Breast Cancer Foundation NZ

Putting Patients First: Supporting transitional funding for newly funded cancer treatments in private hospitals and clinics

Why this matters to us

We are New Zealand's largest breast cancer charity with a vision of zero deaths from breast cancer, which is entirely achievable through early diagnosis and optimal treatment – both now and with advancements in detection, diagnosis and treatment. Through our research and engagements with patients, clinicians and across the sector, private and public, new solutions are needed to improve access to treatment and improve outcomes.

Your proposal

We understand that, from 1 July 2025, patients who are receiving unfunded treatments in private will be able to continue to receive them in private for free – bar the administration costs – once Pharmac approves them for funding. Payment for the treatment will be at the local level from the Health NZ hospital to the private provider.

Position and Recommendations

We support the intent of the proposal and any underlying objectives to enable continuity of care, alleviate burden on the public health system, improve timely access to treatments, enable patient choice and improve patient outcomes. Our recommendations are to better ensure those objectives are realised.

Recommendation 1: Bring forward the eligibility date to 1 August 2024

Given very few new cancer medicines are expected to be funded from 1 July, due to there being no additional budget for Pharmac or cancer treatments this year, we strongly recommend bringing the effective date of this policy to 1 August 2024 to capture new or existing patients needing the treatments made accessible since then.

Recommendation 2: Fund administration costs in private

This proposal will have minimal impact or uptake if administration costs are not funded as well. To ensure patients continue in private, potentially only those without insurance, we strongly recommend funding private to cover the administrative costs.

Recommendation 3: Extend access to private for all patients using a triage approach based on wait times

Only those receiving or about to start treatment in private are eligible. Given the delays in cancer treatment, which varies nationwide, create a triage system in which public patients experience long delays can access funded treatments in private.

Recommendation 4: Fund administration costs for unfunded treatments in private

To further reduce the burden on the public sector, fund the private sector to administrate non-funded treatments. This will improve access and patient outcomes and enable continuity of care once a treatment is funded. This also splits the cost – and budgets – for treatment administration and funding from the get-go.

Recommendation 5: Removed GST from unfunded treatments

This is non-sensical and creating unnecessary costs, disparities and unfairness on patients. To ultimately reduce the burden on public system and reduce costs upstream all steps should be taken to reduce the costs of unfunded medicines. In practice, this means that, once Pharmac funds a medicine, there is less immediate demand on the public system because more patients are already being treated in private.

Recommendation 6: Centralise payment

Payment through Health NZ hospitals seems like an unnecessary burden on local services, and may lead to risks and a lack of standardisation NZ wide. We already see this playing out with local hospitals providing different care by making unilateral decisions to cease different care either because they cancelled contracts, no longer wanted that service or failed to invest in the necessary infrastructure. We strongly recommend you centralise and/or enable direct funding arrangements with private providers.

Recommendation 7: New prioritisation system to stagger demand in public system once funded

Establish a triage and prioritisation system – administered or overseen centrally to avoid a postcode lottery – to ensure patients with greatness need can access newly funded treatments in public system. Without addressing the reasons people may not stay in private care and to ensure those people who could never access (or even knew about) an unfunded medicine but would benefit from one, introduce a system that prioritise treatment access based on need. This can stagger demand and give clarity to those waiting to start.

Recommendation 8: Extend Treatment Duration

It is unclear to us why you have set a 12-month fixed time limit given various treatments are longer than this. We strongly recommend increasing the maximum period to 24months to give effect to your proposal.

Recommendation 9: Re-assess Pharmac's eligibility criteria

For advanced breast cancer, several 'lines of treatment' require completion to access the next line even if there is evidence it is not working and that the next line will. In addition to improving patient outcomes, changing this eligibility criteria, can reduce unnecessary costs, both administrative and for treatments, and improve capacity.

Conclusion

We appreciate the intent of this proposal and the opportunity to provide feedback. However, the policy needs evolving to truly reduce the burden on the public health system.