

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

Monday 24 November 2003

The meeting was held in the Tait 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
Anna Dillon	CAC member

Apologies:

Sandra Coney	CAC chair
Dennis Paget	CAC member
Paul Stanley	CAC member
Kuresa Tiimalu-Faleseuga	CAC member

The chair moved that the apologies be accepted

Dickson/Burnett carried

In attendance

Simon England	PHARMAC (minutes)
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Stuart Bruce, Dr Peter Moodie, Tracey Barron, Cristine Della Barca, Steffan Crausaz (PHARMAC Staff), attended for relevant items.

The acting chair noted that paragraph 9.2 of the CAC Terms of Reference specified a quorum of five members, although in exceptional circumstances this may be four members. The acting chair considered that, as a member had only notified of non-attendance through illness on the morning of the meeting, that circumstances were exceptional and the meeting should proceed.

1. Record of previous CAC meeting

The minutes of the 21 August 2003 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Burnett/Dickson carried

2. Chairperson's report

No chairperson's report had been prepared. This could be tabled at a future meeting.

The acting chair reported verbally on his attendance at the PHARMAC Board meeting in October 2003, to present the committee's recommendations from its August 2003 meeting.

3. Conflicts of Interest

No conflicts of interest were declared.

4. Demand Side Update

Members were updated on the cardiovascular risk management campaign, One Heart Many Lives. A decision has yet to be made on whether to roll the campaign out nationally or target further pilots at regional areas of high need.

Another area of potential Demand Side activity was in diabetes test strips, where there was anecdotal evidence of overuse. This was an area where the committee's input could be sought.

Members expressed a desire to be kept informed on Demand Side activities and to have further information on upcoming campaigns.

5. Supply Side update

Felodipine, a calcium channel blocker drug used to treat raised blood pressure and angina, had been the major supply side issue in the last month. PHARMAC had decided to re-list the 5mg and 10mg strengths of the generic Felo ER after Medsafe decided it was safe and effective. AstraZeneca then announced it was withdrawing its product.

AstraZeneca had now agreed to supply the 2.5mg strength of felodipine after reaching an agreement with PHARMAC. This meant the 2.5mg strength was now more expensive than the 5mg strength, so PHARMAC would be monitoring its use.

Members asked for information on new investments. These included the antidepressant venlafaxine and a new drug to treat children with arthritis, etanercept. Consultation letters would be issued on new funding proposals.

Other supply side changes included a subsidy reduction for mesalazine, and a new supplier for morphine sulphate tablets.

6. Update on Maori Responsiveness Strategy

Marama Parore-Katene had accepted the position of Maori Health Manager at PHARMAC. She commenced employment on 1 December 2003. Marama had extensive experience working in Maori health through the Health Funding Authority, and more recently through a privately-owned company Kahui Tautoko. PHARMAC was delighted to have a person of her calibre appointed to the role.

PHARMAC has provided a report to the Associate Minister of Health, Tariana Turia, on progress against the Maori Responsiveness Strategy, and is seeking a meeting with

the Minister. The report had been provided to CAC members. The committee would be updated on when that meeting would occur.

The PHARMAC Board had requested quarterly updates of progress against the strategy, and agreed to provide these to CAC.

7. All at once dispensing

The partial return to all-at-once dispensing was implemented from 1 October 2003. Implementation had gone reasonably smoothly, although some instances of pharmacists charging where they were not allowed had been identified. The use of close control was being monitored to see how it was being used, and whether it was being overused.

An issue had been identified around allowing monthly dispensing for residential care facilities, such as nursing homes and IHC homes. Issues were being worked through with HealthPAC.

A review of all-at-once dispensing would take place within a year. Some medicines that had been removed from the original all-at-once list may be put back on once supply issues were addressed. Updated general practitioner software would be ready in early 2004.

8. Terms of Reference review

A teleconference had been held with the CAC chair to discuss the review of the CAC Terms of Reference. Overall the Terms of Reference had worked well and enabled the committee to function effectively.

Alterations were proposed to the Terms of Reference regarding confidentiality, and the role of the chairperson.

Members noted that:

- Amended confidentiality provisions as proposed would align this paragraph with confidentiality undertakings signed by members. Members welcomed this change as it provided clarity on what documents were to be regarded as confidential.
- The Terms of Reference allow the committee to participate in consultation, and do not specifically exclude the committee from consultation exercises. The committee had participated in consultation, for example with all-at-once dispensing. PHARMAC Staff agreed to provide further advice to CAC on the Terms of Reference relating to the committee being consulted.
- The redrafted paragraph 11.3 gave further scope for the chair, or a representative, to attend meetings of the PHARMAC Board. Members felt the chair, or a representative, should be able to attend Board meetings as an observer for items other than CAC-related papers. The committee noted that under the redrafted paragraph attendance at Board meetings would continue to be at the invitation of the PHARMAC Board chair.

