



# **Pharmacy Whakamahere**

Understanding the pharmacy needs  
of our population

Summary of findings

2023

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# Acknowledgements

Manatū Hauora - The Ministry of Health and Te Whatu Ora – Health New Zealand engaged widely with key stakeholders when conducting the consumer engagement for the Pharmacy Whakamahere. Please note that this was not a formal research project. The engagement conducted was for co-design purposes.

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# Background and Purpose

During 2021 and 2022, the Pharmacy Team from Manatu Hauora - Ministry of Health and Te Whatu Ora – Health New Zealand consulted widely with consumer and whānau groups throughout Aotearoa.

The intent was to provide an opportunity for consumer groups to share their honest experiences of pharmacy with us along with suggestions for things that could be done better. We also hoped to form relationships with these groups as a foundation for future conversations.

Each hui/talanoa covered:

- An outline of current pharmacy services available
- An opportunity for people to talk about their experiences, good and bad
- Discussion on ways to make bad experiences better and any other ideas that would make using a pharmacy easier and safer.
- Discussion on what difference these changes would make for them, their whānau and community.

The end goal is a pharmacy sector that is aware of and able to better meet the needs of its consumers.

## Consumer Groups that Participated

- Māori consumers with a hui held in each of the following regions:
  - Te Tai Tokerau
  - Tāmaki Makaurau
  - Waiariki
  - Waikato/Maniapoto
  - Te Tairāwhiti
  - Te Waipounamu

To honour the important role of Māori in Aotearoa and their importance in our health system, Te Amokura Consultants conducted the engagement with Māori consumers. This allowed these hui to be by Māori for Māori, whānau to whānau and include insight into the role of pharmacy in te ao Māori.

- Pasifika consumers with talanoa held in two communities:
  - The Hutt Valley - in conjunction with Pacific Health Hutt Valley
  - Porirua - in conjunction with Pacific Health Plus and Cannons Creek Pharmacy

- The Pacific People with Disabilities community – an online talanoa was held in conjunction with the Ministry of Health Disability Directorate and the Ministry of Pacific Peoples
- Deaf consumers – online and in-person hui held in conjunction with Deaf Aotearoa, Deaf Wellbeing NZ and Deaf Club Auckland
- Blind and low vision communities – online hui held in conjunction with Blind Citizens NZ.

# Themes

Seven themes came through as challenges for all communities:



Access



Communication



Technology



Atmosphere – including cultural awareness and safety, privacy, relationships and staff training



Funding



The challenges brought about by COVID-19



Medicine safety – including adherence

In this report, we outline the main things raised for each theme, then look at specific challenges faced by each community. Everything included in this report reflects the consumer voice that we heard.

Please note: this is a condensed version of the full report. The full report is available on the Ministry of Health website.



## Access

- People need to feel safe getting into and navigating through pharmacies. This includes:
  - Disabled parking and safe drop off zones
  - Easy to open doors, preferably automatic
  - No clutter in aisles or on counters
  - Make the dispensing counter obvious and at the front of the store if possible
- Remove things that make it difficult for a person to get to the pharmacy. This includes:

- Open longer hours for people who work, people who are physically reliant on others to get to the pharmacy and people who live rural and have to travel
- Offer a delivery service, free if possible, and communicate this to people
- Consistent rules for whānau or carers who collect medicine for others
- In rural areas operate a mobile pharmacy
- Marae based pharmacies

## Communication

- Everyone needs to receive, understand and retain information about their medicine. Please consider that:
  - Blind or visually impaired people cannot read medicine labels or information sheets unless they are in Braille
  - Any information emailed to Blind or visually impaired people must be in a word document to be machine readable – PDFs are not machine readable
  - English is a second language for most Deaf people and this can make reading labels difficult so keep them simple. All communication is hard without a sign language interpreter. Make NZ Relay accessible.
  - To enable lip reading, speak slowly and remove your mask if asked or wear a clear face shield.
  - No one should leave the pharmacy without understanding what they are talking, why they are taking it, how to take it and possible side effects
- Make detailed conversations private for privacy and dignity
- Explain all changes to prescriptions. Any change can be worrying to someone with a disability or communication barrier. This includes changes to:
  - Dose
  - Medication name or brand
  - Packaging
  - If a medicine has been removed
  - Any new medicine added
- Help people to know if they are talking to the right person so they don't have to repeat everything. Consider:
  - Staff introducing themselves and their role
  - Staff wearing name badges that include their role
- Disability awareness:
  - Have patience. Go slow and check that the person is understanding what you are saying. Use the 'teach back' technique
  - Talk to the person not their carer
  - Always remember that just because a person has a disability does not mean they are stupid!





## Technology

- When changing to online services be thoughtful about it:
  - Consider that not everyone has access to or is comfortable with technology
  - Keep it simple and visual
  - Offer training
  - Consider disabilities such as using machine readable formats for Blind people and making greater use of text messaging for Deaf people
- Use technical solutions to remove barriers. Including things such as:
  - Alternate labelling as needed such as braille, visual with pictures, and the use of simple language
  - Offer bottles of different sizes and shapes for Blind people so they can tell their medicine apart easily
  - Have information sheets in simple language, and alternate languages including sign and braille; consider using pictograms
  - Email all information sheets in machine readable formats
  - Have access to NZ Relay sign language interpreting service either by having a dedicated device such as an iPad, or by having free WiFi so people can use their own devices
  - Note people's needs on your pharmacy computer system. For example, for a Deaf person – note 'don't phone text instead'; this person cannot physically get to the pharmacy; this person is Blind.
  - Communicate that a prescription or repeat is ready in a way that can be understood by that person
  - Allow Deaf people to text the pharmacy so they can communicate
  - Offer aids for taking medicines, such as measuring aids for Blind people (eg, eye dropper devices, measuring devices with the scale on the outside of the device)
  - Offer Script Talk once it is available
- Have equipment available in the pharmacy, such as:
  - Scales for weight and BMI (body mass index)
  - Blood pressure machines
- It will be great when all pharmacies and General Practices can share records.



## Atmosphere - Including Cultural Awareness and Safety, Privacy, Relationships and Staff Training

- Commitment to Te Tiriti and te reo Māori as an official language of Aotearoa:
  - Pronouncing people's names correctly shows respect
  - Consider a basic te reo Māori course for staff

- Commitment to NZ Sign as an official language of Aotearoa:
  - Consider basic sign language training for staff
- Offer staff training in cultural and disability awareness and communication
- Respect people's right to privacy:
  - If possible, have a clinical room or private area for sensitive conversations or for the more detailed conversations needed with people who are Blind or Deaf
  - If a private space is not available, be aware of that person's privacy needs. For example, a Blind person cannot see who is around them that may be able to hear the conversation.
- Wait times are getting longer. Consider the customer's needs, particularly if disabled or elderly, such as:
  - A dedicated, uncluttered wait area with chairs
  - Don't call their name when their script is ready, go and see them
  - Don't follow people around the pharmacy and make them feel uncomfortable – consider training in unconscious racial bias.
- Let people know what services you offer by displaying a list of them in multiple ways, accessible regardless of disability or first language.
- Cultivate relationships with regular customers. They will feel more welcome and safer, and you will be more aware of their needs.
- Offer holistic services if you have a clinic room (eg, Rongoa Māori practitioner).

## Funding

- Offer alternate payment methods including:
  - Online payments especially for people who are reliant on a carer to collect their medicine
  - Automatic payments to spread the cost
  - Mention what the cost will be when the script is presented to avoid embarrassment and allow for solutions
- Provide information about the Prescription Subsidy Card and make sure people understand what it is
- When additional services are offered, keep the pricing in line with general practice. For example, a gout test at a pharmacy was \$40 but only \$18 at the general practice
- Remove all co-payment amounts.

## The Challenges Brought About by Covid-19

- Please remove masks if asked so Deaf people can lip-read or use a clear face shield
- Offer assistance to people unable to do their own RAT such as Blind people
- Communicate that medicine can be delivered to people who are isolating

- Don't create access issues for people with disabilities such as putting tables in entrance ways.



## Medicine Safety

- More care needed when dispensing medicine, especially if a person has access or sight issues. Consider the following:
  - Go through prescription items with the customer
  - Never hand the script over without checking it with the customer
  - Arrange to deliver any missing, short or owed medicine
  - Have good communication around stock issues
- Communicate any changes to medicines, don't assume understanding.

# Community Specific Learnings

At the end of every hui/talanoa we asked the questions:

- What would a good (pharmacy) experience look like?
- What would be needed to make this happen?
- What difference would this good experience make for you, your whānau and your community?

We finish this report by highlighting the responses that were shared with us.

## For Māori Consumers

For Māori, the solution is not a one size fits all. There needs to be a range of solutions that are able to be adapted so they can cater to the needs of Māori within their respective rohe, with pharmacies operating in collaboration with Māori health providers and marae. In this way we will be able to work together to better support the health needs of Māori, especially their whānau and kaumātua. The Māori consumers identified the following as important for the future role of pharmacies for Māori:

- Correct pronunciation of our names. This is fundamental to building a trusted relationship. For Māori, our names are more than just a name, it's whakapapa and mana
- Building cultural competency and Te Tiriti knowledge through basic language and tikanga courses for all pharmacy staff
- Promoting Māori culture in the pharmacies to create a sense of belonging for Māori
- Mobile and/or pop-up pharmacies especially in rural areas
- Better understanding of what a pharmacist can do for you and the services they offer
- A consultation room at all pharmacies, to sit and have a private kōrero
- Good communication from pharmacists, ensuring whānau understand why they are taking a medicine, and how to take it, side effects, dosage, and keep it simple
- When the medicine is for a kaumātua it is important to include the whānau in the conversation
- QR codes on medication to show what it is for and how to take it
- Free prescriptions for all Māori with all medicine funded
- Free medicine delivery or postage services for all Māori, especially our kaumātua. In rural areas send a pharmacist with the deliveries to explain the medicines
- Improving the health database so it is a shared system across all providers
- Repeat prescriptions available at any pharmacy, not just the one you first went to

- Text messages to say your repeats are ready
- Improved communication around costs. Inform whānau of costs beforehand to avoid embarrassment and whanau going over budget
- Offer solutions such as payment plans or regular automatic payments so whānau can still collect prescribed medications and avoid them having to make a choice between medicine and food
- A holistic te ao Māori approach to health including rongoā Māori
- Building and strengthening relationships so that pharmacies understand the Māori view on hauora including Te Whare Tapa Whā
- Creating a safe space for rangatahi (the younger generation), making them feel comfortable to have health discussions
- Marae based pharmacies
- Develop a one stop shop for Māori health and social services that includes pharmacy
- More Māori in the pharmacy workforce. We need to encourage our youth to look at a career in pharmacy
- Empowering Māori to take responsibility for their own health
- Funding for pharmacists that provide extra services in the community especially in rural areas
- Pharmacies to change from a transactional to a relational service
- Pharmacies operating trust models not commercial models. When there is trust medicines will be taken
- Pharmacies to offer medicine and health education to whānau and facilitate health literacy workshops within communities
- Pharmacy services should always be built around the consumer whether they are Māori or not
- More Māori representation at a governance level, for example on the NZ Pharmacy Board
- Improved digital literacy as more services are moving online. An education tool so young ones can teach kaumātua how to use technology
- Look to our kaumātua for solutions
- Advocates for whānau at general practices and pharmacies
- Better working relationships between Māori health providers and pharmacies.

## For Pacific Consumers

Pacific people would like to see a future state that includes:

- More awareness of all the services that pharmacies and pharmacists offer
- Clear notices/posters in pharmacies saying that we can ask questions anytime. It's obvious that they sell stuff but it's not obvious that I can ask for help
- There will be a private consultation room or space available in all pharmacies

- Knowledge of the different roles of staff in pharmacies and a way to tell who is which ie, retail assistants, pharmacists, pharmacy technicians etc. Then we would know who the right person to talk to is
- Staff who make you feel welcome regardless of how often you visit
- Mandatory cultural training for pharmacists and all pharmacy staff to help remove cultural barriers
- Pharmacies would be more inclusive and look and feel less 'white'. The use of Pacific decorations could be one way to help achieve this
- Language barriers removed by the use of Pacific languages, visual or more simplified language, including:
  - names of medicines and instructions for use
  - texts and communications
  - pamphlets, posters and resources
  - employment of volunteer workers who speak Pacific languages to be onsite at pharmacies at times which are advertised.
- Clear communication every time medicine is picked up including what the medicine is for, how to take it, possible side effects, are there any repeats and how often do they need to be picked up. It is important to explain these things to people every time they pick their medicine up. Do not assume knowledge!
- Repeats made clearer, especially when some medications are given 3 monthly and others only monthly or, dispense all medications monthly so there is no confusion
- Text to remind for repeats available to all as a free service with no costs if a reply is needed
- A free medicine delivery or courier service for all Pasifika
- More knowledge around the Prescription Subsidy Card and other supports available
- The definition of family changed for the Prescription Subsidy Card to reflect that Pasifika families often have extended family who are living with and dependent on them
- Pharmacies in low decile areas have cost barriers removed and more support available especially when immunisations are being offered
- All pharmacies on the same software system and able to share records with each other and general practice clinics
- Pharmacies that offer holistic services such as massage, social work and whatever is needed in that area
- Free to use scales provided at pharmacies so people can weigh themselves. Weight can be an issue, but people often don't have personal scales
- More hospitality while waiting, especially if the wait is long. A cup of coffee and somewhere to sit down would be nice in these cases
- Advice provided on what to do with medicines that are left over
- Less fear around medicine and vaccinations. There is a lot of misinformation online which can confuse our people. It would be good if pharmacists could spend more time and do more to explain medicines to us
- The Pacific pharmacist workforce built up through specific pathways to help encourage Pasifika into pharmacy as a career, for example roadshows in schools

- Less non-medical items for sale in pharmacies equals less distractions
- More support to help patients navigate the health system
- Pharmacies and community providers have a good working relationship and can work together as a wraparound service.

## For Pacific People with Disabilities

Pacific families are extended families, often living together. We all look after each other even when we have a disability. Community pharmacies play such an important role in the health journeys of our families and our communities, so when there are barriers, we all struggle. If these barriers were removed, it would be easier to stay well and healthy. We would be more confident asking for advice, understand our medicines and be happier taking them. For us, good would look like:

- Pharmacies operating based on a pastoral care model rather than a commercial model, caring and mentoring our communities
- Easy to physically access for everyone regardless of disabilities, with convenient and appropriate mobility parking
- Community support workers and carers would be welcome and always able to collect prescriptions for the people they care for, or we could choose to have our medicine delivered or couriered free of charge. Allowing payment by internet banking for the prescription costs would make these options easier
- We would feel welcome and respected by staff who have been trained to communicate with people from diverse backgrounds and disabilities
- We would be aware of all the services offered by our pharmacies
- We would know about the Prescription Subsidy Card and the rules will have been changed to incorporate our extended families when they are dependent on us
- Labels would be available in braille for Blind people and a visual option for Deaf people and others who may struggle to understand the instructions
- There would be equipment available for Blind people such as talking scales and thermometers
- The computer system would be connected to general practices and other pharmacies so it wouldn't matter which pharmacy we went to they would have access to my health record.

## For Blind and Low Vision Consumers

We want to feel safe and confident when we take medicine. At the moment, this is often not the case. For us, an ideal experience would include:

- Drop off and pick up zones outside all pharmacies especially for people who need to use taxis
- The entrance would be easy to find, preferably an automatic door and wide enough for ourselves and our guide dogs

- We would feel safer picking up our prescriptions because there would always be a clear route to the counter, wide enough for ourselves and a guide dog, and where possible the counter would be at the front of the pharmacy
- Pharmacy staff would be trained to introduce themselves, say who they are and what their position is. Then we would know who we were talking to from the outset, if they are the right person and if not, we can confidently ask for the person we need
- Staff would be trained on care and interactions for blind people and other disabilities, including patience and would no longer speak down to us. This would make us more confident in our interactions with pharmacies
- To ensure our privacy, all pharmacies would have a clinical room or a more private space where we could talk with the pharmacist
- Accessible labelling. All our medicines would be labelled in braille. This would make us more independent and safer. It would reduce the chance of us taking the wrong medicine
- We would be told when anything about our prescription and/or our medicine changes, including the shape or size of tablets or capsules. For us, taking medicine is extremely challenging and when things change it can be very confusing. If changes were explained to us we would feel safer and more confident taking our medicines
- After we have picked up a prescription, we would receive an email or a text from the pharmacy including the name of the medicine(s), how to take it and any other important information about it. The email would be in a format that is supported by machine reading – not a PDF! Then we can be confident that we are taking it correctly
- If we don't use technology, we would need a different solution to a text or email and staff would be prepared to communicate with us, discuss our individual needs and help us find another solution that works for us
- Information leaflets would be available in braille. The more braille that is around the place the more people that are inspired to use it!
- All pharmacies would have Script Talk
- Picking up our prescriptions would be less of a financial burden to us. All prescriptions would be free and we would have the option of free delivery or postage when getting to a pharmacy is difficult for us
- All our medicines would be able to be dispensed three-monthly to remove the access barrier for people who have difficulty getting to the pharmacy
- We would be sent a text or phoned, depending on our needs, to be reminded when a repeat is ready to be picked up. This would stop our repeats expiring because we cannot read the labels
- We would have knowledge of and easy access to devices that can help you with your medicines. For example, measuring cups with the volume lines on the outside, devices to help you administer eye drops and smaller containers we can decant medicines into for travel, and these devices would be affordable. With access to these devices, taking our medicines would be easier and safer. We could be confident we are taking the right dose.



# For Deaf Consumers

'A lot of Deaf people suffer in terms of cost, financially things are difficult. There is a barrier to communication, to even be able to ask for help you need an interpreter. If the information was accessible and understandable and we were able to ask questions to clarify, the impact on deaf people's lives would be better health, better recovery, because we have understanding and are taking the right medication and taking the right dosage and the risks if this doesn't happen are huge – you may be taking the wrong medication or the wrong dose or you may have a reaction to it and you may end up in ED'.

'Deaf people are parents too, it makes me anxious and uncertain when I have to look after my children, and I want to make sure they are receiving the right medication and that is a big risk and I do worry. It has an impact on your mental health and wellbeing.'

'If these changes happened, I would feel confident, equal and more independent. I would be able to trust in terms of the medicine and what to expect from it. It would be fantastic, no more experiencing barriers every day.'

For the Deaf community, a good experience at a pharmacy would include:

- Basic Deaf awareness and a basic knowledge of sign language are essential. There needs to be training available for all staff
- An iPad connected directly to NZ Relay at the counter giving us a direct access line to a sign language interpreter so we don't have to wait in the general queue. This should be available at every pharmacy
- An understanding that Deaf people need two-way communication, and the patience and means to allow this to happen. We want to be able to ask questions so we can understand our medicine. Having an iPad so we can connect to NZ Relay and use an interpreter would be ideal. If there is no iPad, having free WiFi available, so we can use our phones to connect to NZ Relay, would help
- Every pharmacy would have a private clinic room or a private space where we could communicate with the pharmacist
- While we are living with COVID-19, could pharmacists use a plastic face shield when dealing with Deaf customers or be prepared to lower their face mask so we can lip read
- When they talk, they need to look at us not the medicine so we can lip read, and they need to be patient and go slowly, checking we are understanding them
- Prescription labels displayed visually with standardised pictures of when it needs to be taken, how many to take, with or without food, what it is for and any other important information. Written labels are not easy for us to understand because English is not our first language and medicine labels can be complicated
- Every medicine label needs to identify what condition the medicine is for please
- Visual resources, flyers, FAQs (frequently asked questions) for the most common medications because English is not a Deaf person's first language. If visual is not possible, make sure simple, easy to understand language is used

- QR codes that can be scanned with our phones that would take you to information that is in sign language. These could be used on prescribed medicines, products on the shelves, brochures and information sheets
- There would be posters and/or brochures in visual or sign language showing the services offered by the pharmacy
- There would be information available in sign language about the Prescription Subsidy Card so it could be explained to us
- They would not call our names but instead use alternative methods of letting us know our script is ready. Coming to us in the store, using a flashing light, TV screen or a vibrating pager are all options they could use
- If they need to contact us they would text or email and not try to call us on the phone
- Pharmacies need to note in their system that we are Deaf so that they know not to phone us. If all pharmacies had linked systems, this information would be available to any pharmacy we use
- When you order a prescription online and the GP clinic sends it directly to the pharmacy, it would be good to get a text message to say it is ready to be collected. Otherwise, we don't know and we cannot just ring the pharmacy and ask
- Text to remind for repeats available as a free service with the ability for us to reply and ask questions at no cost to us.
- Promotion of 'Deaf Friendly' pharmacies where staff are able to communicate in sign language so that Deaf people would know places they could go where they can communicate with the pharmacists/staff. These could be identified online and by signage at the actual pharmacy.

# Whakatauki

This whakatauki was spoken at each hui and talanoa. It was chosen because it spoke to our intent to bring people together from different communities to kōrero and ako. We hope this report will also generate discussion and learning, paving the way for positive change.

He pūkenga wai

He nōhanga tangata

He nōhanga tangata

He pūkenga kōrero

Where the rivers meet

People come together

Where people come together

There is debate and learning.