



18 May 2010

Ms Naomi Bleeser
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms Bleeser

Response to Questions on Notice – Inquiry into Consumer Access to Pharmaceutical Benefits

On 7 May 2010, the Consumers Health Forum of Australia (CHF) provided evidence to the Senate Community Affairs Reference Committee Inquiry into Consumer Access to Pharmaceutical Benefits. We took two Questions on Notice, and provide our responses to these questions in this letter.

1. Suggested strategies or mechanisms to increase consumer engagement in Pharmaceutical Benefits Advisory Committee (PBAC) processes

CHF welcomes existing mechanisms for consumer engagement in PBAC processes, including the inclusion of a consumer representative on PBAC, and the public availability of PBAC agendas six weeks prior to the meeting.

However, CHF would welcome additional, proactive consumer consultation mechanisms which recognise the diversity of health consumers and their varied needs and experiences. Consultation measures must recognise that consumers might not already be engaged in PBAC processes, and that consumers groups may have limited resources and capacity to monitor the content of upcoming PBAC meetings.

CHF suggests a broad range of strategies for engagement, with some options summarised briefly below. We would be happy to provide more detailed information on any of these on request.

- *Consumer Impact Statements:* In the past, CHF has been funded by PBAC to research and develop Consumer Impact Statements for particular conditions, which have informed assessments of medicines for those conditions. At an Industry Briefing on PBAC processes in 2009, Chair of the PBAC, Professor Lloyd Sansom, commented on the success of these statements. CHF would welcome the opportunity to continue to work with PBAC in this way, and is currently developing a new Consumer Impact Statement on intermittent claudication.

- *Consumer consultation forums:* PBAC could run or contribute to consumer forums, both to inform consumers about PBAC processes and how consumers can contribute; and to canvass consumer views on specific issues, conditions or medications. Consumer participation in such forums (eg travel and other costs) would need to be supported. CHF could facilitate such forums.
- *Direct involvement with consumer bodies:* PBAC could work directly with relevant consumer bodies to inform them and seek their views when medications relevant to their stakeholders are under consideration. As many consumer groups, particularly grassroots consumer groups, have limited resources and capacity to monitor upcoming agenda items at PBAC meetings, targeted engagement would be extremely valuable.
- *Changes to confidentiality restrictions for PBAC representatives:* The consumer representative on the PBAC could benefit from having more scope to discuss issues and consult with consumers with experience of particular medications or particular conditions. Current confidentiality requirements prevent this.

2. Any assurances received prior to the 2007 Election in relation to the threshold for Cabinet approvals of PBS medicines

CHF has experienced significant staff changes since the 2007 Election, and no executive or policy team members from that time are still employed at CHF. We have reviewed our records relating to this period, and can find no indication that any communication or assurance was received by CHF in relation to the threshold amount for Cabinet approvals of PBS medicines.

Please do not hesitate to contact me if you would like more information on any of the points raised in this letter.

Yours sincerely

Carol Bennett
EXECUTIVE DIRECTOR