



14 August 2017

Our Ref: MT17-284

PHARMAC
P O Box 10-254
WELLINGTON 6143

Email: consult@pharmac.govt.nz

Dear PHARMAC

Change of access to funded Nicotine Replacement Therapy and the Emergency Contraceptive Pill

Thank you for giving the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on PHARMAC's proposed changes to access to funded pharmaceutical products, nicotine replacement therapy (NRT) and the emergency contraceptive pill (levonorgestrel tablets) (ECP).

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the College, is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

PHARMAC's proposal

PHARMAC's proposal gives pharmacists the ability to provide two funded pharmaceutical products, NRT and ECP to patients without a prescription. We understand that pharmacists can already sell the two products to patients without a prescription, but under the proposal, amendments to the Pharmaceutical Schedule rules will "allow pharmacists to independently authorise subsidy for [the] pharmaceuticals". It does not change prescribing rights or the pharmacists' scope of practice.

The College's submission

Feedback on the proposal

The College supports the aim of the proposal to provide patients with greater access to funded NRT and ECP. We agree that the proposal increases the options available for access to funded NRT for those who want to quit smoking, and in some cases, might reduce the number of steps to obtain funded NRT.

The proposal also increases the number of options for timely access to the ECP, particularly as pharmacies offering the service might open at times when other health care providers are closed. However, we agree with New Zealand Family Planning's comments: questioning whether the proposal will achieve the intended aim of reducing the rate of unintended pregnancy on a population level; and asking whether PHARMAC has considered other options such as expanding funded access to other forms of contraception, which have been proven to reduce unintended pregnancy rates. We note a recent review of research concluded that "it is unlikely that expanding access [to emergency contraception] will have a major impact on reducing the rate of unintended pregnancy."¹

The current proposal affects general practice. The consultation document states that "there may be a service charge for patients to obtain NRT or ECP at the pharmacy in addition to the co-payment." It notes that individual DHBs would be able to decide whether to fund the pharmacist consultation services for these products. Where a service fee exists, the added cost of the medicine is likely to make it cheaper for patients to see a GP than a pharmacist. However, this might tip the other way where there is a smaller, or no, service charge, as a result of PHARMAC and DHB funding, creating a greater incentive for patients to see a pharmacist rather than their GP. This may result in a much greater utilisation of pharmacy services for NRT and ECP.

Such a shift is likely to have a significant impact on the co-ordination of patient care. There are two important aspects to this.

It is clinically important that GPs are notified of prescriptions given as part of longitudinal care. For example, knowing that a woman has been prescribed ECP might be useful for future consultations where longer term contraception can be discussed. GPs are able to offer a wider range of contraception options to women than pharmacists can offer. We acknowledge that co-operation among health providers to ensure quality and continuity of services is a legal obligation under Right 4(5) of the Code of Health and Disability Services Consumers' Rights.

A second point concerns the health targets around better help for smokers to quit. For example, the target of "90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months". GPs need to know if a patient has been prescribed NRT for coding against targets, which have payments attached.

On a final note, the proposal would result in variation in the ease of access across New Zealand to these two products. The variation stems from factors such as whether a particular DHB funds the pharmacist consultation service, and in the case of ECP, whether the pharmacist has completed an education programme accredited by the Pharmacy Council. We consider that this variation should be made clear to members of the public.

¹ Trussell J, Raymond EG, Cleland K. Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy. Office of Population Research, Princeton University. June 2017. Available from: <http://ec.princeton.edu/questions/ec-review.pdf>

Other comments

The College would like to take this opportunity to thank PHARMAC for taking the concerns raised in our submissions regarding hepatitis C treatments and iron infusions seriously. You will recall the College raised concerns that PHARMAC had not had closer discussions with key stakeholders such as the Ministry of Health and primary care providers during the development of proposals that affected current models of care. In particular, the College highlighted a disconnect between the funding of a medicine and the funding for its administration.

The College acknowledges the positive discussions at the PHARMAC/General Practice Leaders' Forum operational meeting on 10 August 2017. It is our strong view that these meetings should continue. Furthermore, the College fully supports the introduction of a primary care implementation committee that works with the Pharmacology and Therapeutics Advisory Committee (PTAC) to identify implementation issues.

Conclusion

The College supports the aim of the proposal to provide patients with greater access to funded products in the community. We look forward to working more closely with PHARMAC as it continues to work on widening access to funded medicines and devices in the primary care setting.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely



Michael Thorn
Manager – Strategic Policy