

SUMMARY OF THE HAUORA AROTAHI COMMUNITY CONSULTATION

REPORT PREPARED FOR PHARMAC

JUNE 2018

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EXECUTIVE SUMMARY – HAUORA AROTAHI CONSULTATION 2018

In 2017 and 2018 PHARMAC asked whānau and communities if what they think is important about PHARMAC's Hauora Arotahi (Māori health areas of focus) has changed. This report summarises the views contributed at hui and community events, and through email and surveys.¹

Health conditions of concern

Mental health issues, diabetes, and heart health (including high blood pressure, and stroke), healthy weight, and respiratory conditions were the 5 most commonly mentioned conditions of concern. These conditions are included in PHARMAC's current Hauora Arotahi. Around a third of survey respondents found managing medicines a concern.

Support for having and keeping good health – Oranga mo te whānau

People are concerned that having and keeping good health is emphasised, eg, knowing your identity (iwi, hapu, whenua), having active lifestyles and good nutrition.

Access to health services

Access to health services is a major concern of whānau and communities. The cost of seeing a health professional and paying for prescription medicines are major barriers. Not feeling at ease in the health system also inhibits access and engagement: this relates to the familiarity of the health provider with tikanga Māori, feeling listened to and understanding what is said.

Build health literacy

Health literacy in relation to pharmaceutical medicines and complementary Māori approaches was a strong theme in the consultation. People want to know more about the medicines they are prescribed (where does it come from, how does it work and why, how it will affect particular disease conditions and what other impacts will it have). Many contributors want to know more about traditional Māori rongoā.

What PHARMAC could do

Suggestions about what PHARMAC could do to address inequities include:

- have an organisational structure that reflects the Treaty partnership, and operate from a position of cultural competency, including taking a whānau centred approach
- work to improve the alignment of the sector with a common focus on health inequities
- develop the Māori health sector with scholarships for study and research opportunities
- further fund particular medicines and devices
- have a stronger focus on preventive healthcare and increase accessibility to primary care
- provide more – and clearer – information about medicines, including rongoā
- take an evidence-based approach to keeping whānau well with medicines, and to equity issues, and make this information available.

Some contributors' perceptions of PHARMAC and its activities suggest that the agency's role could be better understood.

¹ Surveys were completed by 357 people, approximately 63% of respondents identified as Māori, and 77% as wāhine.

INTRODUCTION

PHARMAC are committed to Te Tiriti o Waitangi and aspire to being a great Tiriti partner. To guide them in this journey they have a Māori Responsiveness Strategy – Te Whaioranga. Within that strategy, Hauora Arotahi (Māori health areas of focus) guide PHARMAC'S choice of health promotion programmes and funding for Whānau Ora Collective-led whānau programmes.

Since 2016, Hauora Arotahi have also guided PHARMAC'S medicines funding decisions, alongside clinical evidence of Māori health need. Both of these ways of addressing Māori health needs form part of PHARMAC's decision-making Factors for Consideration.

PHARMAC want to listen to what whānau believe are the most important health areas for them today, so that they can respond to their concerns. From July 2017 to June 2018, PHARMAC asked whānau and communities about their health concerns. They did this at hui and community events, and through email and surveys.

Principles of the consultation

PHARMAC's Consumer Advisory Committee and Te Roopu Awhina Māori supported looking again at Hauora Arotahi and collecting data that help to make good decisions. These groups suggested the following principles for the consultation.

- Adhere to the principles of Te Tiriti o Waitangi; a key foundation for engagement work is ensuring PHARMAC staff have appropriate cultural competency.
- Focus on fairness, distribution of resources, and reducing barriers for whānau to have access to medicines.
- Be clear about the objectives of the communication.
- Create a story of the approach.
- Be prepared to take time and build relationships, understand that different communities have different priorities.
- Engage with Whānau Ora collectives, and involve mainstream organisations that cater for Māori.
- Take a locality-based approach/local iwi.
- Use multiple channels.

Whānau & communities who shared their views

Hui

Maraeroa health Ltd, Ora Toa and Te Waka Whaiora
PHARMAC Consumer Advisory Committee
PHARMAC Te Roopu Awhina Māori (TRAM) advisory group
GP clinic visit in Tairāwhiti
Workshop with whānau and health providers in Tairāwhiti
He Rongoā Pai, He Oranga Whānau, Maraeroa
Kaumātua from Rauawaawa Kaumātua Services
Te Whānau Waipareira
Tumu Whakarae
Wairarapa hui

Surveys at events & online (number of responses)

Hauora Unleashed (28)
Indigenous nurses conference (16)
Kaumātua Ropu Te Kupenga Hauora (28)
Ngā Kaitiaki o te Puna Rongoa | Māori Pharmacists Association (15)
Māori Women's Welfare League, He Rongoā Pai, He Oranga Whānau hui Wairoa (20)
Māori Women's Welfare League, He Rongoā Pai, He Oranga Whānau hui Gisborne (13)
Ngā Pou Manu Conference (6)
PHARMAC Smoking Cessation seminar (9)
Public survey on PHARMAC's website (167)
Rauawaawa Kaumātua Charitable Trust (18)
Ngāpuhi festival (4)
Te Kupenga Hauora Napier Health Professionals (4)
Tumu Whakarae hui² (2)

Email

Fono Tuvalu Fuimaono, PHARMAC Adviser Pacific Responsiveness
Roxanne Waru, Chairperson, Ngā Pou Manu
Linda Steel, Te Ao Hou Trust
Dr John Wyeth, PHARMAC

² National Reference Group of Māori Health Strategy Managers within District Health Boards.

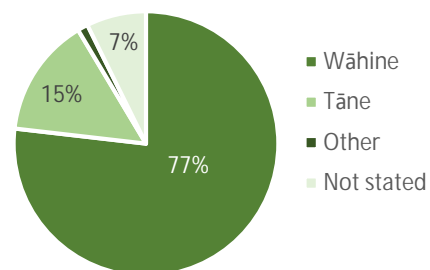
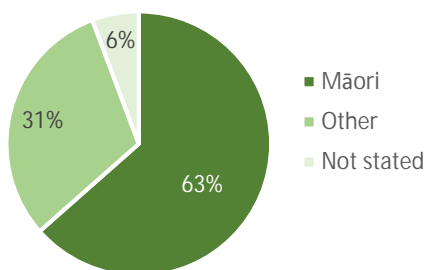
How the information has been summarised

All of the survey responses and notes from the emails and hui were put into an Excel spreadsheet and coded by themes that emerged from the consultation and the survey questions. This report is structured around these broad themes, set out here:

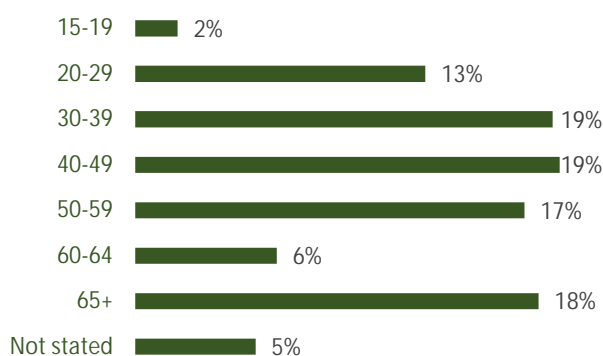
Health issues of concern	Health conditions	What PHARMAC could do
	Managing medicines	
	Wellbeing	
	The health of particular groups	
	Accessing health care	
	Cost	
	Social circumstances	
Engaging with providers		
Wanting more information		

Quotes from respondents in the margins of this report illustrate these themes. This summary report aims to reflect all views presented in the consultation. Some of the feedback represents the views of one individual, while other views came from a group. It was not always clear how many people were associated with a comment.

Details about the people at hui weren't collected, but people filling out surveys at hui and online were asked if they were Māori, their gender and age group. As shown below, the majority of the 357 surveys were completed by Māori, with more wāhine than tāne responding. Most age groups – apart from rangatahi – were well represented.



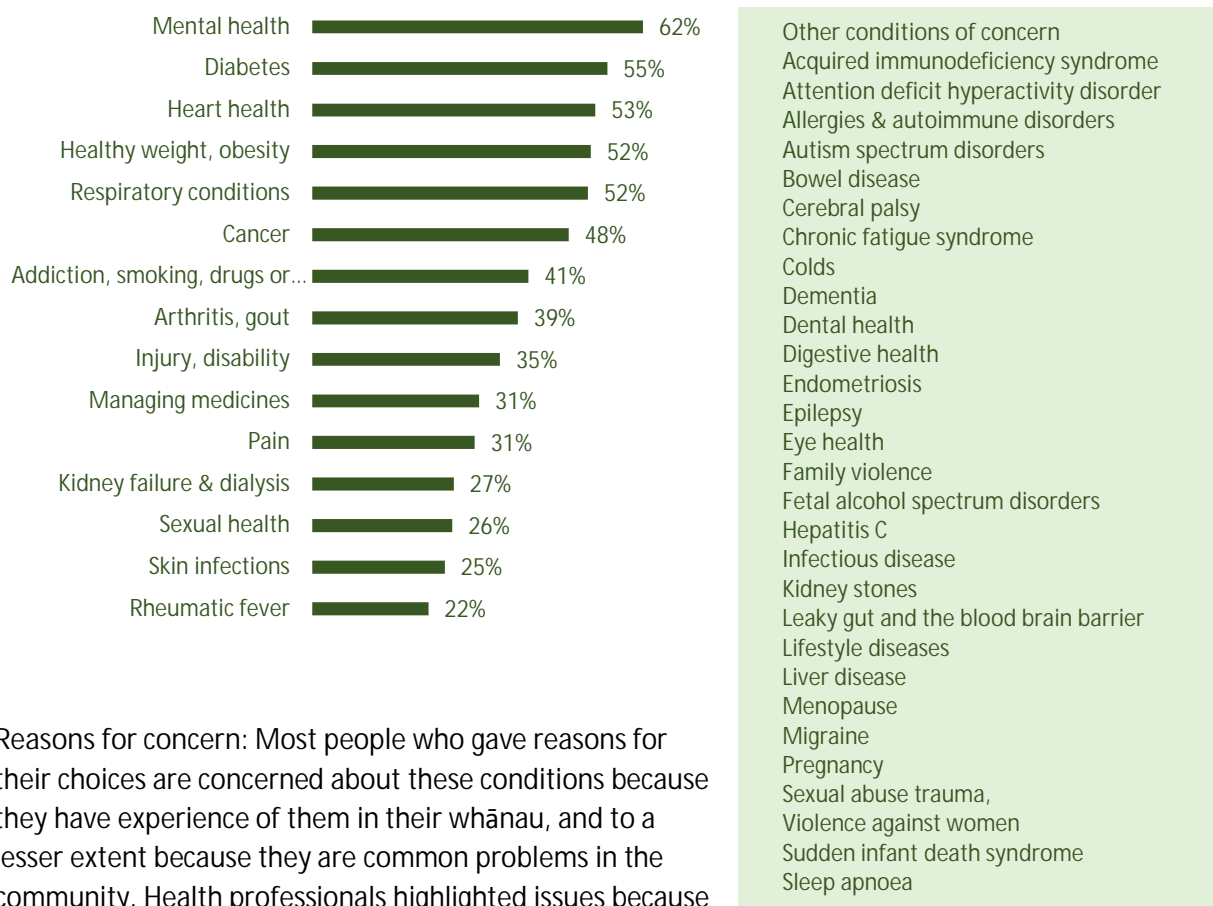
Age of respondents (years)



HEALTH CONDITIONS

Whānau and community views on health conditions of concern were collected at hui, by email and in the surveys. The surveys asked people to select conditions of concern from a list. Mental health, diabetes, and heart health (including high blood pressure and stroke) were the most commonly mentioned conditions, as shown below. The 5 most common conditions of concern are aligned with PHARMAC's current Hauora Arotahi.³ Conditions mentioned by one or two people are listed below under 'Other conditions of concern.'

Health conditions of concern from the surveys (n=357)



Reasons for concern: Most people who gave reasons for their choices are concerned about these conditions because they have experience of them in their whānau, and to a lesser extent because they are common problems in the community. Health professionals highlighted issues because they are the most relevant to their practice, hold a risk of mortality at a young age that is preventable or manageable, are the most poorly managed, or are costly to manage. A few people said that all health issues matter to whānau and reducing the impact of all health issues for Māori needs to be a key strategy for PHARMAC.

³ The current areas of focus were identified by individuals and organisations who took part in the consultation process to develop Te Whaioanga 2013-2023.

Comments on particular conditions

Comments about particular conditions, or the reasons why contributors have particular concerns are summarised below. Mental health attracted the most additional comment.

Diabetes: Diabetes (Type 2) is mainly due to being overweight or having a poor diet – this requires education and more funding. People face a lifetime of medication and side effects. Diabetes is a growing concern and affected by mental health medicines yet there hasn't been a new diabetes medicine funded in 20 years. There is interest in diabetes information and whānau support groups. Some (non-Māori) survey respondents wanted PHARMAC funding for continuous glucose monitoring systems and insulin pumps.

Mental health: The prevalence of depression, anxiety, suicide, dementia, and family violence and addiction associated with mental health issues is of great concern. There are too many unsupported people – across age groups – in the community with mental health issues. Mental health education and interventions are limited and need to be improved, especially for Māori. Māori, particularly rangatahi, can be too whakamā about their problems. Poor Māori mental health outcomes also have a relationship to a history of colonisation and poverty.

Heart health: Education is needed about signs and symptoms, and when to get help. The health sector needs to support healthy living.

Weight control & obesity: Diet solves or leads to all sorts of problems. (Kai is a big part of Māori life.) More funding for bariatric surgery would be beneficial: Māori have the highest obesity rate but research shows non-Māori are more likely to get DHB funded surgery.

Cancer: There is a need for early recognition and the best treatments. Why do whānau go overseas for cancer medicines?

Addiction: Too many people are addicted to synthetics, methamphetamines, alcohol, and smoking. Smoking affects health but other substances affect whānau and communities, they destroy people, and add to suicide and crime statistics. People who have addictions and want treatment should be able to access health care straight away.

Arthritis & gout: The development of osteoarthritis has associated mental health issues. Arthritis seems to be especially hard to diagnose and to get effective and tolerable pain medications for. Whānau are interested in workshops on gout prevention and management.

Pain: Most people referred for medication management are chronic pain sufferers. People take too many medicines for too long and they aren't effective, leading to addiction problems. More information is needed about pain management.

Skin conditions: Minor skin infections are not addressed early enough leading to worse problems. The treatment for severe cases of eczema needs to change – most prescribed medications either have no effect or make things worse. Having severe eczema is comparable to having a minor disfigurement or disability, with negative effects on mental health. Eczema in rangatahi requires long term treatment which is costly (medication, transport, counselling).

'Mental' is an issue – the stigma associated with it. Can't we change that word? Change that one word. Mauiwi wairangi. Put it into Māori terms. Use ngā kupu Māori.

I feel the elderly are shrugged off with pain as I have been told by the doctor 'you have to accept it at your age'.

Rheumatic fever: We need to stamp this out.

Hepatitis C: (Comment came from health care providers.) It is debatable whether blood testing for Hepatitis C in primary care is a priority. Regional GPs need better access to Fibroscans. Viekira Pak (and the associated paperwork) is clunky. There is a need to improve the primary-secondary care interface. A hepatologist is required to drive action on Hepatitis C – which is problematic in rural areas.

Other health concerns

Whānau and communities also had concerns about:

Secondary care: lengthy waiting lists for treatment, administrative errors leading to treatment delays of years, and difficulty parking at hospitals.

Palliative care: people left to cope on their own caring for relatives.

Long term conditions: Māori health professionals in particular commented on the management of long term conditions:

- Is the selection of over the counter medications for managing long term conditions, eg, gout or long-term pain, appropriate? Are these safe or an effective use of money?
- Is the use of medical devices, eg, inhalers, appropriate?
- We need to improve the management of preconditions, eg, diabetes, with healthy lifestyles.
- Long term condition programmes have too many dropouts – we need programmes people want to attend.
- Pain and mental health issues contribute to addictions in the long term – more counselling services for these conditions are required.

Attention deficit hyperactivity disorder: PHARMAC makes it very difficult for adults to get prescription medicines for ADHD. GPs should be able to apply for the special authority as they once could. Instead patients must see a psychiatrist for the authorisation and must reapply every 2 years – this is difficult as many psychiatrists do not accept that adults have ADHD. Monthly prescriptions for methylphenidate are expensive, and time consuming – GPs should be allowed to write a script for 3 months. Adderall should be funded by PHARMAC and GPs should be allowed to prescribe it. ADHD should be seen as a neurological issue as many patients, especially adults, are poorly treated by mental health services and the Ministry of Health.

Hepatitis C is low priority for many patients I see in the practice. Diabetes is much more prevalent. It's one thing to focus on when patients have many things, and what is a priority for us is not for the GP and a very low priority for whānau.

My mum refused chemo treatment and now we feel we have been left to our own devices with her care. The meds they have given her are very strong and my sister has been left to sort out how and when to give them to our mum. Very disappointing for us.

I see a lot of Māori patients in hospital with long term conditions and they are poorly managed.

MANAGING MEDICINES – MOHIO NGA RONGOĀ

In the survey, about a third of respondents (31%) said managing medicines ('too many, hard to use or understand') is a cause of concern. Comments about medicines from the survey respondents and from whānau at hui are summarised below. The demand for good information was a strong theme in the comments.

Information: More education is needed about the medicines people take so they can make informed choices, know the effects of medicines, understand which medicines are subsidised, and understand the labels on prescription medicines. People need to know if the cost of a medicine can be subsidised through a clinician getting a special authority. GPs need more training and accountability in relation to prescribing medicines, with a focus on contraindications and polypharmacy.

Need to inform much more and make things simple. Write on the bottle what the drugs are for or colour code the bottles: red bottle for heart, blue for diabetes, yellow for renal, etc – just make sure the language on the bottle is simple.

Cost: Cost is a barrier to filling prescriptions and taking medicines. Merina (IUD) and the emergency contraceptive pill are inaccessible because of cost. There is regional variability in medicine subsidies.

Life quality: Medication should support quality of life. The health sector needs to consider quality of life as well as quantity.

Perceptions and attitudes to pharmaceutical medicines: There is pride in being medication free, concern about taking too many medicines, and frustration with the side effects of medicines (particularly with mental health medicines). Generic medicines are seen as weaker than branded pharmaceuticals. Pharmaceutical medicines should not be the 'go to choice'. They are unnatural or used like weapons in comparison to traditional medicines or more holistic health and wellbeing approaches.

Complementary approaches: Medicines should be used in conjunction with other approaches (eg, karakia). Wairua (spiritual health) is essential to having physical health. Pharmaceutical medicines could be used with other approaches, such as karakia, rongoā, and rongoā kai. Whānau need more community focused health choices apart from biomedical influences.

People have become too reliant on medication. I have dumped some of my prescribed medication and substituted rongoā. My health has improved hugely. I believe in many cases, not all, that medication contributes to making a patient unhealthy. Healthy eating, water, exercising and rest is the best plan.

WELLBEING – ORANGA MO TE WHĀNAU

Whānau and communities are interested in maintaining good health and disease prevention – not just intervention during poor health. Whānau talked about a holistic approach that includes:

- knowing your identity (iwi, hapu, whenua) and visiting your marae
- good eating habits – going back to the garden, breastfeeding infants, proper kai, banning sugary drinks

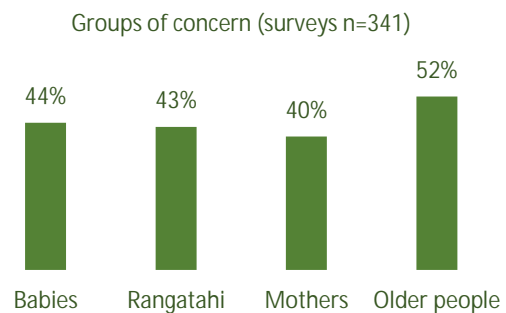
- keeping fit and physical wellbeing
- attention to spiritual wellbeing.

Whānau Ora collectives are already well organised and in a wellbeing mindset.

Contributors suggested that DHBs should have a focus on good health. This includes help to positively change the way whānau think about their health care (self-care) and wellbeing of children and mokopuna. In discussing oranga mo te whānau, a small number of contributors expressed support for immunisation and a small number opposed immunisation.

THE HEALTH OF PARTICULAR GROUPS

Whānau and communities were asked whether the health of particular groups was a concern. Most of the responses to this question came from the surveys which listed possible groups of concern: healthy babies, rangatahi, healthy mothers, and healthy older people. Concern for the health of various age groups was relatively evenly spread across groups, with older people the most common group of concern. Several people also referred to the importance of health care for tamariki, or for the whole whānau. Comments about particular groups, or the reasons why respondents have particular concerns are summarised below.



Babies: They are our future, and they are vulnerable – relying on others for everything. If you direct attention to the start of a person's life and you influence them to make good decisions than what follows on in the later years will be better, eg, healthy weight. Prevention is better than cure.

Tamariki: School sores, skin infections, and kutu (headlice) are health issues for tamariki. High numbers of tamariki do not see GPs but could be treated by nurses in early childhood centres and schools. As noted, there was a small amount of support for immunisation and a similarly small amount of opposition.

Rangatahi: There's a great need to help our rangatahi; give them good guidance for a good life – it's too late when they are addicted or in jail.

Mothers: Help reduce the stigma around health issues related to motherhood, eg, post-natal depression.

Wāhine: Provide cervical smear tests that are not traumatic for wāhine.

Takatāpui: Have clear pathways of care specifically for takatāpui tamariki as they socially transition, and for those starting gender affirming medical intervention such as puberty blockers and other hormone treatment. Provide whānau support options too.

Whānau health: Entire whānau health is important.

ACCESSING HEALTH CARE

In the hui and the surveys, whānau and communities described two major barriers to accessing health care – the cost and their engagement with providers.

Cost

The prohibitive cost of accessing primary health care is a major concern, expressed at all hui and commented on in many survey responses. Whānau and communities talked about the cost of visiting GPs and prescriptions (cost is considered the main reason for people not collecting prescriptions). Other health costs discussed were:

- dental care: many people avoid the dentist due to the cost
- managing diabetes – in particular (non-Māori commented on) the expense of unfunded continuous glucose monitoring systems and insulin pumps
- nutritious food
- physiotherapy
- cancer therapies.

Is it possible for over 65s like me to get free medications? Many are on numerous drugs and like me. My first lot of pills for the year cost \$90 plus doctors visit of \$35. I could not afford them all so had to choose which ones I could afford.

Wider social circumstances

Several contributors commented on the wider social circumstances that contribute to health inequities. Issues are:

- lack of quality housing
- poor nutrition (healthy kai being unaffordable) with implications for all areas of life (taha tinana, taha wairua, taha hinengaro, taha whānau)
- unemployment.

A young solo mother was at the GP clinic. Her daughter has bad eczema and asthma and 90% oxygen saturation. The mother must move house that day, the only day she can move due to availability of transport. Her young daughter was extremely sick. How does she cope?

People recounted being in desperate situations requiring health care, and getting help on an ad hoc basis (eg, the doctor's surgery paying a bill for them) or not at all. A health care provider said it may be easier to help if they knew who else was working with the whānau. Poor integration between social service providers was considered a systemic issue.

Engaging with health care providers – Pai te kōrero no ngā clinicians ki a rātou

Whānau and communities also discussed how engagement – communication and relationships – with providers affected access to medical care:

Tikanga Māori: Whānau cannot connect with doctors who do not understand them. The health system is Pākeha (and Eurocentric), and Māori have to fit into the Pākeha structure – so there is a power imbalance in the therapeutic relationship. There is a lack of awareness by non-Māori staff of the impacts of colonisation and why Māori are now disadvantaged. There is also a poor understanding of Māori tikanga (cultural competency) amongst non-Māori health care providers. Doctors

It's sad there is no Māori care facility for the elderly where there is understanding of the cultural values needed, the art, the language, the waiata manaakitanga.

need to respect Māori world views so Māori patients can make informed choices. Primary care should be centred around whānau, not GPs.

General issues with communicating with health providers: There should be enough time at appointments to be heard and to ask questions. People need enough information to know what questions to ask their doctors. Older whānau with impaired hearing struggle to understand clinicians who are not native speakers of English. Not understanding medical terminology – combined with the points above – results in a lack of understanding of diagnosis, medicines, and treatment plans.

15 minutes is too short when you have multiple health issues. It's a visit to the doctor, not getting a takeaway.

Wanting more information from health providers about medicines

Contributors at hui and in the surveys want more information about medicines and rongoā, and to have information about rongoā in comparison with prescribed medicines.

The benefits of health literacy in preventing and managing conditions

Whānau and communities also made more general comments about the benefits of health literacy in preventing and managing conditions:

- lack of understanding of the health system and of medicines has a detrimental effect on whānau
- knowledge about exercise, healthy foods, and a healthy body increases physical wellbeing
- education about medicines and medical conditions helps with adherence to prescriptions
- compliance with prescriptions means a decreasing health burden and increasing positive outcomes
- overall, health literacy gives greater ownership (self and whānau management) of whānau health.

Particular questions that contributors asked are:

- at what age should you be checked for conditions?
- why does breast screening stop at 69 years?
- do you have to have a heart attack to have your heart disease treated (receive a bypass, etc)?

Kaumātua experiences

Kaumātua described being given medicines with little or no information. It is a concern for kaumātua that it is left to them to have to follow up on any questions with their doctor. Unexplained brand changes are a worry. Communication between GPs, pharmacists and patients needs improvement. All of these issues with medicines particularly affect kaumātua with disabilities. In some places there is Whānau Ora Navigator support to take kaumātua to GP appointments.

I worry about frequent brand changes. It is difficult for the patients and with metoprolol we had lots of people taking higher doses because they were taking one tablet from each box, as they look different.

Opportunities for pharmacists to contribute

A health care provider said there should be more opportunities for pharmacists to contribute outside of the pharmacy, and promotion of pharmacists and what they can offer. For example, at Rauawaawa Kaumātua Charitable Trust the pharmacist visits kaumātua on site to support and awahi kaumātua to manage medicines. The pharmacist will liaise with GPs.

WHAT PHARMAC COULD DO

Whānau and communities' suggestions and questions about what PHARMAC could do came from the hui, emails and open comment in the surveys. These suggestions and questions are summarised here.

Perceptions about PHARMAC and the wider sector: (a small number of respondents) PHARMAC are about money, and distribution of pharmaceuticals – not about peoples' lives and wellbeing. The health sector, including PHARMAC, has an interest in medicating people rather than promoting healthy lifestyles.

Engagement with Māori needs to be whānau centred: At a basic level, PHARMAC's role should be to improve the wellbeing of whānau and pursue Māori health equity. However, PHARMAC's engagement with Māori needs to be whānau centred – whakamana whānau – and empowering. Whānau want to see that PHARMAC are about whakanuia whānau, he tāngata and whakawhanaungatanga.

Te Whaioranga – guided by Te Tiriti: The challenge is how to make Te Whaioranga more than just rhetoric. Te Whaioranga needs to be Treaty based, culturally responsive, and aimed at eliminating Māori inequities. To have a truly Māori strategy these principles need to be incorporated at all levels of the organisation and areas of work – governance, workforce and providers. For example, PHARMAC could demonstrate Tiriti leadership and voice and operate iwi determined targeted health strategies and programmes.

I would like to see an equal representation of Māori to non-Māori decision makers on the PHARMAC Board to help improve Māori statistics.

Aligning the sector: PHARMAC could align Hauora Arotahi to Whānau Ora strategies and the rest of the (Māori health) sector. This could include dental care and Corrections health care for an integrated health sector where all the parties work together. Provider groups should be encouraged to work collaboratively.

PHARMAC is a cog in the health system wheel – PHARMAC should have a role in steering it in the right direction.

The current Hauora Arotahi: Few people directly discussed PHARMAC's current Hauora Arotahi. One group suggested retaining the current 7 conditions but adding cancer. Another group discussed renaming the Hauora Arotahi: Te Pātaka Whaioranga (10 people); Whiwhi Takohanga (4 people) or Hauora Whai Rawa (2 people).

Funding: Many contributors want PHARMAC funding for medicines and devices, including:

- Adderall
- autoinjectors (EpiPens)
- cannabidiol oil
- dental care
- devices such as glasses and hearing aids
- diabetes medications and devices (continuous glucose monitoring systems and insulin pumps)
- over the counter medicines.

It was suggested that:

- pharmaceuticals for those over 65 years could be fully subsidised
- that there be access to co-payment waivers (possibly like a special authority, done online) applicable to some individuals or to a community
- PHARMAC fund all medicines (provide all medicines at an affordable price) which would reduce secondary care costs
- PHARMAC fund (unspecified) pharmaceuticals not currently available in New Zealand
- PHARMAC improve the access to prescription medicines for adults with attention deficit hyperactivity disorder.

Is it possible for over 65s to get free medications, as many are on numerous drugs like me? My first lot of pills for the year cost \$90 plus doctors visit of \$35. I could not afford them all so had to choose which ones I could afford.

Contributors also want a stronger focus on preventive healthcare and increasing the accessibility of primary care.

Increased health literacy: PHARMAC could support increased health literacy. Particular areas of interest are understanding Māori health issues, and knowing the whakapapa of the medicine:

- Where do medicines come from?
- What are the medicines made from?
- How do the medicines work?
- How are medicines developed – why is the process so long and why do they cost so much?
- How does PHARMAC get medicines from the manufacturers?
- How good are the medicines that come from non-Western countries? Are they better or worse than others?
- Why has a particular medicine been prescribed?
- Why has my prescription changed? Why has a generic medicine been substituted for a branded medicine? What are the consequences of such changes?
- How can prescribed medicines work with a culturally traditional health system, including Māori rongoā?

Rongoā: Prescribed medicines could be used with other approaches, such as karakia, alternative rongoā, and rongoā kai. Some whānau want funding and promotion of rongoā Māori, while others question the involvement of mainstream agencies.

Support healthy lifestyles: There has not been a medicine that can help prolong life without adjusting other lifestyle factors. How can PHARMAC help influence this?

Research and evaluation: As a central agency with extensive data PHARMAC has a research and analysis role; they can take an evidence-based approach to keeping whānau well with medicines, and to equity issues. It is important that PHARMAC address inequity in access to medicines. Examples of research that PHARMAC could do to look at possible inequities are: 1) looking at prescribing patterns, 2) examining special authority criteria to prevent overuse of high cost therapies when limited clinical benefit is expected, leading to less resource for widening access to proven therapies for other patients. 3) PHARMAC should also evaluate the effect of Te Whaioranga and Hauora Arotahi. 4) PHARMAC could support more opportunities for research and postgraduate study by Māori practitioners, particularly in the allied health field.

Questions from the consultation for PHARMAC

1. How can PHARMAC reflect implementation of the Tiriti partnership in a way that has real meaning for whānau?
2. How can PHARMAC and Tumu Whakarae change service delivery, eg, address point of care racism?
3. Could there be more emphasis by PHARMAC on:
 - maintaining good health and disease prevention?
 - increasing accessibility of primary care?
 - using pharmaceutical medicines with other approaches, such as traditional rongoā, and rongoā kai?
 - funding innovative approaches in these areas?
4. There is demand from whānau for health information. What else could be done here? Is the demand coming from whānau who are not accessing health care through Whānau Ora collectives?
5. Are there further opportunities for PHARMAC to:
 - evaluate the impact of Te Whaioranga and Hauora Arotahi?
 - inform whānau about PHARMAC's contribution towards reducing inequitable health outcomes?
 - support research in the health field led by Māori practitioners?
 - align Te Whaioranga (including Hauora Arotahi) to Whānau Ora strategies and strategies in the wider health sector?