

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Friday 19 June 2015

The meeting was held at PHARMAC, 9th floor, 40 Mercer St, Wellington from 10am.

Present

Kate Russell	Chair
Shane Bradbrook	CAC member
Key Frost	CAC member
Lina Samu	CAC member
Maurice Gianotti	CAC member
David Lui	CAC member
Katerina Pihera	CAC member

Apologies

Barbara Greer	CAC member
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In attendance

Simon England (CAC Secretary); Joy Gribben, Jude Urlich, Steffan Crausaz, Kerri Osborne, Anthony Bull, Dr Bryan Betty, Ātene Andrews (PHARMAC Staff), attended for relevant items. Stephanie Clare, Neil Woodhams, and Adrienne von Tunzelmann (incoming CAC members) attended as observers.

1. Record of previous meeting

Minutes of the 26 March 2015 meeting were accepted as a true and accurate record.

Russell/Samu

2. Chair's report

The Chair had attended PHARMAC Board meetings, with the final one in her capacity as Chair to come in July. Shane Bradbrook will also attend this meeting as the incoming Chair, to help with the handover process.

The Chair welcomed the appointment of new members, three of whom were present at the meeting as observers (terms commence 1 August).

The Chair commented that this will be her last as a member of the Consumer Advisory Committee, and she leaves with sadness. Her time on the Committee has been intellectually stimulating, and enabled personal growth and learning.

3. Action points

Action points were noted. Issues register items resolved, and removed from the register.

Members enquired about website access for hand-held devices. This is a project that is scheduled by PHARMAC.

4. Implementation update

The Implementation Manager outlined the role of the implementation team, and some of the current work underway. Some good recent feedback had been received on the olanzapine change from an external, peer reviewed article. <https://www.rnzcp.org.nz/assets/documents/Publications/JPHC/June-2015/JPHCJune2015Vol7No2.pdf>

Members enquired about bpac and its role. This is a provider of information and prescription audit services to health professionals, under contract to PHARMAC. Its main information channel is the Best Practice Journal.

Members also suggested the NZ Medical Journal as a channel for getting information out to doctors.

PHARMAC has begun filming the Seminar Series. People who can't attend can view a video online and still obtain Continuing Medical Education (CME) points. Some good feedback had been received on a recent maternal mental health seminar, which had had some input from CAC.

Members were asked for their input on topics that could be covered for areas of Māori health, and on some potential presenters. Members were invited to provide email input, and also suggested some topics and speakers.

Members considered it would also be good to add a Pacific doctor who could add a cultural awareness discussion.

Members enquired about where the Ministry of Health's rheumatic fever programmes had run. These were largely based in Auckland – south and in Counties-Manukau. A health literacy programme had also run in Gisborne.

Members considered that medicine compliance was an ongoing issue. Compliance included both people not using medicines or getting checkups. Reasons why are still not fully understood and this is an ongoing focus area for PHARMAC. Some new solutions had been tried such as use of cellphones, but while welcomed by some these were not always effective.

5. PHARMAC stakeholder survey

PHARMAC staff outlined the scope, methodology and response to the stakeholder survey recently undertaken by PHARMAC.

The survey found that while there had been improvement in many areas since the last survey in 2007, some misunderstandings and concerns persisted.

In addition to holding internal discussions about issues raised, PHARMAC was seeking CAC's input for ideas to contribute to PHARMAC's activity plan in response to the survey.

Issues highlighted by members' discussion include:

- Outline of the relationship with the pharmacy sector, and perceptions of PHARMAC's role. Members agree pharmacists are a first point of contact for consumers so it's an important relationship.
- Stakeholders' perception that PHARMAC is responsible for the \$5 co-payment.
- Perception of PHARMAC's transparency. Members thought it would be useful to do some further research to better understand what people mean by 'transparency'.
- Consumer group perceptions were not surprising given the role these groups perform. However, there may be an opportunity for CAC to promote itself and its role to NGOs to help turn the perception around.
- NPPA – possibly opportunity to better explain it. Some clinicians seem to use it where saying 'no' directly to a patient is difficult to do and it is easier for them for PHARMAC to make the decision.

Members considered that the concept of asking stakeholders 'what if PHARMAC wasn't here?' could resonate and promote discussion. This could stimulate discussion on PHARMAC's role and help build understanding with pharmacists and consumers.

Another useful step could be to organise some targeted meetings with consumer groups and medical groups to help them understand PHARMAC's role. This might go a long way towards helping people understand PHARMAC.

PHARMAC's next steps would be to develop its response and inform stakeholders. CAC members could potentially road test or provide feedback on this.

6. Chief executive update

The chief executive welcomed incoming members to the Committee.

New decision-making framework and 'Factors for Consideration'. Communications work had been ongoing, this had included developing an interactive diagram and video. PHARMAC is now working towards implementation of the Factors. Briefings were being held for industry groups and suppliers, and internal work was also ongoing to help people understand application of the Factors. The objective is to have this preparatory work done to enable decisions to be made using the Factors from July 2016.

Medical devices. Currently contracts cover about 14,000 line items. The very long-term goal is to move from negotiating and managing national contracts, to the other end of our framework in full budget management. The first step in this process is market share procurement, and PHARMAC was consulting on an approach to market share procurement beginning with woundcare products.

Medicines for rare disorders. PHARMAC was in contract negotiations across eight or so products. The approach had been successful in attracting new companies to bid – unfortunately this had slowed the process as some of these companies were not familiar with PHARMAC processes and contracts. Nevertheless, PHARMAC remained confident of finalising the first agreement very shortly.

Pacific Responsiveness Strategy PHARMAC's policy team was currently working through this and CAC members had provided some input.

Members considered that PHARMAC's Memoranda of Agreement with Whānau Ora collectives were a major plus and could be leveraged. The collectives could be a conduit for getting information out to

the community. PHARMAC could also explore other communications channels such as the iwi chairs' forum.

7. Hearing the consumer's voice

Members considered a paper looking at alternative models of how consumers provide input to agencies. The paper was prompted by a suggestion made in a meeting between PHARMAC and a consumer advocacy group. A view put forward by some group members was that PHARMAC should hire someone to be the consumer voice.

1. How well does PHARMAC currently receive consumer input?

Member views

- PHARMAC is at a baby stage – learning as you go. It's about building momentum.
- Feeling that PHARMAC's consultation is genuine. Don't have to be persuaded, they're enthusiastic about trying new ideas. Open and willing
- Members of CAC engage with the community so they can see we have had influence. For example, through promoting the community forums.
- Open to CAC recommending people to be involved.
- Actions recommended by the CAC are taken up by PHARMAC – we can see the results being listened to so makes the committee bolder.
- Consumer engagement is everyone's business in PHARMAC – embedding it in one staff member would be a backward step. Having consumer engagement role embedded in one person may lead the organisation to back-off from having an organisation-wide approach to consumer engagement.
- It would be impossible for one or two people to have oversight or networks across the needs of four million people – members of CAC have been selected because of their broad networks.

Members considered that PHARMAC obtains consumer input on several levels. Investment and commitment to CAC is an example. CAC is a mechanism for airing and generating ideas. Often the opinions and views put to PHARMAC are strong, but PHARMAC listens to them and behaves well. PHARMAC doesn't sideline its CAC if it hears a view it doesn't like.

2. What do other organisations do?

- Members considered that, in organisations where consumers are employed as staff, it could be difficult to see where their accountability lies. It would be very difficult for them to be credible with their consumer peers if they are subject to the rules and limitations imposed by the organisation they are employed by.
- Members considered it would be difficult to be a consumer voice on funding decisions, as well as guiding PHARMAC's processes. It was noted that CAC is currently specifically excluded from consideration of funding decisions.
- CAC was a valuable resource for PHARMAC – it was up to PHARMAC to empower members and use them well.
- Members considered the model PHARMAC uses involving CAC could be promoted more widely at government level. A paper could be written that goes to other government bodies such as MSD, ACC. This could look at how the Committee started, how it's managed, how the members have input and how they and others feel about it. This could also be the basis of a case study developed for a consumer conference.
- Members considered the power of CAC has been in advising PHARMAC how to consult, how to do the work, not representing the community or advocating for PHARMAC.

3. What could be added, changed, or done away with?

- Members considered PHARMAC was on the right pathway and should keep going.
- The model of engagement is very equitable and CAC has a great mix of ethnicities and skill sets.
- PHARMAC has done a lot of work in developing its internal culture, and the role of the committee is very well understood. PHARMAC's internal culture helps ensure the Committee has a positive impact.
- CAC has a close relationship with PHARMAC's management and Board. The presence of the CE at each meeting sends a very powerful message of genuine engagement with consumers.
- PHARMAC's commitment is genuine – it takes committee views onboard even when they are raw. This was seen in the way PHARMAC responded to the Committee's feedback on the Factors for Consideration.
- Members considered that, although each member has interests, no-one pushes an agenda and this was a very important part of the committee culture.

Members encouraged PHARMAC to maintain its direction in relation to consumer engagement and that it was a continual process - 'a journey not a destination'.

8. PHARMAC and challenges in primary care

The Deputy Medical Director Primary Care presented to the Committee on changes in primary care in recent years, and challenges for PHARMAC. These included increasing chronic illness, fragmentation of services, ageing population, increasing rates of specific conditions in particular diabetes, population growth, polypharmacy, and particular issues for Māori and Pacific peoples.

There had been greater integration of services between primary and secondary care, including greater use of information technology to share information, changes in the way general practice is paid, Primary Healthcare Organisations, and a rise in different types of practices including very low-cost practices (VLCA).

Members considered that in some issues such as polypharmacy, there was a role for community pharmacy.

Members considered that access issues didn't just relate to getting medicines prescribed – it was getting the patient to appointments, and then them being able to afford treatment. Technology approaches such as patient portals and teleconferencing may provide some answers, but may not be suitable for everyone. Text reminders of appointments had helped reduce instances of people not turning up for appointments.

PHARMAC has started some discussions about how to shift funding within DHBs so that some of the inequity issues in terms of service funding are addressed.

In some practices there was a move to prevention using wider skills, for example practice nurses.

Members considered there would be opportunities for PHARMAC to discuss issues in primary care with community groups. These would be welcomed.

9. Te Whaioranga

PHARMAC is taking a whole-of-organisation approach to its Te Whaioranga strategy. PHARMAC has a small Māori Health Team, but all of PHARMAC is committed to promoting and developing Te Whaioranga. Within PHARMAC Staff, a Te Whaioranga champions group had formed to help implement the strategy throughout PHARMAC.

PHARMAC had made progress in negotiating Memoranda of Agreement with Whānau Ora collectives and the Maori Pharmacists' Association. Three were in place, with another to be finalised in July with Te Arawa. The Māori Doctors' Association is also keen to have a closer relationship.

The Māori health managers within DHBs had also indicated they were happy to talk with PHARMAC and its Māori advisory group Te Rōpū Āwhina Māori (TRAM) about what DHBs are doing and what tools they are using.

There had been great progress, with feedback from CAC members, on internal culture development and staff skills in te ao Māori. This had been reflected in the morning pōwhiri for new members.

Members considered that a lot has been achieved in a short time and good progress had been made. The Whānau Ora collective relationships had occurred within the first year of working towards them.

In terms of research goals, members considered the key thing will be finding the right groups to do research, including burden of disease work. There may be opportunities for PHARMAC to partner with Māori health organisations who have good qualitative data, but not good quantitative data. PHARMAC has access to good quantitative data.

Members enquired if TRAM could provide some feedback on what has worked well around Te Whaioranga, to help inform development of the Pacific Responsiveness Strategy. Pacific members of CAC had been invited to a future meeting of TRAM.

10. Member report back

There was continuing interest and desire for to talk to community groups in Auckland.

David Lui outlined recent discussions around smoking cessation. The emerging view was that the Government's Smokefree 2025 goal was going to require further effort to achieve.

Work was continuing in the South Island mental health consumer networks, largely to ensure Pacific peoples aren't forgotten in the Whānau Ora space. Work involved Pacific Futures.

Meetings with patient groups had indicated an interest in the PHARMAC 'mission impossible' exercise, this was useful for outlining to people how challenging funding decisions are. Members considered this could be something PHARMAC develops to become more widely available.