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Kia ora Chris

### **Improving Access to medicines and devices in primary care: Vaccines - Purchasing, Funding and Distribution Arrangements**

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the above discussion document. We have consulted with members and staff, including all our Colleges and Sections, Te Rūnanga, and professional nurse advisers.

NZNO supports a health systems focus on patient-centred care, closer to home, but does not believe that the current arrangements for vaccines are a barrier to that. Indeed, immunisation is one of the most important and successful primary health care initiatives that has largely equitable outcomes; nurses are confident that the current purchasing, funding and distribution model for vaccines is working well. NZNO **opposes** both versions of the proposed 'purchase and claim' model for vaccines and **recommends** that the current model is retained and that you consider utilising and developing existing arrangements for other community funded medicines and devices.

Nurses' concerns with the proposed model centre on the significant actual and compliance costs entailed in paying for vaccines upfront and then claiming reimbursement, and the logistics of storing them. While this purchasing model may ensure quicker payment for PHARMAC, general practice would have to bear substantial financial risks not only with the cost of the vaccines which can be considerable eg one dose of Gardasil is \$150.00, but also because the costs are incurred before administration, with no guarantee that the vaccines bought will all be needed and the practice reimbursed promptly. Even assuming a standard process for reimbursement, there is a risk that payment may be delayed in some DHBs which would impose an undue, untenable and unfair financial strain on general practices.

Moreover, costs associated with vaccine being lost while being drawn up, being contaminated, or past the expiry date, would be shifted to general practice, and clearly there

would be issues with eg stockpiling, storage, and cold chain breaches. While business strategies would have to be developed to deal with these, nurses envisage an increased burden of compliance, which is unnecessary, as the current system is fair and works well.

The most significant potential risk with both versions of the proposed purchase is that less stock will be held in general practice, and that could disrupt the immunisation programme which would be “disastrous”. While there may be less risk with medications such as zoledronic acid, which are obtained when required, vaccines must be available at all times. NZNO strongly opposes such a fundamental and unnecessary change to the purchasing model for vaccines. We suggest instead that you consider developing and extending the existing systems eg the Medical Practitioners Supply Order (MPSO) system, to other medicines and devices *and to other health practitioners* to improve community-based access.

We believe that a comprehensive multidisciplinary approach is needed, not only because it is best to build on systems that are working, but also because the overriding problems with community access to medicines and devices are not technical ones to do with obtaining them, but with limited opportunities and/or barriers to clinical collaboration, holistic assessment and treatment to facilitate timely and appropriate care. For example, in considering direct community access to medicines administered by clinicians such as antibiotic infusion, nurses’ consistent response was that access issues usually arise from gaps in patient care and communication eg between consultant, hospital and GP. For example, when a patient leaves hospital, they may not see a health practitioner, or may be seen by a District Nurse contracted only to administer medication, who has no time for in-depth assessment, or they may be expected to return to the hospital on an ongoing basis as part of the outpatient care. They may also ‘fall through the hole’ and not know which practitioner or service to contact.

We do not underestimate the advantages of direct access to community-based care, as it seems clear that for some eg Indian and Pacific communities, heal better with whānau around, (though equally there can be issues with communities who are passive recipients of care). However, by and large the critical issue is with ensuring continuity of care and assessment, to facilitate timely access to appropriate medications and devices, and to avoid the “problematic polypharmacy” and medical devices that can be a result of narrow and fragmented services. The proposed model does not address this fundamental barrier to holistic healthcare.

In conclusion, NZNO **opposes** the proposed fundamental and unnecessary changes to the purchasing, funding and distribution model for vaccines, and its extension to other medicines and devices. We **recommend** you retain the current model for vaccine supply and distribution and that you consider developing existing systems to encompass a multidisciplinary team approach to facilitating community-based access to medicines and devices.

Nākū noa, nā



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## NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*