

UNBOXED   
PHARMACY



# TRANSLATION AND INTERPRETATION

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Not a matter of substituting words in one language for words in another.

It is a matter of understanding the thought expressed in one language, and then explaining it using the resources and cultural nuances of another language.



# MEDICINES INFORMATION – THE PIL IN 2016

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It is **written**.

Works for people who are able to read, it does not work for those who cannot read well, or who believe they do not have the time to digest and understand medical information.

It is not written in **plain English**.

In fact, most of the sources of UK medicines information have been written to fulfil a legal obligation, rather than patient questions and needs.

Digital versions are actually **photocopies**.

The sources of online medicines information are no more engaging, compelling, memorable or effective than the paper-based materials.



# CASE STUDY - USE RESOURCES AND CULTURAL NUANCES

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To modernise the way medicines information is communicated to patients and carers.

Video-based approach building on a fundamental of human learning:

“Tell me and I’ll forget.  
Show me and I’ll remember.  
Involve me and I’ll *understand*.”



# CASE STUDY - TRUST

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“Amazon has started legal action against more than 1,000 unidentified people it claims provide fake reviews on the US version of its website.”

October 2015

“Italy's antitrust authority has fined travel planning website TripAdvisor €500,000 following complaints of improper business practices lodged by a national hoteliers' association and a consumer protection agency.”

November 2015



# CASE STUDY - THE LANGUAGE OF PATIENTS AND CARERS

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## **Mark 1**

(Three languages)

Videos presented by a registered pharmacist who independently 'unbox' a specific treatment and consistently answer the core questions that patients and carers ask about their medicine:

- What are the side effects?
- Why have I been prescribed it, and how will I know it is working?
- What is it and how does it work?
- When and how should I take it?
- How long should I take it for, and when can I stop?
- Where do I go to get more information?



# CASE STUDY – THE EXPERIENCE

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1. Wide spread “backing” for the idea. The MHRA, the GPhC, professional insurers, the pharmaceutical companies, pharmacy companies and individual pharmacists.
2. Pharmacists tend to review ideas on the basis of “if there is nothing wrong with this idea, it is probably ok”.
3. Underestimated the importance of performance. Compelling medicines information videos is like tightrope walking.
4. Patients and carers “get it”. They say they like it, they understand it and it gives them confidence in their medicines.



# MEDICINES OPTIMISATION

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“Any fool can know,  
the point is to understand.

Albert Einstein



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