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Tangata tū pakari tonu

BCAC response to Pharmac consultation on allowing transitional delivery of publicly funded medicines in private clinics

11th June 2025

Kia ora Pharmac,

We are pleased that this consultation considers allowing delivery of publicly funded medicines in private clinics and appreciate the opportunity to respond. However, in its current form the proposal will have minimal impact on patient access to new medicines, capacity deficits in Health NZ cancer clinics or timeliness of delivery of cancer treatments. In this consultation response we suggest several amendments to the programme that will move New Zealand closer to international standards of cancer care, enhance patient wellbeing, reduce pressure on Health NZ cancer clinics and facilitate faster cancer treatment.

In BCAC's 2024 Ministerial Briefing to Hon. Dr Shane Reti we proposed that patients be allowed to choose to access funded medicines in private clinics. An extract from our Briefing follows:

We suggest development of a shared public/private model in which publicly funded medicines can be delivered in private clinics. This would free up capacity in hospital infusion clinics and ease the pressure on public oncology teams. A shared delivery model alongside additional training and recruitment of oncology specialists and nurses would create a more efficient oncology service. Rapid implementation of such a model would allow patients earlier access to such game-changing medicines as Enhertu (trastuzumab deruxtecan).

We discussed our proposal with Hon. Dr Ayesha Verrall (Labour) and MP Todd Stephenson (ACT) and provided the Briefing document to the other political parties.

The present Pharmac consultation acknowledges that Health NZ oncology clinics have limited capacity. When a new medicine is funded those who are already paying for it



and receiving it in a private clinic or who are about to start private treatment may wish to transition to receiving the medicine free of charge in a Health NZ hospital. It acknowledges the fact that such patients may experience delays in being accepted into a Health NZ treatment clinic given resource and staffing constraints, and may experience disruption to treatment scheduling. The suggested transitional programme aims to avoid any such delay and to reduce pressure on Health NZ facilities and staff. This sounds good in theory, but what is proposed is extremely limited and would not offer significant benefits.

Below we suggest amendments to the proposal that would benefit and empower patients, significantly reduce pressure on Health NZ oncology clinics and staff and facilitate faster cancer treatment.

Eligibility: Open the eligibility for private delivery of publicly funded medicines to all cancer medicines, whenever they were funded, for faster cancer treatment

In Australia, the UK, Canada and other jurisdictions patients are free to choose whether to receive their cancer treatments in a private or public clinic. Enabling New Zealand patients to choose where their treatment will be delivered would take a significant amount of pressure off Health NZ oncology clinics. Reducing the number of patients accessing treatment in our public health system would reduce waiting times and lead to faster, more timely and effective cancer treatment. In addition to freeing up infusion facility and cancer nurse time it would free up specialist time and reduce wait times for first specialist assessment.

Timely cancer treatment is best practice oncology. Faster treatment reduces the stress and worry for patients experiencing what is a physically and mentally challenging journey. We note that Faster Cancer Treatment is a Government priority.

In our discussions with Pharmac, we have learned that the \$604M added to the medicines budget for cancer and other medicines in 2024 has already been spent. Given that there was no uplift for medicines in the Government's 2025 Budget, Pharmac has said that any new funding for medicines will need to come from defunding existing medicines or acquiring cheaper generic forms of currently funded medicines. Deals in which medicines are 'bundled' have been mentioned as a source of savings, but these would presumably need to include reduced prices on existing medicines to free up funding for anything new. These options are unlikely to release significant funding for new cancer medicines.

The timeframe of this proposal is from 1 July 2025, so none of the cancer treatments funded over the last year would qualify for this transitional programme and it seems there is unlikely to be much if anything new funded in the foreseeable future.

For the above reasons **the programme should be extended to include all funded cancer medicines. At the very least it should be backdated to 1st July 2024 to include medicines funded over the last year.**

Duration of access, patient wellbeing and continuity of care: allow patient choice

The ability to choose when and where treatment is delivered is empowering for patients and allows them to better fit their treatment schedules with their work and family responsibilities as well as other activities in their lives. Having an element of control over cancer treatment processes and schedules certainly enhances patient wellbeing.

We were surprised to see the proposal would limit the duration of access in a private clinic to 12 months, “....for the remainder of a person’s treatment course, for up to one year”. Many cancer treatments are delivered for far longer timeframes than one year, e.g. currently funded treatments for advanced breast cancer trastuzumab, goserelin, fulvestrant, pembrolizumab and trastuzumab deruxtecan. The above statement in the consultation could be construed to suggest that patients will remain alive with cancer for only a year or less, which could be alarming for patients and is simply incorrect.

It would be disruptive and upsetting for patients to be forced to switch to a public provider part way through a treatment course to access a funded medicine. Such switching would then rapidly return the pressure of increased patient numbers back onto Health NZ cancer clinics and patients could again encounter delays in gaining access to a public clinic.

For the above reasons **the limit on duration of private access to publicly funded medicines should be removed.**

Efficiency and timeliness of process for private clinic delivery: allow direct ordering by private clinics

To improve the efficiency of the medicines access process for patients in private clinics, those **private clinics should be able to order medicines for their patients directly**, rather than requiring them to order through Health NZ hospital pharmacies. Removing this additional step would reduce the administrative burden on busy hospital pharmacies and enable clinics to directly manage their patients’ care, ensuring medicines are available when needed. This would reduce potential delays, providing further support to the Government’s aim of achieving faster cancer treatment.

Ngā mihi,



Libby Burgess MNZM

Chair

Breast Cancer Aotearoa Coalition