



**National Council of  
Women of New Zealand**

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Wahine O Aotearoa

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**Submission to the Ministry of Health on the  
“Towards a New Zealand Medicines Strategy**

The National Council of Women (NCWNZ) is an umbrella organisation representing 42 Nationally Organised Societies and individual members. It has 31 Branches throughout the country attended by representatives of those societies as well as some 150 other societies and many individual members. The Council's function is to work for the wellbeing of women, the family and the community both nationally and internationally, by research, study, discussion, and action. NCWNZ influences policy by representing the voice of women.

Members of the health standing committee nucleus group and other interested parties were asked for their input into this document.

In general terms members found this document to be timely, well informed and presented and an easy format to read. We did not receive comments on all 26 questions however the following responses came from our members.

**Specific Comments**

**Question 1, page 31 - Does this description reflect your understanding of medicine systems, structures and process and are there any elements that have not been included that you consider should be?**

Members support the importance of sound structures and systems which are robust and are able to be built on in the future. Continuous improvement and response to change in health priorities for the future must be paramount for the health and well being of New Zealanders.

**A New Strategic Direction for medicines in New Zealand**

**Question 2, page 39 – Do you agree with the overarching objectives of the proposed Medicines Strategy? If not, why not?**

NCWNZ members agreed with the identified objectives proposed for the Medicines Strategy, strategic framework being quality, safety and efficacy, access and optimal use.

**Question 3, page 39 – Are any objectives missing? If so, what are they and why should they be included?**

The comments received centred around cost effectiveness, efficiency and value of money being an objective as well as being a proposed principle. It was felt by some respondents that this comment should be considered.

**Question 4, page 39 – Do you agree with the proposed principles to guide decision making? If not, why not?**

NCWNZ members are unable to add to these principles and agree that they are fair, consistent and transparent.





**Question 5, page 39 – Are there any principles missing? If so, what are they and why should they be included?**

The principles are self explanatory, clearly defined and supported by our members.

**Question 6, page 39 – Do you agree with the key elements of implementation? Are there others you would like to add, please explain your reasons?**

NCWNZ agrees with the identified key elements and as we have contributed to submissions over many years support the following: the NZ Health Strategy; the NZ Disability Strategy; the Health Practitioners Competency Act; and many others all with the key focus being to support the implementation of these strategies towards a national population health approach, focussed on health promotion, prevention and early intervention this strategy continue to follow the same pathway.

Page 6 points out that medicines have an important contribution to make in achieving the goals of these strategies by being accessible, appropriate and safe in use and our members believe a shared strategic approach and collaboration will lead to a successful and desirable outcome for the Medicines Strategy to succeed.

**Question 7, page 43 – Are there any issues that you would consider should be addressed as a matter of priority to improve the quality, safety and efficacy of medicines?**

In supporting an overarching policy direction as suggested in Question 2, to bring all the health sector and systems together under one umbrella to improve the NZ medicines system that by securing and maintaining a sustainable regulatory capacity for the country will be significant.

Our members did feel that although they agreed a new regime should be in place so that safety of therapeutic products in the short to medium and long term, they were unable to comment on the preferred approach to establish a joint regulator with the Australian Government as they did not have sufficient information to do so.

**Question 8, page 48 – 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 District Health Boards (DHBs) use a set of agreed principles to make joint recommendations to the Minister of Health on the level of the budget? If not, why not?**

NCWNZ members supported the implementation of the Primary Health Care Strategy and to date this group have been successful. These organisations are audited to ensure that quality outcomes are being attained and any organisational improvements identified, and improvements made which are expected to provide quality, accessible health care for consumers.

It is generally agreed that by working in a collaborative way such as DHBs and Pharmac together with Primary Health Care Groups a better outcome could be achieved for patients. Tensions do occur when the DHBs do not all have the same perceived need for the same drugs and yet they are expected to serve the needs of their populations.

**Question 9, page 48 - Agreed by members.**

**Question 10, page 48 – is a three year funding pathway helpful?**

Due to the complexity of pharmaceutical budgeting and new evidence available constantly members felt this would be helpful to health providers and Pharmac with their planning issues. Some members felt that some flexibility may be needed as new evidence comes to hand.



**Question 12, page 56 – What are your views on the options proposed to increase the understanding of decision making?**

Members appreciate the responsibility with which Pharmac is charged in achieving the best health outcomes for the widest population possible, within a limited funding framework. It was agreed that the population approach to the provision of service needs to be balanced alongside the Government's responsibility to protect NZ citizens from substantial costs due to ill health. It was felt that this was a very highly complex issues especially with decisions on hitgh cost medicine's which may help only a few.

**Question 13, page 56 – Do you have any suggestions about provision of free and frank advice to the decision making process?**

NCWZNZ members request that the decision makers be honest, transparent and responsive to the public.

**Question 20, page 60 – Are there any issues you consider are missing and should be addressed as a matter of priority to improve access to medicines?**

NCWZNZ would support the Minister of Health giving greater consideration to purchasing medicines. Vaccines, for example the influenza vaccine, should be purchased from external providers able to supply quantities required, or meet demand. This would ensure efficiency and cost effectiveness and given appropriate distribution, would improve access to this vaccine which in turn would result in improved health status for the people of New Zealand.

Those responding did not feel that any other questions required comment however NCWZNZ supports this document as it is felt that we could be better and there must be ways that medicines being discussed for use and criteria for the eventual decision could be made more accessible to allow the public to have a better understanding.

NCWZNZ thanks the Ministry of Health for the opportunity to canvas our members and looks forward to receiving the new document when complete.

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National President

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Convener, Health Standing Committee