



9 August 2018

Our ref: MT18-462

Matthew Tyson
PHARMAC
PO Box 10254
The Terrace
WELLINGTON

By email: hepc@pharmac.govt.nz

Dear Mr Tyson

Feedback on Proposal to fund glecaprevir and pibrentasvir (Maviret)

Thank you for the opportunity to comment on PHARMAC's proposal to fund the new treatment for hepatitis C.

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 Royal New Zealand College of General Practitioners (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.

Submission

The College fully supports PHARMAC's proposals to fund glecaprevir and pibrentasvir (Maviret) which would allow all people with hepatitis C the access to funded treatment, regardless of disease genotype. However, we are concerned that the proposal does not address the issue of funding for administering the drug in primary care setting and the associated cost barriers affecting patient access.

The College has consulted our member GPs and they are particularly concerned about the current lack of funding in treating patients with hepatitis C. The appointments to initiate and monitor the treatment is time consuming and intensive, and several extended visits and blood tests are required to complete the treatment. The current funding model is not financially sustainable for GPs. One member whose practice has 40 patients with active hepatitis C commented "the more times we see complex patients, the more money we lose. We refer all patients wanting treatment to the local gastroenterology department". The College stresses the need for a model where those extended visits are recognised and funded appropriately so that the treatment can be offered in the community which would be easier for patients.

We are also concerned about potential inequity of access. Māori and disadvantaged groups are disproportionately affected by hepatitis C. In absence of funded GP appointments, they would face significant cost barriers to access treatment in primary care. In a letter to PHARMAC dated 25 May 2016, the College noted that patients with hepatitis C are often unable to pay their bills because they are unemployed or beneficiaries. The College considers that the funding should be provided for visits by the patients which would represent only a very small part of the overall cost of treatment. We strongly encourage you to work with funders of primary care services to better support patients to see their GP to access these medicines.

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