

RECEIVED
12 SEP 2006
BY: _____

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 14 July 2006

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

Present:

Sandra Coney	Chair
Matiu Dickson	CAC member
Dennis Paget	CAC member
Paul Stanley	CAC member
Heather Thomson	CAC member
Vicki Burnett	CAC member
Sharron Cole	CAC member
Kuresa Tiimalu-Faleseuga	CAC member

Apologies

Te Aniwa Tutara CAC member

In attendance

Simon England PHARMAC (minutes)

Dr Peter Moodie, Marama Parore, Steffan Crausaz, Dr Dilky Rasiah, Rachel Mackay, Andrew Davies, Peter Alsop (PHARMAC Staff), attended for relevant items.

1. Record of previous CAC meeting

The minutes of the 17 March 2006 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record, with amendments.

Coney/Dickson 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. The committee's submission to the Ministry of Health on Direct to Consumer Advertising had been acknowledged. Members also noted that the analysis of the discussion paper on health industry sponsorship of consumer health organisations had been revised, this would be discussed later in the meeting.

The chair of CAC had been interviewed for media articles.

4. Correspondence

The committee noted the PHARMAC Board's responses to its recommendations, and that PHARMAC had adopted a new logo.

Representatives of the Access to Medicines Coalition had been invited but were unavailable to attend the July CAC meeting. The committee remains keen to interact with the coalition and requested a representative be invited to attend the next meeting of the CAC.

The committee noted the Board's response on its recommendation to follow up on declined applications to Exceptional Circumstances. The committee considered this could be an area that could benefit from research, and that this could be a project for a university graduate or a summer studentship.

The committee recommended that research be undertaken by a summer student to examine the experiences of consumers who have made applications to Exceptional Circumstances. The committee indicated that it would be happy to help develop Terms of Reference should the recommendation be accepted.

5. Website redevelopment

The committee was asked for its input into a project to redevelop the PHARMAC website. The committee considered that a useful step might be to establish a page for consumers. This could include brief biographies of CAC members and pictures. A revised website could also include:

- Information on how to report adverse events
- Links to consumer groups to provide additional information on illnesses/medicines
- The committee's checklist on consumer groups accepting sponsorship (when developed)
- Less use of PDF-format documents, as these cannot be translated by software for visually impaired people.

Members considered that NZ lacks a centralised, unbiased medicine information service, and that this need could potentially be met through a redeveloped PHARMAC website.

The committee requested an updated paper and the opportunity to comment on a "dummy" site once the redevelopment project had progressed further.

6. TransTasman agency

The committee noted that consultation was underway on the transTasman joint therapeutics agency. The committee noted some concerns about a joint therapeutics agency, including:

- How NZ-unique prescribing patterns will be monitored and concerns addressed
- Adverse reactions monitoring
- Cultural issues such as the needs of Maori and Pacific Peoples being addressed.

The committee indicated it would like to feed into the process, either through its own submission or through its input being provided to a PHARMAC submission, indicating issues from a consumer perspective.

Members requested copies of the consultation document, and that a teleconference be set up to provide feedback to PHARMAC Staff.

The committee also requested that one of the people involved in the TransTasman agency be invited to a future meeting of CAC.

7. High Cost Medicines Update

PHARMAC was receiving updated papers on the High Cost Medicines review and was about to begin drafting a discussion paper. Staff considered that some of the principles raised by reviewers could also be applied to medicines that were not high cost. The argument here is that regardless of cost, the set of principles used to make decisions might be the same, and driven by the circumstances of the patient rather than any cost threshold of the medicine.

CAC requested that it have a chance to review any draft document, and consultation plan. The committee also informed PHARMAC staff of an Auckland researcher who had access to software that could assist with the process.

8. Supply Side Update

Significant changes were occurring to access to asthma inhalers. These included the listing of more combination inhalers, and wider access to long-acting preventer inhalers. Overall the changes also produced savings.

PHARMAC had completed its project to contract for the supply of antibiotics for use during influenza pandemics. Members noted that while PHARMAC had recommended DHBs use hospital pharmacies to store the additional supplies, DHBs were able to make alternative arrangements to store medicines in community pharmacies if they wished.

The breast cancer drug Herceptin continued to be a high profile issue and PHARMAC was continuing to progress its assessment.

Members considered that PHARMAC could disseminate its consultation letters to a wider range of consumer organisations. Members agreed to provide advice to PHARMAC on which large, over-arching consumer groups could be added to PHARMAC's consultation database.

The committee requested a copy of the plan for consultation on the Prescription for Pharmacoeconomic Analysis.

9. Medicines Strategy

PHARMAC was participating in the Government's Medicines Strategy work, providing input to the Ministry of Health which is running the project. Some work that PHARMAC has underway, for example the High Cost Medicines Review, will feed into the strategy work.

The committee noted that the Terms of Reference for the Medicines Strategy were broad, and covered safe, quality and rational use of medicines. The committee has been particularly interested in access to good quality information on medicines, and this impacts on all three areas outlined in the Terms of Reference.

The committee noted a willingness to participate in the process. PHARMAC Staff would keep the committee apprised of progress, and consider whether there is a role for the committee directly. It was noted that PHARMAC's perspectives would ideally take into account, and potentially reflect, the views of CAC, such that a CAC-direct role may not be necessary.

10. Pacific Responsiveness Strategy

The committee reiterated its recommendation that PHARMAC develop a Pacific Responsiveness Strategy.

Staff noted that PHARMAC responds to the needs of Pacific people through Demand Side campaigns such as One Heart Many Lives, and the health needs of Pacific people were one of PHARMAC's decision criteria. This was occurring even though a formal strategy had not been developed.

11. Demand Side Update

The committee noted that PHARMAC had involved members of CAC in recent Demand Side events, including the launch of the diabetes resources in Bluff, and this had been of value and appreciated. The committee welcomes such opportunities and staff noted that, in order to be able to take advantage of the opportunities, members required adequate advance notice.

The committee agreed that it would be useful for members to have information that a member of CAC was taking part in an event, and for the attending member to report back to the committee following the event.

The launch of diabetes resources had been successful and the resources popular, with an additional print run required to meet demand.

The committee requested a copy of the results of the atypical antipsychotics campaign. Members considered there were clinical issues caused by side effects of some antipsychotic and antidepressant illnesses, particularly those related to male impotence. These side effects could lead patients to not take their medication. This was an issue that might be addressed through access to good information, in both the antipsychotic campaign and the upcoming antidepressants campaign.

The committee noted PHARMAC's planned programme on depression and suggested further points of contact.

One Heart Many Lives was about to roll out in Northland after a successful launch in Hawke's Bay. Members asked to be informed about launch dates in Northland, to enable members to plan attendance.

12. Analysis on discussion paper, Health Industry Sponsorship

The committee agreed to accept the updated draft (subject to final proofing) of analysis of submissions received on the health industry sponsorship discussion paper as the final version.

The committee agreed that the analysis should be sent to all those organisations that provided submissions on the discussion paper. This would need to be accompanied by a letter from the chair of CAC, which the chair would draft.

The committee agreed that it would proceed with developing a checklist to guide organisations considering accepting sponsorship from health industry companies. A draft checklist will be provided to the next meeting of CAC.

The meeting concluded at 3.30pm.

Signed



Date

6/9/06