



Pharmacy Whakamahere

Understanding the pharmacy needs
of our population

2023

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Background

The Pharmacy Action Plan 2016 to 2020 (the Action Plan) was the first Ministry of Health document to provide strategic direction for pharmacy service in Aotearoa. With the intention of unifying the pharmacy sector, it was a five-year plan containing the aspirational strategic direction of the sector along with 82 goals. While it has been used to influence various projects and workstreams within the sector, only two of the goals were fully achieved over the five-year period.

There were several drivers to update the Action Plan (Figure 1):

- The existing plan is now out of date and needed to be refreshed and updated.
- The Health and Disability reforms have signalled a change in direction for health delivery in Aotearoa. There is a much greater emphasis on honouring Te Tiriti o Waitangi, and on maximising the utilisation of pharmacy services and pharmacists' medicines knowledge and skills.
- There is a national desire for equity of access to health services, with consumers being at the centre of health services. The original Action Plan was light on consumer engagement, with the consumers' voice being brought in late in the development of the Action Plan.

The intention was to create a new whakamahere (roadmap) to replace the Action Plan, with the voice of the consumer as the heart of the document. To do this, we deliberately sought the consumers voice, their perceptions of pharmacy services and their needs from pharmacy services. Māori, Pasifika, disabled Pasifika, people with disabilities (Blind, Deaf, physical disability, and people with mental health illnesses) were targeted to understand their lived experiences.

Figure 1: The drivers for an updated Pharmacy Action Plan

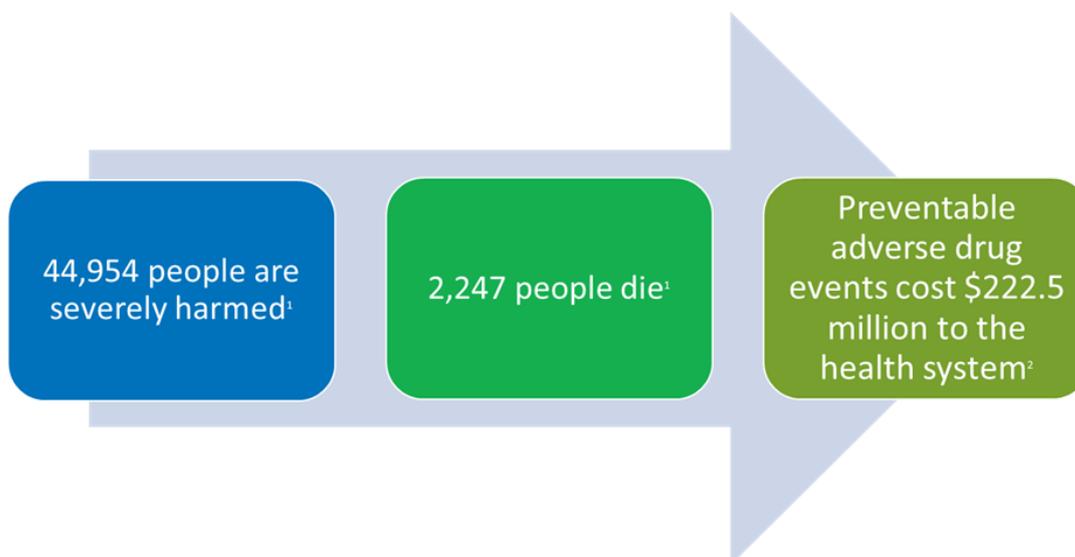


Context

The Pharmacy Whakamahere was being developed in the context of significant continuing harm to New Zealanders from medicines (Figure 2). We estimate that 45,000 people are harmed from medicines each year from medicines use, with over 2,000 people dying, and with significant cost to the Aotearoa health system (\$222 million per annum).

We also know that only about 50 percent of people take their prescribed medicines as intended, (that is, there is low medicines adherence) and that one in three prescriptions require a pharmacist's intervention to make the medicine safe for the patient.

Figure 2: Every year in Aotearoa, as a result of adverse medicine events many people are harmed and at great cost to the health system^{1, 2}



¹ Robb G, Loe E, Maharaj A, Hamblin R, Seddon ME. Medication-related patient harm in New Zealand hospitals. NZ Med J. 2017; 130(1460): 21-32.

² Brown P, McArthur C, Newby L, Lay-Yee R, Davis P, Briant R. Cost of medical injury in New Zealand: A retrospective cohort study. J Health Serv Res Policy 2002; 7(Suppl 1): S29-34.

Purpose

The aim of the Pharmacy Whakamahere project was to produce a whakamahere (roadmap) to help shape the future direction of the pharmacy sector for the next five years. There were to be two main phases of the project. The first, extensive consumer engagement with our most vulnerable communities, and the second, a co-design phase with consumers and clinicians, including but not limited to pharmacists. The following outcomes were identified for the Pharmacy Whakamahere:

- Greater equitable access and health outcomes
 - Improved medicine adherence
 - Reduction in harm caused by inappropriate prescribing
- Increase in pharmacists involved in prevention campaigns and health promotion
- Increase in pharmacists working at top of scope through emphasis on assessment, treatment or referral
- Increase in pharmacists working alongside other healthcare professionals to create a more integrated workforce
- A pharmacy sector that is aware of and able to better meet the needs of its consumers.

At the beginning of the Pharmacy Whakamahere project the purpose of the Consumer Engagement phase was to determine themes to help shape the clinical workshops that were to be the next phase of the project. However, with the health system reforms introduced on 1 July 2022, the project was paused and the completed work will now support the actions identified in Te Pae Tata, the interim New Zealand Health Plan.

This report has been produced to document and highlight the valuable information gained during the consumer engagement phase of the Pharmacy Whakamahere project. It is knowledge that can be shared with the wider pharmacy sector to highlight the very real issues shared by consumers, and to help inform improvements and change moving forward.

Engagement Design and Process

The Pharmacy Whakamahere project was commissioned in 2020 year by the then Minister of Health, Hon Andrew Little, to provide strategic direction to the pharmacy sector. As part of this project, the first priority was to engage with consumers, particularly Māori, Pasifika and people with disabilities, to understand the role pharmacies play in their lives and the lives of their whānau, their lived experiences and how pharmacies and pharmacists can better meet their needs in the future.

The engagement process was designed to be an opportunity for consumer groups to share information with us through robust and honest discussion, forming the start of relationships that will help shape the future direction of pharmacists and pharmacies in Aotearoa. The end goal is a pharmacy sector that is aware of and able to better meet the needs of its consumers, shaped through true consumer centric co-design at the foundation of the whakamahere.

Lessons learnt through the engagement process

One of biggest learnings from the engagement process is to allow sufficient time to build relationships and trust within each community. We found that most of our vulnerable communities were struggling with 'engagement fatigue' particularly in a time of massive system change.

It was necessary to spend time building relationships with communities and organisations, to show that we were seeking to engage in a meaningful way because their input was to form the foundation of the whakamahere. We were beginning with the consumer, not just including them.

This change in approach and time spent building relationships led to more opportunities than expected. A total of 18 hui and talanoa were held, including participants from almost every region in Aotearoa.

To honour the important role of Māori in Aotearoa and their importance in our health system, we engaged the services of Te Amokura Consultants to conduct the engagement with Māori consumers. Their expertise enabled engagement hui to be held widely throughout Aotearoa and provided a depth of insight into the role of pharmacy in te ao Māori.

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
- 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.

Approach to our engagement

Each engagement took whatever form best served the needs of that particular consumer group, acknowledging that most engagement was undertaken in a COVID-19 landscape, resulting in more virtual/online than kanohi ki te kanohi (face-to-face) hui/talanoa. Culturally appropriate approaches were also used eg, karakia, mihi or prayers in each hui/talanoa.

For every consumer group, to create a welcoming atmosphere and remove any barriers that would inhibit engagement, we ensured there was at least one well known and respected facilitator present from the community. Kanohi ki te kanohi hui/talanoa were held in locations chosen by the communities and for the virtual hui/talanoa the online platforms were used that the communities were familiar with. This was especially important for the hui with the Deaf and Blind communities. New Zealand Sign Language interpreters were included as required, and the presentation was translated into easy read format.

For continuity, the format of each hui/talanoa was:

1. Welcome and introductions, including karakia
2. Setting the scene:
 - Brief explanation of the project, it's background and what we hoped to achieve
 - Outline of current roles of pharmacies and pharmacists

3. Current experiences:
 - Discussion of current lived experiences, capturing the good the bad and the ugly
4. Reimagining of ideal interactions with pharmacies and pharmacists in the future:
 - A chance to identify ways to break down barriers and brainstorm solutions
 - What would a good experience look like?
 - What would be needed to make this happen?
 - What difference would this good experience make for you, your family and your community?

Themes

There were several consistent themes which emerged as challenges for all communities through the conversations. There were subtle differences within these themes for each specific community, but overall, there was much commonality. Thematic analysis was used to identify, analyse and group common themes together, after reviewing the verbatim transcripts.

There was also overlap of issues and cause and effect demonstrated between the themes. For example, the issue may be the way a person was or wasn't communicated with, with this then leading to a medicine safety issue. Each theme has been assigned a visual icon and where you see these in the report tables that follow, they provide a visual connection to show this overlap and/or the cause and effect.

The main themes identified were:



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 explore and elaborate on each individual theme as well as looking in more detail at each individual community and the specific challenges they face.

Hearing the consumer voice – the tables

We have used a table structure to share our findings. This format has allowed us to show, in each row, the correlation between identified issues, reported impacts (both positive and negative) and suggestions for improvements made by consumers. The addition of the icons adds a further dimension of overlap of cause and effect.

Please note: the column titled 'Communities who reported an impact' has been populated to represent which communities vocalised being affected by the associated issue. This does not mean that this issue does not affect other communities, just that they did not mention it specifically. In reality, most of the issues identified will have an impact on every community.

Keeping the integrity of the process and allowing the consumer voice to tell the story was integral to the writing of this report. For this reason, everything included in this report reflects the consumer voice.

Where the hui/talanoa were recorded, it was with permission of the participants. These recordings have allowed accurate transcripts to be made of the conversations, capturing the exact wording of the participants.

In the tables, we have used the consumers' wording as much as possible. Capturing their voice was more important than 'tidying up' the sentences. When an issue was mentioned multiple times, a synopsis of everyone's words was used.

The suggestions for removal of barriers came from the participants. The project team has not added any content or applied an industry or clinical lens to the report. These are the voices we heard, and we present them as accurately as possible.

Table 1: Access



Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Counters located at the back of the pharmacy. No clear path to the counter. Too many counters. When I do manage to find one it is often the wrong one such as a cosmetic counter. Pharmacy cluttered by display stands, often with legs that stick out. 	<ul style="list-style-type: none"> Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> Not feeling safe navigating through the pharmacy. Can't easily locate the dispensing counter. Worried about bringing guide dogs into pharmacy but have no choice. Displays knocked over causing embarrassment and injury. Choosing to use a different pharmacy that is easier to move around in. 	<ul style="list-style-type: none"> Locate the dispensing counter near the door. Have a clear walkway to the dispensing counter. Make it obvious (especially for Blind people) which counter is the dispensing counter. Allow more space between display units to allow for wheelchairs and guide dogs with wagging tails. 	<ul style="list-style-type: none"> 'My chemist has their counter located in the centre of the shop with a good clear walkway to it, which is good for someone with a guide dog with a long tail.' – Hui with Blind Citizens NZ. 'I obviously have the best chemist in the world because the path to the counter is nice and clear and easy to get to.' – Hui with Blind Citizens NZ.
<ul style="list-style-type: none"> Counter cluttered. Cluttered shelf under counter so I can't get close. Counter in a small gap, only fits one person – no space for my guide dog. 	<ul style="list-style-type: none"> Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> Nowhere to put bags down where they are at hand and easy to find or easy to reach. I am Deaf and need to be close to communicate effectively - shelf prevents this. Guide dog cannot be beside me - has to block walkway. 	<ul style="list-style-type: none"> Keep counter tops clear. Avoid product displays on counters. Avoid shelves under counters. Avoid cramming counters into small spaces. 	
<ul style="list-style-type: none"> Pharmacy located at Medical Centre but has a step up to it. 	<ul style="list-style-type: none"> Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. Pasifika communities. 	<ul style="list-style-type: none"> Person injured due to tripping. Cannot get wheelchair up the step. Creates a physical barrier for many disabled persons. 	<ul style="list-style-type: none"> Change step to a ramp. Do not use steps as access into a pharmacy. 	
<ul style="list-style-type: none"> No drop off zone for taxis/driving services. 	<ul style="list-style-type: none"> Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. Pasifika communities. 	<ul style="list-style-type: none"> Get dropped in the middle of the road – very dangerous! Get dropped some distance away from pharmacy. Unable to access preferred pharmacy, so forced to use a different one where communication is not good. 	<ul style="list-style-type: none"> Every pharmacy to have a safe drop off zone outside for people who need to use a ride service and have mobility issues. 	
<ul style="list-style-type: none"> Door to pharmacy very hard to find off the street. Sliding door that is always kept closed and is hard to open. Double door but one half is always closed making entrance very narrow. 	<ul style="list-style-type: none"> Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. Pasifika communities. 	<ul style="list-style-type: none"> Unable to access preferred pharmacy. Embarrassment. Made to feel second class. Narrow entrance is difficult to navigate with a guide dog or a mobility aid. 	<ul style="list-style-type: none"> Make entrances obvious. Have a disability friendly door – automatically opening and closing. Avoid narrow doorways. 	
<ul style="list-style-type: none"> No mobility parking provided outside pharmacy. Mobility parking not suitable – too narrow or too short to allow for a mobility vehicle. 	<ul style="list-style-type: none"> Physically disabled persons, particularly those with crutches or wheelchairs. Pasifika communities. 	<ul style="list-style-type: none"> Unable to access preferred pharmacy. Feeling unsafe. If parking space is too small it can be dangerous to exit vehicle, especially if exiting from the back 	<ul style="list-style-type: none"> Provision of mobility parking that is fit for purpose. Better designed mobility parking would increase access for people with disabilities 	

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> • Curbs too high to allow wheelchairs to safely navigate from mobility park to footpath. 		<ul style="list-style-type: none"> • in a wheelchair - you can be forced onto a busy road. 	<ul style="list-style-type: none"> • resulting in greater independence and mental wellbeing. 	
<ul style="list-style-type: none"> • Pharmacies only open 9 – 5pm weekdays. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf • Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> • If physically reliant on other working family members for transport, may struggle to physically get to the pharmacy. • This is especially relevant if a particular pharmacy is used because they cater well for a person's particular need ie, communicate well with Deaf, Blind or a particular culture/language. 	<ul style="list-style-type: none"> • Consider longer opening hours in consultation with the needs of the community, especially if the pharmacy specialises in an area such as communication. 	
<ul style="list-style-type: none"> • Difficulties in physically getting to a pharmacy to collect medicine. 	<ul style="list-style-type: none"> • Anyone that needs assistance accessing a pharmacy and collecting medicine – mentioned by all communities engaged with. 	<ul style="list-style-type: none"> • Due to difficulties in getting to a pharmacy I mostly use the pharmacy located at/beside my GP, or closest to where I live. However, they are not the best pharmacy for my other needs ie, communication or access to a counter. • I may be able to collect my script but not understand what I am taking or how to take it. • Scripts or repeats not collected – leading to medicines not being taken.  • Inconsistencies when sending someone else to collect a script/repeat such as a family member or carer. Sometimes they are allowed to collect the medicine and other times they are not. • For our kaumātua, even getting to a pharmacy only a few kilometres away is a real issue and they may not get their medicine. • May use a hospital pharmacy to pick up script on discharge and then you have to go back there for repeats even if it's a long way from where you live. This makes people reluctant to collect repeats – too expensive and hard to travel that far.  	<ul style="list-style-type: none"> • More pharmacies offering to deliver medicine. • Deliveries free/funded for people with disabilities and all Māori.  • Free/funded postage for people who have difficulty getting to a pharmacy.  • All medicines dispensed three monthly to reduce the amount of trips. • Consistency of access and/or communication of criteria for family members and/or carers collecting medicine of behalf of someone unable to. • Marae-based pharmacies, marae-based consultations, or mobile pharmacies regularly visiting marae.  • Free deliveries to our kaumātua. • Repeat prescriptions available at any pharmacy not just the one you first used. 	<ul style="list-style-type: none"> • 'My pharmacy knows me well and are very friendly and accommodating. They are happy to post my prescription to me if I am unable to collect it.' – Hui with Blind Citizens NZ. • 'My pharmacy dropped my script off at home when my carer could not get to them to pick it up.' – Talanoa at Pacific Health in Naenae.
<ul style="list-style-type: none"> • Shortage of pharmacies in rural locations. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> • A limited number of pharmacies leads to greater waiting times – sometimes hours. • Nearest pharmacy over an hour away. This makes access difficult for whānau with no transport, disabilities or our kaumātua. 	<ul style="list-style-type: none"> • Mobile pharmacies. • Marae-based pharmacies, marae-based consultations. • Delivery services where there are none and an increase in delivery services for very remote areas. 	

Quotes from participants

- 'Many of the local kaumātua rely heavily on medicine for ongoing health issues but it is a 45-minute trip each way to access the local pharmacy. There is a real need for rural deliveries.' – Hui with iwi in Waiariki.
- 'I work for a local health provider as a nurse and I often go above my normal responsibilities and do delivery runs for the pharmacy for kaumātua and low income earners that face acute conditions as well as financial barriers.' - Hui with iwi in Waiariki.
- 'In Te Tairāwhiti there is a pharmacy shortage across the region, with Gisborne city as the only access point for East Coast whānau. Whānau living in Ruatōria have created their own norm, which means a GP visit twice a week and from there they will organise their medicine which is dispensed in Gisborne and couriered to Ruatōria.' – Hui with iwi from Te Tairāwhiti.
- 'First responders are like our pharmacy; they can carry Ventolin on their belts. Most of them are volunteers.' – Hui with iwi from Te Tairāwhiti.
- 'Chemists should be accessible to all people regardless of their disability. I attended the Federation of Disabled People Conference and it was noticeable that a lot of people were concerned about accessibility. It's a huge barrier for a lot of people.' – Talanoa for Pacific Peoples with Disabilities.
- 'The biggest issue where I am is currently accessibility. During COVID there is a table outside and we can't get in the doors as the entrance size is reduced. I rely on a mobility scooter or a wheelchair and I can't get in the door and I can't get my prescription and I can't pay. Unless you have a good connection with your pharmacy, which I am lucky because I do, this is a real problem for people with disabilities.' – Talanoa for Pacific Peoples with Disabilities.
- 'Medicine being delivered removes barriers.' – Talanoa at Pacific Health in Naenae.
- 'I tried to collect a script for another person who couldn't get to the pharmacy but I was told I couldn't collect the particular medicine and I didn't understand why.' – Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'My chemist shop is very cluttered and the counter is near the back of the store and I think I nearly give the staff a heart attack every time I come in. I have a cane, not a guide dog, and there are lots of shelves and things in the way and this makes it hard and dangerous for me to get to the counter.' – Hui with Blind Citizens NZ.
- 'My pharmacy is a small area attached to the medical centre and access is difficult as it has a high step to get into it and I have often tripped on it.' – Hui with Blind Citizens NZ.
- 'Cluttered counters are a real issue in the pharmacy I have been using for many years. But conversely their counter is easily accessible from the door. The door itself is a problem because I have a guide dog and they only ever have one half of the door open, and it is very difficult to get a dog and myself through the door. I don't know how women with prams and toddlers get in the door either, it is quite narrow.' – Hui with Blind Citizens NZ.

Table 2: Communication 

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Inability to receive and retain crucial information about medicine and how to take it. <ul style="list-style-type: none"> Blind people cannot read labels or information sheets as there is very little provided in braille. Deaf people struggle to communicate without someone to interpret sign language for them. English is a second language for someone who has been Deaf from birth, therefore reading instructions and information sheets can also be difficult especially when they are technical and not written in plain English. Lip reading is impossible with masks. Pharmacists reluctant to remove masks for Deaf people. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> When you cannot read the labels or instruction sheets you are reliant on the pharmacist giving you all the information you need in a way you can understand it. This often doesn't happen and person leaves confused and medicine can be taken incorrectly or not taken at all.  It is hard to remember the information given in the pharmacy once you are back home and need to use the medicine. This can lead to medicine being taken incorrectly or not taken at all.  Poor communication can lead to lack of understanding. From this, people may not complete the full course of medicine, take it incorrectly, miss out on repeats and not recognise side effects.  	<ul style="list-style-type: none"> An email containing all the medicine instructions, in plain English and in machine readable format, sent to those who need it so they can access the information from home. Accessible labelling - Labels in braille for Blind people and visual labels for Deaf people and other who struggle with English. Use of Script Talk.³ Basic sign language taught to pharmacy staff Access to NZ Relay⁴ – an online sign language interpreter service. Regardless of their disability, race or language, people receiving medicine all want/need to know the following basic information communicated in a way they can understand: what it is for, how they should take it and for how long, when they should stop taking it, if there are any repeats, any potential side effects and what to do if the condition is still present when the medicine is finished. We need to find ways for pharmacists to be able to communicate these things to everyone. One Deaf participant said, 'If you have really clear information from the pharmacist, and a good relationship, my own health and my children's health would be improved because we would be being treated the right way so we can get our health problems sorted.' Another said 'If these changes happened, I would feel confident, equal, I would be able to trust in terms of the medicine and what to expect from it. No more experiencing barriers every day!' 	<ul style="list-style-type: none"> 'I have been incredibly supported by pharmacists in 2 or 3 situations. Once when I had to go to the after-hours pharmacy for some eye medicine, and the pharmacist explained the medicine I had to take in a way that was not remotely patronising. He used language that made me believe I could do this and I did.' – Hui with Blind Citizens NZ. 'Once I asked a pharmacist I didn't know to please explain the side effects of my antibiotics and he did. Then he asked me to tell him what I had heard him say. This was brilliant and I was very impressed.' – Hui with Blind Citizens NZ.

³ Script Talk is an audible medicine label technology designed to give access to individuals who are blind, visually impaired, or print impaired. It consists of a device and a microchip attached to the bottom of your medicine container. A pharmacist programmes the microchip with the person's prescription information, including drug name, dosage, instructions, warnings, pharmacy information, prescribers' name, prescription number and date. The person uses a Script Talk Station Reader to read the label information out loud. The person can control the volume, skip through or jump back through the prescription label information. The device relies on radio frequency identification (RFID) and text-to-speech technology.

⁴ NZ Relay is a service for people who are Deaf, hard of hearing, deafblind or speech-impaired. The NZ Relay service helps them to make phone calls to other people over the phone and internet within New Zealand. The service involves a Relay Assistant serving as the 'ears and/or voice' on phone calls. Relay Assistants convey the phone conversation from one party to another. They voice the words typed or signed by a user on a TTY (teletypewriter), via Internet Text Relay, Mobile Text Relay, or via NZSL on Skype and then relay the other party's spoken response by typing back to the NZ Relay user (<https://www.nzrelay.co.nz/faqs>; accessed 30 August 2022).

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Detailed medicine and health condition conversations happening at the counter. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> When totally reliant on pharmacist explaining everything due to a disability or language barrier, it can be embarrassing and uncomfortable to have these conversations at the counter. For example, a Blind person has no idea who is able to overhear the conversation, and this can make them feel unsafe. There is a complete lack of privacy.  	<ul style="list-style-type: none"> Have a separate room or quiet area for these conversations to ensure privacy and help people feel comfortable and safe. 	
<ul style="list-style-type: none"> Difficulties with communication about changes to medicines including dose changes, brand or name changes, packaging changes or a completely new medicine prescribed. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> It is important for pharmacists to have conversations about changes with every patient. But it is especially important when the patient has a barrier to normal communication because otherwise, they may leave with no idea what their medicine is, what it is for or how to take it, and finding the answers out at home may not be possible. Here is a real example of this situation:  Explanation notes left on medicine packages which are then just handed to a Blind person who can't read them, with no verbal explanations. The person had to ask a visiting friend to read the notes to them. 	<ul style="list-style-type: none"> Take time to communicate in a way that is appropriate for the person you are dealing with. Blind people cannot read notes, Deaf people cannot hear and be aware if English is not someone's first language. Everyone has different communication needs and not everyone uses or has access to technology. Do not let anyone leave the pharmacy not understanding what their medicine is, what it is for, how to take it and potential side effects to look out for. 	<ul style="list-style-type: none"> 'They have been really good at notifying me, either in person or prior to picking up prescription, that there has been a change, whether a brand of medicine has changed or a change in a charge amount etc.' – Hui with Blind Citizens NZ. 'They have been very good at explaining any new medicines and how they work to me. Once, there was a change in the shape of one of my medicines and they explained about that to me which was really helpful.' – Hui with Blind Citizens NZ.
<ul style="list-style-type: none"> Not knowing if you are talking to the right person. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. 	<ul style="list-style-type: none"> Frustration when you have to retell your story multiple times because you were not talking to the right person – especially concerning for Blind people who cannot see who they are talking to. 	<ul style="list-style-type: none"> Staff members to introduce themselves and their role when greeting/helping someone. 	
<ul style="list-style-type: none"> Lack of patience, when talking to someone with a disability. Talk to the me, not my carer – just because I have a disability doesn't mean I don't understand! 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> We are disabled not stupid, but we are often spoken to in a way that makes us feel stupid. This makes us wary of asking questions and we may not get important information we need. If you don't make an effort to connect to the person the medicine is for, they can feel embarrassed, disrespected and angry. 'If they do not get that connection they may not want to take their medicine. They will remember that the person was ugly to them and won't listen to them.' 	<ul style="list-style-type: none"> Training on care and interactions for Blind people and other disabilities, including patience and not speaking down to us. Going slowly and checking the person is understanding can be done in a non-patronising way. This skill needs to be taught! 	

Quotes from participants

- 'Language, language is a barrier for Māori. Our people don't always understand what they are taking and the description on the medicine bottles don't provide that understanding either. Some quick wins could be to simplify the language for our people. Take one tablet in the morning to help with anxiety, take one tablet at night to help improve sleep.' – Hui with iwi from Waikato.
- 'Pharmacist to ask whānau if they know why they are taking this medicine, instructions, side effects, dosage – keep it simple to not confuse whānau.' - Hui with iwi from Waikato.
- 'I am sick of the pharmacy by my doctor's surgery not having the same staff on every day, they seem to change all the time so there is no continuity which is hard when communicating is an issue.' – Hui with Blind Citizens NZ.
- 'They don't tell you anything about the packaging or that things have changed.' – Hui with Blind Citizens NZ.
- 'The inaccessibility of information about medicines. People have mentioned the paper sheets often put in bags with prescriptions which are inaccessible for us. I have also had information sheets emailed to me but they are in pdf format which makes them also inaccessible to the software we use. It needs to be provided in additional formats that are compatible.' – Hui with Blind Citizens NZ.
- 'I often go to the same pharmacy time and time again as do other Deaf people. I have been going to the pharmacy I use for 10 years and I know the staff there and I pick the staff I am comfortable with to communicate with, especially the ones that are easy to lip read. Not all staff are easy to lip read. Those experiences are positive, when I get those staff members who are always really clear at explaining things to me and writing things down.' – Hui with Deaf Aotearoa.
- 'There is a need for things to be explained in a way that Deaf people can understand, whether it's prescription medicine or cold and flu. The brochures/fact sheets that are sometimes given out, the language used in them is usually very high English and they are hard to understand. It would be good to have QR code on the brochure that you could scan with your phone and it would take you to another page that is in sign language, then the information would be clear for Deaf people as well.' – Hui with Deaf Aotearoa.
- 'It would be good if pharmacies could advertise if they have staff with special skills, such as proficiency in other languages and some might be in sign language. Is there anyway of spotlighting those pharmacies, maybe calling them 'Deaf Friendly', so that Deaf people would know places they could go where they can communicate with the pharmacists/staff.' – Hui with Deaf Aotearoa.
- 'In terms of getting information in a way that we can understand, having it available visually is very important. Sometimes when I am reading things, I have to double check myself just to make sure that I really understand what it is saying. It is not like you might expect, that I get the message reading it just once, sometimes I have to reread it many times. I prefer information in plain English or in a visual way and that benefits everyone, not just Deaf people, other language users too.' – Hui with Deaf Aotearoa.
- 'Sometimes I have to ask pharmacists to slow down when they are explaining things to me because they can go very fast because they are busy. Some pharmacists aren't very patient. So, for Deaf people they need to be aware that they need to slow down and take the time to make sure Deaf people are understanding what they are saying.' – Hui with Deaf Aotearoa.
- 'When I go in with a prescription, as they are giving it to me they read out what it says on the label and follow it with their finger which means they are looking at the medicine. So they are speaking at the same time and I am trying to understand what they are saying, then they hand it to me and I don't have a great understanding when I am given it.' – Hui with Deaf Aotearoa.
- 'I had an experience needing medicine for a cough. There are lots of different medicines for coughs and things like that and the words that were on them were not accessible to me, I wasn't able to understand them. It is very confusing trying to pick up those sort of things, especially with all the medical terminology such as dry and wet cough, I had a cough for 6 weeks because I couldn't communicate with the chemist to get the help I needed.' – Hui with Deaf Aotearoa.
- 'It would give me more confidence and awareness and I would be able to look after myself and my family. I don't want to have to have my children to interpret for me, there is so much information and so many gaps. If things were more accessible for Deaf people I would be more independent. Lately at the pharmacy I have just been going in, handing over my piece of paper, getting my script and going. I don't want to have to communicate, I don't want to have to ask a friend, I want to be able to do things myself and be independent.' – Hui with Deaf Aotearoa.
- 'I want them to do more to help me know about my medicines and understand what they are for and how to take them.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'Pharmacists need to communicate better with patients regarding supply of different medicines – why some are dispensed for 3 months and others for only 1 month with 3 repeats.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.

Table 3: Technology



Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> The transition to more online services. 	<ul style="list-style-type: none"> Māori communities. 	<ul style="list-style-type: none"> The transition to more online services is presenting new barriers for kaumātua and others who are digitally inept. They are struggling to keep up with the latest technical services. Māori prefer kanohi ki te kanohi interaction so this transition is hard especially for our kaumātua. 	<ul style="list-style-type: none"> As pharmacies move more online and into new technology, it should be done with kaumātua and others who struggle in mind, making it simple and visual and with training offered. A digital and health literacy education tool where young ones can teach kaumātua how to use technology. This can apply to other cultures and disabilities as well. 	
<ul style="list-style-type: none"> Inability to visually tell medicines apart when taking multiple different medicines. 	<ul style="list-style-type: none"> Blind and low vision. 	<ul style="list-style-type: none"> I am Blind and I take seven different medicines. All the bottles feel the same so I can't tell them apart which can be very confusing and dangerous if I get them mixed up.  	<ul style="list-style-type: none"> Provide medicine in bottles that feel different so they can be differentiated. Medicines dispensed in blister packs if appropriate, also in different shapes for identification. 	<ul style="list-style-type: none"> 'I asked my pharmacy to provide different bottles for me and they were very accommodating, and it has made a huge difference. I feel much safer.' – Hui with Blind Citizens NZ.
<ul style="list-style-type: none"> Labelling on medicines for Blind people is not accessible - lack of braille or any of the other technical options available in other countries. Labelling on medicines challenging for Deaf people as English is often their second language. Labelling on medicines challenging for anyone with English as their second language. Language used in medicine labelling is confusing. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> Not able to read labels on medicine bottles, so without help, I don't know what the medicine is, the dosage I need and when to take it. I want to be able to read the label!  Lack of awareness of what medicine is for and how to take it which could lead to it being taken incorrectly or not at all  	<ul style="list-style-type: none"> More medicines with braille labels. Need to be aware when designing solutions that not everyone has a smart phone or is comfortable using one – particularly if Blind or vision impaired. So there needs to be a range of solutions. Script talk rolled out to all pharmacies. Instructions translated into sign language for Deaf people. Picture labels for Deaf people, for example, different symbols for time of day to be taken, with or without food, number to take etc.  Simplify the language used on labels and make it less confusing. 	<ul style="list-style-type: none"> 'Once I had a medicine with braille on it which was great. More medicine should have braille labels.' – Hui with Blind Citizens NZ.
<ul style="list-style-type: none"> Not knowing when repeats are due. Not knowing when scripts are ready to be collected. This is especially important when a script has been ordered online via a patient portal. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> I can't see the label to know when my repeats are due and my pharmacy doesn't text so I have to guess. Repeats expire meaning a new prescription is needed – extra inconvenience and cost.   	<ul style="list-style-type: none"> Pharmacies text or email when repeats are due. Pharmacies text or email when scripts are ready to be collected – this is especially important when a script has been ordered online through a patient portal. 	

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
		<ul style="list-style-type: none"> I struggle to get to the pharmacy, so I don't want to make unnecessary trips. 		
<ul style="list-style-type: none"> Difficulty carrying medicines when going out. 	<ul style="list-style-type: none"> Blind and low vision. 	<ul style="list-style-type: none"> I have to take the full three months' supply with me whenever I go out because I am Blind and need to recognise the bottle because I can't read the label. It is inconvenient and I worry I may lose it. 	<ul style="list-style-type: none"> Provide Blind people with a small pack to decant medicines into for daily use outside of their home. 	
<ul style="list-style-type: none"> When you are Blind, multiple ways of administering medicines become hard, for example, things like measuring liquid medicines, cutting tablets and administering eye drops. There are aids available but they are hard to get hold of. 	<ul style="list-style-type: none"> Blind and low vision. 	<ul style="list-style-type: none"> Taking the wrong amount of medicine because of difficulties measuring it or administering it.  Not taking medicine because measuring or administering it is too difficult.  	<ul style="list-style-type: none"> Better knowledge and availability of aids for measuring and administering medicine. One place where everything is available online. More pharmacies stocking aids. 	
<ul style="list-style-type: none"> Lack of access to online interpreter service, NZ Relay, for sign language. Very few pharmacies have an iPad available for use or access to free WiFi, so a Deaf person would have to have a smart phone and data available to use. NZ Relay too busy and no interpreters available when you need them. 	<ul style="list-style-type: none"> People who are Deaf. 	<ul style="list-style-type: none"> Deaf people who rely on sign language unable to communicate with pharmacy staff and will be unable to understand the things they need to know about their medicine, creating a potentially dangerous situation.   	<ul style="list-style-type: none"> All pharmacies have an iPad available for Deaf people to use to access NZ Relay. All pharmacies provide access to free WiFi for Deaf people. NZ Relay to provide a dedicated line for pharmacies so there is always an interpreter available. 	
<ul style="list-style-type: none"> While text messages are a useful tool, there are some issues with the way they are being used and improvements that could be made to make them even more useful. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons, particularly those with crutches or wheelchairs. 	<ul style="list-style-type: none"> Some text messages from pharmacies about scripts and/or repeats say 'do not reply' but a Deaf person may want to reply and ask questions. Some text messages from pharmacies about scripts and/or repeats require you to reply 'YES' before they will make up your script. It costs money to reply and that is hard for some people.  	<ul style="list-style-type: none"> Enable replies to be sent to texts received from pharmacies at no cost to the consumer. If a person cannot afford to reply to a script about a repeat, still make up the script for them. 	<ul style="list-style-type: none"> 'I got a text to pre-arrange a time to pick up my meds. It was really good and it was all ready when I went to collect it.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek. 'Text services are good, you know when to collect your medicines which means less stress and less time away from work.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
<ul style="list-style-type: none"> If Blind or Deaf it can be hard to know when your script is ready while waiting in the pharmacy. 	<ul style="list-style-type: none"> Blind and visually impaired. People who are Deaf. 	<ul style="list-style-type: none"> Spending longer than necessary waiting in the pharmacy as you don't hear your name or see 	<ul style="list-style-type: none"> Some kind of technical solution that you can hold or see, that will activate when your script in 	

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
		someone signalling you. This can be embarrassing.	ready. This could be a vibration pager (like some food outlets use), a light, or screen.	
<ul style="list-style-type: none"> When hearing, sight or language is impaired it is hard to know what product to choose when buying medicine etc from a pharmacy. 	<ul style="list-style-type: none"> Blind and visually impaired. People who are Deaf. 	<ul style="list-style-type: none"> Language used on medicines such as cough mixture for example can be technical and hard to understand. May result in medicine being taken incorrectly.  	<ul style="list-style-type: none"> A QR code on medicine that can be scanned to read and shows information about the product and how to take or apply it in simple language. 	
<ul style="list-style-type: none"> There is a need for pharmacies to have equipment such as scales and blood pressure machines that people can use. Specialised equipment such as digital thermometers that can convert to speech, have to be bought from specialised retailers and are very expensive. 	<ul style="list-style-type: none"> Pasifika communities. Blind and visually impaired. 	<ul style="list-style-type: none"> 'My pharmacy used to have scales but doesn't anymore so I can't monitor my weight for myself. I have type 2 diabetes so need access to scales but can't afford any. Blind people can't read scales. Blind people can't read digital thermometers. 	<ul style="list-style-type: none"> All pharmacies have scales available for customers to use, preferably in a private/less public space. If possible, these scales will be able to speak your weight for Blind people. These are available overseas. All pharmacies to have blood pressure machines available, including large cuff sizes so everyone is catered for. If pharmacies could stock and promote equipment like this, it would bring the cost down for people who need them. 	
<ul style="list-style-type: none"> Pharmacies are not able to see your shared health record and are not compatible between different pharmacies. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Could result in an unsafe medicine being sold or supplied.  	<ul style="list-style-type: none"> Give pharmacies access to the patients shared care health record. Make all pharmacy systems compatible and able to be shared. Improve the whole of health system database so it is able to be shared across different health agencies. 	
<ul style="list-style-type: none"> If medicine is being delivered or collected by a caregiver who won't have your bank card, payment is difficult. 	<ul style="list-style-type: none"> Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Difficult to pay for scripts, can result in debts.  	<ul style="list-style-type: none"> Being able to pay online or by internet banking would be great. 	

Quotes from participants

- 'I have been using Script Talk for the last 6 months and it is the most surprising thing. A lot of people don't use technology like smart phones and I don't consider myself to be a very advanced smart phone user, so I find Script Talk a lot more convenient to use. The buttons are easy to use and the information provided tells me everything I need to know. The most beneficial thing about it is that anytime I forget what I am doing with my meds, Script Talk can remind me again.' - Hui with Blind Citizens NZ. Participant lives in Dunedin and his pharmacy has been part of the Script Talk trial.
- 'I really want to reiterate the accessible labelling. To be able to get braille labelled medicine, for me, it would make me more independent and reduce the chance of taking the wrong medicine. To have to remember everything is extremely challenging and when things change you are not always told and it can be very confusing. The magic bullet for me would be braille labelling on medicine.' - Hui with Blind Citizens NZ.
- 'I agree braille labelling so that I can quickly access the name of the medicine would be ideal. Just being able to reach into my bag and tell what the medicine is would be a dream' - Hui with Blind Citizens NZ.
- 'My pharmacist is really good about telling me about new medicine. But, what you don't get is to access that again and if you don't remember everything there is an issue. I would like to receive an email with all the instructions in it so I can access it again from home.' – Hui with Blind Citizens NZ
- 'Every time I receive a package of medicine there is always a piece of paper that tells you about it, but I don't have access to this information unless I get my partner to read it, and I think this is a problem and needs to be looked at in terms of safety.' – Hui with Blind Citizens NZ.
- 'The area of blood testing for diabetes is an ongoing issue for disabled people, especially Blind people, as well as the lack of carers to step into this space to help people take their daily blood tests and monitor their sugar levels. Are there any plans for pharmacies to move into this space, the area of support for monitoring blood sugars levels? There is a real need for this, especially as Blind people rely on digital devices to convert the reading into speech and they are not always reliable. So it would be good if community pharmacies could fill this need/gap and provide this service.' – Pacific Persons with Disabilities talanoa.
- 'I went to the pharmacy and pointed to my computer to get them to read the message about my prescription and they were awesome to me.' – Non-verbal participant from Pacific Persons with Disabilities talanoa.
- 'I haven't heard a lot about digital technology transformation or enablement in this kōrero. I think this is a big enabler in the future. I am interested to hear how pharmacy deal with connecting all those platforms, portals and applications to make sure that patient information is available right across the sector. It's probably a question that can't be answered right now, but it needs to be thought about going forward.' - Pacific Persons with Disabilities talanoa.
- 'If pharmacists were able to have standardised picture of when it needs to be taken and even what it is for. GP might say 'this is for blood pressure' or 'chest infection', so a picture to explain a bit more clearly what things are for would be good.' - Hui with Deaf Aotearoa.
- 'Spec Savers provide an iPad in store so you can access an interpreter. So, if you knew your local pharmacy had an iPad in store so you could access an interpreter, you would be more likely to go there.' - Hui with Deaf Aotearoa.
- 'I am fat and I have had some bad experiences with that lately. I needed to get my blood pressure checked recently and I couldn't find a pharmacy with a plus size blood pressure cuff. For vaccinations, I have also had issues with pharmacies not knowing the advice that plus sized people need a longer needle and I had push back on even asking for one.' – Hui with Blind Citizens NZ.

Table 4: Atmosphere – including cultural awareness and safety, privacy, relationships and staff training



Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Commitment to Te Tiriti and te reo Māori as an official language of Aotearoa. 	<ul style="list-style-type: none"> Māori communities. 	<ul style="list-style-type: none"> When people’s names are pronounced incorrectly it is disrespectful to both the person and our culture. 	<ul style="list-style-type: none"> All pharmacy staff to do a basic te reo Māori course with an emphasis on correct pronunciation. 	<ul style="list-style-type: none"> ‘My pharmacy in [name of town] they were never pronouncing Māori names correctly yet 80% of their customers are Māori. I offered to teach them basic te reo Māori in an 8 week programme for free and their pronunciation improved after 8 weeks.’ – Hui with iwi from Te Tai Tokerau.
<ul style="list-style-type: none"> Lack of privacy. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Detailed conversations at the counter about medicines are whakamā/embarrassing, especially for Māori who are whakamā about their private health information being discussed in front of other people, for Blind people who can’t see if anyone is close enough to hear and in small communities. Can cause people to avoid conversations with the pharmacist or just say ‘yes yes’ to end it quickly. This may mean they leave not really understanding their medicines –  this then becomes a safety issue. Some pharmacies share premises with NZ Post and or Kiwi Bank. I don’t want their customers hearing my private medical issues. 	<ul style="list-style-type: none"> If possible, have a clinical room for sensitive conversations and for instances when there are communication difficulties. This will ensure privacy, sensitivity and provide a space where time can be taken to ensure successful communication. If there is no space for a separate room, have a quiet place in the store away from counters and popular displays. Be aware of the needs of the person you are talking to and their right to privacy. If sharing premises, include some kind of privacy barrier and a clinic room if possible. 	
<ul style="list-style-type: none"> Issues arising during time spent waiting for prescriptions. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. 	<ul style="list-style-type: none"> Often a 15 to 20 minute wait for my prescription which is an issue because there is no specific wait area and the shop is really cluttered with displays. My guide dog has a waggy tail and things have gone flying while we  find somewhere to wait. Being told there is a 15-minute wait and actually waiting an hour – I felt my time wasn’t valued. Calling out the name of a Deaf person when their script is ready, even after they have reminded you they are Deaf. This creates embarrassment and they can be so upset they just want to grab 	<ul style="list-style-type: none"> Have a dedicated wait area which is uncluttered, not in the way and has seating. Wait times are getting longer. Pharmacies need to consider providing more chairs and hospitality when the wait is long. A hot drinks machine and/or water dispenser would be appreciated, along with access to a toilet. Value your customers time, be honest about wait times so they can decide whether to wait then or come back. Be aware of any needs/circumstances of the customer for when their script is ready, especially if they tell you. Then act 	<ul style="list-style-type: none"> ‘My local pharmacy is close to my home with friendly and helpful staff. They know I am Deaf and they come and get me when my script is ready rather than calling out my name.’ – Hui with Deaf Aotearoa. ‘Pharmacy staff good and know Deaf people – always tap their shoulders or wave at them to give them their medicines.’ – Hui with Deaf Aotearoa.

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
		<p>their script and leave, not waiting for any information they may need.</p> <ul style="list-style-type: none"> Staff 'watching' Māori and Pasifika people, especially young adults, as they look around the shop while waiting for their prescriptions to be ready. People made to feel very uncomfortable and unwelcome and that they are being judged! 	<p>appropriately so their dignity and confidence are protected.</p> <ul style="list-style-type: none"> Staff training in unconscious racial bias. 	
<ul style="list-style-type: none"> Staff changes. Relief pharmacists. 	<ul style="list-style-type: none"> Blind and visually impaired. People who are Deaf. 	<ul style="list-style-type: none"> Pharmacy staff not consistent, different staff on different days. There is no continuity and it is difficult when communication is an issue. Person has changed pharmacies because of this issue. Ability to communicate effectively with disabled people or people with English as a second language, varies greatly between staff.  Relief pharmacists don't know regular customers or their communication needs. For example, relief pharmacists putting notes on medicine packages for a Blind person who can't read them.  	<ul style="list-style-type: none"> Train all staff in communication skills, particularly communication with disabled people or people with English as a second language. Work out staff rosters so that there is always someone on with communication expertise. Have technology solutions for communication available, such as an iPad for accessing NZ Relay. Make notes that pop up on the screen in the computer system regarding communication needs of regular customers. 	
<ul style="list-style-type: none"> Staff training/professional development. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Having to repeat information/requests because you weren't talking to the right person – very frustrating and time wasting.  Being spoken down to because you have a disability, are overweight or are not white.  Lack of patience from pharmacists when communicating with Deaf people and anyone who needs help communicating.  Some staff can have an 'attitude' when they meet Deaf people, they have no understanding of Deaf culture. In busy pharmacies, customers can be made to feel like their questions are a bother and a waste of their valuable time. 	<ul style="list-style-type: none"> Train staff to identify themselves and their role when approaching people so you know from the outset who you are talking to. Train staff on patience, care, awareness, and how to speak in a non-offensive manner to people with disabilities, people who are overweight or of a different culture or diverse background. Train staff to be aware of non-verbal messages they are conveying to customers Cultural and disability training for all pharmacy staff. Basic Deaf awareness and sign language training. In the future this could be incorporated into their degree or certificate. Use common sense – if a patient is Deaf don't phone them! Instead send a text or email. 	<ul style="list-style-type: none"> 'Basic Deaf awareness. Years ago I had a pharmacist who had good awareness of the needs of Deaf people and would even book times for interpreters. Lots of Deaf people used his pharmacy because of this.' – Hui with Deaf Aotearoa. 'I always use the same pharmacy. I know the staff and I pick the staff member I'm comfortable with – particularly those good for lip reading.' – Hui with Deaf Aotearoa.

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Lack of cultural awareness – as well as the cultural identity of your whānau, culture also includes disabilities you identify with. For example, people talk about having awareness of Deaf culture. Communication, language barriers, when English is a second language. The absence of a trusting relationship between patients and their pharmacist. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Being spoken down to because of my disability.  Assuming difficulties communicating equate to an inferior intelligence.  Lack of patience and rudeness for the extra help and time I need to communicate and understand.  Being followed and watched and made to feel uncomfortable as I browse while waiting for a script – a common experience reported by young Pasifika and Māori that participated. Pharmacies look 'white' so I have no sense of belonging or understanding there. It makes it hard to ask questions. Communication issues when English is a second language.  Not enough manaaki or genuine connections being made by pharmacists. This may be due to cultural and/or language barriers. Without a genuine connection, feeling like you are cared about as a person, it is hard for the patient to have a relationship and trust the pharmacist and the information they are being told. 	<ul style="list-style-type: none"> Train staff on patience, care, awareness, and how to speak in a non-offensive manner to people with disabilities, people who are overweight or of a different culture. Train staff to be aware of non-verbal messages they are conveying to customers. Mandatory cultural and disability training for all pharmacy staff. Actively aim to increase Māori and Pacific workforce in pharmacies, in all roles. Texts and communications with consumers need to be culturally responsive with language barriers removed, for example, Pacific, Māori and sign languages and use of simple to understand, not technical, language. Identify a person's full ethnicity in the pharmacy management system: ie, Samoan or Tongan etc not just 'Pacific'. It could help if an interpreter is needed but it also acknowledging their cultural identity. Use volunteer workers onsite at pharmacies who speak pacific languages or sign language. Make pharmacies more visibly appealing and inclusive to other cultures through displays, decorations and signage. Le Va⁵ provide great engaging with Pasifika training for service providers. Maybe that programme could be included in training for pharmacists and also opportunities for ongoing professional development. 	<ul style="list-style-type: none"> 'The local pharmacies have served our families well. They understand our culture.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek. 'My Aunty was just complaining about pharmacy services today, but for me, our pharmacy knows how we are. It's a small community so we've become familiar with each other. It's about designing the suitable service to your surroundings and clientele, and I think ours do that.' – Hui with iwi from Waiariki.
<ul style="list-style-type: none"> People don't know what services their pharmacy offers. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. 	<ul style="list-style-type: none"> Making an expensive GP appointment for something I could have asked my pharmacist.  	<ul style="list-style-type: none"> Pharmacy displays a list of all the services they offer in multiple ways so everyone can access it regards of their disability or language 	<ul style="list-style-type: none"> 'The big commercial pharmacies, like Chemist Warehouse, don't serve our communities well. Our local pharmacies give great pastoral care

⁵ Le Va is a non-government organisation (NGO). Their purpose is to 'support Pasifika families and communities to unleash their full potential and have the best possible health and wellbeing outcomes.' Their work includes community mental health services for children and young people, suicide prevention programmes, growing the Pasifika health workforce, supporting young leaders, advocating for Pasifika people with disabilities, violence prevention, and Pasifika cultural competence training for the health workforce.

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
	<ul style="list-style-type: none"> Physically disabled persons. 	<ul style="list-style-type: none"> There is always a long wait to get a GP appointment. Easier and quicker to see a pharmacist if you know what services they offer. People can't use services if they don't know they are offered. How would I know what extra services my pharmacy offers? 	<ul style="list-style-type: none"> Notices/posters in pharmacies to prompt people regarding what they can ask about – advice and/or products. A Deaf Mobility Service was suggested to visit Deaf people and provide medicine checks, other services as needed and information in sign language without the need for an interpreter. This service could look after patients from multiple pharmacies in the same geographical location. 	<p>and service. We need to support and keep our local pharmacies.' - Pacific Persons with Disabilities talanoa.</p>
<ul style="list-style-type: none"> Prescription delivery. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Deliveries are important for people with disabilities, or without transport who struggle to physically get to the pharmacy and may miss out on taking important medicine without a delivery service. These people may also be struggling financially so deliveries should be funded from them.  	<ul style="list-style-type: none"> If a pharmacy offers medicine delivery, they need to communicate this to their customers Delivery/postage should be free/funded for all Māori, people with disabilities and other appropriate criteria.  Non-qualifying customers could still access the delivery service but at their cost Another option is to courier medicines as per above options 	<ul style="list-style-type: none"> 'My pharmacist delivers free of charge and I can ask him anything. I am very lucky!' – Hui with Blind Citizens NZ. Medicines were dropped at home by a pharmacy for a terminal patient whose carer could not get to the pharmacy. – Talanoa at Pacific Health in Naenae.
<ul style="list-style-type: none"> Relationships. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> People are struggling to navigate the health system. A good relationship with their pharmacy could help them with this. When pharmacies don't have a good relationship with local providers, it can be hard to get issues resolved and the customer gets stuck in the middle. I have been using the same pharmacy for 15 years and they still don't know my name! This does not make me feel welcome and makes it hard to trust. 	<ul style="list-style-type: none"> Actively cultivate relationships with all regular customers, paying attention to any with extra needs. This will help them to feel safer and more confident using the pharmacy. Pharmacies need to have good relationships with medical centres, community providers and iwi in their local area. The use of advocates trained to work with whānau and pharmacists to help bridge the gap. Pharmacies to change from a transactional to a relational service. Everything should be built around the consumer. 	<ul style="list-style-type: none"> 'Our community pharmacy has been around a long time and we have a really good relationship with them. We need to support them!!!' – Talanoa with consumers from Pacific Health Plus in Cannons Creek. 'I have a good long-term relationship with my pharmacist.' – Talanoa at Pacific Health in Naenae. 'Having trusted faces in a trusted place gives me confidence to take my medicine.' – Talanoa at Pacific Health in Naenae.
<ul style="list-style-type: none"> Holistic Care. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> There is a huge need in the community for holistic services available in a community setting. Medicine is not the only solution to illness. Pharmacies would be a good space to have a set up that can offer these services. 	<ul style="list-style-type: none"> Pharmacies could have one or more consulting rooms and utilise it/them by allowing holistic practitioners to come in and use them for things such as: Rongoā; Pacific massage; dietician services; medicines review with Pacific Island translation; ear clinics; gout tests etc. 	

Quotes from participants

- 'It is disheartening to hear our names still not being pronounced correctly.' – Hui with iwi from Waikato.
- 'The missing link is no relationship with the pharmacist to explain to us how and when to take medicine.' – Hui with iwi from Te Tairāwhiti. This person is from Ruatoria where they don't have a pharmacy and the closest one is in Gisborne.
- 'There is no awareness in our community of what a pharmacist does, it is purely transactional. We give the script, they give the medicine, then you have to read the directions yourself.' – Hui with iwi from Te Waipounamu.
- 'I think a lot of pharmacies lack privacy. My pharmacist is good but they do tell me at the counter about my medicines and I don't know who is around to hear it. I don't think everyone should be able to hear about what I am taking and why. I think this is an issue, especially if you live in a small community. There are definitely privacy issues in pharmacies that need to be looked at, especially for Blind people who can't see if anyone is around or listening.' – Hui with Blind Citizens NZ.
- 'Knowing I was talking to the right person from the get go, rather than telling my story and then being told 'I had better go and get the pharmacist' and having to retell everything. It sounds simple but I can't see who is what type of staff member.' – Hui with Blind Citizens NZ.
- 'Sometimes I have to ask pharmacists to slow down when they are explaining things to me because they can go very fast because they are busy. Some pharmacists aren't very patient. So, for Deaf people they need to be aware that they need to slow down and take the time to make sure Deaf people are understanding what they are saying.' – Hui with Deaf Aotearoa.
- 'When I give them the script I remind them that I am Deaf and not to call out my name. But some of them still do, so I have to watch to see if they calling a name and no one else is responding. Then they speak and explain to me what they are giving me but I have no idea what they are saying so I just nod, check I have what I need and head off.' – Hui with Deaf Aotearoa.
- 'One example of a bad experience was when they asked me what my name was, and I wanted to point at the prescription and say 'that is my name there' and they asked my address. They wanted to make sure they had the right person but they refused to let me point to the prescription and indicate that that was the correct information. It was a very uncomfortable experience for me.' – Hui with Deaf Aotearoa.
- 'Some pharmacies can be rude, especially to younger Pacific people. I picked up a script but when I looked around the pharmacy whilst waiting, they were watching me and kept asking if I was getting something. It was very offensive.' – Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'I didn't know I could go to a pharmacy to ask for advice for things such as sore throats. I have always just gone to the doctor. Provide a clear notice saying that I can ask questions anytime. It's obvious that they sell stuff but it's not obvious that I can ask for help. This information needs to be available with clear notices about services offered.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'It would be helpful knowing the different roles in the pharmacy and who is which ie, retail assistants, pharmacists, pharmacy technicians etc. Then we would know who is the right person to talk to.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'I would expect that if pharmacists were working in a diverse community and they are serving people with disabilities, that they should have some support to give better service. We keep asking 'what is good service', one of the most important things is basically respect, basic welcoming skills – which everyone should have, and making sure that they explain carefully what the medicine is and if there are any side effects, and not to dismiss people and think that they understand even though they may be smiling and saying yes. I think this is a big issue, people are assuming that we understand what is happening and that we understand the medicines, but we don't always!' - Pacific Persons with Disabilities talanoa.
- 'If you live in a small place and there is only one pharmacy, it is hard when they don't provide a service you need.' – Hui with iwi from Te Tai Tokerau.
- 'My pharmacy charges \$12 for its delivery service and this is too expensive for me. This is not fair on isolated people who do not have family or a partner to take them to the pharmacy. Should provide free delivery to people who are in need.' – Hui with Deaf Wellbeing Society.

Table 5: Funding 

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> \$5 per item prescription co-pay charge is unaffordable for many. Co-pay for medicine prescribed by a specialist is \$15 not \$5. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> People not able to afford the co-pay on prescription items, especially if they have multiple items to collect. This can cause them to cherry pick/prioritise which medicines they will take or take a lesser amount than they were prescribed to make them last longer. This could lead to safety issues and endanger a person's health.  Some people are too whakamā/embarrassed to ask how much it will cost so they don't hand in their prescriptions, or they just pay for everything even though they don't have the money. They will then buy less food for example to make ends meet.  A reluctance to see hospital specialists because of the increased prescription costs – people could be missing out on the care they need.  The new 'big brand' pharmacies do not charge the \$5 per item co-pay. People are going to them for this reason but have reported not getting any 'pastoral care' – explanations about their prescriptions: 'they just handed me a bag.' This could become a safety issue if people don't understand what they are taking and how to take it.  	<ul style="list-style-type: none"> A funding scheme for people who cannot afford the co-pay including people with disabilities – free prescriptions would be a game changer for many! Free prescriptions, no cost for Māori consumers. Improving communication, informing whānau of costs beforehand as opposed to after handing over medicine to avoid embarrassment, a cultural breakdown and whānau going over budget. Offering options to ease the burden of the co-pay such as regular automatic payments to offset large one-off amounts or payment plans. Allow payment by internet banking for people who rely on others to pick up their prescriptions. Change the specialist co-pay to \$5. 	<ul style="list-style-type: none"> 'My pharmacy has started waving the \$5 per item fee for some people including me and it has been life changing for me.' – Hui with Blind Citizens NZ. 'My pharmacy has let me start a weekly \$7 automatic payment to help me cope with the initial \$100 I have to pay before I get a subsidy card.' – Hui with Blind Citizens NZ. 'I would rather pay the \$5 and get the pastoral care from my community pharmacy. But, I see other members of our community going to the 'big brand' pharmacies because it is free and not understanding their medicines. This worries me.' Pacific Persons with Disabilities talanoa.
<ul style="list-style-type: none"> Lack of knowledge and understanding about the Prescription Subsidy Card (PSC). The present rules for the PSC do not reflect or accommodate the current situation of extended whānau members sharing accommodation. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Most people we spoke to were unaware of the PSC, especially that it included spouses and dependants under 18. There may be people missing out on gaining one because of this. People reported being given a card but having no idea what it was for. So if they needed to use a different pharmacy they would not know to show the card. Many households, especially Māori and Pacific households, contain extended whānau members, such as grandparents, that may be financially dependent on the household, but their prescription items do not count toward the 20-item limit. This adds extra financial pressure to these households. 	<ul style="list-style-type: none"> Provide more information and communication about the PSC and how it works, particularly with regards to including dependants under 18. Change the qualification rules for getting a PSC to reflect the reality of whānau members who are financially dependent on the household but over the age of 18. 	

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Additional services offered. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> The additional services offered at pharmacies can be more expensive than those same services at the GP, for example, gout test \$40 from pharmacy vs \$18 through GP. The perception is that it is all about dollar turnover not people. There is a such a wait to see a GP that people then don't bother and don't want to pay the extra at the pharmacy. This is a missed opportunity for pharmacies and can result in people missing out on care that is needed. 	<ul style="list-style-type: none"> At least make sure additional services are priced the same as at the GP, but, preferably, they would be less expensive to encourage people to get advice and care. Provide funding for pharmacies to be able to offer these additional services. Remove costs and barriers, especially when immunisations are being offered. 	
<ul style="list-style-type: none"> Inflexible rules around funded medicines. 	<ul style="list-style-type: none"> Blind and visually impaired. 	<ul style="list-style-type: none"> 'I was on a special food that comes in ready-made bottles and was originally funded by Pharmac but is no longer funded. Now I have to make up this food from a tin just before drinking it. It can't be stored in the fridge or be made up by someone in advance. It is very difficult to make when you are Blind. Pharmac won't let me have the Fortisip⁶ that is already made up in little bottles. I couldn't get it through to them that a Blind person trying to make up food is not easy.' There is a risk in this situation that the person will either not get enough nutrition or get too much because they cannot see how much powder they are adding.  	<ul style="list-style-type: none"> Advocate for funding flexibility in special circumstances like these. 	
<ul style="list-style-type: none"> Funding for delivery/courier services and costs of replying to text messages have been raised in other sections of this report. 			<ul style="list-style-type: none"> In some places, especially rural localities there are pharmacies going above and beyond to look after our whānau, particularly with deliveries. They do it out of care for the community but that is not sustainable or fair. There needs to be funding for these people. 	

⁶ Fortisip is a ready-made liquid oral food supplement providing 1.5 kcal/mL. Fortisip is only partially subsidised through the Pharmaceutical Schedule. An equivalent oral feed powdered product is fully subsidised. However, this needs to be measure and mixed by the person (an appropriate number of scoops to a volume of cold water).

Quotes from participants

- 'In Te Tai Tokerau one in five Māori can't afford to access a GP. For those four out of five that can afford to pay for a GP, there will be a significant percentage that cannot afford the \$5 per item prescription fee.' – Hui with iwi from Te Tai Tokerau.
- 'If they don't have money for prescriptions this is a problem because then they keep returning to the GP or ED with the same problem and then they end up on hospital.' – Hui with iwi from Waikato.
- 'There is no flexibility in special authority meds regarding the costs involved in getting them posted out to you or getting to a pharmacy to pick them up.' – Hui with Blind Citizens NZ.
- 'I understand that there are some services that would make people's lives much easier if only they didn't cost the earth. I am thinking of things like blister packs for people who need to take a lot of medicines and the extra cost to have a prescription faxed to a pharmacy. So, all the services that would help make life easier for many Blind people end up becoming a financial burden. It's not the single one-off costs of these things we are talking about, it is the constant stream of those costs. The very people who could benefit the most from services are the least likely to be able to afford them. Some of these services aren't a matter of nice to have, at some point someone could be accidentally taking something that could lead to overdosing. So, we have these services that could easily save people from making mistakes but because the services are inaccessible, less user friendly or have an additional cost, people aren't able to utilise them.' – Hui with Blind Citizens NZ.
- '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.' – Hui with Deaf Aotearoa.
- 'Prescription Subsidy Card – not everyone knows it exists or how it works. They don't know that the pharmacist needs to know who is in the family so they can be counted together and not all pharmacies check. So people could be paying more co-payments than they need too. This needs to be communicated better!!!' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'I have been charged for courier costs between pharmacies when they have had to get a medicine in for me.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.

Table 6: Challenges brought about by COVID-19



Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Masks. 	<ul style="list-style-type: none"> People who are Deaf. 	<ul style="list-style-type: none"> Masks make it extra hard for Deaf people to communicate. It is impossible to lip read when someone has a mask on. Deaf people have been told that they are allowed to ask pharmacy staff to remove their masks so they can communicate, but a lot of pharmacy staff have refused to do so. This issue is having an impact on the Deaf community! 	<ul style="list-style-type: none"> Have clear face shields as an alternative for pharmacy staff that do not want to remove their masks for Deaf people. 	
<ul style="list-style-type: none"> Rapid Antigen Testing (RAT) tests. 	<ul style="list-style-type: none"> Blind and visually impaired. 	<ul style="list-style-type: none"> Blocking slots online to collect tests does not work for Blind people – the booking slots do not show on electronic readers. A Blind person cannot complete a RAT test without assistance and many Blind people live alone. People have reported gets mixed results when they have asked pharmacies for help. One person was charged \$10 for assistance, another was made to feel she was a nuisance and the pharmacy was doing her a 'favour'. She was taken outside behind the pharmacy.   	<ul style="list-style-type: none"> Improve the booking system to work on electronic readers used by Blind people. Have a strategy with options for people who are unable to do their own RAT tests and communicate this widely, to the general public and through disability awareness groups. There should be no charge for these options. 	
<ul style="list-style-type: none"> Medicine issues. 	<ul style="list-style-type: none"> Blind and visually impaired. 	<ul style="list-style-type: none"> 'I am Blind and I get my medicine in blister packs. If I got COVID I would need to stop certain medicines and I wouldn't know which ones to take out because I can't see them. People not able to get out during lockdown or when isolating; very little communication about medicine deliveries so people went without their regular medicines creating potentially unsafe situations. 	<ul style="list-style-type: none"> Communicate to Blind people that they need to speak to their pharmacist if they are in this situation. Make pharmacists aware of this possible scenario so they can be proactive about helping. More effective communication about medicine deliveries when isolating. 	
<ul style="list-style-type: none"> Access issues. 	<ul style="list-style-type: none"> Pasifika communities. Blind and visually impaired. Physically disabled persons. 	<ul style="list-style-type: none"> Some pharmacies went down to one entrance and put tables in that entrance ways for sign in sheets and hand sanitiser. This made it extremely hard for people with mobility and sight issues to get into the pharmacy. 	<ul style="list-style-type: none"> When limiting access points and placing hygiene stations in an entrance way, give some thought to access for people with disabilities. 	

Quotes from participants

- 'I went to a pharmacy, not my usual pharmacy as I was staying away from home and asked for help to do a RAT test. I already had my RAT test and asked if someone could help me to make sure I was doing it right. They told me it would cost me \$10, so I went home and asked a friend to help me. Blind people must not be the only ones who struggle to be able to do a RAT test and need help.' - Hui with Blind Citizens NZ.
- 'When in lockdown, people couldn't get out to get their meds. It was a difficult time. People didn't know if their pharmacy delivered and they weren't sure if they could ask, so they assumed they don't. So people went without their medicine.' - Pacific Persons with Disabilities talanoa.
- 'The biggest issue where I am is currently accessibility. During COVID there is a table outside and we can't get in the doors as the entrance size is reduced. I rely on a mobility scooter or a wheelchair and I can't get in the door and I can't get my prescription and I can't pay. Unless you have a good connection with your pharmacy, which I am lucky because I do, this is a real problem for people with disabilities.' - Pacific Persons with Disabilities talanoa.
- 'I am the quality lead for IHC Group in one of our regions, and I want to share my experiences during COVID. To explain, the IHC Group has many houses throughout New Zealand, and we support residents with some form of disability and of various cultures. A lot of our residents were hit with COVID and a lot of our non-operational staff jumped in to pick up medicines for our properties. We were doing this at least every second or third day. We had no idea that the Ministry of Health were paying for medicine to be delivered. There needs to be better communication, especially with disability organisations.' - Pacific Persons with Disabilities talanoa.

Table 7: Medicine safety – including adherence



Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> Mistakes/issues with dispensing medicines. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Incorrect amount of medicine dispensed – tablets counted when at home and short. Full prescription not dispensed and medicine owed due to stock shortage. Getting home and discovering an item is completely missing from prescription. All of the above require an unexpected trip back to the pharmacy which can be frustrating and difficult for a person who has access issues such as a disability or lack of transport for example. These issues could result in person not going back to the pharmacy, running out of medicine and not taking the full course.  Mislabelling of medicine – for example, two medicines in prescription with the labels swapped. This happened to a Blind person who would not have known if a sighted family member had not noticed it. It was heart medicine and could have resulted in very serious consequences. In some very rural areas they never see a pharmacist just a doctor twice a week all medicine then comes out by courier and people don't know what it is or how to take it. 	<ul style="list-style-type: none"> More care taken when dispensing, especially if person has access and/or sight issues. Go through the prescription items with the customer to ensure everything is present. Offer to deliver missing, short or owed medicines. Good communication with the customer if there is a stock issue – making sure they understand why and offer solutions such as delivery or courier when stock comes in. When medicine is being couriered to a rural town, send the pharmacist with the courier so they can explain the medicines to people. 	<ul style="list-style-type: none"> 'They have been really good at notifying me, either in person or prior to picking up prescription, that there has been a change, whether a brand of medicine has changed or a change in a charge amount etc.' – Hui with Blind Citizens NZ.
<ul style="list-style-type: none"> Changes to medicines. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. People who are Deaf. Physically disabled persons. 	<ul style="list-style-type: none"> Changes to packaging, medicine names, and brands not communicated or explained, and this can be very confusing and dangerous, especially for Blind people who rely on touch and the shape of the packaging and/or tablets to differentiate their medicines.  	<ul style="list-style-type: none"> Good communication with the customer when there are any changes to their medicines. Do not assume they will understand.  	<ul style="list-style-type: none"> 'They have been very good at explaining any new medicines and how they work to me. Once, there was a change in the shape of one of my medicines and they explained about that to me which was really helpful.' – Hui with Blind Citizens NZ. 'My GP prescribed a new medicine which the pharmacist had a concern about. After a discussion with my GP the pharmacist told me not to take the medicine.' – Talanoa with Pacific Health in Naenae.
<ul style="list-style-type: none"> Medicine labelling and information sheets not able to be read or understood. 	<ul style="list-style-type: none"> Māori communities. Pasifika communities. Blind and visually impaired. 	<ul style="list-style-type: none"> This has been dealt with in other sections, but it is worth re-mentioning in this section because it is such an important issue with huge ramifications for safety. 	<ul style="list-style-type: none"> Braille labelling on medicine for people who are Blind or low vision. 	

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
	<ul style="list-style-type: none"> • People who are Deaf. 	<ul style="list-style-type: none"> • Many of the people we spoke to brought up their inability to read or understand the labels on their medicine and any information sheets they are given. Blind, Deaf and people with English as a second language were particularly concerned by this and all told stories of times this issue has resulted in a dangerous situation for them. 	<ul style="list-style-type: none"> • Visual (pictorial) labels for people who are Deaf. • Information sheets that are also visual and contain a QR code which can be scanned and used to access information once they have left the pharmacy. This information would need to be compatible with the reader software used by Blind people and in plain language. – Note: PDFs are not compatible with this software. • Another option is for the pharmacy to send an email to anyone who needs it, when a script is dispensed so it can be referred to at home. Once again it needs to be compatible with the reader software used by Blind people and in plain language. • All pharmacies to use Script Talk. • For the people who need these services, they are an essential and not just a nice to have. Without changes, at some point someone could accidentally take something that could lead to overdosing or harm. 	
<ul style="list-style-type: none"> • Making assumptions about what people know and understand. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons. 	<ul style="list-style-type: none"> • ‘I didn’t know what a ‘repeat’ was. I thought it meant I needed to make another doctor’s appointment. I have now learnt that now after making a doctor’s appointment when I didn’t need to, but other people may not understand that concept. Don’t assume Deaf people automatically understand concepts in the same way as hearing people.’ • This principle is the same for everyone regardless of disability, race or age. 	<ul style="list-style-type: none"> • Never make assumptions, always check. • Always explain possible side effects. • A good technique is ‘teach back.’ As the person to tell you what they have heard and understood. For a Deaf person this may require the use of an interpreter. 	
<ul style="list-style-type: none"> • Medicines dispensed at different time intervals. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons. 	<ul style="list-style-type: none"> • People shared with us that having multiple items in a script that are dispensed at different intervals – some three months and some one month, is difficult and confusing. Difficult when physically getting to the pharmacy is hard, and confusing when you can’t read or understand the labels – often, when people have a mixture of repeat timeframes, they don’t realise there are repeats to pick up after one month and reported stopping the medicine and then ending up back at the doctors unwell. 	<ul style="list-style-type: none"> • Align all repeat timeframes to be the same interval, either one month or three. People with access issues, reported they would prefer three months, but that even if they were all one month it would be less confusing for them. • Offer free delivery for medicines on a one month repeat cycle when other items are three months, bringing continuity so people keep taking necessary medicine. 	

Main Issues/Barriers	Communities who Reported an Impact	Reported Negative Impacts	Suggestions from Consumers for Removal of Barriers	Reported Positive Experiences
<ul style="list-style-type: none"> • Prescriptions being handed over without checking. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons. 	<ul style="list-style-type: none"> • Numerous people mentioned being given prescriptions in closed bags with no checks or explanations. In one case a person was given another person's medicine! See quote from her in the quote section below. • This is happening more with repeats being made up in advance when people text back 'YES'. Scripts are bagged, sealed and the label placed on the outside of the bag ready for collection. 	<ul style="list-style-type: none"> • No scripts given out without being checked with the patient that it is the right medicine for the right person. • No scripts given out without an explanation, given in a way that is appropriate for the patient. Check back with the patient to see what they have understood. 	<ul style="list-style-type: none"> • 'They checked my medicines were correct and that I understood how to take them.' – Talanoa with consumers from Pacific Health Plus in Cannons Creek. 'They always check I am the right person so they don't give my script to the wrong person.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
<ul style="list-style-type: none"> • Pharmacies not stocking medicine needed or not having enough. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons. 	<ul style="list-style-type: none"> • If this happens, a person may not be able to get back to collect the medicine in an appropriate timeframe for the medicine to be useful, or at all in some cases when access is an issue. This could result in the medicine not being taken. 	<ul style="list-style-type: none"> • We acknowledge there are stock issues happening more often due to COVID-19. Make sure there is good communication with the customer when this happens, especially if it is delayed further. • Offer solutions such as checking with other pharmacies for stock. • Offer to deliver or courier medicine when it comes in, especially if aware of a disability or access issue. 	
<ul style="list-style-type: none"> • Confusion about who can collect a script for someone who cannot get to a pharmacy. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons. 	<ul style="list-style-type: none"> • Inconsistency in results when sending someone else to collect a script/repeat such as a family member or carer. Sometimes they are allowed to collect medicine and other times they are not. 	<ul style="list-style-type: none"> • Consistency of access and/or communication of criteria for family members and/or carers collecting medicine of behalf of someone unable to. 	
<ul style="list-style-type: none"> • Pharmacists not taking the time to explain medicines or communicating in a way that the patient can understand. 	<ul style="list-style-type: none"> • Māori communities. • Pasifika communities. • Blind and visually impaired. • People who are Deaf. • Physically disabled persons. 	<ul style="list-style-type: none"> • This has been dealt with in the communication section, but it is worth re-mentioning in this section because it is such an important issue with huge ramifications for safety.  		

Quotes from participants

- 'I live in [name of town] and our local pharmacy keeps having stock issues with my son's medicine. So, due to its short shelf-life I often have to do a 2 hour round trip to [name of city] to get his medicine.' – Hui with iwi from Te Tai Tokerau.
- 'Last week my moko had an abscess in her mouth. She was prescribed amoxicillin pills instead of a syrup when she is only 8 years old. The pharmacist said ages 8+ can take pills, but she is too young. It wasn't until my moko nearly choked and I confronted the pharmacist that he finally gave me the syrup.' – hui with iwi from Tāmaki Makaurau.
- 'Rural based whānau have resorted to their own networks for solutions. It is common practice for whānau to stockpile their medicine for unexpected situations, for example whānau may not complete their full course of antibiotics.' – Hui with iwi from Te Tairāwhiti.
- 'Our medicine gets couriered from Gisborne. It arrives and you don't know what it is for, there's nobody there to tell you what that medicine is for. Either you have to wait for the doctor's next visit to figure out what it is for or take it without knowing.' - Hui with iwi from Te Tairāwhiti.
- 'One time, at the same pharmacy near where I live, I went to get a prescription and they didn't explain anything and just gave me the bag. When I got home and opened it, it was the wrong name. They had given me someone else's medicine. Someone kept calling my phone so I got my hearing daughter to answer it and they were ringing me to tell me I had the wrong prescription, so then I had to go back and swap them over.' - Hui with Deaf Aotearoa.
- 'For Deaf people I feel that they don't have the awareness of what their medicines mean, what they are for, why they are taking them, really they just don't know, they just have a list of medicines, so if people are unwell they just don't know what it is that they need. They might go to take the medicine but they don't perhaps understand what it is. They might be told to have one in the morning and one at night with food. It would be helpful for Deaf people to see that translated into sign language, even pictures would be helpful eg have a picture for morning and another for lunchtime, and whether they are taking one or two. So maybe doing something more visual for Deaf people, rather than them having to work out the English on the label – that would be very helpful for us.' – Hui with Deaf Aotearoa.
- 'In the past I have needed pain killers and antibiotics. The doctor prescribed me 2 antibiotics and told me to try one and if it didn't work to use the second one. The doctor explained this to me but when I went to the chemist they didn't explain anything to me, they just gave the bag to me. When I went home I didn't know which of the antibiotics I was meant to try first, I couldn't remember. So a clear visual picture with the medicines would be extremely helpful, because when you get it explained at the doctors you aren't feeling well and it is very difficult to remember all the details and the pharmacist didn't give me any explanation, just handed me the medicines.' - Hui with Deaf Aotearoa.
- 'Some important messages, such as 'don't stop taking antibiotics until they are finished' and 'what should you still be doing if the problem is still there when the medicine is finished', important follow up information, may not be getting through to the Deaf community. If you have really clear information from the pharmacist, and a good relationship, my own health and my children's health would be improved because we would be being treated the right way so we can get our health problems sorted.' - Hui with Deaf Aotearoa.
- 'My son had a cough and I needed to go into the pharmacy for some medicine. There are loads of different cough medicines and I couldn't rely on my young son to help me out. We ended up with the wrong medicine because there were a number of questions that were being asked and that is overwhelming, plus it's expensive when you are buying these things, so to get the wrong one is frustrating.' - Hui with Deaf Aotearoa.
- '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 medicine and taking the right dosage and the risks if this doesn't happen are huge – you may be taking the wrong medicine or the wrong dose or you may have a reaction to it and you may end up in ED. It also has an impact on your mental health and wellbeing.' – Hui with Deaf Aotearoa.
- 'One of my medicines was changed to a different generic brand with a completely different name and I wasn't told. My caregiver spotted it and asked me what it was for and I didn't know.' – Hui with Blind Citizens NZ.
- 'I was told the medicine I was prescribed had run out and I had to wait 2 – 3 days. This has happened twice and both times I was not given any options. They don't offer any solutions and I have to keep going back and checking. I have type 2 diabetes.' - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'Pharmacists have an important role to **keep** explaining to people about their medicines **every time** they are picked up. Don't assume knowledge! - Talanoa with consumers from Pacific Health Plus in Cannons Creek.
- 'We keep asking 'what is good service', one of the most important things is basically respect, basic welcoming skills – which everyone should have, and making sure that they explain carefully what the medicine is and if there are any side effects, and not to dismiss people and think that they understand even though they may be smiling and saying yes. I think this is a big issue, people are assuming that we understand what is happening and that we understand the medicines, but, we don't always! - Pacific Persons with Disabilities talanoa.

What would good look and feel like?

- 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 would like to 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 whānau 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.

Whakataukī

This whakataukī 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.

Where to from here?

The work that has been achieved and the valuable learnings from the consumer engagement, will inform programmes within Te Whatu Ora – Health New Zealand in conjunction with Te Aka Whai Ora – The Māori Health Authority.

The learnings from this report have shown and identified areas where changes can happen without legislative or policy changes. We have heard from consumers that sometimes the smallest changes can have the biggest effect. This report has sought to present these in a way that makes it easier to understand and implement these learnings at a local and community level.

It is fitting to end with two quotes that speak to the unique value that pharmacy can add to the hauora (wellbeing) of individuals, whānau and communities:

‘My Aunty was just complaining about pharmacy services today, but for me, our pharmacy knows how we are. It’s a small community so we’ve become familiar with each other. It’s about designing the suitable service to your surroundings and clientele, and I think ours do that.’ – Hui with iwi from Waiariki.

‘Having trusted faces in a trusted place gives me confidence to take my medicine.’ – Talanoa at Pacific Health in Naenae.