

# Te Tāhū Hauora Health Quality & Safety Commission Safer Prescribing Consumer Research

Undertaken by Premium Research for Te Tāhū Hauora Health Quality & Safety Commission

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# Background

- As part of the interagency programme of work to support safer prescribing and dispensing of medicines, Te Tāhū Hauora Health Quality & Safety Commission contracted a research project to identify the medicine information needs of consumers and to help health professionals better meet these consumer information needs.
- This project aim is to undertake consumer research to understand the medicine information needs of consumers.
- We are specifically seeking to understand:
  - what information people want
  - how they want to get it
  - who they want to hear it from.
- The areas of focus are when consumers:
  - are first prescribed a medicine for regular use
  - have a change in regularly prescribed medication
  - potentially need to stop a regularly prescribed medicine during pregnancy.
- The purpose of this research to help health professionals better meet these consumer information needs and feed into the wider workstream activity.

# Approach

- The research approach was qualitative.
- 56 consumers and two support people were interviewed via one-on-one interviews with Jude Varcoe - Premium Research.
- We allowed 45 minutes for each interview.
- The interviews were undertaken using either Zoom or phone.
- All interviews were recorded and transcribed for analysis purposes.
- Respondents were recruited by an Expression of Interest (EOI) released via the Consumer health forum Aotearoa, the Consumer Advisor Group and the Consumer Network.
- A total of 159 EOIs were received, 60 applicants were selected for interviewing representing a diverse group of consumers, and 56 interviews were undertaken.
- We appreciate the time and effort the consumers gave to participate, and for sharing their lived experiences.
- Details of the consumer sample profile follow.

# Consumer Sample

Respondent Category	# of respondents
CB: Change of brand	5
CBM: Change of brand for medication that required monitoring	4
CD: Change of brand for medicine that has a different device to deliver the medicine	4
CT: Change of type of medication, but to treat the same condition	9
CS: Supply issue with a medicine	9
SM: Starting a medicine	9
SMM: Starting a medication that required monitoring	4
PC: Pregnancy – would consider becoming pregnant in the future and I am taking regularly prescribed medicines	8
PP: Pregnancy – have been pregnant in the past and either stopped or didn't stop taking my regular medicine	4

# Consumer Sample Profile

Age	
20-29	7
30-39	13
40-49	10
50-59	17
60-69	5
70-79	3
80+	1

Health condition includes:	
Disability	23
Mental Health	22

Gender	
Woman	37
Man	16
Non-binary	1
Takatāpui	1
Rather not say	0
DNR	1

Ethnicity (multiple response)	
European	33
Māori	18
Pacific peoples	10
Asian	3
Middle Eastern	0
Latin American	0
African	0
Other	6

Region	
Auckland	16
Bay of Plenty	3
Canterbury	7
East coast	2
Hawkes Bay	4
Nelson/ Marlborough	1
Northland	1
Otago	6
Southland	1
Taranaki	2
Tasman	1
Waikato	1
Wellington	9
West Coast	2

# Overall

*When health professionals prescribe medicines, they give their clients some information about the medicine.*

*We want to learn about your experiences of receiving this type of information and how it could be improved.*

*Thinking back to when you have been prescribed medicines.....*

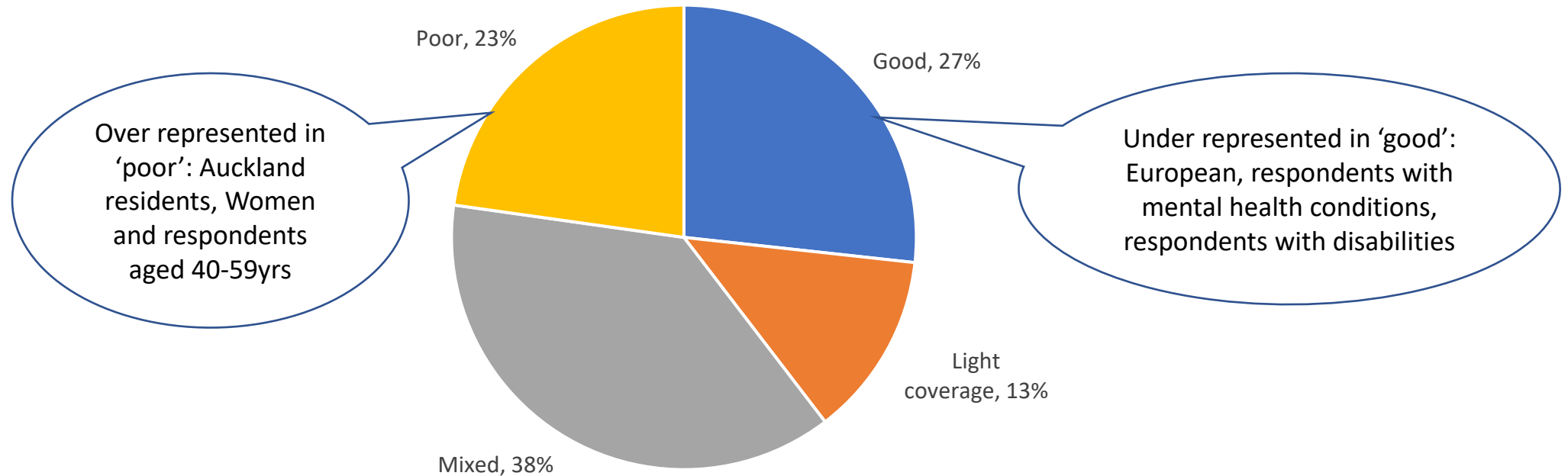
Overall, how well has the information you have been given met your needs?



# How well has the information met your needs?

Respondents have been grouped into segments according to their top-of-mind responses to this qualitative question.

- Those in the 'good' segment (27%) were satisfied overall with how well their information needs had been met.
- Those in the 'light coverage' segment (13%) felt they had been given limited information but didn't express a strong opinion about this.
- Those in the 'mixed' group (38%) had had both positive and negative experiences.
- Those in the 'poor' segment (23%) said their information needs had not been well met.



# How well has the information met your needs?

Segment	Themes
Good	<p>Strong relationship with GP</p> <p>I am capable at ensuring I am informed</p> <p>No surprises – was as I expected it</p>
Light	<p>Not given a lot of information proactively given and didn't tend to seek more.</p>
Mixed	<p>Information was missing</p> <p>Inconsistency of experiences, depending on the medical professional involved</p> <p>Experience of adverse effects from medication</p>
Poor	<p>Information was missing</p> <p>Communication was lacking</p>



# How well has the information met your needs: Overarching Themes

Themes	Quotes
Positive experiences	<i>I've been really impressed. I've been lucky to be able to have continuity with my own GP and that's been important. I think that's really important because if people are seen by several different health professionals when they have to be on medication, it can be overwhelming.</i>
Transactional experiences	<i>I haven't really been given much information in terms of when I get prescribed medication.</i>
Mixed experiences	<i>If I start with general practice, very poor. The specialists, the oncologist and the eye specialist, outstanding, and the pharmacist really outstanding.</i>
Missing information experiences	<i>There's.....been times where I've started a medication and it's given me a side effect that was really scary. I hadn't been warned at all that it could be a side effect and I only find out as I start Googling, trying to find out what is happening to me... I'm just not warned by my doctors or my pharmacists that I should expect that or what to do if it happens.</i>
Adverse effects experience	<i>I've had an issue in a hospital once when I was given xxx, which I should have never, ever been given with epilepsy. They didn't mention it to me at all. I didn't find out until I was passed out on the toilet seat</i>
Poor communication experiences	<i>I was in ED, this person just came in and said, 'Okay, we're going to add this one,' and then left again..... she didn't even tell me how to start to do it, she just did the prescription and left. It was only through knowing how I'd been on medication previously, that I needed to be around people, I needed to do it gradually. I went to my GP to say, 'Well, how do I actually go onto it?' Because, the specialist had just said, 'start it.' It was quite a high dose to begin with, and I usually need to go gradual and slow. I went on it and I got the side effect. Again, I found out afterwards. My mood just dropped really badly and I became suicidal.</i>

What we  
want to hear



# Primary Information Needs (as identified by consumers)

Rationale	Options	Side effects	Interactions	Longevity	Administration
Why is this medication recommended?	The pros and cons of taking the medication	What are the potential side effects?	How this medication interacts with my other medications	How long will the medicine take to start working?	How much should I take?
How will this medication help my condition?	Why this medication works better than other options	How vulnerable am I to the side effects?	How this medication interacts with supplements/non-prescribed drugs	How long will the medicine work for me (will I plateau?)	How often should I take it?
Can the medicine cure my condition?	Is this medication really required?	Common and less common side effects	How this medication interacts with my other conditions	How long should I expect to be on the medicine for?	When should I take it (frequency and time of day)?
Why is this medication right for <b>me</b> ?		Which side effects I should monitor for (and which ones can I disregard)	How this medication would interact with pregnancy	When will the medicine be reviewed?	What should I take with the medicine? (including food, drink and supplements)
How does this medication work?		When/where to seek help		What are the long-term effects of taking the medicine?	What should I avoid taking with the medicine?
Full disclosure with brand changes/supply issues				What would happen if I stopped taking the medicine?	How should I use devices for administering the medicine to the best effect?
				Is it a difficult medicine to stop taking (withdrawal)?	Consequences of missing a dose and what to do
				How best to come off the medicine	

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# Rationale and choices

*That it's relevant to me, that it's absolutely required and they're not putting me on something that I don't need to be on...*

*Exactly the part that's in my body that's receiving this medication, why it needs it, what will it do for me.*

*Being well informed cos knowledge is very powerful. Knowledge is key and you have to be well informed to know that this is going to work for you. It's like buying a product. You wanna know it's gonna work for you right, so that's why having all the information or the key information laid out from the get-go is important.*

*Knowing me and my situation and tailoring it to say, 'This is why I'm recommending it and why, and if you don't have it, this is what that means'.*

*I need to know that taking a medication as an absolute, there are absolutely no other alternatives. I need to know all my options. I want all my options laid out. I want to know this isn't a quick fix for them.*

# Side Effects

*What point do I need to make an appointment and come in and see you and what do I need to be watching out for as signs that this isn't working?*

*What kind of things to look out for and what kind of things are common and you don't need to worry about some side effects and which are the ones where you do actually need to pay attention and talk to someone about it.*

*It would be nice to know what the possible side effects are and even then, if somebody has to reassure me that, what's going to happen is not too bad. Well, at least then I would know not to panic.*

*I don't really like being given the frighteners with something that is a one in a million and they write it on there because they have to do the legal disclaimer thing. I mean, it is, it's hard because I guess if I was the one in a million I'd wish I'd be told, so it's really tricky. It's a big issue.*

# Interactions

*Top of the list will be interactions with other medications I'm on.*

*Because I'm on several different types of medications, I feel like no one actually really knows what happens when you put all those together.*

*Like I said, if I was able to have a baby, I'd be wanting to know about pregnancy as well.*

*.....because I'm on so many medications, I'd want to know do they interact with each other in a negative way and if they're forever drugs because taking another pill a day isn't too much, but it's still certainly something you gotta remember and keep on track of.*

# Longevity

*The biggest one is what it's going to be like stopping or when you gonna stop it. I've never had a GP say, 'This is gonna be a lifelong medication,' or 'This is a medication that we're looking at starting for six months.' Even though they've probably been thinking, you never have that conversation.*

*An important one for me is when will it be reviewed? Of course, that's not only given because I think they should be reviewed anyway because people's conditions change, but there's so many new medications now available, pharmaceuticals available, that they're perhaps some of the ones where people are prescribed some years ago are now out of date or not as effective as others.*

*The long-term effects really, if there's any chance of me being able to get off them in the long run, what effect that's gonna have on other parts of my body, if any, if there's any hope of actually coming off them and leading your life without prescription medication.*

*They don't tell you these things when you start taking them that a few decades down the track, they're going to pack up the rest of your body.*



# Administration

*What happens if I stopped taking it and even if you run out and you are out for a few days, is that a big issue or not?*

*What it reacts with, what you can take it with or not, frequency and what happens if you forget and what are the consequences of forgetting.*

*It's really the timeline, so although my prescription might say, take two twice a day, it doesn't say when in the day to take them, or should I be taking paracetamol in the morning and codeine in the afternoon? There's not really a timeline.*

*Is it the two pills in the morning together or is it one in morning, one at night-time and because they use the bi-daily or their shorthand sometimes, I think they forget that not everyone remembers it.*

What gets  
missed?



# Information That Tends to be Missing

(as identified by consumers)

Side effects (the most common omission)	How the medicine works	Interactions	Administration	Timeframes
What the possible side effects are	What I should expect from the medicine and why	Interactions with my other medicines	Time of the day I should take the medicine	How long will I need to take the medicine?
What I should do if I experience side effects	What would happen if I didn't take it	Interactions with non-prescribed drugs (legal and not)	Food and drinks that might interfere with the medicines	Will I need to take this for the rest of my life?
	What would stopping the medicine be like?	Interactions with my other conditions	Supplements I might require	What are the long-term impacts of the medicine if I do need to take it for a long time?
	What I need to be aware of if I stop taking the medicine	Interactions with pregnancy	What to do if I forget to take the medicine	When will the medicine be reviewed?
	Why the medication works as part of the suite of medications I am taking			

Improving  
communication



# The ideal approach to information dissemination would...(as identified by consumers)

- Allow access to sufficient consult time
- Allow for informed choice/conversation
- Tailor format to consumer needs
  - Include written
  - Make the written information brief and jargon free
  - Combine modes (verbal and written)
  - Make use of email
  - Provide direction to credible websites

*("I'm going to google, so direct me to trustworthy sources.")*

# Quotes

*I got a different psychiatrist who prescribed me something completely different and was quite short with me when I asked why and when I wanted to talk about it, they were quite impatient with me. .... It was just verbal. They were obviously really stressed. They had had other stuff going on because they were quite late for the appointment .....They breezed in and said, 'We've done a quick review. We're going to put you on this. You need to take it at this time. Do you have any questions?' Then, obviously I had questions and they were very short with me and quite snappy and just generally not interested in the questions, they just wanted compliance. .... It was a really unhelpful conversation. Actually they made quite a shitty comment, because I said, 'Oh, well I don't understand why I need to take this.' They said, 'Well, if you're suicidal, you should be willing to take anything.'*

# Quotes

*“Make sure that you are telling the full information to the person sitting opposite you so they can have informed consent and informed choice... only person who will be able to know what the right decision is, is the person sitting opposite the healthcare professional, because they're the one living their life, so they know what they can handle or not, but without having the full information, informed consent and informed choice cannot occur and it can have devastating results.”*

*It's about being taken on a journey rather than being told this is what you should take, because I have all the power in this relationship and I make these decisions.*

*I can't remember at any time anyone ever in the health sector or system saying to me... what is your preferred format for receiving information?*

*The way in which the health system is structured, it doesn't give health professionals, and I'm meaning GPs, enough time to adequately outline the information that's really important. I think our GPs are essentially trying to understand what the issue is, trying to solve it and then get you out the door as quickly as they can so they can see the next person.*

Cohorts





# Cohorts

- Respondents were placed in the following cohorts (on the basis of their recent experiences) and were asked questions specific to the cohort

Respondent Category	# of respondents
CB: Change of brand	5
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# Pregnancy Cohort

## Experience

- The responses were inconsistent. Ranging from no recall of having been told about how regular prescribed medicine could affect them or their baby if they became pregnant, through to comprehensive information provided.
- *Interviewer: Can you please tell me about any experiences you've had of being told about how regular prescribed medicine could affect you or your baby if you became pregnant?*  
*Respondent: No, I haven't had any conversations like that.*  
*Interviewer: Do you recall when you've been prescribed medicine ever being asked, are you considering becoming pregnant? Do you recall if you've ever been asked that?*  
*Respondent: No, I don't think so.*  
*Interviewer: Have you ever been advised when you've been prescribed a medicine that you must stop it if you did become pregnant?*  
*Respondent: No.*
- For some consumers, the lack of information had had serious consequences for their babies.
- Those who had been provided with information were largely satisfied with the way the information was provided. The information was provided by a range of professionals, primarily GPs, specialists and midwives. The information was mostly provided verbally. There was a mix of consumers proactively being offered information and consumers seeking the information out themselves.
- Consumers said if they wanted further information, they would primarily seek this from medical professionals (this is in contrast to responses about where people would seek more information about medications from – this was primarily 'Dr Google').

## Ideal

- There was some inconsistency in terms of 'who' should be having the conversation with the consumer. Some preferring specialists, some GPs and some fertility experts. Good communication between the medical professionals was identified as an important part of informing the consumer and making good decisions for the consumer and their baby.
- The point in time the information should be shared was generally both at the point of prescription **and** at regular review points (recognising the changing stages of life experienced by the consumer while taking a long term medication). The information should be shared proactively.
- The primary content sought was the impact of the medicine on the foetus or person carrying the baby. The medication options and how to manage any medicine transition (stopping or changing) and associated impacts. Informed choice/consent was considered critical, as typically the consumer is needing to make a careful choice about which strategy they are most comfortable with, in terms of risks and benefits to themselves and their baby.
- Consumers were largely comfortable with a direct and proactive approach to asking them about whether they were sexually active and would consider having a baby.
- The information was sought in a combination of verbal and written format, from medical professionals. Accessibility was also raised, with some call for electronic format, including video.

# Starting a Medication Cohort

## Experience

The key issues consumers raised in terms of their experiences of receiving information around a new medicine were:

- Limited/generic information provided and/or missing information.
- Difficulty getting full and/or follow up information from specialists.
- Information format issues (verbal and hard to recall, and/or inaccessible).

## Ideal

The key suggestions consumers made in terms of the ideal experiences for receiving information around a new medicine were:

- Content related (sufficient for informed choice, rationale for prescription recommendation, what to expect and when, how long the medication will be needed, how best to administer the medication, side effects to monitor for, impact of not taking the medicine).
- Format related (include brief written material, ensure accessibility – email is best for blind people).
- Role related (role of the prescriber in informing the consumer is paramount, pharmacist also has a pivotal role for some).

# Starting a Medication Requiring Monitoring Cohort

## Experience

- 2 of the respondents received information about the new medication (requiring monitoring) while in a hospital setting. Both acknowledged that their medical conditions at the time made it difficult for them to take on board new information.
  - Both had some uncertainties about what information they had been given. In both instances there were negative consequences experienced after commencing the medication that were contributed to by the consumer not fully understanding the medication.
  - One relied on subsequent interactions with other medical professionals to provide a fuller understanding of the medication (both GP and pharmacist).
  - Neither had a good understanding of the need for and purpose of monitoring at the time of prescription.
- The two other respondents that were prescribed the medicine requiring monitoring by their GP had a limited understanding of the need for monitoring.

## Ideal

- The respondents had mixed views on the ideal way of being informed about their new medication requiring monitoring. Suggestions included:
  - Their GP providing the detailed information, in writing.
  - The hospital doctor being fully informed on the medication and able to give the full information to the consumer.
  - Their GP giving fuller information on the rationale for monitoring.
  - Their GP continuing to ensure the patient receives relevant information if their life circumstances change.
  - Providing upfront information about how long the consumer will need the medication for.

# Change of Medication for the Same Condition Cohort

## Experience

- Some consumers said the prescribing consultations felt very rushed/pressured and there was insufficient opportunity to get the information they needed.
- Some consumers had received very little, or no, information about the change in type of medication. The most common missing information was about side effects.
- Some consumers said they were well informed about their medication change.
- Some consumers had experienced mistakes in their prescription – which had impacted on their trust of the medical professional.
- Some consumers used 'google' to fill the information gaps. Some expressed interest in being guided on which websites would provide them with the most accurate information. Some noted that searching online had made them anxious about the medication.
- Some consumers had had experiences with medical professionals that were unfriendly.

## Ideal

- Whakawhanaungatanga to ensure an open and trusting relationship between the prescriber and the consumer is sought by consumers. Within the context of an established relationship, consumers want to be given sufficient time and an appropriate atmosphere for an informed discussion about the medication.
- Some consumers want an opportunity to prepare for a discussion about a change in medication and would like their medical professional to also be well prepared. This included making sure medical professionals prepare well so they don't make prescription errors.
- Many of the consumers wanted to read more information after the consultation, in the format of email, paper and/or an online portal. The information sought is concise, clear and jargon free.
- Consumers want to be informed about the rationale for the change in medication, potential side effects and medication interactions. This includes when medication is prescribed by a specialist. Consumers also want medical professionals to communicate between themselves, so all relevant professionals are kept up to date on the consumers medication profile.

# Change of Medication Brand Cohort

## Experience

- Some respondents found out about the brand change when the medicine was dispensed to them, others from patient groups and others from prescribers. Those who had prior knowledge (pre-dispensing) about the change were more comfortable with the change.
- There was a mixed experience, with some saying they were sufficiently informed about the change in brand and others saying the communication was very limited.
- The strongest concern about brand change came from those who said they had experienced unexpected negative consequences as a result of the change in brand.

## Ideal

- Consumers want proactive and upfront communication about any potential impact of the brand change.
- Consumers want full and accurate communication about brand change (*don't say it is the same if it is not*).
- Consumers want communication from the prescriber and the dispenser.
- Consumers do not want to be 'surprised' by brand changes (e.g. finding out after opening the box).

# Change of Brand for Medication Requiring Monitoring Cohort

## Experience

- Consumers had mixed experiences of being advised of a change in brand of a medication requiring monitoring. One respondent had received a thorough explanation of the change from a specialist. The other respondents had found about the change when they picked up medicine from their pharmacist and were told little other than that medication would work the same as their previous brand had.
- There was frustration about the lack of communication about the change and one of the consumers attributed the brand change to serious consequences for their health.
- Consumers also had mixed experiences with information about the actual monitoring. Most of the consumers had some long-term experience with monitoring so learning about monitoring wasn't key to the change in brand. One respondent was new to monitoring and didn't understand the importance of regular monitoring, which resulted in a serious consequence for their health.

## Ideal

- The primary change sought by consumers was having a consultation with the prescriber about the change of medication, rather than it being left to the point of dispensing.
- There was also interest in receiving information about how the medication is funded.
- One respondent also suggested providing consumers with a schedule to help them manage their monitoring requirements.

# Supply Issue with a Medicine

## Experience

- Experiencing supply issues with a medicine was a disempowering experience for most consumers. Most consumers were informed about the supply issue at the pharmacy and felt they had no choice but to accept the absence of medication or a replacement medication.
- Most were given very little information about the change of medication and any possible impacts.
- The supply issue had serious health consequences for one of the consumers.

## Ideal

- Consumers want to be informed about supply changes in a timely manner, so they have the opportunity to seek information about the change and make an informed decision about their choice of replacement medication/treatment and arrange a replacement medication.



# Change of Medicine that has a Different Device to Deliver the Medicine

## Experience

- Overall, the experience of receiving information around a medication requiring a change in device were positive.
- Most respondents perceived they had been given the information they needed including sufficient guidance about how to use the device.
- There was one exception, with one respondent saying the medical professionals had assumed she knew how to use the device, when she didn't, and that this had had serious health consequences.

## Ideal

- Most respondents were satisfied with their experience of receiving information around a medication requiring a change in device and didn't seek change in the approach.
- One respondent wanted the prescriber and dispenser to change their approach by giving direction about how to use the device effectively.

# Support and Tracking

## Support People

- Respondents were asked how they would like information about their medication to be provided to their personal support people.
- Most respondents said they personally wanted to take responsibility for relaying information to their support people. Many said that if they were to pass information on to their support people they would prefer to have the information in simple written form – to help avoid passing on incorrect information.
- A few respondents said they wanted/needed to have their personal support people involved in consultations and/or provided with information directly by the medical professionals involved. This tended to be older people, consumers in hospital settings and consumers with mental health conditions.
- We briefly interviewed two support people about their information needs as support people. Both support people felt they were appropriately informed (and didn't seek change in the approach to informing them), though one did note he needed to be proactive about seeking the information.

## Tracking

- Many respondents said they had experiences tracking the impact of a medication on them. Some said they did so on paper, some using 'notes' on their phone and some memorised them.
- Some said they would be interested in having an app available for recording this type of information. This was generally the younger and more technologically savvy respondents.

# Advice to Medical Professionals / Closing Comments

# Themes

- Respondents were asked what advice they would give to medical professionals about how to inform consumers when prescribing/dispensing medicine.
- The key themes in the advice were in the areas of:
  - Being upfront about the purpose of medication, possible interactions, side effects, what to look out for and longevity of medicine use
  - Engaging, listening, understanding, checking in and allowing informed choice
  - Building relationships, giving consumers time, giving consumers reviews/reminders
  - Being respectful to consumers
  - Tailoring format, language, presentation and accessibility to meet the needs of the consumer
  - Providing a Kaupapa Māori approach, being culturally aware and mindful of language choice
  - Improving communication between medical professionals
  - Enabling pharmacist safety checks.

Themes	Quotes
Purpose of med/interactions/ what to look out for/longevity	<i>Well, if I'm going to be informed by nurses or doctors, I want to know everything. I want to know what the medicine is, does it work.....how long has this medicine been around. I want to know the side effects, what can happen and because every human being, their bodies are different, how it affects some people and not others. I suppose I don't want them to miss out on anything.</i>
Engage/listen/understand/ check in/informed choice	<i>I think you've got to include that it's okay to involve the patient. They know their bodies and their minds better than any doctor will do. I'm lucky my doctor at the moment, always asks me, what do I think of that particular idea? To me, that's showing me the mana that I've earned, because I don't know if all doctors give the patient the mana they deserve. I think that needs to be in your report is that, if you can enhance the mana of your patient when you're prescribing something, then the patient's more likely to take it. ....You enhance the mana of the person you're trying to help, then they're going to be more willing to seek help in the future.</i>
Relationship/time/reminders	<i>To build a really trusting, positive working relationship. If I think about myself and I think about a lot of my whānau, if that trust and that relationship isn't there and I think I like the word you used earlier, it just becomes transactional. If they really .... support, encourage and help us to be part of our own change, that's key.....</i>
Respect/tone	<i>Don't talk from an ivory tower, the people that you're talking with are human beings too and you're a human being too. Just bear that in mind.</i>

Themes	Quotes
Format/language/presentation/accessibility	<p><i>Probably to keep it simple and basic. You can get those fact sheets and you don't understand the words.....The terms used are too clinical. If they just used basic English to explain it and maybe give references to where they can go to if they need extra advice or support.</i></p> <p><i>Make sure you know the person's preferred format so they can access the information. E-mail, large print, braille, audio. We must have it in our preferred format.</i></p>
Kaupapa Māori/culture/language	<p><i>I would really like them to explore Kaupapa Māori ways of doing things, because it's not just advantaging Māori, but it's actually advantaging everybody. It's privileging upholding people's mana and it's privileging a personal trust-based relationship, which is really hard to find, but when you're talking about maternal mental wellbeing or psychiatric disorders or things where humans are having very human experiences, they need to be met at a human level. I really feel like there's a lot to be learnt from te ao Māori ways of doing things.</i></p>
Communication between medical professionals	<p><i>Particularly at hospital level to GPs, better form of communication if a specialist has adjusted a medication, because sometimes the reports can take up to about a month to get to your GP. If you're on a trial of medication, that can be quite difficult for your GP to catch up when they have to find the special authority and all that kind of things that go with it.</i></p>

# Implications and Opportunities

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# Implications and Opportunities

- Consumers want medical professionals to **build relationships** with them, to give consumers time to engage, consumers want to be **respected, heard, understood and empowered**.
- Consumers want to have **informed choice in their medications**. They want to understand the rationale for the medication recommended. Consumers want to understand the pros and cons of the medication and they want to feel empowered to contribute to the decisions about the medication they are prescribed.
- Consumers want **easier access to health professionals**, so they have timely access to appointments and sufficient time within the consultations to make an informed decision about their medication.
- Consumers want to be **provided with clarity** about: the purpose of the medication, any possible side effects, interactions with other drugs (prescribed and not), how to use the medication (e.g. dosage, timing and foods to avoid) and the timeframe for the medication (e.g. how long they will need to use the medication for and when reviews will happen). There are exceptions to this, with a few mental health consumers saying anything other than a small amount of information can increase their anxiety about a medication.



# Implications and Opportunities

- Consumers want more **thorough information about long term medications** than they do for short term medications.
- Consumers want information about medications to be **tailored to meet their needs**, in terms of format, presentation and accessibility. In particular, as well as verbal information, most consumers want **brief written information** in simple language, made available to them.
- Consumers do avidly 'google' for more information about medicines. Consumers suggested that this could be guided by **providing links to trustworthy websites** (though these links in isolation are not sufficient information).
- Consumers want to see a **joined-up approach** to informing them about medication. They want the information to be consistent and comprehensive across and between different parts of the sector (e.g., hospital registrar, external specialist, GP and pharmacist).
- Some consumers want medical professionals to **demonstrate cultural competency**, including providing a Kaupapa Māori approach, being culturally aware and mindful of their language choice.

# Implications and Opportunities

- Some consumers want pharmacists to **provide detailed information about medications**. Including how to take the medication and possible side effects. Some consumers also expect pharmacists to maintain an overview of their medication and the ability to determine if any errors have been made at the point of prescription. It was clear that the **strong relationships** some consumers had with their pharmacists greatly enhanced their experience of receiving information.
- Consumers want any changes in medication (e.g. supply issues, brand change so on) to be **communicated proactively and with comprehensive information** (as sought for new medications). Consumers do not want to feel cornered into accepting a change in medication when they collect their prescription.
- Some consumers identified **patient support groups** as being a viable and credible source of information about medication changes.
- Consumers want to be proactively and comprehensively **informed about the implications of the medication for the consumer and baby** in pregnancy. They want this to be proactively provided both at the point of prescription and throughout the lifecycle of the consumer (e.g. pregnancy may not be relevant at the time of initial prescription but may become so later).

# Feedback Process

# How to Submit your Feedback

- We would love to hear your feedback regarding the content covered today
- Please email your feedback directly to [mahashweta.mistry@hqsc.govt.nz](mailto:mahashweta.mistry@hqsc.govt.nz)
- We would appreciate all written feedback to please be provided by 24<sup>th</sup> November 2022

Report available online at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)