

# Medically dependent consumer guidelines and vulnerable consumer guidelines

Phase 2 – Workshop One: exploring consumer journeys  
Workshop Output from 1 July 2020 session

Facilitator: Debbie Francis  
7 July 2020

*James Tipping, EA*

## **Mihi and Karakia**



COMPETITION • RELIABILITY • EFFICIENCY

ELECTRICITY  
AUTHORITY  
TE HĀKANGA

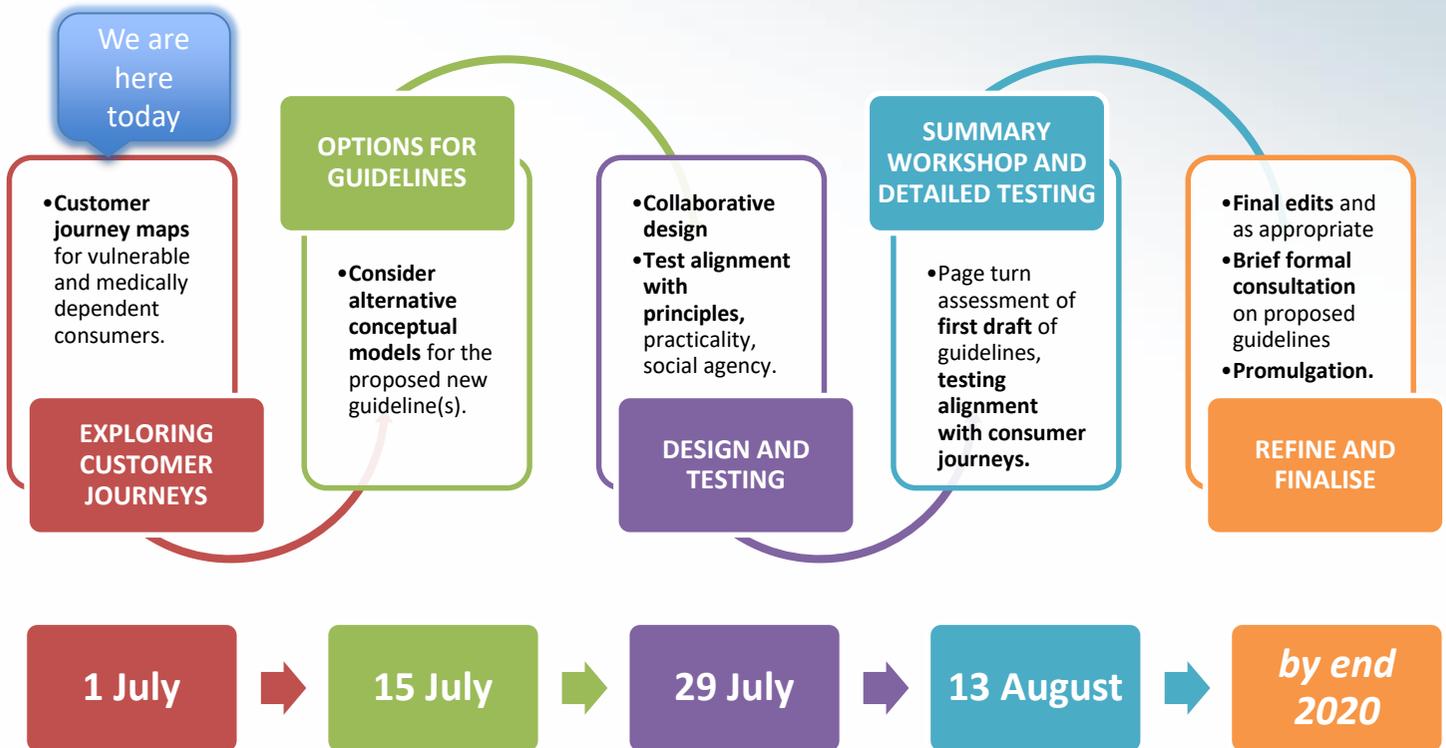
## Our aims today

This session will be run according to customer-centred design principles and will consider:

- Key customer personae for vulnerable and medically dependent consumers
- Customer journey maps for these consumers' engagement with retail energy services and other supporting services
- Identification of key pain points as the focus of changes to the guidelines
- Recheck that design principles remain valid
- Preview of next time and reminder of process from here



# Some context: where are we in the overall review process?



Persona

## Our vulnerable and medically dependent consumers

# Recapping our personas

## Medically dependent

Wiremu

Gladys

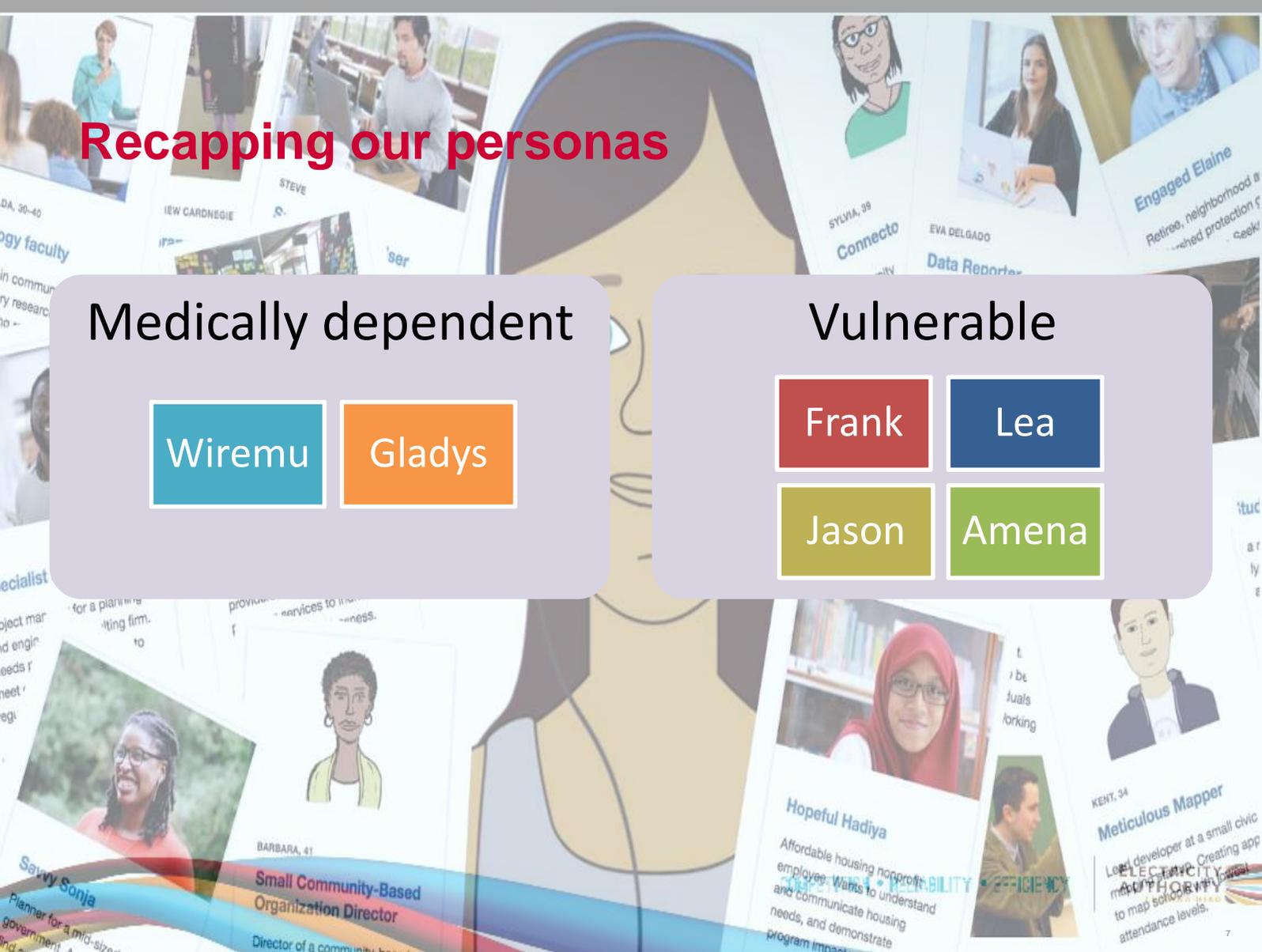
## Vulnerable

Frank

Lea

Jason

Amena



Specialist

project man... and engin... needs f... meet... regi...

for a plan... iting firm... to

provid... services to... eness.



Sawvy Sonja, Planner for a mid-sized government...



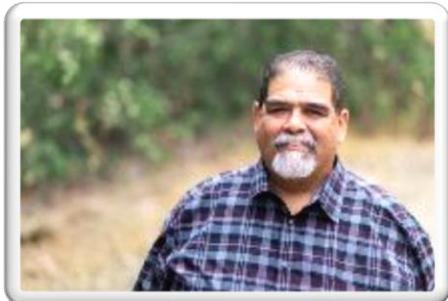
Hopeful Hadiya, Affordable housing nonprofit employee. Wants to understand and communicate housing needs, and demonstrate program impact.



KENT, 34, Meticulous Mapper, Lead developer at a small civic... Creating app to map school... attendance levels.

## Phase 2: Proposed consumer personas

### Wiremu



- Wiremu is in his mid-50s, lives in a small rural town
- Suffers from diabetes. Unable to drive, so local DHB has provided him with a home dialysis machine which he needs to use every other day.
- Wiremu is unable to work so is dependent on social welfare payments. After rent, existing debt and food Wiremu barely has enough to cover other bills.
- He is a churchgoer and is embarrassed by his situation but puts on a brave face. He has not spoken to his pastor or family about his difficulties.
- Wiremu's nephew comes to stay and racks up high phone and power bills, which Wiremu is unable to cover.
- Wiremu is embarrassed and so doesn't contact the retailer.
- Wiremu is difficult to contact as his landline has been disconnected and his mobile had been turned off for the past 2 months.

## Phase 2: Proposed consumer personas

### Gladys



- Gladys is aged 67, Wheelchair bound, with respiratory issues and dependent on an oxygen machine.
- Gladys is currently unemployed due to her health condition and her husband George recently lost his job at a local mechanic's, due to COVID-related redundancies. He received a COVID wage subsidy for 12 weeks but the job has now ended. He is on the government COVID top up, but they're still struggling to pay rent and bills.
- Her children live overseas in Australia. Gladys and George manage their own affairs and have not told wider family about their situation. Gladys maintains frequent contact with her GP.
- NZ citizens, they can handle administration and communication with retailer. After two reminders George will talk to his WINZ contact.

## Phase 2: Proposed consumer personas

### Frank

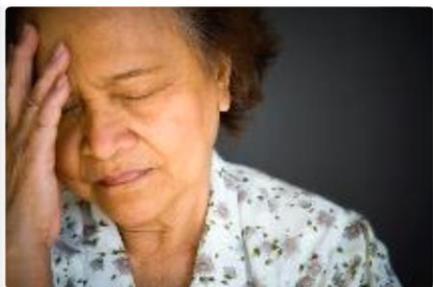


- Frank is 74, hasn't worked for 20 years.
- Was in a HNZ unit but fell behind on rent and was evicted for anti-social behaviour – likes to drink a few beers and has a few louder evenings with his friends from the RSA
- Suffers from mental health and physical health issues, is on medication that needs to be kept in the fridge
- Frank has been sleeping rough and sleeping on friends' sofas. No longer a fixed abode – experiences chronic homelessness. Uses a drop-in centre for food.
- (from MSD text:) *In the past, he has been trespassed from some services due to his angry outbursts. He is adamant that he doesn't need help from services, and has had bad experiences with services in the past. He reports that the people at the drop-in centre however are friendly, and he likes them as they sometimes help him navigate service*

*Builds on an MSD persona*

## Phase 2: Proposed consumer personas

### Lea



- (from MSD text:) *Lea is a migrant in her late 50s who lives alone, has never married, and has no children. She has lived in New Zealand off and on for about 30 years.*
- *She has been employed most of her life but she lost her cleaning job after a miscommunication with her employer, and is now out of work. She is having difficulties in finding employment and she believes her age is the barrier for her getting a job. She is on a benefit and lives in a Housing New Zealand flat.*
- *She met a man who has ‘befriended’ her and moved into her flat. He refuses to pay rent, won’t contribute to paying the power bill, and he eats her food. Lea says he uses all his benefit for gambling, alcohol and cigarettes. He often comes home drunk late at night. Lea is torn because she is active in her church and culturally, she knows it’s the right thing to do to help people. She has asked him to leave and he refuses. Lea doesn’t know what to do and she is worried that if it weren’t for her, he would be living on the streets. But having him there means she is sliding into debt and she has approached Work and Income for help. She is afraid to tell them what is really happening – she assumes they won’t understand.*
- *Questioning authority is a challenge for Lea. She is vulnerable to being taken advantage of and as English is her second language, she does not feel confident enough to stick up for herself.*
- *Lea realises she has a problem and will talk to her Pastor.*

*Builds on an MSD persona*

## Phase 2: Proposed consumer personas (Draft v1.0)

### Jason



- Jason is 16, young, disaffected.
- Needs internet access to complete NCEA level 1. Lives with his mum Sheree who has some alcoholic tendencies and often forgets to pay bills, and ignores official looking letters.
- A school student via correspondence school. Has been excluded from mainstream schools. Intermittent attendance at correspondence school but just about maintaining interest.
- Electricity bills have not been paid for 3 months and his mother Sheree is not returning calls from the retailer.
- Their internet is turned off. Jason phones his correspondence school tutor and tells her that he can't do any more school work as the phone bill was unpaid.

## Phase 2: Proposed consumer personas

### Amena



- Amena is 42, a refugee into NZ who arrived 6 months ago, stayed in the 'integration/welcome' centre and is now living with her four children.
- From MSD text: *Amena is an intelligent, married refugee woman with four children.*
- *Her husband is in and out of the picture, but she says he's highly controlling and has 'spies' in the community to report back on what she's doing when he's away.*
- *She doesn't understand New Zealand's benefit system very well, she doesn't really know what is available, and she is not used to thinking of benefits or services as an option for support. She sticks closely to people within her own community.*
- *She is constantly afraid for her own health and safety, and for her children. Her oppressive environment means she can't go out and get a full-time job – it's not usual for women in her cultural community to work a lot.*
- Amena does not work – she is still learning English. Has a Red Cross refugee settlement volunteer who checks in only occasionally.
- Her house is cold, due to minimal insulation, poor heating and damp issues. The children have developed asthma, and Amena's own health is suffering.
- On benefits, can't speak English. Has been sold furniture by a hire purchase loan shark and so is now struggling to make ends meet.
- Does not realise she can call retailer – does not understand NZ systems.

*Builds on an MSD persona*



## Their retail electricity journeys and pain points



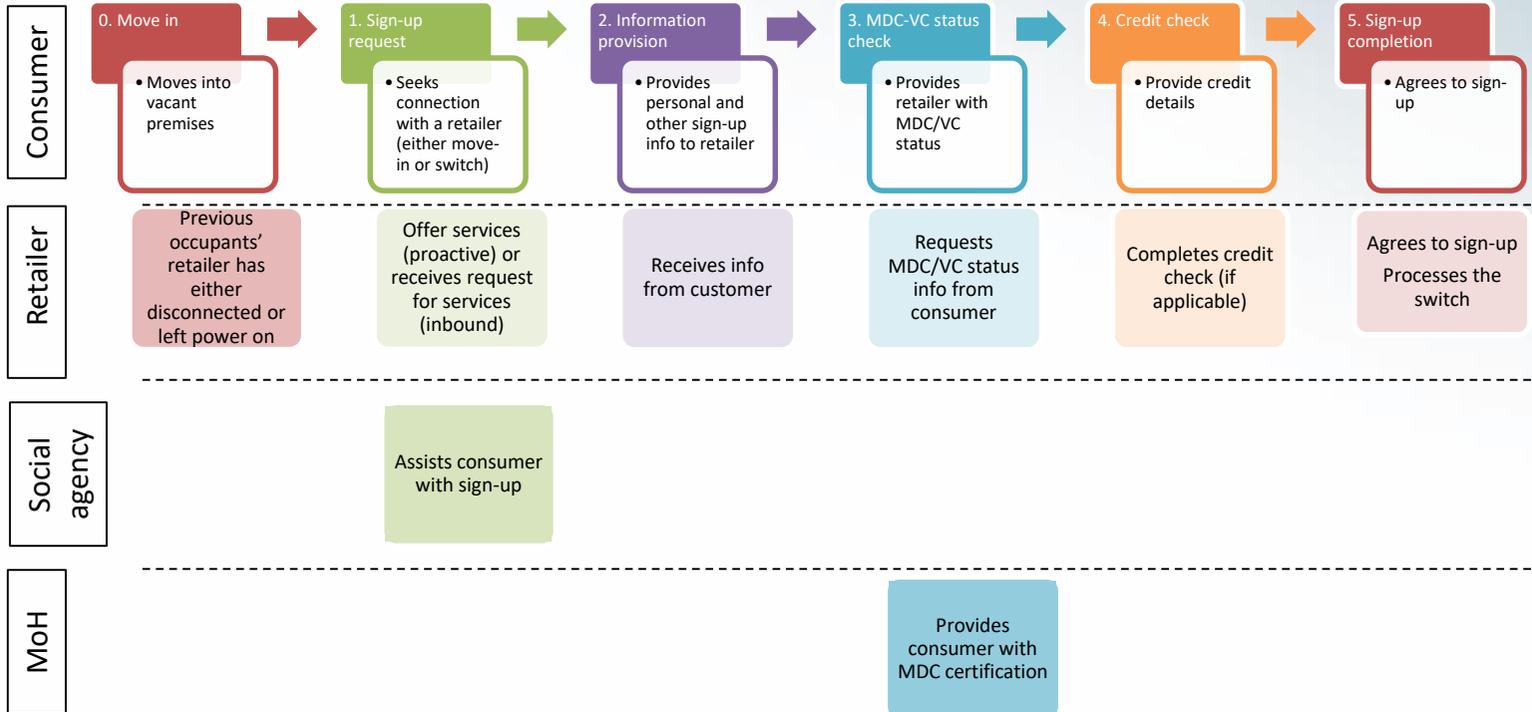
## We're taking our people on a journey....

- A customer journey map is a visual representation of every experience electricity consumers have with us. Many of you will use these regularly.
- At first glance, a consumer, or customer journey is pretty simple. You offer something, they buy it. But once you get into the detail, customer journeys are quite complex and come in many varieties. Medically dependent or vulnerable consumers/customers can come into contact with your agency or business in a multitude of ways and from many different starting points.
- For these vulnerable consumers, we all want to make every experience a customer has as good as it can possibly be. So to make sure no interaction slips through the cracks, we need to map out every touchpoint or experience along the customer journey.
- Journey mapping helps us step into these consumers' shoes and see what we do from the customer's perspective. It helps us gain insights into common customer pain points, how they we improve the customer experience, and define what vulnerable customers, and prospective vulnerable customers, need in order to have their high and complex needs met.

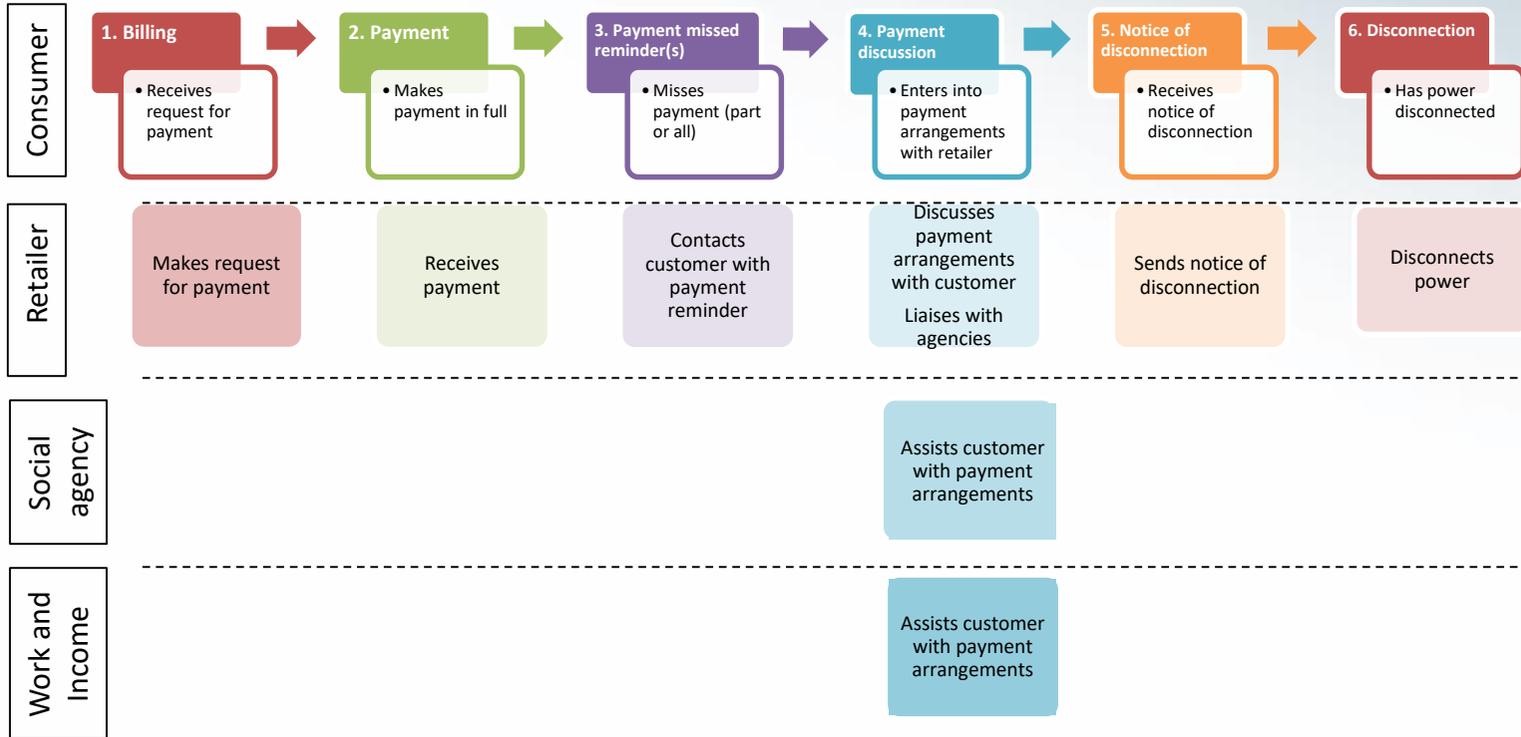
# Sample super simple consumer journey map: buying a coffee



# Sample consumer journey map SIGN UP: Wiremu



# Sample consumer journey map BILLING & CREDIT: Wiremu

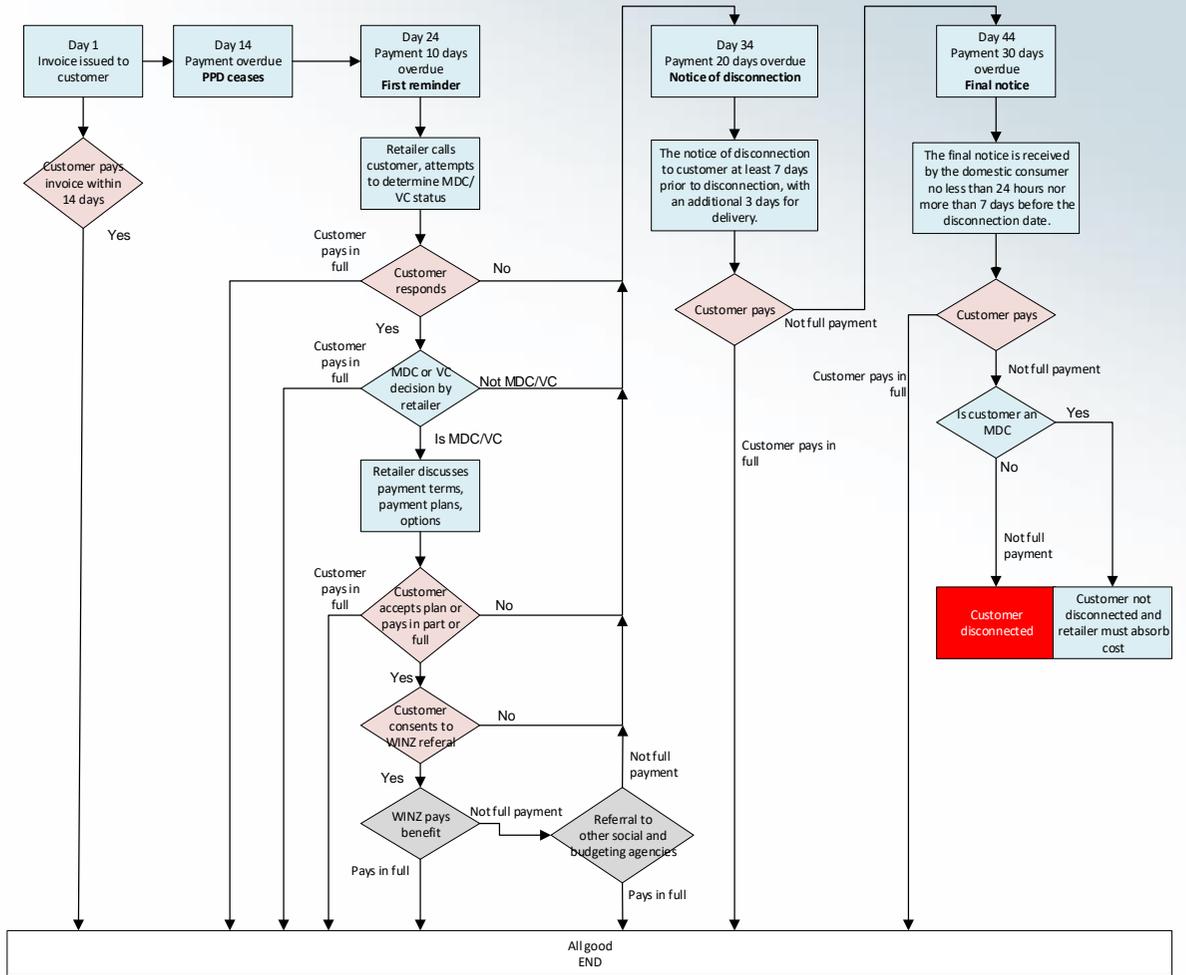


## Refining Wiremu's journey: Group exercise

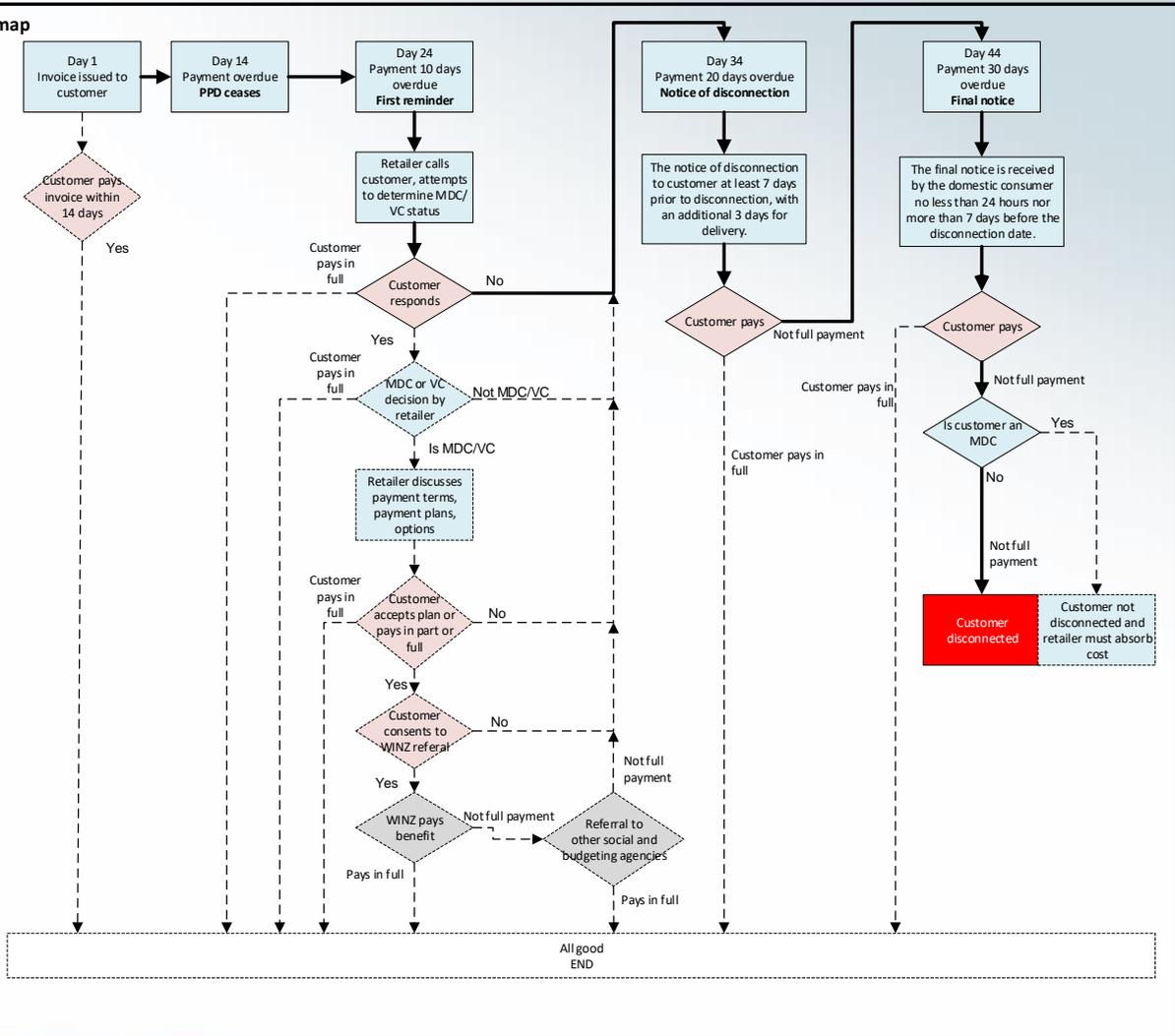
In your table groups:

- What have we missed, from each viewpoint?
  - *Retailer*
  - *Social agency*
  - *Consumer*
  - *Other*
- What are **Wiremu's** biggest pain points we need to address?
- What are **the providers'** biggest pain points re Wiremu?
- What's the biggest **process** issue re Wiremu's needs?
- What's the **key insight** from this persona for the new guidelines?

# Invoicing process



# Wiremu journey map



## Group exercise: journey maps for other personae

- Staying in your table groups, do a full map from scratch for your assigned persona on the brown paper
- Get in as much detail and richness as possible
- Remember to draw on all the different perspectives
- Illustrate the pain points



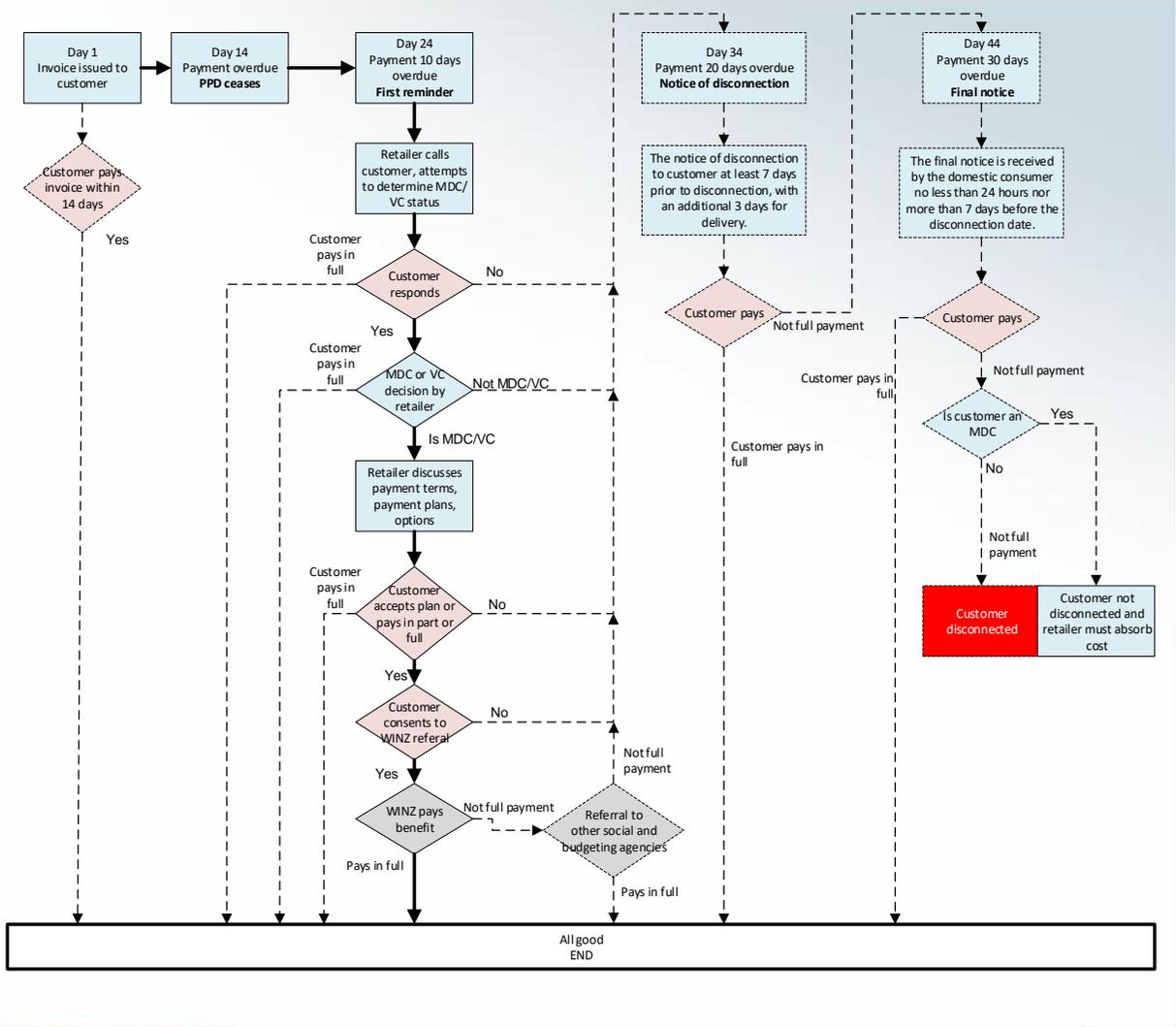
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# Gladys journey



## Phase 2: Proposed consumer personas

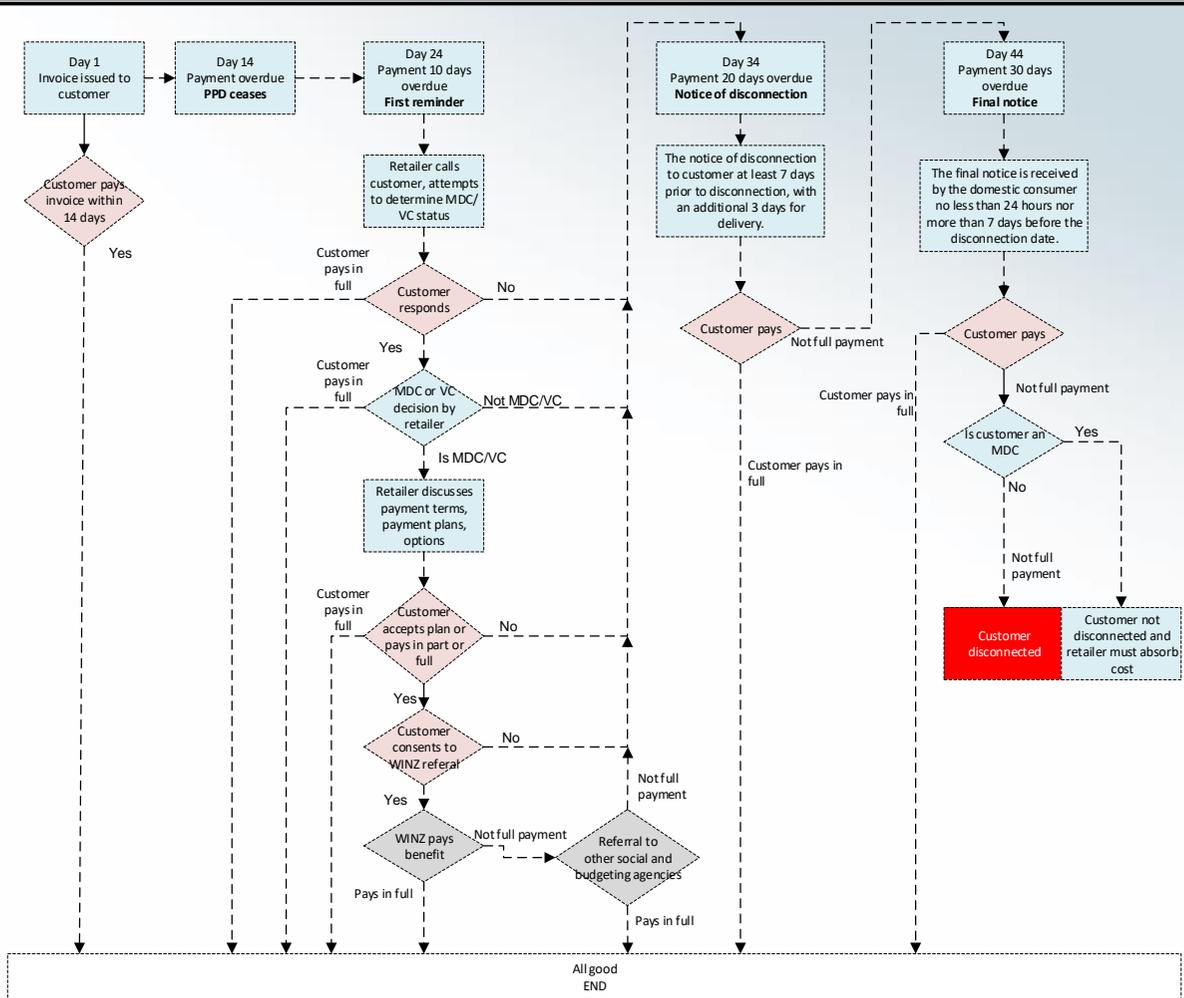
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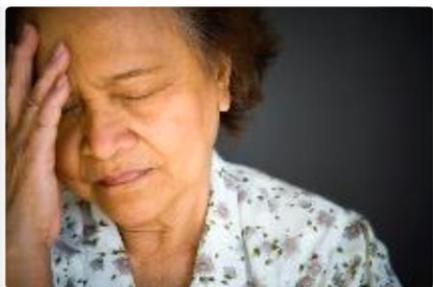
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# Frank journey



## Phase 2: Proposed consumer personas

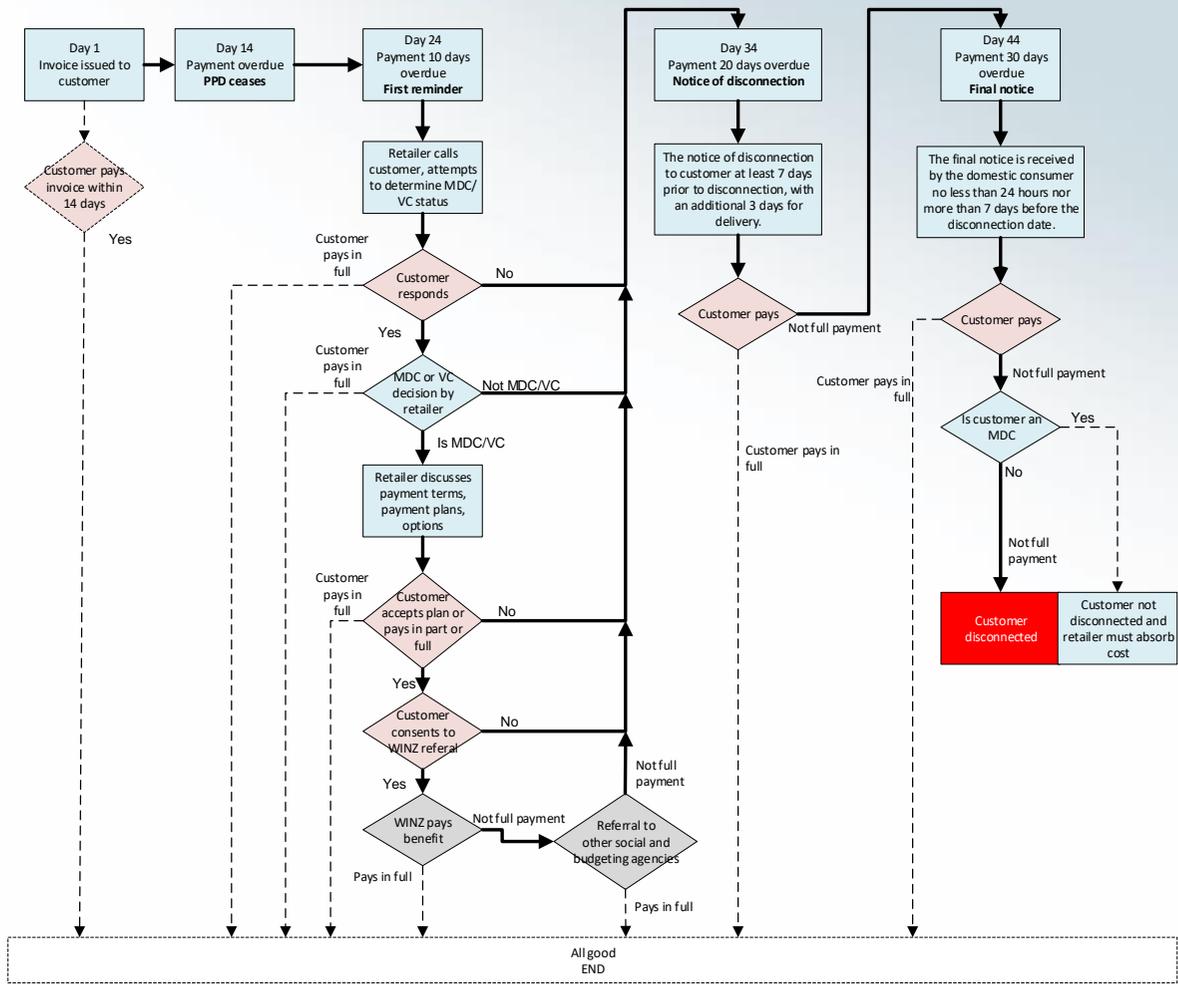
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# Lea journey



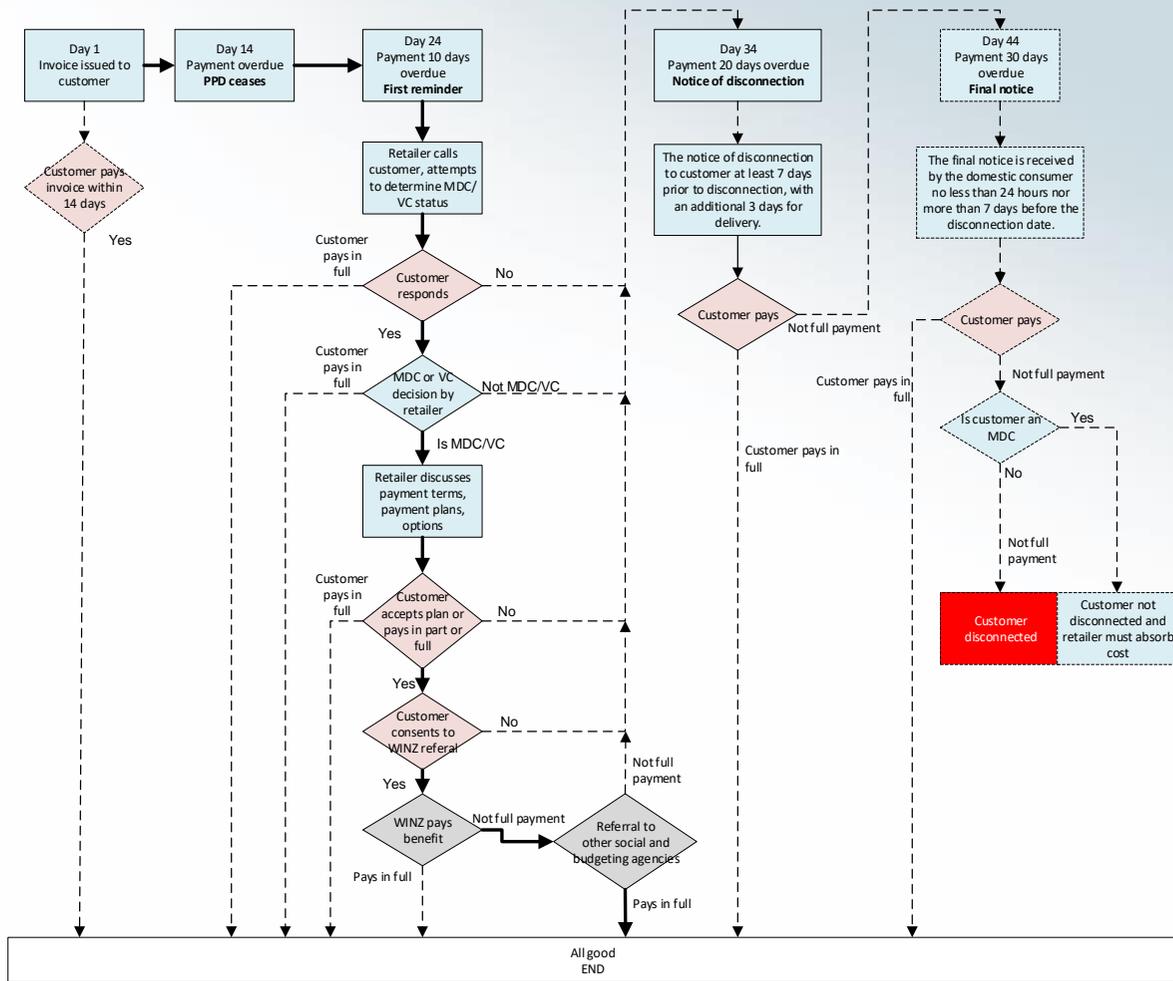
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# Jason journey



## Phase 2: Proposed consumer personas

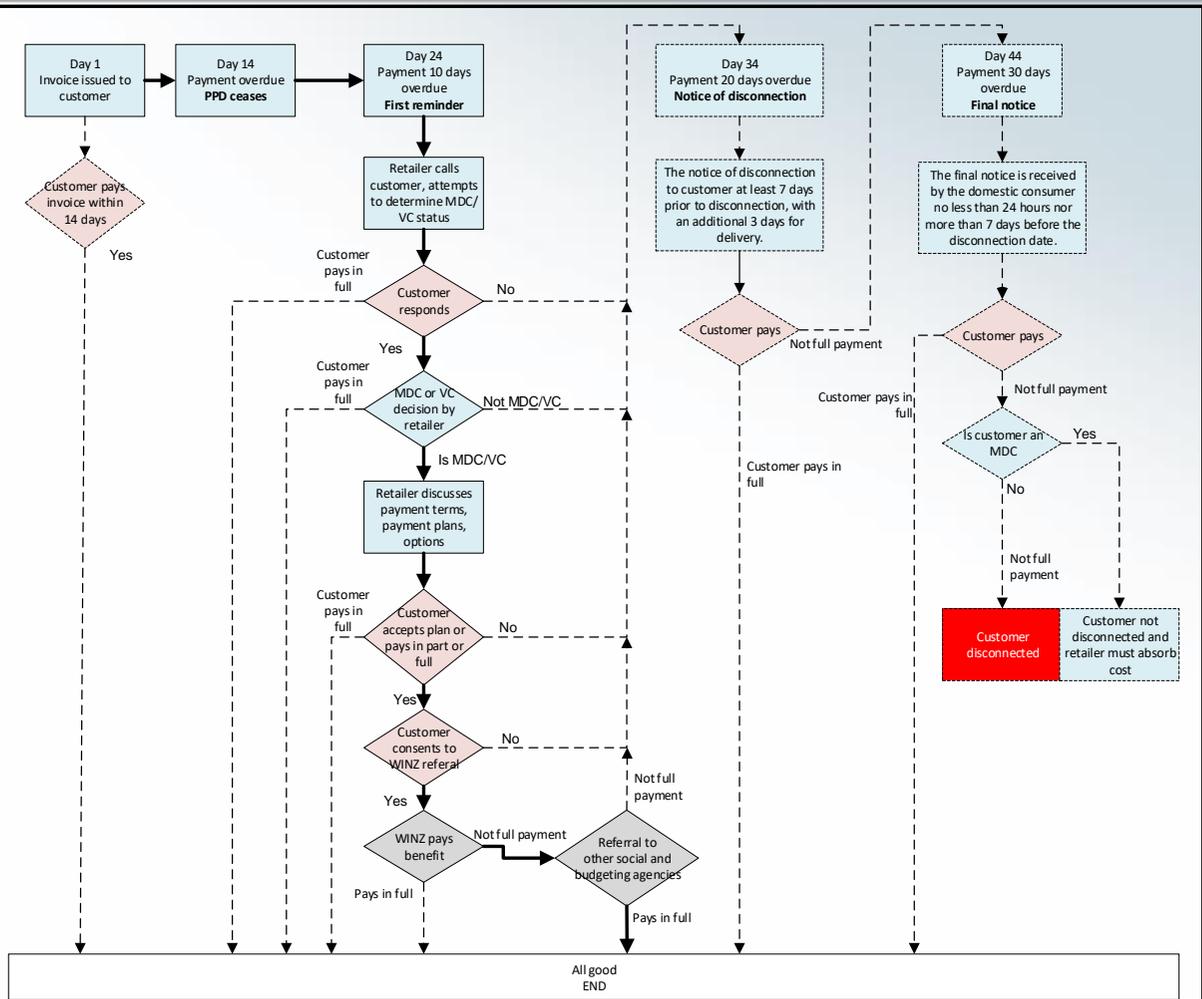
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*Builds on an MSD persona*

# Amena journey



## What do their journeys teach us...

.....That we must take into account in the guidelines review?

# Affinity mapping process

- Affinity diagrams are all about bundling and grouping information, and this method can be one of the most valuable methods surface key themes.
- The method is also called “Space Saturate and Group”. The term “**saturate**” relates to the method in which everyone covers or saturates the “**space**” with images and notes, in order to create a wall of information, to inform, and start “**grouping**” the following problem-defining process.
- You then **draw connections** between these individual elements to join the dots and develop new and deeper insights.
- They will help define the problem(s) and develop potential ideas for solutions.
- In other words, you go from analysis to synthesis.

## Distilling the key issues the guideline(s) must cover from consumer perspective: Group exercise

1. Working together (FAST) put pieces of data, small documented facts, ideas, and observations from the last exercise onto post-it notes. Get LOTS!!!!
2. Take one post-it and make it the first post-it in the first group on the wall
3. Take the next post-it and ask, “Is this similar to the first one or is it different?”. Then, you will place it in the first group or into its own group.
4. You continue post-it by post-it as you place similar ideas together and create new groups when ideas do not fit into an existing cluster.
5. Name the clusters to help you create an information structure and discover **themes**. You should now have 3-10 groups, so it’s time to talk about the best elements of those clusters.
6. Rank the most important clusters over less important clusters.  
*(Be aware which values, motives, and priorities you use as foundation ideas before you start ranking: Is this your user’s priorities, your company’s, the market’s, the stakeholder’s, or your own? Which ones should you put most emphasis on?)*
7. **Distil out your group’s top three themes!!!!**
8. **You have 30 minutes!!!**

# Your affinity mapping work



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# Affinity Map – Group 1 (1 of 2)

## Guidelines

- Evolving definition of what vulnerable means
- Clear recommendations for all involved
- Detailed but broad application
- Consistency: between retailers, between DHBs and HPs
- Outcomes

## Retailer rights

- Some customers will not respond to retailers deliberately – retailers has right to be paid
- First time a retailer knows there is an issue may be too late
- Disconnection options exist for MDC/VC such as capacity control using AMI
- Customer has obligations
- Be upfront to retailers
- Have a back-up plan

## Premises

- Householder knows how to operate appliance and house i.e. is energy literate
- Home has efficient appliances (light, heat, cook etc)

# Affinity Map – Group 1 (2 of 2)

## Identify option

- Correct price plan
- As a retailer we implement certain plans for MDC/VC only?
- Has access to internet to research options and be connected
- Knows how to use Powerswitch
- Prepay as a last resort may be more expensive than post pay

## Trust and communication

- Inter-relationship with agencies and retailers
- Has agreement through own confidence or support from advocate
- Connection to social health NGO services
- Retailer cannot bypass customer to talk to consumer
- WINZ should be last stop, not first stop
- Needs buy-in of MoH, MSD, MBIE and budget and social agencies. It's a complex issue
- Customers often unaware where to get help
- We can make or break someone's life through our processes

## Early intervention & info gathering

- Vulnerable customers identified early at signup and referred, e.g. to energy advice service
- Energy debit is a good indicator things could go bad
- One opportunity to get it right
- "Live on my own" trigger to ask questions
- How do we identify MDC/VC. Are we confident as a retailer we have done enough?
- Has confidence retailer will put them on the best plan and review regularly
- Customer not one size fits all
- Gather information by asking the right questions
- Triggers to ask questions – WINZ, employed or not, age

# Affinity Map – Group 2 (1 of 2)

## Efficient retailer process

- Early intervention
- Avoid credit build up
- Inconsistent processes across industry
- Inconsistent MD form
- Retailer protection from fraudulent customers

## Wrap around services

- No ideal fit that suits all MDV/VC
- Processes need to be flexible

## Energy awareness

- More customer awareness around energy usage
- Beneficial pricing plan

# Affinity Map – Group 2 (2 of 2)

## Communication

- Regular communication
- Open communication for all stakeholders
- Communication is key
- Automation opt out option
- Advise pricing options

## Definition clarity

- Define MDC
- Define MDC equipment and provide list to retailers, e.g. CPAC, MD equipment

## Barriers

- Language can be a barrier
- Cultural barriers
- Retailer of last resort (Govt subsidy)
- Fair distribution
- Prepay is often more expensive so VC even more disadvantaged
- Guideline should be protecting consumer not barrier to innovation – how to protect retailers from fraud
- Cost to get medical certificate

# Affinity Map – Group 3

??

- Disconnection for no payment is last resort
- Annual notification by retailer
- Change of circumstances after signing
- MDC with no fixed abode (stays on sofas) can friend get MDG status for account?
- Commission based sales sends wrong signal for best plan
- Account holder different for consumer
- How to deal with MDC consumers who are not customers
- Prepay expensive
- Prepay and debt rollover is difficult

## Vital info gathering

- Flagged as MDC or VC
- Accumulate information gathering
- Right power plan
- Overcome communication barriers
- Is the plan the right plan
- Right payment option
- Meter type
- Flagged as vulnerable stigma
- Name and address
- Privacy
- Educate customers

## Wrap-around services

- Need best practice for VC/MDC not lower common denominator
- Relationship retailer and budget agencies
- Make the most of every point of contact with customer
- Wrap around services may be needed, commercial/social responsibility

## Support

- Support relationships
- Follow-up
- Support person
- Income support

# Affinity Map – Group 4

## Consumer education

- Heating
- Insulation
- Lighting
- Healthy home initiatives

## MDC ID verification

- DHB/GP verification
- Non MDVC notification
- Refine MDC
- Prepay and MDC

## Understanding

- Financial mentoring with funds
- Financial assistance
- Underwriting most needs (W&I) or low income
- Non-customer MDC
- Essential redirection
- Income inadequate

## Privacy / customer help

- Privacy constraints
- Social services
  - Communication
  - Influence
  - Govt policy
- Government policy for consumer outcomes
- Collaboration, Gov, Com, industry
- Essential services to connect for customer wellbeing

# Key themes from Workshop One

Agency and retailer perspectives





# What you told us....

We make or break someone's life through these processes	Every consumer and their situation is different	Disconnection for non payment is last resort	Customer has obligations. Be upfront to retailer. Have a backup plan if MDC/VC.
DHB/GP verification	No ideal fit that suits all MDC/VC. Processes need to be flexible	Cost of getting a new MD notice is an issue	More customer awareness needed around energy usage
How to deal with MDC consumers who are not customers	Needs confidence retailer will put them on best plan and review regularly	Consumer education – heating – insulation – lighting needed	Healthy home initiatives are a model
Customer who are hard to contact (no ph, int, txt, post mail)	Customers often unaware where to get help	Not all consumers have access to internet, txt etc.	Prepay is often more expensive so VC even more disadvantaged

## Key themes from electricity provider perspective?



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ELECTRICITY  
AUTHORITY  
LE MANA HĀHO

# What you told us...

Retailers cannot bypass customer to talk to consumer

First time a retailer knows there is an issue may be too late

How to deal with MDC who are not customers?

Some customers will not respond to retailers deliberately - retailer has right to be paid

Retailer protection needed from fraudulent customers

Opt out options are needed

One opportunity to get it right for the frontline - make that initial contact or visit count

Issues with CEME

Structure and definitions in current guidelines need change

Proactive approach needed

Clear recommendations for all involved

Detailed but broad application

Need best practice for VC/MDC not lowest common denominator

Interrelationship between agencies and retailers is critical

Need to minimise inconsistent processes across industry

Do we need funder/retailer of last resort?



## What you told us....

Needs buy in of MOH, MSD, MBIE, budget and social organisations, EA, it is a complex issue

Essential redirection

Education needed for supporters/advocates e.g. the pastor in Lea's story who can play a vital role

Need greater consistency between retailers, between DHBs and HPs

Connection to social health NGO services is vital

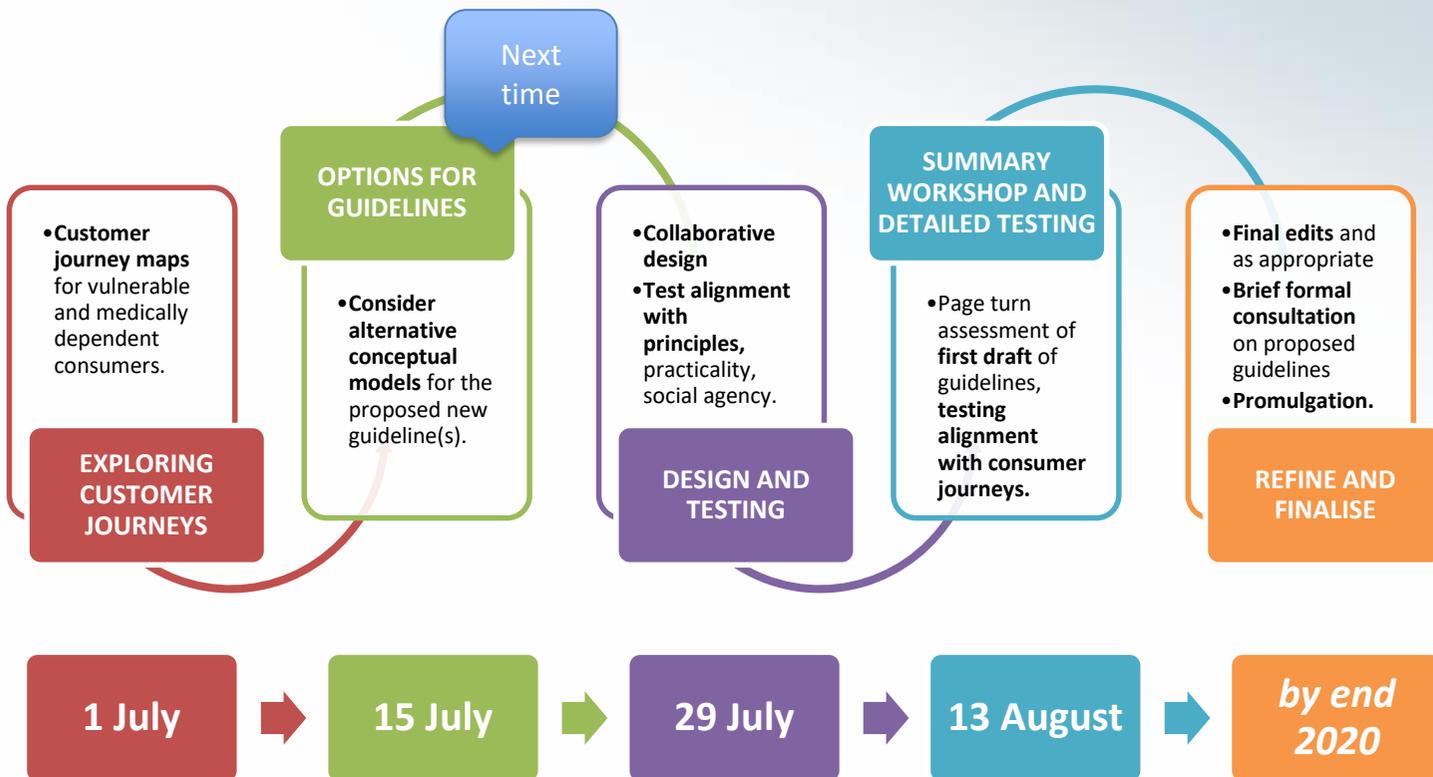
WINZ should be last stop, not first stop

Inconsistent MD form needs sorting

# What happens next?

Preparing for workshop two in this series

# What next?



# Let's recheck the proposed design principles for the update

## The right consumers are identified

- Consumers can initiate the identification process, but are not relied as the only method to identify
- Other parties can initiate the identification process.

## Manaakitanga guides the consumer experience, every time

- Processes are accessible
  - Privacy is maintained
  - Communication is timely, and clear
  - Appropriate advice given (in advance)
- If payment issues arise:*
- Early contact and intervention
  - Options given
  - Support offered, including referrals to wider agencies

## A level playing field and support for innovation for retailers

- Retailers engage
- Retailers face an even playing field (processes are predictable and consistent) and retailers can recoup costs
- Processes make sense: intervention is early, and communication channels are easy to use (also for retailers)
- Interfaces are efficient
- Guidelines support retailer innovation

## Your feedback

- Suggest change the structure of these to reflect reasonable service obligations by each party
- Suggest add a criterion re 'able to be monitored'
- *These edits will be circulated at the next session*

## Preparing for the next session

1. We'll send you today's output for further reflection
2. Please think in advance about the optimal conceptual approach we should take to the new guidelines against the design principles as 'sliders'
3. We'll consider options and score the preferred approach next time...

....as well as talk a little regulatory theory!

*In the meantime, the next webinar is a chance to raise more questions or make additional suggestions.*

## Workshop review

Go around your tables and record **three** sentences from each person:

1. On thing that worries you after today
2. One positive about today
3. One thing you'd like to happen next time

# 1 July workshop review: What you told us...

Your big worries	The positives	Next steps needed
<p>The guidelines might be ineffective if too generalised</p> <p>If too prescriptive it will go out of date quickly</p> <p>Not all aspects which are currently covered by the guidelines can or should be regulated, e.g. retailer internal process</p> <p><b>Some of us want principles and others want prescription. Trade offs will be needed</b></p> <p>This is really complex from a policy/legal viewpoint</p> <p>Not sure we have the right mix of people here from the retailers</p>	<p>The quality of the group discussion is moving in the right direction</p> <p><b>All stakeholders including industry and NGOs agree that the guidelines need to be updated</b></p> <p>Customers are getting the focus they need</p> <p>It's good to see NGOs involved</p> <p>Retailers are positively and actively participating</p> <p>We have lots of voices from the front line which keeps us grounded</p> <p><b>It's good to work transparently and iteratively so we can all educate each other</b></p>	<p><b>There needs to be more stakeholders involved e.g. Work &amp; Income, MoH, MSD to exchange views</b></p> <p>Need more time to reflect and discuss in sessions</p> <p>Need zoom engagement protocols</p> <p>Useful if people can be in the room if possible</p> <p>Commitment is needed from MBIE/Government agencies in assisting retailers and customers</p> <p><b>Need to think about whether this is a revision of the guidelines or a different approach</b></p> <p><b>The design principles need some work. Need to reflect consumer &amp; other expectations</b></p>

## Your post session questions

- A. Q: Are we presuming too much by titling this project 'review of guidelines'? The revised framework might take another form?
- B. A: *Good point, we agree. We'll tweak our language to focus on successful outcomes for medically dependent and vulnerable consumers, understanding these have to reflect a balance of interests.*
- C. Q: It's good the EA is doing this differently. Are we co-designing?
- D. A: *This is not a full co design. Rather a collaborative approach. We are trying to be more creative, more transparent and more inclusive in our process. We're learning as we go, so keep the feedback coming.*
- E. Q: Will there still be formal consultation in addition to these sessions?
- F. A: *Yes, but it is likely to be shorter than has been typical in the past.*
- G. Q: Do we have social agencies on the zoom or in the room for these sessions?
- H. A: *Some. Including Kainga ora for social housing, MSD and MoH. MBIE is also participating.*

## Your post session feedback to us on workshop format

### Negatives

- It was very hard to hear those who were talking in the room and it appeared even though there were about 20 people in Zoom, not that many interacted during the breakout sessions. (zoomer)
- There were opportunities to have good conversations but it was difficult to tell who was participating or not online. (zoomer)
- As always happens when you have online and in-person attendance, the in-person attendees appear to get 'preferential treatment' while the people calling in become an 'afterthought'. Under normal circumstances I can accept this only to a small extent (as in-person attendees have expended cost and time to attend) however, given the recent COVID-19 situation in New Zealand,
- I would have expected a large number of online attendees so they should not have been made to feel left out. I accept that trying to facilitate a workshop to accommodate both sets of attendees isn't easy but I feel this was much more tailored to in-person attendees. Online attendees struggled to engage (which was evidenced by the little talking done in the various sessions).

### Positives

- It made use of the available technology to enable greater participation than otherwise. (zoomer)
- It was good to see some consistencies in what people were thinking. (zoomer)
- Attempt to take a consumer-centric approach – very refreshing. (zoomer)
- Good mix of stakeholders, contributing well. Workshop was well facilitated and supported by EA team. Good to have clear structure and approach for the day. (in person)
- Learning other stakeholders' perspectives. That the EA intends to respond to confirm what has been heard. (zoomer)
- Everyone was given a chance to put their views through in their group activities. (in person)
- I like that groups from all around the industry (and outside of it) were able to attend. I like that the EA attempted to accommodate remote attendance. (zoomer)
- Interactive – good range of activities. (in person)
- Good collaboration and a chance to hear different viewpoints. Also useful from a networking perspective. (in person)

## An open collaborative process

- A living FAQ and suggestions page has been created:

<https://www.ea.govt.nz/development/work-programme/operational-efficiencies/medically-dependent-consumer-and-vulnerable-consumer-guidelines/mdvc-q-and-a/>

- Please send questions or suggestions to:

[MDVC.guidelines@ea.govt.nz](mailto:MDVC.guidelines@ea.govt.nz)