



7 April 2017

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Director of Operations  
PHARMAC  
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email: [enquiry@pharmac.govt.nz](mailto:enquiry@pharmac.govt.nz)

Dear Sarah

***Re: request for proposals – supply of anaesthesia small equipment and consumable products***

The New Zealand Society of Anaesthetists (NZSA) welcomes the opportunity to comment on PHARMAC's consultation inviting proposals for the supply of anaesthesia small equipment and consumable products to DHB hospitals in New Zealand.

We also provided feedback on PHARMAC's consultation of September 2016, in response to PHARMAC's proposal to include Anaesthesia Products within its expanded medical devices scope.

**About the NZSA**

The NZSA is a professional medical education society, which represents over 500 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research into anaesthesia and advocate on behalf of our members, representing and championing their professional interests and the safety of their patients. As an advocacy organisation, we develop submissions on government policy and legislation, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a Member Society of the World Federation of Societies of Anaesthesiologists (WFSA).

**Comments**

The NZSA is supportive of PHARMAC's RFP process for the supply of anaesthesia small equipment and consumable products. We would like to make the following points:

- We would caution against awarding contracts to sole suppliers as this has significantly negative implications for health service delivery if issues arise regarding supply of equipment and consumables. The challenge will always be to maintain an adequate supply of products and we would therefore encourage measures to avoid monopolies.

- Although in the past sole supply issues have been handled with respect to pharmaceuticals, the two situations are different as the component parts of equipment made by different companies might not be interchangeable in the event of a disruption to the supply of equipment.
- When awarding contracts, PHARMAC needs to consider compatibility with other products. There are potential compatibility issues with monitoring equipment in other areas of the hospital such as radiology, cardiology and intensive care. Changing one variable in a hospital may require many other changes to be made (e.g. if you switched to the cheaper saline ampoules, it is then necessary to draw up needles for a simple flush). Other examples are: the different giving sets and accessories, such as Luer lock versus needle requiring systems; moving to port less cannulae requiring additional equipment to allow very close to IV point of injection.
- We strongly support the need to consult with the anaesthesia community to ensure transparency and to avoid previous pitfalls around supply. While we recognise that cost is a major driver, there must be genuine, wide ranging consultation with clinicians; not just lip service. We commend PHARMAC for holding forums throughout the country to consult with stakeholders.
- We affirm our support for the network among DHBs to help facilitate widespread consultation on medical devices, which must occur before decisions are made on awarding contracts.
- PHARMAC should continue to include failure of supply and substitution in their expense clauses, as is now the case for drugs.

Thank you for the opportunity to comment on this proposal and we look forward to further consultation.

I am happy to discuss our comments and can be contacted at [president@anaesthesia.org.nz](mailto:president@anaesthesia.org.nz).

Yours sincerely



**David Kibblewhite**  
**President**