CAC | Consumer Advisory Committee

REGIONAL FORUM

PHARMAC Regional Forums
Summary of Feedback

December 2011

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Thank you from the Chief Executive

In 2007, PHARMAC undertook to hold regular forums to improve our relationships with various stakeholders, from the pharmaceutical industry to health professionals to consumers. Through these forums, and in combination with our other activities, we have seen a marked improvement in our relationships with our stakeholders.

However, we recognised that we were not receiving the full benefit of engaging with health consumers and health providers outside Wellington. Following discussions with our Consumer Advisory Committee we devised a plan to build on our biennial Forum in an effort to better engage with everyday health users – the PHARMAC Regional Forum. The Regional Forums were designed to enable PHARMAC to expand its interaction with consumers and their communities, allowing more personal relationships to be established.

In September and October 2011, we completed this first series of Regional Forums. I can say that PHARMAC appreciates the feedback we received in these sessions. Those who attended provided us with a valuable insight into the concerns and wishes of health practitioners and consumers that can help us as we go about making our medicines funding decisions. The Summary of Feedback from these sessions, presented here, outlines what issues were raised. This feedback is helping us plan our national Forum to be held in February 2012 and will contribute to our thinking in developing a way forward.

I wish to express my gratitude to all those who attended these Regional Forums and the input they provided. You are who we are working for and your thoughts have been heard. I also wish to thank the Consumer Advisory Committee for their hard work in helping us plan these sessions, promoting them and facilitating the discussions.

Nāku noa, nā

Steffan Crausaz
Acting Chief Executive

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Introduction

PHARMAC is the New Zealand Crown agency that decides, on behalf of District Health Boards, which medicines (and related products) are subsidised for use in the community and public hospitals. The funding for these medicines must remain within a fixed budget that is determined by the government.

Along with clinical advisory committees to give advice on medicines funding applications, PHARMAC also has a Consumer Advisory Committee (CAC). The CAC advises PHARMAC on its work from a health consumer or patient perspective, including how best to obtain consumer input and engage with consumers, on strategic, policy and operational activities, and the implementation of PHARMAC's decisions. The Committee is not meant to represent all consumers or consumer groups, nor does it act as a "gate keeper" through which consumers must go to communicate and engage with PHARMAC. People are able to engage with PHARMAC directly through a number of mechanisms.

Actioning Medicines New Zealand, the government's medicines strategy action plan first published in 2007, recommended that PHARMAC hold regular forums to establish and improve relationships with its stakeholders. Among other activities, since *Actioning Medicines* there have been two national forums in Wellington with a third planned for February 2012. These events, held about every two years, provide an opportunity for PHARMAC and its stakeholders to engage with each other and discuss important health and medicines topics of the day.

Building on from the PHARMAC Forum, the 2011 PHARMAC Regional Forums were a first for PHARMAC. These events provided PHARMAC with an opportunity to "reach out" into communities across New Zealand and meet with the local health consumers and practitioners to hear their views on PHARMAC's work and where there is room for improvement. Many of those who attended the Regional Forums would otherwise have been unable to attend the national Forum held in Wellington.

There were total of six Regional Forums across New Zealand, one each in Otahuhu, Rotorua, Christchurch, Taupo, North Shore and Porirua. Because this was the first time PHARMAC held these events, the locations were chosen based on the locality of each Consumer Advisory Committee member to help streamline the process, though interest was expressed in holding Regional Forum sessions in other communities. PHARMAC and Committee members worked together to arrange dates, times and venues. Committee members were also instrumental in promoting the Regional Forum sessions and, on the day, facilitating discussions.

Each Regional Forum was well attended, with an average number of 24 guests, plus five or six PHARMAC staff including senior management and a PHARMAC Board member. This enabled PHARMAC staff to have a greater quality of interaction and discussion with attendees. The mix of attendees included consumers, consumer advocates, consumer support providers, PHO and DHB staff, pharmacists, pharmacy representatives, community workers, and whānau ora providers.

Each session lasted approximately three hours and, in general, were all structured similarly. However, flexibility was provided to allow for each location's distinct issues and expectations. Following a welcome and personal introductions, PHARMAC staff presented an introduction to PHARMAC, including its place in the health system, how funding decisions are made and how clinical and consumer input is obtained.

After this, discussion sessions were held on two of PHARMAC's current work activities, either communications and website re-development, Te Whaioranga (PHARMAC's Māori Responsiveness Strategy action plan) or PHARMAC's Pacific Responsiveness Strategy. At some Forum sessions, these discussions were held simultaneously in small group settings and attendees chose which discussion they wished to take part in. At others, these topics were

discussed subsequent to each other and all attendees took part in both discussions. Lunch and morning or afternoon tea was provided.

The presentations used in the Regional Forums are available as a PowerPoint download from the PHARMAC website at http://www.pharmac.govt.nz/PHARMACforum.

The following sections of this Summary present the feedback received at these sessions. There was much similarity in the views expressed across the country. Because of this, in general the comments here do not distinguish from which location comments came. However, where attendees at one Regional Forum expressed views that were not discussed at other locations, this is noted.

Better communication

PHARMAC took the opportunity of the Regional Forums to discuss how better communication can be achieved. Participants acknowledged the complexity of medicines, prescription fees and the health sector in general, and that clear and understandable communications with those using the health system is important. Issues raised in discussions on this topic ranged from the relationship between the patient and their clinician and pharmacist, PHARMAC's presence in the public view, PHARMAC's website and other online tools, and PHARMAC's printed resources and how these are best distributed.

Communications

The major theme arising from discussions was that communication with consumers needs to be plain, simple and easy to understand. Many attendees stated it was important for PHARMAC's resources to be in plain English, to be less text-heavy and include more pictures and diagrams, and to be widely distributed, such as made available in pharmacies, doctors' offices, local libraries, in community and national magazines and newspapers, etc.

A key recommendation was that PHARMAC should focus on providing resource information for consumer groups advocating for or supporting patients, given they are the primary source of information, rather than PHARMAC attempting to communicate with the patient directly. Resources for patient advocate and support groups would involve material that could be re-used in their own communications activities.

When discussing what topics such plain English resources could be about, suggestions included:

- basic information on PHARMAC's role and the role of other health sector agencies
- PHARMAC's prioritisation and funding processes, including negotiation strategies, advisory committee involvement, etc
- how consumers can become involved in PHARMAC's processes and influence outcomes
- registered and funded medicines, including how to take them and what the side effects may be
- current medicines funding consultations
- recent and upcoming funded medicine brand changes
- what to do if problems with medicines arise (i.e. an adverse reaction)
- the true cost of medicines to encourage better use
- medicines storage and disposal, and
- information for consumers when their medicine is no longer available.

Regional Forum attendees also suggested additional methods to help improve consumers' knowledge and awareness of health and medicines issues, such as:

- PHARMAC providing support and contacts to patients to know what services are available and to connect patients to those who can help them
- PHARMAC providing research and clinical information about medicine updates to relevant groups and agencies
- communicating any brand changes on the packaging of the medicine
- the importance of consistent medicines packaging between different pharmacies
- improving the directions for use and information provided on a medicines packaging
- pharmacists providing more information and the medicine's data sheet to patients when dispensing medicine(s)
- pharmacists to produce literature, and
- providing more information about the Centre for Adverse Reactions Monitoring (CARM).

There was, however, some caution expressed that PHARMAC not produce too much information and risk overwhelming patients.

Another common theme in the Regional Forums was the need for information and resources to be provided in a variety of languages to help increase consumers' health literacy. It was suggested that resources be published in other languages additional to English, Māori and Samoan to allow all population groups to learn more about PHARMAC and the New Zealand medicines system.

Participants in Porirua noted that official language translations are important as many non-English speaking patients use family or friends to translate information for them, including medicines information. This often results in mistaken translations and the wrong information being provided.

One attendee in Christchurch noted Language Line, a service of the Department of Ethnic Affairs, as a possible opportunity for pharmacies to use to support them in effective patient communication. This fee-based service allows users to telephone an interpreter to translate material for them.

In addition to producing resources in more languages, other options proposed included using more images, video and other multi-media, sound files, sign-language and Braille.

Of a more specific nature, participants suggested PHARMAC and District Health Boards conduct a campaign to encourage the proper disposal by patients of unused medicines and a method to monitor this. Another suggestion was for PHARMAC to improve its Information Sheets by enlarging the text and charts, and including more pictures.

Key people

Significant discussion was had at each Regional Forum about the key people PHARMAC can connect with to better reach and inform consumers. In general, participants suggested that PHARMAC's best option was to establish stronger relationships with those who work with patients on a regular basis, such as health advocacy groups and supporters. It was noted that those who primarily want to know about PHARMAC and its activities are those working in the health sector not necessarily individual patients.

Regional Forum attendees consistently stated the importance of the role of the pharmacist in communities. It was noted that pharmacists are the front line health workers many patients interact with most and can prove the most useful in educating and informing consumers. However, some attendees expressed their belief that some pharmacists are not adequately fulfilling this role. There was support for stronger relationships to be established between PHARMAC and pharmacists, and between pharmacists and their patients.

Working closely with nurse prescribers and other prescribers who are not clinicians was also noted as being important to informing patients. In Rotorua, mention was made of the success of a nurse's station set up in the local Work and Income New Zealand office to connect the agency, healthcare providers and patients together.

Participants also recommended PHARMAC connect with community church groups and patients' wider whānau to help reach patients. These networks can not only help inform patients, but can also provide support and encouragement.

Attendees suggested PHARMAC could work to support the development of initiatives with local groups targeted to that specific community. It was noted that initiatives do not always need to be national or there can be a nationally consistent model that is adapted to the specific needs of a particular community.

Many participants also suggested PHARMAC work closely with specific health advocacy groups when considering and implementing changes relevant to that group's interests. Similarly, some attendees stated PHARMAC could work with relevant consumer groups to produce information and demonstrate to patients the partnership between PHARMAC and that group. It was noted that such efforts could also prove useful when PHARMAC is consulting on a funding decision so that relevant consumer groups can offer support.

Another recommendation raised was that PHARMAC, the Ministry of Health and District Health Boards work together to collate information and inform the public on matters through these agencies' networks and the local community groups. This could include, for example, informing about health consumer rights and how the health system works. Another suggestion was that PHARMAC could work with groups like the Pharmacy Guild or the Royal New Zealand College of General Practitioners to provide more information to the public about PHARMAC. Such information could also include details about Medsafe, CARM, etc.

PHARMAC website

Some specific discussion was had at the Regional Forums about PHARMAC's website and how this can be utilised to communicate with consumers. Attendees noted that the information needed for consumers is available but is hard to find, and it can be difficult to understand the more technical language used.

When asked for what purpose attendees generally use PHARMAC's website, responses included:

- looking for subsidised medicines
- to search the Pharmaceutical Schedule
- looking for information for new medicines, and
- to find news about PHARMAC's activities and information about upcoming activities.

Suggestions for changes to the PHARMAC website included:

- using more pictures, graphs, etc
- providing the website in a variety of different languages
- making the contact details more readily accessible, including providing relevant staff profiles and contact details
- providing a link to relevant support groups with the search result for a certain medicine, and
- providing information about natural and traditional medicines and how these can interact with pharmaceuticals.

Regarding the final point, some participants noted potential problems with this suggestion. These included situations where a patient is prescribed a medicine for a condition that is outside of the normal use of that medicine and thus the noted support groups would be irrelevant, and that information about relevant support groups is best done at the pharmacy level. Attendees stated such information could be provided on the information sheet patients are meant to receive with each prescription.

Consultations

Some feedback was received from Regional Forum attendees specifically regarding PHARMAC's consultations. Participants suggested that PHARMAC do more to reach out to the diverse communities in New Zealand. For example, it was proposed that this could include working more closely with different populations or consulting with relevant consumer groups when proposing to

switch funding of a medicine to a generic brand. Another suggestion was that PHARMAC could consult more closely with the biggest users of medicines, such as the elderly.

Participants noted that PHARMAC needs to ensure that its consultation databases are thorough and include people who are active in their community and have the right influence.

Some representatives from patient advocacy groups requested more transparency around the medicines application process so they can better engage with PHARMAC during the consideration process of medicine they are interested in.

Elderly patients

At the Christchurch Regional Forum, there was significant discussion regarding communicating with and informing elderly patients. It was noted that these patients tend to live as couples or alone and only interact with the health sector through their GP. Suggestions were put forth to encourage elderly patients to utilise groups like Grey Power and Age Concern to be more aware of changes to their medicines.

Discussion was also had about the mis-management of medicines by the elderly. Communications targeted to correct this issue was noted as being essential. Communications could be provided through relevant consumer groups, or through pharmacists and primary care providers.

Te Whaioranga - Māori Responsiveness Strategy

Each Regional Forum discussed Te Whaioranga. Te Whaioranga is PHARMAC's Māori Responsiveness Strategy action plan with the goal of ensuring Māori have access to subsidised medicines and the knowledge to use these medicines safely and appropriately.

In general, discussions about Te Whaioranga focused on communicating medicines information to Māori patients, Māori-related programmes and initiatives PHARMAC is involved in and the key people PHARMAC can connect with to disseminate information to Māori patients.

When discussing Te Whaioranga specifically, participants noted that emphasis could be placed on mauri ora, reducing hospitalisation rates for Māori and understanding optimal medicines use. Attendees suggested that PHARMAC hold follow up hui to its Māori Responsiveness Strategy/Te Whaioranga hui held in 2001 and 2005 to receive feedback and measure progress of the plan to date.

One participant in Taupo challenged PHARMAC to provide leadership in the health sector, be innovative and engage with Māori. Similarly, other attendees encouraged PHARMAC to act as an "agent of change", particularly in regards to influencing prescriber behaviour.

Communicating with Māori

When discussing Te Whaioranga, Regional Forum attendees consistently noted the importance of involving a patient's whānau in that patient's health care. Participants stated PHARMAC should target its information and resources to the wider whānau as well as the patient to help ensure that the whānau also understands the medicine and can ask the right questions. Similarly, participants noted that the parents in the household are a key audience as they manage the children and elderly. Also, it was suggested to expand PHARMAC's One Heart Many Lives programme from targeting Māori men 35 years of age and over to targeting the wider whānau.

Noting that some patients do not understand their medicines, even with instructions, many participants stated it was important for PHARMAC to educate patients about matters such as the right questions to ask, a patient's right to refuse treatment and to generally increase health literacy. Attendees also stated that communications issues apply to both sides of the equation, that is to both PHARMAC/the government, and patients.

Some common topics discussed regarding information and education for Māori patients included:

- what the medicine is and what it is meant to treat
- how to ask for cheaper or funded medicines
- what patients are entitled to when being prescribed and dispensed a medicine
- information about any relevant brand switches
- information about generic medicines compared to brand name medicines
- how to take medicines correctly (such as what is meant by "take three times daily", etc)
- how to dispose of unused medicines, and
- information about natural and rongoā/traditional medicines and their interactions with pharmaceuticals.

Attendees recommended PHARMAC get out into communities more often to recognise and overcome barriers to improved Māori health. This was particularly noted in Christchurch where comments were made that there is little awareness of PHARMAC's Māori Responsiveness Strategy in the South Island. Suggestions included that PHARMAC:

- visit marae more often to consult and strategise with Māori consumers
- appoint regional officers for some areas who can work with local communities building on the example of One Heart Many Lives where getting into the community has been successful, and
- analyse its data to better understand the local differences and make different decisions for different locations.

Participants at the Christchurch Regional Forum noted that, when holding hui, PHARMAC should not be too concerned about attendance as a low turnout for a smaller or rural area can have proportionately the same or bigger impact in the community as a bigger turnout in more populated areas in terms of the effectiveness for hui attendees.

Comments were also made about educating and informing health professionals about Māori health issues, such as introductions to the medicines system, presentations or courses for health workers, and providing more resources. This was noted as particularly important for overseas health professionals working in New Zealand. Similarly, many participants suggested more Māori health education and training for non-Māori doctors to help them better serve their patients. This could include cultural training and education about rongoā Māori.

Additionally, some participants noted that there needs to be stronger communication and coordination amongst health sector agencies. This is limiting progress in the sector, particularly for Māori health, despite the shared goal of the agencies involved.

Key people

When discussing Te Whaioranga, there was mention of various key people or groups PHARMAC could connect with to better reach consumers. These included:

- front line health workers
- a community's Whānau Ora collective and its liaison manager
- taking advantage of local programmes (such as marae-based or mobile health workers)
- other government agencies such as Work and Income, and
- partnering with other companies or individuals to conduct national events (such as Te Matatini).

Participants also noted that PHARMAC should assist GPs to talk to their patients to help increase consumer health literacy. Similarly, it was suggested that PHARMAC could facilitate information sharing between GPs, nurses, pharmacists and rongoā practitioners to generate a team approach to Māori health.

Programmes

There was some considerable discussion at the Regional Forums about PHARMAC's programmes or other initiatives PHARMAC could become involved in. More generally, participants supported the idea that PHARMAC hold more hui throughout the country to address Māori health issues.

Other general suggestions included developing menus for marae cooks that can help reduce the incidence of gout amongst Māori, developing and promoting additional government initiatives to help with medicines funding and promoting home visits by pharmacists. One pharmacist attendee in Rotorua discussed his close involvement with a neighbouring health centre with a high Māori population and his work to help address health inequalities for Māori. Similarly, another pharmacist attendee in Rotorua discussed a programme she is involved in that conducts home visits to patients that tailor treatments and support to that patient.

Rheumatic fever was another common discussion point at the Regional Forums, particularly in Porirua. Suggestions from participants for PHARMAC included:

- reinforcing the importance of educating about medicines
- educating health professionals on throat swabbing
- addressing lifestyle factors
- working with other agencies to address risk factors
- assisting with the subsidisation of the government home insulation scheme, and
- educating about household priorities (e.g. eating healthy food instead of takeaways).

Other comments

Participants raised a number of other issues of concern, including:

- some consumers' perceptions that the health system is flawed and are thus reluctant to become a part of it
- personal prioritisation of health by Māori (e.g. buying medicines for whānau before themselves or buying cigarettes before medicines)
- Māori mental health patients delaying seeking treatment resulting in needing more and stronger medicines
- some mental health medicines increasing the risk of diabetes and heart disease, which is already a serious concern for Māori
- a tiered-, income-based medicines co-payment system
- poverty and the barrier of co-payments
- identifying patients who need help but may not realise it before their condition worsens, and
- the categorisation of Māori rural health.

One Rotorua pharmacist provided data regarding the disparity between the clients of two nearby health centres. The predominantly Māori patients of one centre had substantially fewer prescriptions filled. While further analysis is necessary to understand the reasons why this occurs, it does illustrate that disparities exist.

Pacific Responsiveness Strategy

PHARMAC's Pacific Responsiveness Strategy was adopted in 2010 and builds on the success of the Māori Responsiveness Strategy. The Pacific Strategy provides the framework for PHARMAC to develop the knowledge and relationships necessary to help achieve improved health outcomes for people from the myriad of Pacific nationalities.

Discussions about the Pacific Strategy were held at the Otahuhu and Porirua Regional Forums. These areas have a high population of people who identify with any of the numerous Pacific nations and provided an opportunity for PHARMAC to receive feedback on its Pacific Strategy from those the Strategy aims to help.

Suggestions for PHARMAC

When discussing the Pacific Responsiveness Strategy, many participants suggested PHARMAC become more involved in various Pacific health events, such as the Pasifika Medical Association conferences, the Pasifika Festival or any one of a number of community forums. It was also suggested that PHARMAC hold more Regional Forums targeted at the different nationalities that make up the umbrella term "Pacific peoples".

There was considerable discussion regarding PHARMAC's workforce capability and competency with respect to peoples from Pacific Islands ethnicities. Participants recommended PHARMAC:

- employ more Pacific peoples and/or Pacific health experts
- have Pacific peoples on its Board and different advisory committees
- that it create a Pacific support committee for PHARMAC Pacific staff, and
- improve internal cultural competency.

Another suggestion was that PHARMAC contribute to the future Pacific health workforce by investing in scholarships for Pacific students in the pharmacy trade or other health areas. The Healthcare Heroes project of the Pasifika Medical Association and the Ministry of Health was promoted as a model for such programmes.

Some participants discussed PHARMAC's Pacific Responsiveness Strategy specifically. In general, attendees encouraged PHARMAC to acknowledge, and reflect in its communications, the different ethnic groups comprising "Pacific peoples" rather than "bundling" them all together. Other comments included:

- formalising the Strategy
- revising and progressing the timeline within which the Strategy is operating
- revising the Strategy to more accurately reflect the different Pacific ethnicity groups
- creating a Pacific Responsiveness Strategy website
- combining the Strategy and PHARMAC's Māori Responsivess Strategy together, and
- holding Pacific-focused forums on the Strategy.

Participants encouraged PHARMAC to accelerate progress of its Pacific Responsiveness Strategy given the knowledge and experience PHARMAC has with the Māori Responsiveness Strategy.

Communications

A significant topic of discussion when talking about communicating with the various Pacific health consumers was helping those consumers to understand their medicine(s) and condition.

Participants stated it was important that Pacific health consumers know what questions to ask, understand their rights as patients and be encouraged to be open with their GP and traditional practitioner. Participants encouraged PHARMAC to take responsibility for helping to educate about the side effects and risks of medicines and not taking the right medicines or any medicines at all.

Another topic of common discussion was that PHARMAC should work with Primary Health Organisations and health professionals to ensure effective communication with patients of Pacific Islands heritage and to ensure open communication between GPs, specialists and traditional practitioners. Such efforts were also noted as helping to facilitate a relationship between a patient, their family and health providers, which can lead to overcoming barriers and stereotypes to accessing health services.

Considerable discussion was also had about the information and resources that are available from PHARMAC and the wider health sector. Participants noted it was important to have information available in a number of different Pacific languages that is expressed simply and clearly, often using visual cues and pictures more than text. Some participants suggested producing ethnic-specific information sheets. Some attendees also suggested that PHARMAC make more use of communicating with Pacific consumers through Pacific-language media outlets, such as Radio Samoa or Pacific language newspapers.

Other key points that were noted for when communicating with consumers of Pacific Islands ethnicities included:

- the role of PHARMAC
- informing about the effects of medicines, the purpose of taking medicines and any alternative options
- have local Pacific "champions" to profile for activities, such as the approach used by One Heart Many Lives
- messages are consistent, especially when translated
- informing about brand changes and new medicines
- that messages come from relevant professionals
- effects of messages are monitored where possible
- being aware of the translations and cultural contexts for each Pacific community
- addressing the issue of Pacific peoples' family prioritisation of health (i.e. buying cigarettes before medicines, etc), and
- targeting resources to the relevant Pacific ethnicity.

One participant at the Otahuhu Regional Forum recommend PHARMAC consider the "4 A's" regarding engaging with Pacific health consumers: access, affordability, appropriateness and availability.

Key people

When discussing the key people PHARMAC could engage with to communicate with the different Pacific health consumers attendees stated PHARMAC should view these relationships as a "partnership". Relevant suggestions included:

- the existing Pacific health workforce (such as DHB Pacific general managers and Pacific Health Committees, Pacific PHOs, traditional practitioners, etc)
- GPs and their professional groups
- nurses working in Pacific health
- different Pacific-ethnic community groups
- people active in the varying Pacific communities
- the wider family of patients

- church groups and their programmes
- occupational groups, and
- beginning engagement with the highest population groups such as Samoan and Tongan.

Participants stated that the different Pacific-ethnic community groups in particular can be useful in encouraging patients to seek appropriate healthcare and educate them about medicines.

Regional Forum attendees advised against relying too heavily on agencies such as the Ministry of Health or the Ministry of Pacific Island Affairs.

Traditional medicine

Some discussion focused around traditional medicines for the different Pacific peoples. It was noted that patients of Pacific Islands descent may seek traditional healthcare before Western healthcare, but that these two "need to co-exist". As such, it was suggested that PHARMAC engage with health professionals to educate them about the interactions of traditional and modern healthcare. An example was cited of a Tongan healthcare clinic in Auckland where traditional healers work alongside Western-trained clinicians.

Other comments

During discussions at the Regional Forums, participants raised a number of issues and made a variety of comments that related more generally to PHARMAC's work and the wider health sector.

Suggestions for PHARMAC

A wide variety of suggestions were made for PHARMAC to consider and act upon, including:

- explicitly include other ethnicities in PHARMAC's decision criteria in addition to Māori and Pacific peoples
- hold Consumer Advisory Committee meetings outside of Wellington and invite community groups to present to the Committee
- focus on and prioritise funding for low-income people
- support programmes in schools and university courses similar to programmes like PHARMAC's He Rongoā Pai, He Oranga Whānau
- build on the Regional Forums by working with communities, including Māori and Pacific communities, to utilise their community networks
- make greater use of face-to-face meetings
- make doctors and pharmacists more aware of what medicines are funded to ensure consumers receive full benefits
- look into options with pharmaceutical suppliers for placing Braille markings on medicines packaging
- subsidise blister packs
- develop a framework to evaluate the success of PHARMAC programmes
- address problems of doctors not correctly completing Special Authority forms
- ensure PHARMAC is secure in the context of the Trans-Pacific Partnership free trade negotiations
- provide more information and education about the relationship between traditional and Western medicines
- improve access to funding for high cost medicines for rare disorders
- improve management and communication in relation to some funding change proposals (e.g. recent Special Foods therapeutic group changes)
- give greater consideration to the timing of events
- develop a level of trust and be transparent to move forward together with communities, and
- conduct analysis and make available data that is more specific to local areas to identify and address that area's specific issues.

A handful of Regional Forum participants expressed some criticisms of PHARMAC in discussions. In general, these covered the areas of PHARMAC's funding of generic medicines or its ineffective communications. There were also some misunderstanding about PHARMAC's role in the supply and registration of medicines.

General suggestions

There were also a number of more general suggestions and comments made by Regional Forum attendees. These included:

- a national campaign for emergency medicine kits (e.g. refrigerating insulin in an emergency where there is no power)
- that more awareness is needed about the appropriate prescribing and use of antibiotics

- printing contact details with prescriptions or providing resources to patients when prescribing or dispensing
- support for a return to "old fashioned pharmacies" by not selling non-medicines stock
- a scheme for patients to register with a pharmacist, similar to registering with a GP
- provide more medical journals in libraries
- the need for a national standard for health and prescribing software
- improve doctor availability in lower socioeconomic and rural areas
- extend pilot programmes, such as e-prescribing, to more areas
- improve the lag-time to transfer a PHO subsidy when switching to a new GP
- improve earlier interventions and prevention
- more community engagement by Medsafe
- have more pharmacies closer to GP surgeries to encourage patients to pick up their medicines
- the Pharmacy Guild should be more proactive with informing about generic medicines
- Medsafe should provide more detail about its testing and assessment of the bioequivalence of generic medicines to branded ones, and what binding agents are used
- more pharmacy delivery services, and
- enlarge the writing on medicines packaging.

One pharmacist who attended the Regional Forum in Rotorua discussed a mobile pharmacy programme that she runs in her area and the success of this due to the patient-centered nature of the service. An attendee in Christchurch discussed a similar programme being started in that area.

Generic medicines

Generic medicines in general was a common subject raised by participants. Some attendees expressed concern that the perceived lower quality of some generic medicines can actually result in more costs to New Zealand when accounting for the need to treat the effects of this lower quality. One participant at the Christchurch Regional Forum stated that, regarding lower cost generic medicines, "the idea of cheapness is overriding the value of health."

Participants discussed issues around the excipient ingredients, or "binding agents", in generic medicines being different from the excipients in brand name medicines. Some queried whether Medsafe tests the safety and suitability of excipient ingredients when assessing generic medicines.

Attendees also noted some gaps in the "pharmaceutical chain", where sales representatives for brand name companies visit doctors and pharmacists to discuss their brand of medicine but generic medicine companies do not do this. There was concern that this may mean prescribers and pharmacists are not receiving some valuable information that they can pass on to patients and can often dismiss the generic brand as they are not as familiar with it.

Some attendees suggested that the tablets (or other presentations) for a generic medicine should be similar in appearance to the brand name medicine. It was queried whether PHARMAC could incorporate this into its criteria when determining what to fund.

Other sector agencies

One theme from participants was that there needs to be more information available about Medsafe and the Centre for Adverse Reactions Monitoring, including their roles, how they operate, how consumers can engage with them, etc. Some participants queried what options there were for Medsafe to have more control over the data produced by clinical trials of medicines to ensure it is accurate and thorough.

Conclusion

Although many topics were discussed at each event, and improving communications was but one topic, the importance of open, clear and targeted communications was a strong theme of all discussions. Those who attended the Regional Forums continued to emphasise the need for PHARMAC (and other health sector agencies) to improve health literacy and help patients and their supporters fully understand their health and medicines. Discussions at these events made it clear that health consumers should be made aware of their rights, what questions they should ask and how the health system works in general. In some cases, suggestions were made about tools that could be developed to help consumers have these discussions with health professionals.

The Regional Forums were a valuable opportunity for PHARMAC to engage with health users and practitioners it would generally otherwise not engage with, but whose views are nonetheless important. Feedback and discussions at the Regional Forums provided an important insight for PHARMAC as it continues pursuing its objective of achieving the best health outcomes from medicines from the available resources.

Feedback received is being used to inform planning for PHARMAC's national Forum in February 2012. This will enable further discussions with those who attend the national Forum to generate a greater awareness and understanding of community views. In addition, and as a result of this, PHARMAC will continue to think of how it can go about better addressing the needs of health consumers, their advocates and support service providers.

Furthermore, efforts will continue to be made to maintain and improve PHARMAC's engagement and communication with consumers. Among the many current and future options, continuing the Regional Forums series is a possibility. If this occurs, PHARMAC will attempt to hold Regional Forum sessions in different locations to ensure maximum input is obtained.

For more information or to register to attend the national Forum visit http://www.pharmac.govt.nz/PHARMACforum. You can also email forum@pharmac.govt.nz, call 0800 660 050, or write to:

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