

## **CHF Quality Use of Medicines Engagement in Tennant Creek**

### ***CHF Community Quality Use of Medicines Project***

Many health consumers are worried about taking too many medicines, concerned to avoid mistakes in taking them and to minimise suffering from interactions and side effects. They are looking for information about health options and things they can do themselves to maintain or improve their health.<sup>1</sup>

The CHF Community Quality Use of Medicines (QUM) Project engages consumers and community groups in ways which are appropriate and flexible to their needs. Community QUM is about consumers managing medicines wisely, safely and appropriately. For further information on the background of the CHF Community QUM Project see Appendix A.

### **CHF rural and regional engagements**

As well as engaging its membership broadly through its Community QUM Project, CHF also engaged with consumers and community groups from rural, regional and remote areas of Australia. CHF planned to conduct a minimum of ten engagements in rural and regional areas during 2004-05.

Health Consumers Voice (NT), a CHF member organisation, responded to a CHF survey sent to members in early 2004. The organisation was interested in becoming involved in the CHF Community QUM Project because:

*'People in Tennant Creek have little exposure to a lot of information about medicines and opportunities to have face to face meetings because they are seen as out of the way.'* - Local liaison person.

### ***Tennant Creek Community QUM engagement***

Tennant Creek is part of the Barkly Tablelands in the Northern Territory and is located 510 km north of Alice Springs and 670 km south of Katherine.<sup>2</sup>

During the 2001 National Census, Tennant Creek had a population of 3,286 people of whom 1,196 identified themselves as Indigenous peoples and 727 people indicated they spoke a language other than English. The most common languages spoken, other than English, included Australian Indigenous languages (614 people), German (35 people) and Tagalog (12 people).<sup>3</sup>

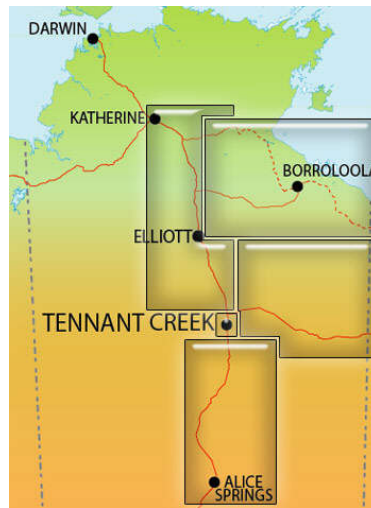
---

<sup>1</sup> Hopkins H, McCallum L. Consumer and community medicines initiative: the 'health seeking' approach. The Australian Health Consumer. 2002-03; 3:7-9

<sup>2</sup> For additional information refer Tennant Creek Council website at <http://www.tennantcreek.nt.gov.au/>

<sup>3</sup>For 2001 Census data on Tennant Creek Local Government Area refer Australian Bureau of Statistics website: <http://www.abs.gov.au/AUSSTATS/abs@cpp.nsf/8ca62bfefadf503cca257059000a1d99/c58c443868d6b741ca25710a001a2fc5!OpenDocument>

## Consumers' Health Forum of Australia



Tennant Creek<sup>4</sup>

### About Health Consumers Voice (NT)

Health Consumers Voice (NT) Incorporated aims to strengthen the voice of consumers through education and training, to build consumer capacity for increased participation and to respond to consumer needs. The organisation is currently looking to set up a website with relevant information for health consumers in Central Australia that also links to consumer organisations in other parts of the country.

For further information please contact:

Health Consumers Voice NT  
PO Box 8683  
ALICE SPRINGS NT 0871<sup>5</sup>

### The participants

Around fifteen people attended the CHF Community QUM engagement in Tennant Creek. People of all ages, from a range of cultural backgrounds, and with differing circumstances of personal health contributed to discussion and shared solutions and problems that they experience living in this very remote part of Australia.



<sup>4</sup> Refer website <http://www.barklytourism.com.au> for map and information about Northern Territory climate and distances.

<sup>5</sup> For further contact details see: [http://www.alicesprings.nt.gov.au/directory/display\\_organisation.asp?id=253](http://www.alicesprings.nt.gov.au/directory/display_organisation.asp?id=253)



Participants at the Tennant Creek CHF Community QUM engagement<sup>6</sup>

CHF thanks all participants for their input to the discussion about the issues affecting medicine use for people in Tennant Creek in particular and in rural and remote Australia in general.

### Organising the engagement

The Health Consumers Voice (NT) representative and the CHF Project Officer held phone and email discussions to plan the community engagement. This included determining the objectives of the engagement as well as the preferred format, time of day, date and venue.

The engagement was held on 10 March 2005 between 10.00 am and 12.30 pm at the Tennant Creek Training Centre. The CHF Project Officer drove to Tennant Creek after facilitating an engagement in Alice Springs the previous day. The venue was chosen by the local contact person because of its central location and community familiarity with the site. CHF covered the costs of room hire and refreshments.

The CHF Project Officer developed a draft program and flyer for the engagement. The flyer was photocopied by CHF and posted to a liaison person in Alice Springs. Copies were processed at the Alice Springs GPO and forwarded to Tennant Creek for distribution to 1500 Tennant Creek Post Office boxes. A representative of Health Consumers Voice (NT) promoted the engagement to her local network of health consumers in Tennant Creek using the flyer, phone calls and word of mouth.

The CHF Project Officer facilitated discussions and other planned activities including brainstorming, small group work and a role-play. A whiteboard was used to record whole group discussions. Notes generated in small group activities were collected and participants' stories which were given informally, either during the engagement or privately afterwards, captured community responses to the objectives (listed below).

A draft copy of this report was sent to two participants and the local liaison person to verify its accuracy. Participants were invited to add further details.

---

<sup>6</sup> Photographs used with permission of the participants.

## Objectives

The Objectives of the engagement were to:

- identify the issues in quality use of medicines that people in the Tennant Creek area face
- consider appropriate strategies to overcome barriers in engaging the consumers represented in the group with Community Quality Use of Medicines
- consider strategies to improve communication between health consumers and health providers
- provide an opportunity for consumer feedback on Community Quality Use of Medicines resources.

### **Key consumer discussion themes on Community Quality Use of Medicines**

People involved in the CHF Community QUM engagements used their local knowledge and experience of living and working in the community to identify some of the key factors that affect the quality use of medicines. The key themes that emerged from the engagement in Tennant Creek are explained below.

#### 1. Limited access to health services

##### **1.1 Waiting times**

At the time of the engagement a replacement had not been found for a long serving general practitioner who left Tennant Creek in February 2005. Participants believed that this was a considerable factor affecting quality use of medicines for the Tennant Creek community.

To obtain general medical appointments participants were required to use the emergency department at the Tennant Creek Hospital or use the Aboriginal Health Clinic. Participants believed that waiting six hours or more in the emergency department of the hospital when they simply required a check-up or a repeat prescription was unsuitable and a deterrent to seeking appropriate health information and advice. They strongly believed that this had impacted on their quality use of medicines.

##### **1.2 High turnover of health professionals**

Participants also felt that the high turnover of health professionals in their community impacted on their quality use of medicines. Participants explained that health professionals who left the community took with them information about an individual's history as well as details that might include knowledge of the individual's circumstances, family and lifestyle that can be learned only over time and through experience. Consumers saw this type of knowledge as important for appropriate prescribing and tailored medicines information.

Although there was a general respect for the advice of health professionals, there was also frustration that people at the Community QUM engagement had at times received the services of health professionals who lacked experience in medicine and with dealing with people who live in very remote places such as Tennant Creek. Of further concern was the feeling that some of the visiting medical professionals were there to 'experience' the remote location rather than to address the health needs of the consumers that lived there.

*'Half of them (health professionals) have a casual attitude to our (health) needs.'*  
Participant.

Consumers at the engagement were also concerned that inaccurate diagnoses could result from the inexperience of some health professionals.

### **1.3 Specialist services**

At the time of the engagement, no medical specialists were based in Tennant Creek. However, a number of medical specialists visited the hospital, usually on a 6-weekly rotation and staying for two or three days only.

### **1.4 Limited physical access to medicines**

Consumers in Tennant Creek also worried about running out of medicines on weekends. The local pharmacy is open only on Saturday morning and the next closest pharmacy is over 500km away in Alice Springs.

Participants at the engagement did not know that they could request cheaper brand products from the pharmacy or ask for medicines in different, easier to use, forms eg tablet, injections, or capsules. The availability of cheaper medicines out of town and the fear of running out of medicines were incentives for consumers to stock-up on important medicines.

## **2. High travel costs**

Tennant Creek is classified as a very remote location. This impacts upon the health of the people who live there in a number of ways, in particular the cost and difficulty of travel to get medicines and medical advice. Tennant Creek can be reached by charter flights or by road from Alice Springs and Darwin, both remote in their own right. For most people, flying is much too expensive to be a realistic choice. Most consumers need to take the road option of a 500km drive to Alice Springs or 1000km to Darwin. At the CHF engagement, a participant highlighted how costs associated with recent travel to Darwin three times over three weeks for treatment was a substantial barrier for good quality use of medicine.

Participants discussed remuneration schemes to help overcome the cost associated with travel such as Patient Assistance Travel Scheme (PATS).<sup>7</sup> One participant commented it was *'laughable'* with its ten or more chapters of information plus all the forms to fill in. Another participant said:

*'The amount of money offered for accommodation was not enough to kennel my pet dog. It actually costs about \$300 for appropriate accommodation in Alice Springs.'*

## **3. Getting information about medicines**

Participants had very limited information about generic medicines and wanted their questions about the quality of generic medicines answered.

---

<sup>7</sup> All States and Territories have patient accommodation and travel schemes (PATS) that reimburse patients having to travel long distances a proportion of out-of-pocket expenses. Contact details for each State and Territory are included in the brochure that can be accessed in PDF format at the following weblink <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-roi-radiother-schemes.htm>

Consumers at this engagement had not seen a Consumer Medicines Information (CMI) sheet but felt that they would be useful if the pharmacist provided them. A number of the participants had copies of MIMS<sup>8</sup> and used these to access information about their medicines.

#### 4. Home remedies and bush medicines

Without appropriate access to professional medical advice, many consumers in Tennant Creek felt compelled to self-manage their illness or condition. Consumers at the CHF engagement said that quite a number of ex-nurses still live in rural and remote places and they often diagnose and treat themselves, their family and friends.

Other people at the engagement used home remedies that have been passed on over time. These included dietary changes and skin washes. They said that they were unlikely to tell their doctors about these things because they do not get to see their doctors often enough and do not want to waste the limited appointment time talking about other issues.

#### **Community QUM Resources**

In small groups the participants looked at a number of Community QUM resources. The NPS Community QUM resources had not been seen previously by the participants at the Tennant Creek engagement. The reactions and suggestions made by the participants are listed below.

- **Medicines Line fridge magnet [NPS]**
  - Any information is better than no information
  - You are getting a second opinion
  - Computer addresses on the card is a plus
  - How long does it take to speak to a real person?
- **Consumer Medicines Information (CMI) leaflets [CHF and NPS]**
  - CMI are not offered at Tennant Creek pharmacy
  - Consumers who are not aware a CMI exists do not know to ask for them
  - Should be written in larger writing
  - Very good information provided in CMI.
- **Medimate brochure [NPS]**
  - It is a good idea
  - The information is useful
  - Good for young families who might want to keep this information for their own reference
  - The print is hard to see
  - The literacy level will be a problem for our community
  - Too much information for older people
  - Tabs would be better for turning pages
  - Books like this tear easily
  - The tear-off page will be lost from here.
- **Get to know your medicines kit [NPS]**
  - Will be useful
  - Need experienced and trustworthy person to run sessions
  - Looks good

---

<sup>8</sup> MIMS is a comprehensive reference system that contains detailed prescribing information on more than 2000 medicines used in Australia, including information about side effects and interactions. Refer <http://www.mims.com.au>.

- Like the idea of not being computer based resource

Participants at the engagement were very interested to know how they could get multiple copies of these resources to share with their networks.<sup>9</sup> They did not all have computer access for ordering or downloading these resources.

CHF left multiple copies of the *Medimate* brochure and *Medicines Line* fridge magnets for the Health Consumers Voice (NT) to distribute to its members.

After the engagement, the CHF Community QUM Project Officer assisted a number of the participants to subscribe to *Medicines Talk* magazine.<sup>10</sup>

### Information sharing

The groups were asked to list some of the sources that they use for health and medicines information. These are listed below.

- Doctors, pharmacy
- Friends and relatives
- Radio and television
- Magazines
- Internet
- Support groups
- MIMS
- Word of mouth.

### Evaluation

Evaluation forms completed by the participants after the engagement showed that the objectives had been achieved.

The written and verbal feedback was very positive. The following quotes were taken from the evaluation forms.

*'The role-play and the interactions between people present and the questions answered were useful.'* Participant.

*'A lot of useful information discussed, strategies to overcome problems.'* Participant.

*'I now have information so that I can take more control of my own medical issues.'* Participant.

*'I think providing pamphlets and reviewing those were important and I found it quite sufficient.'* Participant.

*'Another session as follow-up.'* Participant.

---

<sup>9</sup> These resources can be ordered through the National Prescribing Service website for consumers at <http://www.nps.org.au/site.php?page=2> or by telephone at (02) 8217 8700.

<sup>10</sup> *MedicinesTalk* is a quarterly newsletter published by the National Prescribing Service that is written by consumers, for consumers. It contains information, news and stories about Quality Use of Medicines. To subscribe, see [http://www.nps.org.au/site.php?page=2&content=/resources/content/cons\\_medtalk.html](http://www.nps.org.au/site.php?page=2&content=/resources/content/cons_medtalk.html)

### ***Ongoing Community QUM activity in Tennant Creek***

Participants were keen to share the information discussed at this engagement with their local community networks.

A number of individuals present at the engagement requested CHF to personally contact them when new or relevant QUM information becomes available. The CHF Community QUM Project Officer obtained their contact details.

The CHF Project Officer undertook to keep in touch with the local contact person regarding Community QUM.

### ***Contact us***

Further information about this engagement and CHF Community QUM activities can be found at <http://www.chf.org.au/projects/QUM/>.

© Consumers' Health Forum of Australia Inc 2005  
PO Box 3099 Manuka ACT 2603  
Tel: 02 6273 5444  
Fax: 02 6273 5888  
Email: [info@CHF.org.au](mailto:info@CHF.org.au)  
Website: <http://www.chf.org.au>

### ***Website references***

All website links referenced in this report were viewed in April 2006.

<p>This report reflects discussion raised in the CHF Community QUM engagement and does not necessarily reflect the views of Consumers' Health Forum of Australia.</p>
---

## Appendix A

Over the last ten years, the Consumers' Health Forum of Australia (CHF) has advocated for information about medicines that is developed by and for health consumers. CHF has supported development of independent information sources about medicines for prescribers and dispensers, such as the National Prescribing Service (NPS). To complement this information, health consumers need their own sources of information about how to use medicines safely, wisely and appropriately.

In response to consumer needs and expectations regarding Quality Use of Medicine (QUM), the Commonwealth of Australia funded the NPS to undertake the Community Quality Use of Medicines Program, in collaboration with CHF and other consumer groups and organisations.

The program aims to provide consumers with information about how to find independent, credible and reliable sources of information about medicines and emphasises the importance of consumers taking an active role in managing their health.<sup>1</sup>

The CHF Community QUM Project, which is funded by the NPS, aims to ensure smaller groups and organisations as well as people outside metropolitan areas have opportunities to:

- access and comment on current community quality use of medicines resources available for consumers.
- explore strategies for overcoming issues affecting quality use of medicines by community and consumer groups
- inform long term development of the broad Community QUM Program.

CHF's approach is to support and facilitate the engagement of community and consumer groups at the community level that might not otherwise access Community QUM Program activities which address consumers at large.

---

<sup>1</sup> NPS. (2004) *What does Quality Use of Medicines (QUM) mean to the average Australian?* National Prescribing Service Ltd, Sydney.