. Framework for consumer information

Members considered a paper outlining the process PHARMAC uses for developing consumer information.

In her written report to the committee, the chair suggested several additional steps to those outlined. These included:

- using focus groups of the target audience to determine what information people want to know;
- using a wider range of people to comment on draft content (community, NGO groups);
- including other material such as sources, references, authorship, publication date, contacts for other relevant agencies or groups; and
- using design criteria to keep material simple, and relevant to targeted groups.

Members agreed these would be useful contributions to the process.

6. PHARMAC Prioritisation Process

The committee considered a paper outlining the process PHARMAC uses to prioritise its investment decisions. Usually these rely on funds being available, and when funds are not available PHARMAC's priority is to make savings to enable continued successful management of pharmaceutical expenditure.

Decisions are based in part on an assessment of cost utility or cost effectiveness, using the internationally recognised Quality Adjusted Life Year (QALY) measure. This was the best and most relevant tool currently available to PHARMAC.

Members considered that the paper outlined the rigorous and evidence-based process PHARMAC uses to inform its decisions.

Members considered the flow chart illustrating PHARMAC's process could be redrafted to show how CAC fitted into the process.

7. PHARMAC Decision Framework: Assessment of Maori and Pacific Island Health Need

Members considered a paper outlining how PHARMAC considers Maori and Pacific health needs in its decision-making.

The collection of ethnicity data continued to limit PHARMAC's ability to accurately gauge need and uptake of medicines by Maori, Pacific Island and other ethnic groups.

Members considered other avenues of data collection could be explored to improve the quality of information available. This could include working with organisations such as the Health Research Council in addition to using NZ Health Information Service and HealthPAC data.

While PHARMAC was able to identify areas of need and approve subsidies for drugs meeting those needs, it only had limited ability to ensure people with high need received those drugs.

PHARMAC's Maori Responsiveness Strategy identified a number of ways in which PHARMAC could improve the way it addressed Maori health issues. Progress had been made against some of the targeted areas, however more could be done.

A Maori Health Manager was to be appointed, this would improve the way Maori health needs were considered. Members felt that while a Maori Health Manager could provide impetus, it was important Maori need was considered by PHARMAC as a whole.

A report outlining progress against the Maori Responsiveness Strategy was being prepared for Associate Health Minister Tariana Turia. Once this had been considered by the PHARMAC Board, and forwarded to the Minister, members could be provided with a copy.

Members commented that it was important to Maori that the Treaty of Waitangi was highlighted, as it was in PHARMAC's key documents and processes.

8. Update on all-at-once dispensing

The PHARMAC Board has decided to proceed with a partial return to all-at-once dispensing from 1 October 2003. Members were given a description of how this system would operate.

Pharmaceuticals would be in one of three categories. Prescribers would have the discretion to alter the duration of dispensing (longer or shorter, depending on the category of drug) depending on the patient's individual need. This responded to submissions made during consultation, including a recommendation from CAC.

PHARMAC was currently:

- ensuring that suppliers were aware of the issues around all-at-once dispensing to ensure adequate supplies of medicines were available;
- working with prescriber and pharmacist software providers to ensure systems were in place; and
- developing information to inform people about the changes.

Information would be provided in the form of posters, brochures and leaflets for patients. Creative material had been developed.

9. General Business

Members were informed that Australia has a register for women who continue using epilepsy medicines during pregnancy, this is something that does not exist in New Zealand.

Members would be provided with more information at a future date.

The meeting concluded at 3pm.

Action points/recommendations

Carried over:

1. A protocol to be developed so that when PHARMAC was issuing a media release that mentioned CAC, that members should first be notified.
2. CAC to be provided with a report at a future date (for example six months), on the cancer drugs assessment process, on feedback received from patients and clinicians.
3. CAC Secretary to write to members outlining what steps had been taken with Venlafaxine (for depression), Epilim (as a psychotropic medication), the removal of Special Authority on Olanzapine (short and long acting – when available), Cipramil dispersable 20mg tablet, Rosiglitazone for diabetes control.
4. CAC stated its support for a request to the PHARMAC Board for Maori members of PHARMAC staff and advisory committees to meet.
5. CAC to have at least two further meetings during 2003. One of these meetings could discuss the committee's progress and provide a report to the PHARMAC Board, and seek feedback.

From 21 August 2003 meeting

1. CAC to be provided with a paper on how PHARMAC could provide the committee with information on issues raised by the public or clinicians.
2. A copy of the EC panel reports to the PHARMAC Board to be provided to CAC.
3. PHARMAC to write to the Health and Disability Commissioner raising the CAC's concerns about the issue of informed consent around the use of unregistered medicines, or medicines being used for unregistered indications.
4. CAC members to be provided with copies of a report outlining progress against the Maori Responsiveness Strategy, being prepared for Associate Health Minister Tariana Turia.
5. Framework for Consumer Information to include:
 - using focus groups of the target audience to determine what information people want to know;
 - using a wider range of people to comment on draft content (community, NGO groups),
 - including other material such as sources, references, authorship, publication date, contacts for other relevant agencies or groups;
 - using design criteria to keep material simple, and relevant to targeted groups.

6. Members to be provided with information on a register of women who continue using epilepsy medicines during pregnancy.

Signed

Date
