Submission Template
Proposed changes to the NZSL Video Interpreting and Relay Services

We want to know what you think

We want to get your feedback about the proposed changes to the NZSL Video Interpreting and Relay Services. What do you think about the proposed changes? Do you have any concerns about them?

Here is a recap on the proposed changes:

- Change 1: Get you to register as a user
- Change 2: Make the video interpreting service more available
- Change 3: Move to digital text-based relay services
- Change 4: Phase out CapTel equipment
- Change 5: Stop using Teletypewriter (TTY) equipment
- Change 6: Stop speech-to-speech services

How you can have your say

- You can tell us what you think by writing in the form below and can then either email us your feedback, or print it out and post it to us:

  **Email:** relayconsultation@mbie.govt.nz

  **Post:** Communications Policy  
  Building, Resources and Markets  
  Ministry of Business, Innovation & Employment  
  PO Box 1473  
  Wellington 6140  
  New Zealand

- If you use New Zealand Sign Language you can also send in a video of your signed response. Go to the website www.seeflow.co.nz/direct where you will be able to create your video message.

**Closing date:** We need your feedback by **9am, Monday 15 April 2019**
Please tell us about yourself

Name:
Andrea Wilson

Email or Address:
261 Middleton Road, Glenside, Wellington 6037

Do you use any of the services?
No.

Is there anything else you would like us to know?
I am an experienced community pharmacist. I have an interest in the health of the Deaf community because I am fluent in New Zealand Sign Language. I am wanting to improve access to pharmacy services for Deaf New Zealanders and have been voluntarily providing education sessions to both Deaf and Pharmacy communities to bridge the communication gap.

☐ Please tick ✓ if you do not want us to publish information about you.

We will publish some feedback
We intend to publish some of the feedback that people send us.
Please let us know if you do not want us to publish your name, or to publish any particular part of your feedback.
Any information you give about yourself will only be used to help us make decisions about the proposed changes.
The Ministry of Business, Innovation and Employment are part of the government, people will be able to use the Official Information Act 1982 to ask us to show the feedback we get.
When responding to these requests we will take into account those who did not want their personal information published.

**Questions**

**Change 1: Get you to register as a user**

Q: What do you think about requiring users to register to use the services? Do you have any concerns about this?

Currently, most community pharmacies in NZ do not have Skype accounts. Using NZVIS is inaccessible for most urban, suburban and rural pharmacies. Rural is especially bad because internet access can be poor in those areas.

Using an NZVIS App requiring registration is no different to requiring pharmacies to create a Skype account.

The hard work will be convincing pharmacy owners to download the app and register when they may not have any Deaf patients at the time. Deaf should be able to access full medicines advice from any pharmacy in NZ, however at the moment they can’t.

**Change 2: Make the video interpreting service more available**

Q: What do you think about our proposals for making the video interpreting service more available? Do you have any concerns about them?
7 days a week would be great! Pharmacies are open 7 days, often longer than usual business hours. If a Deaf person wanted medicines advice, or prescription services on the weekend for example, having an NZVIS service where they could request a consultation with a pharmacist, or ask health questions (similar to hearing people phoning their pharmacist for advice) with an interpreter would be brilliant. It’s about equal access to hearing people.

I would however like to see a dedicated section on the app for health interpreters. I’ve learned that interpreters have little training on health topics, and pharmacists have little understanding of how much health jargon they use. Eg I had a colleague ask me “how do I sign – This medicine lowers your cholesterol”. I spent an hour with my NZSL tutor trying to explain what cholesterol was and why it is good to have a low one, and then how you would say that to a Deaf person!

Change 3: Move to digital text-based services

Q: What do you think about moving to digital text-based relay services? Do you have any concerns about this?

Being able to text, make free calls to landlines are great options for the app. If a pharmacist wanted to contact a Deaf person, I can see this as a great way of being able to message. Eg “You have a repeat medicine about to expire, would you like me to dispense it for you?” Or “you’ve run out of repeats and need to make an appointment with your Doctor”.

I would like to make sure that the service is confidential. It is possible that health information that would fit under the Health Information Privacy Code could be included in these texts and the information storage needs to be as secure as pharmacy dispensing software.

Change 4: Phase out CapTel equipment

Q: What do you think about stopping the use of CapTel equipment? Do you have any concerns about this?
Change 4: Phase out CapTel equipment

Q: What do you think would be a reasonable length of time to allow existing CapTel users to change over to new digital relay services?

Change 5: Stop using Teletypewriter (TTY) equipment
Q: What do you think about stopping TTY services? Do you have any concerns about this, including the timing for doing this?

Change 6: Stop speech-to-speech services

Q: What do you think about stopping speech-to-speech services? Do you have any concerns about this?

Final thoughts
Q: Do you have any final thoughts, comments or feedback?

At the moment, very few community pharmacies have a device capable of audio and video in the pharmacy. Our dispensing computers and retail tills are not currently set up for this purpose. I would like to float the idea of integrating NZVIS into the existing pharmacy software. There are only two providers for all community pharmacies across NZ, Toniq and RxOne.

Most pharmacies now have dedicated consultation rooms for discussing patient information, but many do not have a computer or device in these rooms. My comments previously about pharmacies registering for the NZVIS app actually require a device first, and I expect they should be more prevalent over time. I also have concerns that once a device is available it will not be checked regularly by staff for messages from Deaf community members. A notification system would be useful if it could alert staff to incoming messages, or again be integrated into the dispensing and retail software.

I’d like to address the issue of Data. Many pharmacies are not happy to give out Wi-Fi passwords because of the possible security risk to the health intranet portals we use for communicating which includes sensitive patient information. In fact, the Pharmacy Guild’s stance is they do not recommend allowing patients use the Wi-Fi. This would mean the Deaf patients at the moment would need to use their own device and NZVIS app if they were standing in a pharmacy trying to communicate with the staff. Providing free Data would enable access.

Across NZ, access to interpreters in a community pharmacy setting is limited. iSign and NZVIS are the only funded options across most of NZ. Some DHB’s offer funding through other providers eg Auckland and Waitemata DHB, but this is not the norm. I would like to see Deaf patients be able to access health information from minor ailments to complex medicines management consultations the same as hearing patients. The field of Pharmacy is changing to promotion of health and wellbeing, preventative care, advice, and complex medicines management. Our role is much broader than just filling prescriptions now, and I feel Deaf and HoH are entitled to receive these services the same as hearing people. Improving NZVIS is one step in this process. Thank you for your time. I’m happy to discuss anything further.