A discussion document on

PHARMAC's proposed approach to market share procurement for hospital medical devices

PHARMAC
Pharmaceutical Management Agency

Foreword

In 2012, Cabinet asked PHARMAC to work towards managing hospital medical devices. The Minister of Health's expectation was that, "a national PHARMAC procurement approach will achieve value for money as well as ensure national consistency so that patients get equitable access to these treatments wherever they are."

Our first national contracts for hospital medical devices took effect in February 2014. By 1 April 2015, PHARMAC had negotiated contracts for about 14,000 medical devices, covering approximately $44 million of expenditure. The savings to DHBs from PHARMAC's contracted medical devices (this financial year and last) are estimated at $11.9 million over five years. This is just the beginning.

As PHARMAC expands the scope of this activity, we remain mindful of wider change impacts facing DHBs. There has been some uncertainty about sector procurement approaches with DHB shared services arrangements under review. Whatever the final shape of those arrangements, PHARMAC will continue to work in a transparent and consultative way with all sector players, to achieve the objectives the Crown has set for us.

We appreciate that to manage devices well, and work effectively with our DHB colleagues, we need to understand the different considerations that devices raise compared to pharmaceuticals. This includes clearly understanding clinical implications, the impact of changes in devices on DHBs and the role that suppliers can play.

We are now in a position to start offering suppliers an assured portion of the market – market share – in return for competitive pricing and quality products. So market share would be used as a way to encourage competition.

We propose that wound care would be the first category to be considered for market share procurement. This is because we have substantially completed national contracting activity in this area and have enough information about the market and clinical advice to enable us to run a market share approach. At the same time, we would continue working on our national contracts in other areas.

We know that the key to the success in our hospital medical devices activity relies on the support of our colleagues in the health sector, including suppliers and their representatives, and particularly those people in DHBs who are at the forefront of implementing our national contracts. We appreciate their continued engagement in our hospital medical devices work. Sector input is essential for us to succeed in delivering the full benefits of a national management approach.

I look forward to receiving your feedback on this Discussion Document by 5pm 7 May 2015.

Jude Urlich

Acting Chief Executive

Contents

Part 1: Introduction and background

Introduction

The way PHARMAC works in medical devices has been developed through extensive consultation with the sector and a wide range of stakeholders (https://pharmac.cwp.govt.nz/medicines/hospital-devices/pharmac-model-for-medical-devices/). The previous hospital medical devices specific consultations have covered:

- how we obtain clinical input;
- initial medical device activity – national contracting;
- applying the PHARMAC model to hospital medical devices; and
- PHARMAC's proposed approach to managing hospital medical devices.

In addition, PHARMAC's consultation on its Operating Policies and Procedures, including the nine Decision Criteria, were carried out with specific questions on hospital medical devices.

This discussion document presents our proposed approach to market share procurement for hospital medical devices, and seeks feedback on this. The feedback we receive will help us to refine that approach. As a Crown entity, PHARMAC complies with the Government Rules of Sourcing and we have taken these into consideration in developing this discussion document.

The first part of this discussion document summarises the work that PHARMAC is currently undertaking with hospital medical devices, and outlines further work we expect to carry out, taking account of feedback received through our previous consultations.

Secondly, we outline some of the market share options that PHARMAC would be exploring. We want to find out more around the cost of change and how individual DHBs currently account for this, and also identify the key issues for evaluation and implementation. We have posed questions to help us gather information on these issues.

Lastly, we discuss our approach for the wound care category in more detail. We outline and seek feedback on the proposed approach with an explanation of each proposed step and estimated timeframes. We also provide information on the clinical advice we have received and discuss some of the key issues that we would take into account when undertaking this activity, which may be useful in developing your feedback.

PHARMAC and hospital medical devices

The Government has asked PHARMAC to work towards managing the assessment, prioritisation and procurement of all hospital medical devices. This follows PHARMAC's successful management of the combined pharmaceutical budget, and PHARMAC's role in managing hospital medicines and vaccines.

To date, PHARMAC has been undertaking national contracting activities for a number of medical device categories (http://www.pharmac.health.nz/medicines/hospital-devices/procurement-activity/). While this work has delivered some savings to DHBs, the clinical advice and market information we have obtained will also help us work toward managing hospital medical devices more effectively.

Market share procurement represents the next significant step towards obtaining the same successful outcomes for hospital medical devices that we currently have for community pharmaceuticals and hospital medicines. That is, obtaining the best health outcomes that can reasonably be achieved, and from within the amount of funding available.

We are proposing to take this next step, with wound care being selected as the first category to progress to market share procurement. This category is now fully under national contracts. During the process of developing these national contracts we have gained a good understanding of the market and now have a wound care advisory group that is able to provide us with objective clinical advice around wound care products.

As you may know, PHARMAC has already received a lot of valuable feedback from a number of consultations on medical devices, and engaged with a wide range of stakeholders. This discussion document builds on the earlier feedback we've received, and is a continuation of our commitment to transparency and open dialogue.

What we are seeking from you

- We are seeking feedback from you on the next phase of PHARMAC's medical devices work - market share procurement. We want to test our assumptions, identify risks and further consider implementation requirements.
- We want and would appreciate specific feedback on our proposed approach to market share procurement for the wound care category, proposed timeframes, evaluation and implementation processes.
- We are also interested in any other feedback regarding the information contained in this document and any other comments you might have regarding this stage of our work.
- We will ask a number of questions throughout this document, which you may find helpful to guide your response. A list of all the questions will be provided at the end of this document as an addendum. We are aware that there are a wide range of stakeholders, so we appreciate that not every question will be applicable to you.
- We also know that some of you will have provided responses to previous consultations on our medical devices activity. You do not need to repeat information you have provided previously – we will be taking into account all the feedback we have received to date as we develop our market share procurement approach.
- We are seeking feedback from you so that we can develop a well thought out market share procurement process, mindful of the implications for patients, clinicians, DHBs and suppliers.

Part 2: Next stage for hospital medical devices - market share procurement

What is market share procurement?

Market share procurement encourages competition by offering suppliers an assured share of a market in return for competitive pricing and other benefits to DHBs. Suppliers compete for market share through a request for proposals (RFP) process, or similar. Market share may be offered to multiple suppliers or if appropriate, a single supplier. The number of suppliers within each funding proposal would form part of any specific consultation to obtain sector views.

There can be other benefits for DHBs that arise from a more standardised and rationalised range of medical devices to choose from, such as:

- national consistency of product;
- reduced supply chain management;
- focused training time;
- quality control;
- risk reduction through less confusion;
- opportunity for clinicians and user groups to develop and implement nationally consistent clinical guidelines.

Why progress to market share procurement?

By undertaking market share procurement activities, we expect to:

- generate competition so that significant savings can be realised for DHB hospitals, while still providing access to clinically appropriate ranges of medical devices to choose from;
- provide equitable access to clinically appropriate ranges of medical devices across all DHBs; and
- generate a discussion on the appropriate range of treatment options, taking into account the product differences, and practical considerations such as training requirements.

Types of market share models

The way PHARMAC approaches market share procurement would depend heavily on a number of factors, such as clinical need, market dynamics, security of supply, and the complexity of the devices and services being sought. Some of the different types of market share models that PHARMAC may consider, include but are not limited to:

- percentage market share – supplier(s) guaranteed a portion of a market, with the possibility of leaving a certain portion open to any other competitors;
- multiple suppliers – more than two suppliers in a market (similar to closed panel contracts);
- dual suppliers – two suppliers in a market; and
- sole supplier - single supplier in a market.

This is not an exhaustive list, and it is important to note that there is no one single best way of approaching market share procurement. We recognise that one size will not fit all and understand that there are risks and benefits with each different market share model.

Through this discussion paper and further dialogue, we aim to identify and plan our procurement activities so that the risks can be identified and mitigated and greater benefits realised.

Question 1. *What other market share models should PHARMAC consider and why?*

Question 2. *What do you see as the key risks/ benefits of the market share models described above?*

Clinical advice

Engaging with clinicians and the wider health sector continues to be the cornerstone of PHARMAC's work with hospital medical devices. Feedback received through previous consultations has emphasised the importance of seeking clinical advice and the range of relevant clinical factors that need to be considered.

PHARMAC expects to seek advice from various clinical stakeholders throughout the different stages of the market share procurement process. Our approach to obtaining clinical advice for the wound care products we discuss in Part 3 of this document provides an example of how this might be undertaken.

In July 2014 we established a Wound Care Advisory Group (WCAG) made up of wound care specialists nominated by the National Wound Care Society of New Zealand, to provide objective clinical advice around wound care products. To date, the WCAG has provided advice to PHARMAC to assist us to:

- categorise the diverse range of wound care products under clear category headings;
- understand in more detail the various products listed under the wound care category and their uses;
- identify clinical risks and issues relating to various wound care products;
- explore options to standardise and rationalise various wound care ranges that are currently available in DHBs;
- explore different options for market share procurement; and
- identify areas where further specialist advice is required.

We would continue to seek advice from the WCAG as we progress further into the development stage of the wound care procurement process. This includes seeking WCAG's advice on the potential evaluation criteria required to test clinical appropriateness of various wound care products, and identifying clinical risks and developing strategies to ensure proper use of the products.

Stakeholders including clinicians, DHB staff, suppliers, patient groups and other health related groups will have an opportunity to provide feedback on how any proposed approach would meet the clinical requirements of the products in any given category (as well as other aspects including for example implementation and transition). We

are also open to your feedback on any other formal steps we should take in relation to clinical advice for market share procurement.

Cost of change

We recognise that any change within a DHB requires time and resource allocation. We know that there may be situations where the benefit of change will be outweighed by the cost of change.

In previous consultations, stakeholders advised us that the costs of change that should be considered included retraining, administrative costs, and staff time. What we want to understand is how this cost of change is currently taken into account in DHBs. We want to know whether any formal processes exist in DHBs which allow the assessment of these costs.

We are also aware of the need to consider the total cost of ownership over time and are interested in how DHBs do this. The initial cost of change needs to be considered in the context of the overall long term costs and benefits.

Question 3. *How does your DHB currently weigh up the costs and benefits to decide when it is favourable to make a change (eg changing suppliers)?*

User testing

As a result of our previous consultation work and advice from various stakeholders, we recognise that usability will be important when it comes to evaluating hospital medical devices.

We need to ensure our evaluation process is robust enough to capture the clinical requirements, and appropriately assess whether competing products meet appropriate standards. This may include a panel of experts assessing the products, and/or some level of user testing at the DHB hospital level.

The approach to user testing would depend on the type of product being evaluated. We consider the amount of time required for evaluation would vary depending on the product; extent of use; specialty involved; and end users. For certain complex products, evaluation may require a longer period of time. For example, we would expect that user testing for a simple cotton swab to take considerably less time and involve fewer people than testing antimicrobial foam dressing for its adhesiveness, absorbency, moisture control and antimicrobial properties.

We also understand that DHBs have noted that requirements may differ between DHBs (including because of differences in the types of conditions that are treated in different DHBs; the different sub-specialities that operate within different institutions; and the different data systems that are used), and can also differ between various departments within a DHB.

These differing requirements would depend on the nature of the category and products under consideration, so we will be seeking feedback on these on a case-by-case basis. Questions on the differing requirements of DHBs for the wound care products under consideration are included in Part 3.

What we want to know is what these different requirements are and why they exist. We recognise that there may be legitimate reasons for having different requirements for medical devices between different DHBs. Our goal is to have more consistency, while maintaining appropriate options to account for different clinical needs. The benefit of this is not only equitable access to a clinically appropriate range of medical devices, but also the opportunity to streamline the training required when clinicians move from one DHB to another.

Implementation and transition

PHARMAC received a significant amount of information about implementation and transition considerations in its prior consultations. We are mindful that DHB resource will be required to support changes arising from our activity. The nature of the support required will depend on the decision but it may include resources to:

- evaluate options available;
- make administrative changes to internal databases and software;
- monitor compliance and reporting requirements;
- apply any necessary exceptions processes; and
- product familiarisation/training may be required.

This list is not exhaustive, and we understand that there may be other factors that need to be taken into account when weighing up possible changes to the range and/or brand of medical devices available in DHB hospitals.

To support implementation, PHARMAC would have resources available before, during and after any changes are announced. Whether these resources are required or not would depend on the nature and scale of the change in any given circumstance. Some of the options we would look at to assist implementation and transition include:

- seeking DHB input to identify potential implementation issues
- providing DHBs with as much notice as possible around upcoming changes;
- setting realistic timeframes for transitioning to a new brand/range of products (if applicable);
- providing access to evidence around efficacy and clinical safety;
- national roll-out of supplier coordinated training sessions and ongoing support;
- providing access to implementation resources that DHBs could follow to assist with implementation;
- providing tools to assist measuring compliance, monitoring and analysing savings;
- assisting with the development and promotion of national clinical guidelines; and
- sharing information about the evaluation of products with DHBs.

Clinical choice

As a result feedback to previous consultations, we recognise that there may be circumstances where a DHB chooses to use a particular type, brand or range of medical devices for a particular purpose – for example, where a patient does not fit the standard criteria for the use of a device. To account for this, PHARMAC is interested in exploring the option of allowing clinical choice to use alternative products.

In general, clinical choice would allow for a health care practitioner to use a different brand, range or type of product outside the range provided by PHARMAC's contracted supplier(s). We would expect that the amount of clinical choice available to each DHB would depend on the specific medical device. For example, we would not expect there to be a high level of discretionary choice for basic cotton swabs, as we might consider there to be a high degree of interchangeability between different brands of cotton swabs.

There are a number of ways clinical choice can be accommodated in market share procurement arrangements. We understand DHBs currently operate percentage based agreements in appropriate circumstances (ie 80:20 market share agreements – where the 20 is discretionary). Similarly PHARMAC has used percentage allowances with some medicines agreements in DHB Hospitals. It is possible to manage variations through an application based process although our preliminary view is that the costs of such a scheme for market share procurement is likely to outweigh the benefits.

Part 3: Wound care and market share procurement

Why wound care?

Wound care has been selected as the first proposed category to progress to market share procurement. This is because we have substantially completed our national contracting activity for this category, and we have obtained sufficient market information and clinical advice to enable us to progress to this next stage.

In general, the wound care category has a number of suppliers offering what the Wound Care Advisory Group (WCAG) advise us are the same or very similar products. These offer a high level of interchangeability between different brands, providing the opportunity for standardisation and rationalisation. Our view is that most of these wound care products would be well suited to a market share procurement process.

While the WCAG has identified some subcategories for which it considers market share procurement approach would be appropriate, it has also identified other subcategories where it considers further specialist advice may be required to determine the appropriate approach.

We see benefits, in addition to reduction in product cost, of standardisation and rationalisation of wound care products. For a number of wound care subcategories, we know that there is a confusing and costly array of products and that standardisation and rationalisation of these products, through market share procurement, would reduce this confusion and the associated costs for DHBs. This would also provide an opportunity for clinicians to develop nationally consistent clinical guidelines in order to promote consistent treatment pathways and ultimately better health outcomes for patients.

Subcategories we propose to progress to market share procurement

Based on our analysis and with advice of the WCAG, we have identified a number of wound care subcategories that we would propose to progress to market share procurement. These subcategories are:

Table 1: Wound care categories selected for market share procurement

Subcategory	Range of products	Proposed market share model	Comments
Combine dressings (non-sterile/sterile)	e.g. Bamford, BSN, Dragon, Propax, Sentry Medical, Synergy, Zetuvit	PHARMAC could seek proposals for percentage market share, sole supplier, dual supplier, multiple supplier models for all subcategories.	We have received advice that there is a high level of interchangeability between most brands currently listed under these subcategories.
Low adherent dressings with adhesive border	e.g. Cosmopor, Cutiplast, Cosmopor Advance, Primapore.		
Securement bandages (non-sterile/sterile)	e.g. BSN Medical, Defries, Easifix, Elastolite, Handycrepe, Hospicrepe, Idealcrepe, KOB, Lastotel, Propax, Sentry Medical, USL Medical		
Wound dressing packs	e.g. Bamford Basic Dressing Pack, Bamford Dressing Pack, Propax Basic Dressing Pack, Propax, Sentry Medical, Defries Dressing Tray, Propax Complex Wound Dressing Pack		
Foam dressings	Further clinical advice needed.	Further market information needed.	We expect to seek further market information and clinical advice before progressing to market share procurement.

The list of subcategories identified above is not final or exhaustive. These subcategories have been selected for proposed market share procurement because our initial view is they represent relatively simple, low-risk products, with a high level of interchangeability. They are also subcategories that represent a substantial spend for DHBs and therefore offer greater opportunities for savings.

Question 4. *As a wound care supplier, what are the key issues you can identify with the proposed approach to market share procurement for the wound care category?*

Question 5. *How appropriate are the wound care subcategories proposed for market share procurement?*

Question 6. *What would be the preferred market share model for the subcategories described above and why?*

Question 7. *As discussed in Part 2 of this document, what level of clinical choice (if any) would you consider clinically appropriate for the wound care subcategories proposed for market share procurement?*

Question 8. *What is the rationale for the level of clinical choice outlined in Question 7?*

Question 9. *How does your DHB currently balance the need for clinical choice and the benefits of some market exclusivity for suppliers in the wound care subcategories listed above?*

Question 10. *What other wound care subcategories should PHARMAC consider progressing to market share procurement? Why?*

Different stages of market share procurement for wound care

For the wound care category, there are a number of steps that we envisage undertaking before any contracts can be awarded and implemented. The consultation feedback would help us consider and develop an RFP for some or all of the subcategories listed in Table 1.

We are aware that evaluation of products would be very important, and we need to have a credible and reliable mechanism for this. Direct engagement with clinicians, suppliers and other stakeholders may be necessary following consultation to set up our evaluation processes.

The major steps we expect to take during the proposed market share procurement process for the wound care category are outlined below. The discussion in Part 2 of this document about individual aspects of market share procurement relates to some of the steps described below.

1. Develop and issue RFP document

The first step after receiving feedback to this discussion document is to consider whether a competitive process should be progressed and if appropriate develop a comprehensive RFP document. As part of this development process, we will consider all feedback we receive in response to this discussion document as well as the responses received from previous consultations.

We estimate that any RFP document could be issued as early as mid-2015, but this timing will depend on the feedback we receive and whether further information is required. One outcome may be that PHARMAC seeks further advice from all or a select group of stakeholders with respect to specific parts of the proposed market share procurement process or to clarify some of the feedback we receive.

If an RFP is issued, we would expect to publish through the Government Electronic Service (www.gets.govt.nz), our website (www.pharmac.govt.nz) and through our emailing list to suppliers and other stakeholders.

2. Evaluate RFP proposals

After receiving proposals from suppliers, an evaluation process would take place that takes into account PHARMAC's Operating Policies & Procedures, including but not limited to the following factors that sit under four broad headings:

- clinical advice and evidence – this could include:
  - user testing assessments
  - evidence to support any therapeutic claims or properties
  - health economic evaluations of trial/usage data provided
  - WCAG advice
- security of supply and supply chain impacts;
- implementation implications – including training and ongoing support; and
- total benefit/cost of ownership for DHBs.

Where appropriate, other factors such as the impact on primary health care setting will also be taken into account when evaluating specific proposals.

As part of usability testing, a user testing panel made up of relevant wound care specialists would assess specific properties and qualities of different wound care products, including:

- adhesiveness;
- absorbency and debridement;
- anti-microbial;
- construction (eg the type of weave for tubular bandages);
- ease of use;
- general wear and tear;
- hypoallergenic;
- moisture control;
- odour control;
- regulatory consents (eg CE certification, WAND) and quality standards (eg RAL standard) held; and
- water proof and breathability.

Depending on the complexity of the product and the specific properties that need to be assessed, we estimate that the time required for user testing could be as short as four weeks or as long as a few months.

Question 11. *What other key issues or properties should PHARMAC consider when evaluating products in the subcategories listed in Table 1?*

Question 12. *Who would you consider important to have on a wound care user testing panel for the products listed in Table 1?*

Question 13. *What other ways should be considered to approach user testing, taking into account the limited time and resources DHBs and PHARMAC might have available?*

3. Consult on provisional agreement

After undertaking a robust evaluation and selection process, we would expect to consult on any provisional agreements with suppliers that arise from this process. Depending on the nature and complexity of the provisional agreement and the number of stakeholders we need to engage with, consultation could take anything from two weeks to more than one month.

4. Decision and implementation

PHARMAC understands that change within the DHB environment can be challenging. We are interested in your views about how PHARMAC may assist DHBs to make any transition as smooth as possible. Feedback from you at this point would help inform our approach. We are particularly keen on seeking views on what support DHBs need to implement changes in wound care as outlined in Table 1, as well as the impact of this change in your DHB.

Taking into account the feedback received through consultation and after making any necessary adjustments to the provisional agreements, a recommendation would be made to PHARMAC's Board or delegated decision-maker. If the provisional agreements are approved by the Board, we would expect to publish the contract award notice through GETS, PHARMAC's website and by email to the relevant medical devices stakeholders.

As discussed in Part 2 of this document, we would expect to provide as much notice to the market of any upcoming changes and provide sufficient time for any transition (if required). Where appropriate, we would expect to provide support and resources as outlined in Part 2 of this document.

Question 14. *What kind of support would your DHB require to implement a change for the wound care subcategories listed in Table 1?*

Question 15. *Would a change in any of the wound care subcategories listed above require additional resourcing? If yes, what are the resources required and why are they needed?*

Question 16. *Regarding market share procurement for products in the wound care subcategories, what other implementation issues are important for PHARMAC to take into account for your DHB?*

Question 17. *What sort of transition timeframe, training, resources and other support would your DHB require to introduce new wound care products into your DHB?*

What does this mean for DHBs?

The impact to DHBs for any decision would depend on the outcome of the decision and the current ordering patterns for individual DHBs. For example, where a decision was made to award contracts to two specific suppliers, this could mean a change for some DHBs that do not currently use the awarded suppliers' products or maintain the status quo for DHBs that already purchase products from the awarded suppliers.

Regardless of the actual impact to DHBs, a decision would result in restrictions to the range of products available under a specific category or subcategory. This could mean a restriction in the range available (eg specific sizes, colours) or the different brands available under each category or subcategory.

With good clinical advice, product evaluation, and stakeholder feedback, we would aim to ensure that any restriction in a category or sub-category is sensible and clinically appropriate.

Contract compliance

Suppliers will offer greater value to DHBs if they have confidence in the value of the contract. Therefore, in order for DHBs to fully realise the benefits of any market share procurement activity, it would be important for DHBs to implement any product changes in a timely manner and comply with these changes throughout the life of the contract.

While we would expect to provide tools and resources to assist DHBs with compliance, it will be incumbent on individual DHBs to monitor and enforce any non-compliance.

One of the consequences of non-compliance could be that the responsible DHB is required to pay financial compensation for the loss of sales to a particular supplier. This compensation may be required to ensure the value of the contract is still met. For hospital medicines we already include provisions for compensation payments from DHBs to the supplier if procurement targets are not met, and we propose a similar mechanism for market share procurement in wound care.

Appendix 1: Feedback

Providing your views

You can provide your responses to the topics and questions in this document in one of the following ways:

1. Email: enquiry@pharmac.govt.nz
2. Fax: (04) 460 4995
3. Post:

Marcus Kim
Devices Category Manager
PHARMAC
PO Box 10 254
Wellington 6143

The deadline for responses is 5pm 7 May 2015.

If you have any questions about this discussion document please email (enquiry@pharmac.govt.nz) or call +64 4 460 4990.

Information requested under the Official Information Act

Please note that your response and all correspondence you have with PHARMAC may be the subject of requests under the Official Information Act 1982 (the OIA). PHARMAC will generally omit your personal details (name, contact details and any other personally identifying information) from your response, before making it available as part of any request under the OIA, if you make it clear that you wish such information to be withheld.

If there is any other part of your response or correspondence that you consider could properly be withheld under the OIA, please include comment to this effect along with reasons why you want the information withheld.

Summary of questions	Page reference
Q1: What other market share models should PHARMAC consider and why?	Page 4
Q2: What do you see as the key risks/benefits of the market share models described above?	
Q3: How does your DHB currently weigh up the costs and benefits to decide when it is favourable to make a change (eg changing suppliers)?	Page 5
Q4: As a wound care supplier, what are the key issues you can identify with the proposed approach to market share procurement for the wound care category?	Page 7
Q5: How appropriate are the wound care subcategories proposed for market share procurement?	
Q6: What would be the preferred market share model for the subcategories described above and why?	
Q7: As discussed in Part 2 of this document, what level of clinical choice (if any) would you consider clinically appropriate for the wound care subcategories proposed for market share procurement?	
Q8: What is the rationale for the level of clinical choice outlined in Question 7?	
Q9: How does your DHB currently balance the need for clinical choice and the benefits of some market exclusivity for suppliers in the wound care subcategories listed above?	
Q10: What other wound care subcategories should PHARMAC consider progressing to market share procurement? Why?	
Q11: What other key issues or properties should PHARMAC consider when evaluating products in the subcategories listed in Table 1?	Page 8
Q12: Who would you consider important to have on a wound care user testing panel for the products listed in Table 1?	
Q13: What other ways should be considered to approach user testing, taking into account the limited time and resources DHBs and PHARMAC might have available?	
Q14: What kind of support would your DHB require to implement a change for the wound care subcategories listed in Table 1?	Page 9
Q15: Would a change in any of the wound care subcategories listed above require additional resourcing? If yes, what are the resources required and why are they needed?	
Q16: Regarding market share procurement for products in the wound care subcategories, what other implementation issues are important for PHARMAC to take into account for your DHB?	
Q17: What sort of transition timeframe, training, resources and other support would your DHB require to introduce new wound care products into your DHB?	

Appendix 2: Other resources

Consultation documents and summary of feedback

- 27 November 2012: Consultation document: PHARMAC and hospital medical devices – Obtaining clinical input (http://www.pharmac.govt.nz/2012/11/26/26.11.12%20Pharmac%20and%20devices%20-%20clinical%20input%20consult.pdf)
- July 2013: Submissions analysis: PHARMAC and hospital medical devices – Obtaining clinical input (http://www.pharmac.health.nz/assets/devices-establishment-clinical-input-submissions-analysis-2013-07.pdf)
- 17 May 2013: Request for feedback on PHARMAC's initial medical device activity (http://www.pharmac.health.nz/news/consultation-2013-05-17-medical-device-activity/)
- July 2013: Summary of consultation feedback: PHARMAC's initial medical device activity (http://www.pharmac.health.nz/assets/initial-medical-device-activity-summary-of-feedback.pdf)
- 16 October 2013: Applying the PHARMAC model for medical devices management (http://www.pharmac.health.nz/news/consultation-2013-10-16-model-for-hospital-medical-devices/)
- December 2013: Summary of consultation feedback – applying the PHARMAC model to hospital medical devices management (http://www.pharmac.health.nz/assets/devices-summary-of-feedback.pdf)
- December 2013: Combined executive summary of key themes from PHARMAC's hospital medical device consultations (http://www.pharmac.health.nz/assets/devices-combined-summary.pdf)
- May 2014: PHARMAC's proposed approach to managing hospital medical devices (http://www.pharmac.health.nz/assets/consultation-2014-05-07-devices-discussion.pdf)
- 19 December 2014: Notification: Response to feedback on proposed approach to hospital medical devices (http://www.pharmac.health.nz/assets/notification-2014-12-19-proposed-approach-hospital-devices.pdf)

Wound Care Advisory Group Minutes

- Minutes of the Wound Care Advisory Group: Tuesday, 18 November 2014 (http://www.pharmac.health.nz/assets/wound-care-advisory-group-minutes-2014-11.pdf)
- Minutes of the Wound Care Advisory: Tuesday, 10 February 2015 (http://www.pharmac.health.nz/assets/wound-care-advisory-group-minutes-2015-02.pdf)

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Pharmaceutical Management Agency

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