



16 December 2016

Our Ref: MT16-201

PHARMAC
PO Box 10 254
WELLINGTON

Email consultation@pharmac.govt.nz

Consultation on access to Jadelle via the Practitioners Supply Order.

Thank you for the opportunity to provide feedback on the proposal to change how levonorgestrel contraceptive implants (Jadelle) can be accessed, so that they would become funded on a Practitioner's Supply Order (PSO).

Introduction to general practice and the College

General practice is the 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 medical 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 general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

Submission

A large number of General Practitioners contacted the College enthusiastically supporting this proposal. The following response is typical of the responses received.

I think it's a brilliant idea to fund the Jadelle on a PSO. As a youth health GP I think this could really increase the number of young women who actually get around to having the Jadelle inserted. The extra step of going to the pharmacy is just one more barrier and will mean some women do not get the implant inserted and therefore have a risk of an unplanned pregnancy.

We were told that in rural areas there is a particular issue as pharmacies have low demand so do not keep stock of Jadelle and have to order in.

Being able to insert a Jadelle at the time of an initial appointment is particularly important for younger and disadvantaged women. It may not always be appropriate for a Jadelle to be inserted at the time of the initial appointment for a couple of reasons. Firstly women may need time to consider their contraceptive options after the alternatives have been discussed with them and written information has been provided to them, and secondly a suitable room and adequate time needs to be available for insertion. However for women who have difficulty accessing their contraceptive needs, or who are unlikely to return for a further appointment this change will remove a significant barrier.

Although not the subject of this consultation you may be interested in the feedback that we had from a couple of members that had used both Jadelle and the Implanon brand of levonorgestrel contraceptive implant. They had found the latter much easier to insert and remove.

We would also like to point out that the while this proposal addresses access to the implant itself the cost of the insertion remains a barrier for many women.

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