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Cancer Society of New Zealand submission on the Pharmac proposal: Supporting transitional funding for newly funded cancer treatments in private hospitals and clinics

About the Cancer Society of New Zealand

The Cancer Society of New Zealand is the country's leading organisation dedicated to reducing the incidence and impact of cancer in Aotearoa. We are committed to working with communities and decision makers by providing leadership and advocacy in cancer control, with core services in information and support, research and cancer prevention.

This submission has been prepared by Rachael Neumann, Head of Advocacy and Public Affairs. It has been approved by Nicola Coom, Chief Executive and Dr Kate Gregory, Medical Director.

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The recent investment in 26 new cancer medicines is welcome - too many New Zealanders have waited too long for these treatments to be funded. However, the sudden funding of these new treatments has placed additional pressure on an already stretched public health system.

We can see that the intention of the transitional access policy is valid with the aim to mitigate against an influx of patients moving from private to public hospital medical oncology services once an unfunded medication becomes funded. This policy also helps to reduce the impact on patients needing to transition to public hospital setting or have their treatment delayed or disrupted. However, we would like to raise the following points:

- 1. Direct access: The complex prescribing and dispensing process will increase the workload of hospital pharmacies. Hospital pharmacies will need to process additional drug prescriptions as well as work with specialists who do not hold a contract with the public hospital. There will also be logistical issues with transporting the drug from the public hospital pharmacy to the private hospital setting in some locations this could mean a significant transit time (e.g. from Auckland City Hospital to Harbour Medical Oncology on the North Shore). We recommend consideration is given to the merits of private hospitals ordering publicly funded medicines directly, rather than relying on public hospital pharmacy departments. This has the potential to reduce administrative and logistical delays, improve timely treatment access, and prevent overburdening public hospital pharmacies already under pressure.
- 2. **Equitable access:** The transitional access policy requires patients to continue to pay for the administration costs of the newly funded drug in private settings this is inequitable. We recommend that the transitional access policy provides funding for the drug administration in private hospital or clinic settings.
- 3. **Investment:** We strongly believe that the government should prioritise investment in the provision of public health services both infrastructure and workforce to ensure that our cancer services are fit for purpose and future proofed. Without this, the proposal risks undermining its very intent.

Thank you for the opportunity to provide feedback into this proposed change.

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