



New Zealand Nurses Organisation

Submission to the Ministry of Health

on

Towards a New Zealand Medicines Strategy

30 March 2007

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EXECUTIVE SUMMARY

1. NZNO supports the development of a New Zealand Medicines Strategy and agrees that this consultation process is the first step towards such a strategy. Ongoing consultation will be required to further develop a cohesive and transparent strategy.
2. NZNO believes that the proposed strategy outlined in the consultation document should be developed further to create greater transparency in the decision making processes, that is, between clinical safety and efficacy, cost benefit analysis and funding decisions. NZNO sees an advantage in separating out these three sets of decisions in the interests of transparency.
3. Also, NZNO is concerned that the obligations within Te Tiriti o Waitangi, particularly in view of the health disparity of Maori, are not overtly stated and woven throughout the strategy proposals. As a fundamental principle of the New Zealand Health Strategy, NZNO has an expectation that this occurs within a medicines strategy document.
4. Although the document does not cover matters related to the total budget allocation for pharmaceutical purchasing, this is a critical area to be addressed within the strategy document in NZNO's view.

RECOMMENDATIONS

5. The New Zealand Nurses Organisation recommends that you:
 - **note** that, NZNO supports the development of a New Zealand Medicines Strategy;
 - **agree** that, further work on the framework is required to provide greater transparency and clarity in the decision-making processes, that is, that there is a clear differentiation between clinical, cost benefit and funding decisions;
 - **agree** that, acknowledgement of the special relationship between Maori and the Crown under Te Tiriti o Waitangi is integral to the strategy; and

- **agree** that, Maori authority over rongoa regulation is a priority and is to be acknowledged in the medicines strategy.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

6. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,000 members. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals, but predominantly nurses.
7. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
8. NZNO nurses and midwives administer medicines, midwives and a small number of nurse practitioners are registered as independent prescribers, and our members provide medication education to patients. This means that NZNO is well placed to provide meaningful input into this first stage of the development of a cohesive medicines strategy for New Zealand.
9. NZNO has consulted its members in the preparation of this submission in particular NZNO staff and NZNO members including Te Runanga o Aotearoa, Regional Councils and our twenty-one specialty Colleges and Sections.

NZNO POLICY AND POSITION

10. The New Zealand Nurses Organisation **does** support the development of a comprehensive and transparent medicines strategy.

PROPOSALS

11. NZNO recognizes that this consultation document outlines initial steps towards a medicines strategy and that it will continue to evolve over time. In order for further development to provide a meaningful and complete strategy

further consultation will be required. NZNO looks forward to participating in this ongoing development.

12. NZNO members are actively involved in the management of medicines and the provision of education to patients and their families. A coherent and transparent medicines strategy will better enable health care professionals to explain access issues to their patients and for them to have confidence in a robust and transparent decision making process. Currently there is significant concern about access, safety and availability of medicines, particularly innovative and generic medicines. Recent examples of interrupted supply have shaken confidence in the system. The lengthy time taken for approval of innovative medicines is a major concern to nurses also, although it is acknowledged that the correct evaluation processes have been followed to protect public safety.
13. NZNO understands that there are limitations on a pharmaceutical budget and that prioritization decisions based on a set of agreed principles are required; not all medicines can be funded. However the failure of this document to adequately address the decision making process on the annual funding package for pharmaceutical purchase is a significant gap.

CONSULTATION QUESTIONS

Medicines: Current Systems, Structures and Processes

Q1. Does this description reflect your understanding of medicines systems, structures and processes? Are there any elements that have not been included that you consider should be?

The description does reflect the understanding of NZNO however the strategy would be strengthened by providing greater detail on the initial step which is the identification of the total funding available each year for the purchase of pharmaceuticals. NZNO proposes that this step is included in the strategy to provide greater clarity and transparency.

A New Strategic Direction for Medicines in New Zealand

Q2. Do you agree with the overarching objectives of the proposed Medicines Strategy? If not, why not?

The three overarching aims/objectives of the strategic framework are supported by NZNO.

Q3. Are any objectives missing? If so, what are they and should they be included?

In the explanation of optimal use, NZNO suggests that the statement of choices about medicines is further specified by including evidence based prescribing.

Q4. Do you agree with the proposed principles to guide decision-making? If not, why not?

The six principles are supported by NZNO. NZNO has concern that the principle of equity descriptor does not overtly state reference to Te Tiriti o Waitangi and addressing the health disparity of Maori. NZNO also advises that within the value for money descriptor, there is an explicit statement that evidence will be the basis for value for money decisions.

Q5. Are any principles missing? If so, what are they and why should they be included?

NZNO believes that acknowledgement of the special relationship between Maori and the Crown under the Treaty of Waitangi should be included within the strategy. The health need of tangata whenua Maori need to be recognized followed by those other populations with significant health disparity, such as Pacific Islanders.

Q6. Do you agree with the key elements of implementation? Are there others you would like to add? Please explain your reasons.

NZNO supports the key elements identified. Furthermore, NZNO recognizes that trust and confidence in the current system is not optimal. The need to build trust and confidence through the implementation phase, along with the transparency of decision making, will make a positive difference in perceptions the medicines strategy.

Getting Started

Q7. Are there other issues that you consider should be addressed as a matter of priority to improve the quality, safety and efficacy of medicines?

The matter of Maori medicines (rongoa) is not identified. This omission is of concern for NZNO. Maori authority over rongoa regulation is a priority that should be addressed in the medicines strategy.

Q8. Do you agree that the current budget-setting process for community pharmaceuticals is generally working well, in practice, but could be improved by having Pharmac and DHBs use a set of agreed principles to make a joint recommendation to the Minister of Health on the level of the budget? If not, why not?

Of key concern to NZNO members is the total annual pharmaceutical budget set by the Minister of Health. Whilst acknowledging PHARMAC's significant achievements in containing the growth in pharmaceutical expenditure to an average of less than 2% per annum, NZNO members are concerned that New Zealand has fallen behind other countries in recent years in terms of access to innovative medicines and that in recent years a realistic budget has not been allocated. A 2% annual budget growth is no longer realistic since the marked savings in contracting and reference pricing have been achieved. Further, the capped budget means that PHARMAC underspends each year and there is no ability to carry forward budget surpluses into the next year which would benefit New Zealanders. NZNO firmly believes that the medicines strategy needs to address the annual budget allocation for PHARMAC. Whether this can be achieved by

DHBs and PHARMAC making a joint recommendation to the Minister on the notional level of community pharmaceutical budget is a moot point. Certainly NZNO believes that any under-spend in any one year should be carried forward into the next year to supplement that next year's budget allocation.

Q9. Do you consider value for money/cost effectiveness and affordability are useful principles for Pharmac and DHBs to apply in making a recommendation to the Minister on the proposed community pharmaceutical budget? Are there other principles you consider should also be applied? If so, what are these and why should they be considered?

Some NZNO members have raised the point that availability of certain medicines differs from DHB to DHB. The submitter has been unable to substantiate this with examples however it was a comment made by a number of members from different regions and so warrants further exploration and research

Q10. Is a three-year funding path helpful? If not, why not? What improvements do you suggest?

A three year funding path is supported by NZNO.

Q11. Do you have any other comments on the proposed process for setting the community pharmaceutical budget?

Not at this time.

Q12. What are your views on the options proposed to increase the understanding of decision-making?

NZNO has heard the options for increasing transparency and understanding of decision-making proposed by the Researched Medicines Industry. NZNO supports a clear separation of each decision-making step; that is, the clinical review of efficacy, cost benefit analysis, and then the funding decision. In

this way, New Zealanders would have clarity about each of the three components of the decision-making processes. The development of a medicines strategy provides the opportunity to fully review the current system and rather than just refining what is currently in place, addressing wider systems issues through a clear separation of each stage of review.

Of the four options provided within the document (p55) for increasing transparency, NZNO believes that all will provide greater transparency in the current system.

Q13. Do you have any further suggestions about the provision of free and frank advice to the decision-making process?

See response to question 12.

Q14. What, if any, experience have you had of the public summary documents produced in Australia? Do you think the public summary documents assist people to better understand the decision-making process?

No experience with Australian public summary documents however it would seem to be a useful option to take in trying to convey the required messages for this process.

Q15. Are there any other options you consider would be useful to pursue? Please describe these and explain how they would increase understanding of decision-making.

Moves to increase the transparency of decision-making will increase public trust and confidence although it is acknowledged that sectors of the public will not agree with some decision outcomes. However, if the decision-making is more transparent then at least a better understanding of the benefits versus the opportunity costs will be made more apparent than the current practices.

Q16. Do you agree that decision-making about vaccines should be more transparent? If not, why not?

NZNO agrees that the decision-making about vaccines should be more transparent in order to increase public confidence in the vaccine's purpose and efficacy.

Q17. Do you agree that consideration should be given to the best arrangements for supporting the Immunisation Technical Working Group process? If not, why not?

NZNO agrees that consideration should be given to the best arrangements for supporting the Immunisation Technical Working Group process.

Q18. Do you agree that options for the ongoing funding of vaccines should be explored? If not, why not?

NZNO agrees that options for the ongoing funding of vaccines should be explored.

Q19. Do you agree that options for vaccine procurement should be explored? If not, why not?

NZNO agrees. The safety and availability of vaccines is of paramount importance to the public.

Q20. Are there any other issues you consider are missing and should be addressed as a matter of priority to improve access to medicines?

The current process of approval of medicines is too lengthy. Whilst acknowledging that rigour in all stages of assessment is critical currently it appears that bureaucratic processes unnecessarily delay timely decisions and access to new medicines. The Researched Medicines Industry has provided NZNO with examples of delays in progress through the approval process which clearly illustrate a breakdown in communications and processes by/with PHARMAC. The perception is that any unnecessary

delays may be more about rationing than about public health. This needs to be addressed in the medicines strategy. Trust and confidence in an efficient process is required by the public, health professionals and the pharmaceutical companies.

Q21. Where do you think the greatest gains in the optimal use of medicines are to be made?

- Continued use and updating of best practice guidelines and the ready access to information; and
- Annual review of patient medication knowledge, use and compliance with appropriate actions then taken to address issues that surface through the research.

Q22. Which areas of the optimal use of medicines do you think will have the greatest impact in reducing inequalities in health outcomes between different population groups?

The programme to address the problems of non-compliance is supported by NZNO.

NZNO was pleased that specific areas to address Maori health disparity have been identified within this section of the document but this needs to be more widely visible throughout the strategy as noted previously in recommendation 5, bullet point 3, and questions 4, 5 and 7.

Q23. What other optimal-use initiatives do you consider should be pursued? Why?

Support for nurses in providing education by means of the development of quick 5 minute education packages (web-based) and take home materials would be useful in assisting patient understanding and compliance, and improve national standardization. Nurses have little discretionary time within which they can develop medications teaching packages for patients.

It is also a great waste of resource to have hundreds of nurses throughout the country developing and duplicating effort to develop such packages. The window of opportunity is short for patient education in primary health/general practice settings and so teaching tools, available through the internet, for 5 – 10 minute sessions would be of value in increasing patient knowledge and compliance.

Q24. Do you have any suggestions about how to improve co-ordination and communication between agencies involved in optimal-use activities in the sector

Communication systems experience blockages from time to time, however a single website for medication optimal usage information may be an advantage.

Q25. Do you have any suggestions about how the use of evidence-based guidelines in clinical practice can be better supported?

A centrally monitored and updated website from which to access evidence-based guidelines would be one logical use of the resources available. However, this requires consistent, national access to the technologies required to gain this information.

Q26. Are there any issues missing from the “Getting Started” list on page 40? If so, what are they?

As stated previously, this is an opportunity to re-examine the different stages of decision-making with the separation of those processes in order to achieve a greater transparency.

CONCLUSION

NZNO is pleased to provide input into this developing strategy and welcomes further opportunities as progress towards the strategy continues. NZNO supports the proposed strategic framework with minor review but believes that

the proposals outlined within the document could go farther towards providing greater transparency and trust in the system.

NZNO holds the view that the total budget for community pharmaceuticals requires more than the 2% annual increase over recent years to meet the future needs of New Zealanders and enable them to achieve timely access to the innovative medicines approved through the process.

NZNO recommends that the first principle of the New Zealand Health Strategy (acknowledging the special relationship between Maori and the Crown under Te Tiriti o Waitangi) is integral to the new medicines strategy and that Maori authority over rongoa regulation is a priority.

NZNO recommends that the three review stages of approving a new medicine are separated to enable greater transparency in decision-making and that PHARMAC's current internal processes creating unnecessary delays in approval are reviewed and any identified issues addressed.

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