**Elaine Brazendale accessible transcript final**

**Visual**

**White text on a dark blue screen with a green border around it reads ‘The importance of consumers in Whakakotahi: primary care quality improvement’. Then the text disappears and new text appears saying ‘Elaine Brazendale, a consumer on the primary care expert advisory group and Whakakotahi selection panel, talks about her experience’. Then the text disappears and text appears saying, ‘Elaine was involved from the outset of the programme’s development’.**

**A woman in her 60s appears. She has short curly grey hair and is wearing glasses. She is wearing a black and white zip-up vest over a maroon buttoned-up cardigan. The background is blurry.**

Audio

The most important thing for me about this project was the fact that I as a consumer was invited to be part of it. It’s hard to know what it would have been like without a consumer there, but I did feel that at particular times I saw things or read things in the applications that others didn’t and they were quite happy for me to share my perspective on that. I absolutely felt genuinly listened to and that my view was valued.

People learn in different ways and often us educated people can provide things in such a way that actually doesn’t mean a lot to them. And I think that one of the particular things that I liked coming through the programmes was that they were talking with their people and asking their people about their needs and trying to identify carefully how best to address those needs to make the services accessible to them.

The most important thing about having a consumer representative is just that. Because I’m not educated specifically in any area of health but have had a great number of opportunities to learn about health-related things during the years, I wasn’t swayed by the medical expertise. I was focused on the real needs of the people and acessibility.

I like to explore why I’m being part of anything and so I will have asked the necessary questions to have a reasonable understanding beforehand. I’m not sure you can ever be prepared properly for these things but I have had long experience in health governance, both at a local, regional and a national level so I’m not afraid of saying what I think is important to say to share with people. I’m really passionate about the needs of people and how we can always keep on working to improve access to health care.

It doesn’t apply to all health professionals but, in general, health professionals are so focused on what the condition is or what the person’s presenting, they tend to look at that in isolation and treat that, rather than thinking what are the other things are happening. And I think by the quality improvement programmes it has helped them look at the bigger picture and what other things impact on a person’s wellness as well as the appropriate medications.

In the panel I was provided an equal opportunity to evaluate what was being presented to us. The eyes that I saw it through were those eyes of the community, having been involved in communitiy organisations and things. And I was always looking for the linkages that the people putting forward the programmes were making with their community.

**Visual**

**White text on a dark blue screen with a green border around it reads ‘Ngā mihi nui to Elaine and her family, who supported the valuable contribution Elaine made to the Whakakotahi improvement programme’.**

**This text disappears and a white background unfolds and black text appears saying, ‘www.hqsc.govt.nz/our-programmes/primary-care’. Two logos sit underneath; the first says, ‘Health Quality & Safety Commission New Zealand – Kupu Taurangi Hauora o Aotearoa’ and is blue and green with three thin square blocks with white circles of differing sizes within them. To the right of this is a black text logo that reads, ‘New Zealand Government’.**