WEB-RADR WP 3B STUDY RESULTS

User-based evaluation

Study 3. Assessment of experiences of WEB-RADR app users

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Table of content

1   Preface

1.1   Purpose of the document

The purpose of this document is to present the results of the quantitative study of the Work Package 3B team.

1.2   Version history

Table. Version history

Version	Date	Comments/Changes from previous version	Authors
1		First draft manuscript	WP3B team

1.3   Definitions and abbreviations

For definition and abbreviations in this document, please refer to the WEB-RADR Definitions and Abbreviations Document.

2   Background

Reporting of adverse drug reactions (ADRs) by patients has been shown to be a valuable addition to the reports provided by healthcare professionals (HCPs) [1,2]. However, knowledge in the general population about reporting ADRs e.g. through the Yellow Card Scheme in the UK is limited [1]. It is widely accepted that new tools should be developed that facilitate reporting of ADRs by patients and HCPs. Intensive web-based monitoring of patient experiences with new drugs provides one such tool to increase the number of reported ADRs [3,4]. A mobile application or a so-called app provides another.

When ADR reports or findings from clinical trials result in the identification of a new and important drug safety signal that information does not always reach the HCP or affect his clinical behaviour [5,6]. In the EU, important new safety issues are primarily communicated by sending paper-based warning letters by the Marketing Authorisation Holder (MAH) to HCPs; i.e. Direct Healthcare Professional Communications (DHPCs). DHPCs are increasingly sent in collaboration with the European Medicines Agency (EMA) [7]. Although many National Competent Authorities (NCAs) publish these safety-warnings on their website, this is not sufficient to reach all stakeholders as a recent study showed that Dutch physicians rarely visit their NCA website [8]. In addition, the European Federation of Pharmaceutical Industries and Associations (EFPIA) is keen to establish new mechanisms and policies for these communications with a view to reducing future costs. This is why additional channels need to be explored through which stakeholders can be informed about drug risks. Ideally, risk communication is two-way and it is for that reason attractive that a tool for reporting ADRs also provides useful information for the user of the tool, such as existing benefit/risk information [9,10]. Especially when that source is considered trustworthy, information may be more readily accepted [8,11].

Still, it is largely unknown how the target populations of patients and HCPs value a mobile app for both reporting ADRs and as a source of drug safety information. HCPs may not always have the same needs regarding safety information as lay people [12]. A more sophisticated language, or/and references could be given to scientific background information, when communicating to this collective [13]. Also, large differences can be expected in how much a mobile application will be used between patient groups; e.g. younger patients, highly-informed patients (e.g. those with an orphan disease, who belong to a powerful patient community) or elderly patients with often multi-morbid disease (e.g. those with heart failure, type II diabetes mellitus). Actually, it was suggested by the EURORDIS patient platform, that due to the relevance for rare disease patients, more information about off-label treatments could be provided. Format and wording may affect the response to risk information by HCPs [14]. User-friendliness, wording and format should be attuned to the target audience not only by considering health literacy but possibly also visually-disabled patient populations. Another challenge is how to get a mobile app adopted by the larger public.

In this project, a mobile app to report ADRs **and** to provide ADR information – i.e. *two-way risk communication* – has been developed. Several studies will be conducted to assess potential barriers and facilitators of a mobile app of two-way risk communication, the impact of wording and format on the usability of an app, and experiences of actual users of the developed app. This document provides the results of the assessment of experiences of actual users of the developed app.

2.1   Objectives

The primary objective of this study was to assess the experiences of users of the Web-RADR app and the intention to continue using the app.

3   Methods

3.1   Study design

This study was part of the work conducted by the Work Package 3b member of the Web-Recognizing Adverse Drug Reactions (Web-RADR) project (https://web-radr.eu/). In the context of this project, three mobile apps for two-way risk communication have been developed, one for Croatia, one for the Netherlands and one for the UK (Table 1). Cross-sectional survey data of app users were collected in the end of 2016/beginning of 2017 using a web-based survey. Completing the survey was considered as providing consent to participate in the study.

Table 1. Overview of the three apps

Country	Name of the app	National agency linked to the app
Croatia	HALMED app	HALMED
The Netherlands	Bijwerking app	Lareb
The UK	YellowCard app	MHRA

3.2   Data collection and participants

Data were collected using a survey developed by the Web-RADR work package 3b team. The survey was developed in the English language and translated by Web-RADR work package 3a and 3b members into Croatian and Dutch. The survey contained some general questions about the responder and questions about their experiences with either the app for Croatia, the Netherlands or the UK. The general questions were presented as closed-ended questions in which one answer could be provided. Three of the general questions (i.e. 'In what role do you use/have you downloaded this app?', 'On what type of device have you downloaded the app?' and 'Which version of the app do you use?') included the answer option 'I do not know the HALMED app/Bijwerking app/YellowCard app'. Survey reponders who selected this option on at least one of the questions were excluded from the questions about their experiences with the app.

The questions about experiences are based on the Unified Theory of Acceptance and Use of Technology (UTAUT) (15). According to this theory, someone's intention to use technology such as a mobile app is influenced by the following factors: performance expectancy, effort expectancy, social influence and facilitating conditions. The survey contains questions that address these factors except facilitating conditions since people already downloaded the app indicating that they have the necessary resources (16). In addition, a question about the behavioural intention to continue using the app is included. The items were developed based on previously used surveys (15-18) and were presented as 7-point Likert scale items ranging from totally disagree to totally agree (Appendix 1).

Besides the closed-ended questions, there were two comment boxes in which the responders could enter any additional information they wanted to provide.

The surveys were entered in the Unipark software (http://www.unipark.com/en/) to create the web-based format. A specific link to each of the surveys was available. In Croatia and the UK, the link to the survey was send by an e-mail from the national agency to patients and healthcare professionals who registered for the HALMED app or YellowCard app respectively. To increase response rates, one reminder was sent. In the Dutch app, the link to the survey was presented as a news item in the app to ask the users for their participation.

3.3 Data analysis

For this report, descriptive analyses were conducted.

3.4 Ethical considerations

3.4.1 Regulatory and Ethical compliance

The workpackage lead is responsible to ensure regulatory and ethical compliance of this study, in accordance with regulations in place in the country(ies) where the study will be run. The general advisory board is responsible to ensure ethical adequacy of this protocol and related documents.

3.4.2 IRB/IEC

In the Netherlands, the study protocol was submitted to a local ethics committee who provided a waiver of full ethical approval.

4   Results

4.1   Response rates

In total, 284 app users completed the survey (Table 1). The email from the Croatian agency was sent to 520 e-mail addresses. Of these, 91 completed the survey (response rate: 18%). In the UK, the e-mail was sent to 2,783 addresses. However, these included Web-RADR members and employees of the national agency. After a closer look at the e-mail addresses, the response rate to the survey is based on 2,646 e-mailadresses in which Web-RADR members and employees of the national agency were excluded. The number of responders was 189 (response rate: 7%).

4.2   Characteristics of the responders

In total, 283 persons completed the survey of which 91 completed the survey about the app in Croatia, 3 about the app in the Netherlands, and 189 about the app in the UK (Table 2).

The median age of the responders was 45 years with a range of 1 to 99 years.

More than half of the responders downloaded the app in the role of healthcare professional (55%). About a quarter (24%) downloaded the app as patient. Examples of other roles that were mentioned are employees of a pharmaceutical company, people working in the field of pharmacovigilance and people from a university (for the full list see Appendix 2).

More than half of the responders were female and used the app on an iOS device. The app was used more often on a mobile phone than on a tablet (77% versus 6%) (Table 2).

There were some differences in responder characteristics across the countries. Responders from the UK had downloaded the app more often on both, a mobile phone an tablet (15%), than responders from Croatia (2%). Also, the iOS version of the app was mostly used by responders from the UK (62%) whereas responders from Croatia mainly used the Android version (64%).

Twentytwo responders indicated on at least one of the three questions that they do not know the HALMED/Bijwerking/YellowCard app. These responders did not complete the additional questions about their experiences with the app. Characteristics of the remaining 261 responders are presented in Table 3.

An overview of the general comments given by the responders is shown in Appendix 3. Some important aspects from these comments that need to be considered are:

- Problems with the latest update of the app (unable to download, not compatible with device)
- An app does not work for professionals who do not use a mobile device at work or who do not have WiFi at work
- Some responders do not prefer to create an account in the app / forgot their login details

Table 2. Characteristics of the survey responders

	Total	Croatia	The Netherlands	The UK
N	283	91	3	189
Median age (range)*	45 (1-99)	39 (16-99)	52 (39-70)	47 (1-83)
Gender, n (%)				
Men	129 (46)	38 (42)	1 (33)	90 (48)
Women	151 (53)	52 (57)	2 (67)	97 (51)
Other/Do not want to tell	3 (1)	1 (1)	0 (0)	2 (1)
App used/downloaded as…, n (%)				
Healthcare professional	157 (55)	49 (54)	1 (33)	107 (57)
Patient or consumer of medicines	67 (24)	26 (29)	2 (67)	39 (21)
Both, healthcare professionals and patients/consumer	27 (10)	11 (12)	0 (0)	16 (8)
Other	18 (6)	4 (4)	0 (0)	14 (7)
I do not know the HALMED/ Bijwerking/ YellowCard app	14 (5)	1 (1)	0 (0)	13 (7)
Type of device on which app was downloaded				
Mobile phone	217 (77)	86 (95)	3 (100)	128 (68)
Tablet	18 (6)	1 (1)	0 (0)	17 (9)
Both, mobile phone and tablet	31 (11)	2 (2)	0 (0)	29 (15)
I do not know the HALMED/ Bijwerking/ YellowCard app	17 (6)	2 (2)	0 (0)	15 (8)
Version of the app				
iOS	144 (51)	25 (27)	1 (33)	118 (62)
Android	106 (37)	58 (64)	2 (67)	46 (24)
Both, iOS and Android	8 (3)	1 (1)	0 (0)	7 (4)
Don't know	7 (2)	4 (4)	0 (0)	3 (2)
I do not know the HALMED/ Bijwerking/ YellowCard app	18 (6)	3 (3)	0 (0)	15 (8)
Screen used the last time entering the app				
Screen 1	76 (40)	N/A	2 (67)	74 (39)
Screen 2	31 (16)	N/A	1 (33)	30 (16)
Don't know	85 (44)	N/A	0 (0)	85 (45)

* 2 missing

N/A=Not application since this question was not included in the survey

Table 3. Characteristics of the survey responders excluding those who did not know the app

	Total	Croatia	The Netherlands	The UK
N	261	87	3	171
Median age (range)*	45 (1-99)	39 (16-99)	52 (39-70)	47 (1-83)
Gender, n (%)				
Men	116 (44)	36 (41)	1 (33)	79 (46)
Women	143 (55)	50 (57)	2 (67)	91 (53)
Other/Do not want to tell	2 (1)	1 (1)	0 (0)	1 (1)
App used/downloaded as…, n (%)				
Healthcare professional	151 (58)	48 (55)	1 (33)	102 (60)
Patient or consumer of medicines	66 (25)	25 (29)	2 (67)	39 (23)
Both, healthcare professionals and patients/consumer	27 (10)	11 (13)	0 (0)	16 (9)
Other	17 (7)	3 (3)	0 (0)	14 (8)
Type of device on which app was downloaded				
Mobile phone	212 (81)	84 (97)	3 (100)	125 (73)
Tablet	18 (7)	1 (1)	0 (0)	17 (10)
Both, mobile phone and tablet	31 (12)	2 (2)	0 (0)	29 (17)
Version of the app				
iOS	144 (55)	25 (29)	1 (33)	118 (69)
Android	104 (40)	57 (66)	2 (67)	45 (26)
Both, iOS and Android	7 (3)	1 (1)	0 (0)	6 (4)
Don't know	6 (2)	4 (5)	0 (0)	2 (1)
Screen used the last time entering the app				
Screen 1	75 (43)	N/A	2 (67)	73 (43)
Screen 2	31 (18)	N/A	1 (33)	30 (18)
Don't know	68 (39)	N/A	0 (0)	68 (40)

* 2 missing

N/A=Not application since this question was not included in the survey
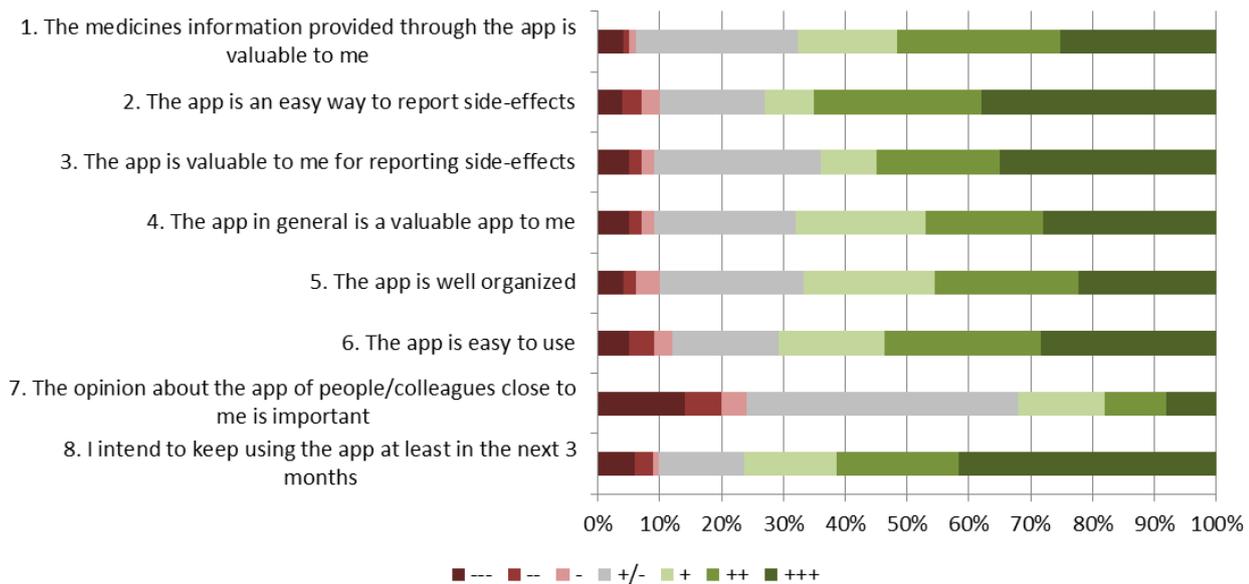
4.3 App experiences

For the app experiences, the responders were asked to what extent they disagreed or agreed with 8 statements. These statements were: The medicines information provided through the app is valuable to me, the app is an easy way to report side-effects, the app is valuable to me for reporting side-effects, the app in general is a valuable app to me, the app is well organized, the app is easy to use, the opinion about the app of people/colleagues close to me is important, and I intend to keep using the app at least in the next 3 months.

For each of these statements, about 10% of the 261 responders indicated that they didn't know/had no opinion. There were somewhat more responders who had no opinion about the value of the app for receiving medicines information than about the value of the app for reporting side-effects. The distribution of the responses to the statements are shown in Table 4 and Figure 1.

Table 4. Responses to each of the statements about app experiences*

	Don't know	---	--	-	+/-	+	++	+++
1. The medicines information provided through the app is valuable to me[2]	30 (12)	10 (4)	2 (1)	3 (1)	60 (23)	37 (14)	59 (23)	58 (22)
2. The app is an easy way to report side-effects[1]	26 (10)	9 (3)	7 (3)	7 (3)	40 (15)	19 (7)	64 (25)	88 (34)
3. The app is valuable to me for reporting side-effects[2]	26 (10)	12 (5)	5 (2)	5 (2)	63 (24)	21 (8)	46 (18)	81 (31)
4. The app in general is a valuable app to me[3]	16 (6)	12 (5)	5 (2)	5 (2)	55 (21)	52 (20)	45 (17)	68 (26)
5. The app is well organized[2]	26 (10)	10 (4)	5 (2)	9 (3)	54 (21)	50 (19)	53 (20)	52 (20)
6. The app is easy to use[5]	21 (8)	12 (5)	10 (4)	7 (3)	41 (16)	41 (16)	59 (23)	65 (25)
7. The opinion about the app of people/colleagues close to me is important[7]	25 (10)	31 (12)	14 (6)	10 (4)	101 (40)	33 (13)	22 (9)	18 (7)
8. I intend to keep using the app at least in the next 3 months[3]	24 (9)	15 (6)	6 (2)	2 (1)	32 (12)	35 (14)	46 (18)	98 (38)

--- = Totally disagree; +/- = Neutral; +++ = Totally agree
[2] Two missings; [1] One missing; [3] Three missings; [5] Five missings; [7] Seven missings
* 1 responder who skipped each of these 8 questions

Figure 1. Results of the statements about responders' app experiences (excluding the answer option 'I don't know').

Between 60% and 70% of the responders had a more positive view on the value of the app in general, for reporting ADRs and of the information provided in the app. This also applied to the easiness of using the app in general, the easiness of reporting ADRs and how the app is organized. The opinion about the app of other people/colleagues was not seen as important. About 75% of the responders have the intention to keep using the app at least in the next 3 months. These generally positive views are also shown in Figure 2 in which an overview of the mean values per statement is given.

Differences among the countries were only assessed for Croatia and the UK. The Netherlands was not assessed separately due to the low number of responders. When comparing the results of Croatia and the UK, it seems that responders from Croatia were slightly more positive than responders from the UK about the how valuable the app is in general and for receiving the safety information and for reporting ADRs. Responders from Croatia were also slightly more positive on how easy the app is to report ADRs. The responders from both countries had a similar view on how well the app is organized and how easy the app is to use. The overall more general view among the responders from Croatia is also reflected in a slightly more positive intention to use the app at least in the upcoming 3 months (Figure 3a and Figure 3b). Responders were asked whether they allowed the researchers to extract data about their app use (e.g. how often the app is open-ended, how many ADR have been reported). The number of responders that agreed on this was 108 (41%). For these responders, it will be possible to compare the intention to use the app with actual behavior.

Responders from the UK more often agreed that the opinion about the app of people/colleagues is important for them (Figure 3a and Figure 3b).
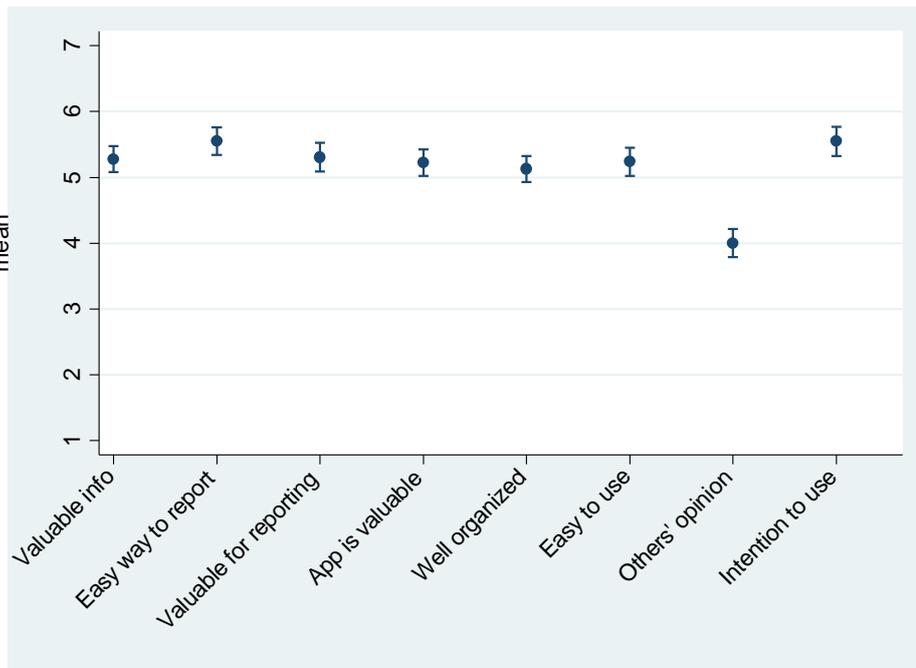
Figure 2. Means [on a Likert-scale from 1 totally disagree to 7 totally agree] and 95% confidence intervals per statement about responders' app experiences (excluding the answer option 'I don't know').
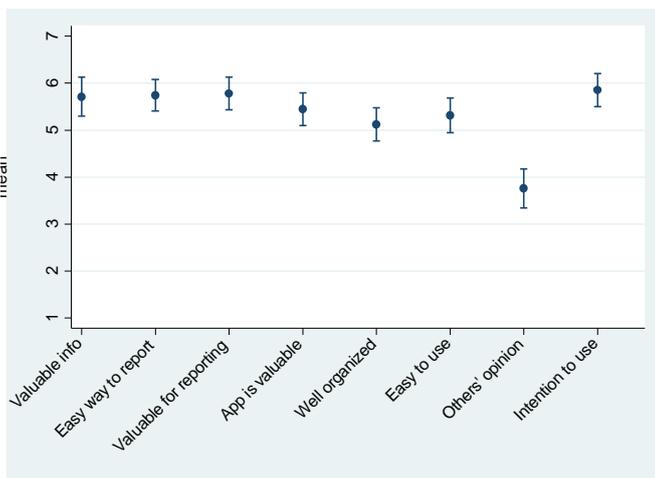
Figure 3a. Means [on a Likert-scale from 1 totally disagree to 7 totally agree] and 95% confidence intervals per statement for the responders from Croatia.
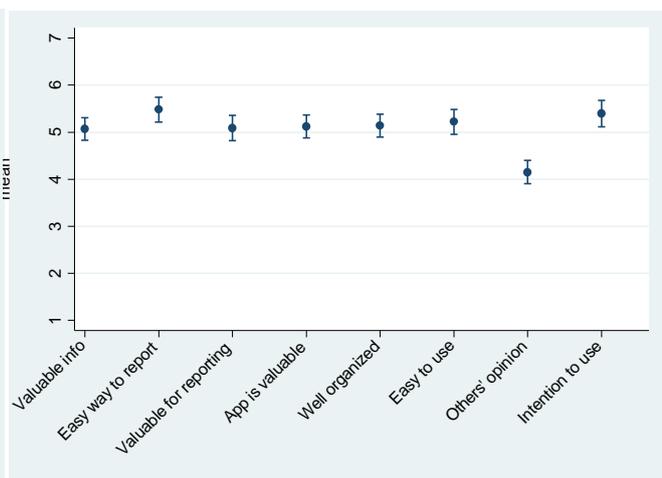
Figure 3b. Means [on a Likert-scale from 1 totally disagree to 7 totally agree] and 95% confidence intervals per statement for the responders from the UK.

Next, the responders were asked whether they thought it would be valuable to extend the reporting functionality of the app from only reporting ADRs to also defective medicines, suspected counterfeit medicines and medical devices. This question was not included in the survey among app users in the Netherlands.

In general, about 80% of the responders were interested in each of the three additional reporting functionalities in an app (Table 5). Compared to the responders from Croatia, responders from the UK seemed to be a little bit less interested in the functionalities to report suspected counterfeit medicines and medical devices.

Table 5. Interest in other reporting functionalities in the app, N (%)

	Total	Croatia	UK
Defective medicines[1]			
Yes	201 (78)	69 (79)	132 (78)
No	16 (6)	4 (5)	12 (7)
Don't know	40 (16)	14 (16)	26 (15)
Suspected counterfeit medicines[1]			
Yes	202 (79)	71 (82)	131 (77)
No	17 (7)	4 (5)	13 (8)
Don't know	38 (15)	12 (14)	26 (15)
Medical devices[1]			
Yes	205 (80)	73 (84)	132 (78)
No	20 (8)	3 (3)	17 (10)
Don't know	32 (12)	11 (13)	21 (12)

[1] One missing (same responder missing for defective medicines and counterfeit medicines, another responder for medical devices)

Finally, there was an option for responders to provide some open-ended remarks or suggestions. An overview of all the answers given is presented in Appendix 4. Some main/important/interesting aspects are:
- Process of reporting takes too long and is complicated, too many mandatory fields, technical jargon
- Embed ADR reporting in NHS website and other systems
- No reason to use the app for reporting instead of computer/laptop; a website is more valuable
- Unable to use the app / not possible to update / app does not work / needs a facelift
- App should match the website version as much as possible
- Website account and app account are not interchangeable
- Would be useful to make the app more general, e.g. to show known ADRs and ADRs already reported by others
- Would be beneficial to have the home page in different languages
- Not enough room to write all the side-effects in the box provided
- A training aid on how to report ADRs would be useful.

5   Discussion

This study revealed information about the experiences of persons who downloaded the HALMED/Bijwerking/YellowCard app. In general, a positive view was seen for both functionalities in the app, i.e. the reporting of ADRs and provided information about the safety of medicines. However, improving the app needs to be continued since there were also about 35% of the responders with a more neutral or negative view. Some specific directions for further improvements were mentioned by responders.

Interestingly, the number of responders who had no opinion about the value of the app for receiving medicines information was somewhat higher than about the value of the app for reporting ADRs. The number was expected to be higher for the latter since not every person will have reported an ADR (as was also mentioned by some responders on the open-ended questions). It could be that there are also people that use the app only to report ADRs and not for reading the safety information.

5.1.1   Further analyses

Some further analyses are suggested to assess which responders had a more positive or negative view of the app. Results from a previous survey (with the aim to quantify the barriers and facilitators of using a mobile app on two-way risk communication) showed for instance differences between patients and healthcare professionals in their interest in an app. It would be good to further assess such differences among experiences of actual users; Are patients also less positive about the actual app?

5.1.2   Strengths and limitations

A strength of this study is the large number of responders to the survey about the YellowCard app and especially to the survey about the HALMED app. For the latter, there was a response rate of 18% which is quite high for a survey study. On the other hand, the number of responders to the survey about the Bijwerking app was very limited. Therefore, not all of the analyses were conducted for this survey and results about this app should be interpreted cautiously.

It is possible that particularly the persons with a positive view of the app or those that use the app, have completed the survey. We cannot compare the use among responders and non-responders, so this possible limitation cannot be ruled out. We will have a closer look at the actual use of some responders since 41% of the responders allowed us to use their app-data for research purposes. But again, it could be that these 41% are the responders that use the app more often then the other responders.

Another potential limitation is the reliability of the provided answers. This is a limitation of each survey. In the current study, there were for instance responders indicating that they were 1 year old. It is expected that such answers are given because the person does not want to provide his/her actual age. However, it could also have been a typo. The use of particularly closed-ended questions in the survey has reduced the risk of typo's.

5.1.3   Acknowledgements

The authors want to thank members of Web-RADR workpackage 3a for their feedback in the development phase of the survey.

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7   Appendix

7.1   Appendix 1. UK version of the user experiences survey

PDF
Adobe Acrobat
Document

7.2   Appendix 2. Open-ended responses to the question about the role

➔ Other namely:

- radim u farmaceutskoj firmi
- Stru?ni suradnik za registraciju lijekova
- motritelj klini?kih ispitivanja
- Practice Manager
- Drug safety specialist at pharmaceutical company
- Student
- MHRA staff and relative of patient
- Parent
- HCP working in pharmaceutical industry
- Manufacturers
- Medicines Supplier
- Pharmacovigilance scientist
- National policy advisor
- Developer of pharmacovigilance software for Italian Medicines Agency (AIFA)
- University lecturer
- I've no idea what it is for

7.3   Appendix 3. General comments 1

- Odlično
- Aplikacija može biti korisna svima.
- Have now deleted the app because the most recent update was incompatible with my I-pad
- I've tried to upgrade the app but it says its not supported o my phone (iphone 5)
- I do not use the mobile App. I have completed two Yellow Cards in recent months, both on-line on a desktop computer. I do not use a mobile device at work.
- Looks like screen 2 would be more useful. I get logged out then struggle to get back in again. A sufficient barrier to not using the app more
- an app is of very limited use, as we don't have WiFi in the NHS - we barely even have electricity! A PC- based program or website would be more useful, or better still integration with Vision or EMIS.
- Dont contact me again
- This app never worked

- Never been about to use it
- Not used for long time
- I deleted the app. Should be on NHS website not an app
- I initially didn't appreciate i needed to create an account so didn't appreciate the value of the app
- Forgotten my login details!
- Having to create login before using is major impediment to getting others to use it
- Needs updating
- not used the app for a few months so cannot remember
- Great app! Congratulations
- I am not aware of having registered for this app! surprised to get this email saying i have.. However might make me look at it now!
- unfortunately after a recent update the app will no longer work with my Iphone 5 , we are not all dr's who can afford a iphone 6 or 7
- Unable to update to newer version on iPhone 5
- You are doing a fabulous job. Since I reported my Statins the local pharmacist has mentioned many other people with similar side effects. Yellow Card puts all the info together
- Can't log in
- Have not used the app
- I did initially download this app but have since removed it because I had not used it
- unable to update recent software update
- Can't update the App!
- I got notified that update was avaiulable, got message UNABLE TO PURCHASE , Yellow card - MHRA is not compatible with this phone. Cant fix!

7.4 Appendix 4. General comments 2

- uvid usvoje prijavljene nuspojave i listu istih po datumu
- Dobro bi bilo linkati SmPC i Uputu o lijeku na lijekove koji se prate ili odaberu, ili si prijavio nuspojavu.
- Pružiti informacije o svim nuspojavama pojedinačno po lijeku. Koristio sam više lijekova za tlak i svi imaju nuspojave koje svakog pacijenta mogu izluditi ukoliko ne zna za njih nego ih mora fetektirati sam na sebi.
- Aplikacija za prijavu nuspojava lijekova mora biti jednostavna i da ne uzima puno vremena kod ispunjavanja prijave nuspojave.
- Odlična je za prijavu, još ukloniti bugove.
- Aplikacija je puna bugova i zauzima puno memorije.
- vrlo korisna bi bila aplikacija liste lijekova i interakcija
- Nemam neki poseban komentar. Koristim samo jedan lijek za hipertenziju,nus pojave koje sam pročitao na receptu su identične na aplikaciji. Ovu aplikaciju smatram korisnom ali mi zasad nije neophodna, ali nikad se nezna pa smatram da je dobro imati ovakvo
- Nuspojave lijekova su nabrojane u opisu lijeka, pa je nemoguće utvrditi i odrediti se o nekim lijekovima koje koristimo supruga i ja!
- ne razumijem zašto vas zanimaju godine a ne IQ
- Informatie in de app is weinig specifiek. Ik had verwacht/gehoopt dat dezelfde info als op de website beschikbaar zou zijn incl de info over zwangerschap en borstvoeding.
- I have not used the app yet, but I intend to do so soon.
- I have downloaded but not used this app as I am in a non-clinical role.
- I haven't used it for a very long time as the whole process of reporting takes far too long and is very complicated.

- Never needed to report a side effect so unable to comment on that aspect. I use it for monitoring drug safety in general and my company's products in particular.
- forgot I had it on my phone, had created an account, never used it
- App doesn't pull through the reports from the site, so in complete recollection of reports on mobile app
- This app is broken. It never allowed data to be submitted
- Can report from Systmone
- Apps are a silly waste of resources designed for organisations not users. Embed reporting in the NHS website and automate it in other systems instead
- Also counterfeit devices
- not used it though
- Hope you manage to improve the app!
- as already mentioned unfortunately after a recent update the app will no longer work with my Iphone 5 , we are not all dr's who can afford a iphone 6 or 7
- I've not used it very much but when I have have found it informative and fairly easy to navigate
- Update App in IOS please
- Re medicines, I have had no reason/opportunity to report anything re medicines since joining
- i have not had occasion to use the app to comment on it
- I cannot think of a circumstance where I would be completing a Yellow Card without a desk-top or laptop computer and all the information required from notes.
- Havent had to use it to report a problem
- As well as a AED user, I am a hospital governor so I am interested in medicine compliance and such issues
- Did not use the app to report some adverse event
- De-medicalise the app (or build a specific one) to simplify patient reporting, then follow up reports to get details. Too many mandatory fields and technical jargon discourages reporting.
- I answered negatively for all questions because I have been unable to use the app. I have complained at least 3 times and on each occasion a fix was provided but it turned out to be temporary.
- I have used the conventional system for reporting medical device problems in the past so woul welcome this on the app
- It should match the website version as much as possible.
- The app can be more cumbersome than the forms online.
- My answers were vague as I had to uninstall it from my phone due to storage issues
- main issue I have with the app is that website yellow card account and app account are not interchangeable
- If this app worked it would be amazing but it does not. Shockingly poor for such a serious issue
- The app needs a facelift!
- Survey is designed to reinforce the need for the app NOT for reporting of signals - results therefore will not be valid
- I have not actually used it yet.
- The latest update is not compatible with iphone 5. Can you rectify?
- Help me to review medicine cross referencing and review problem issues flagged up by other patients
- App badly needs update
- iOs upgrade should allow upgrade on iPhone 5. It is the only app I have that states not compatible with phone
- Data indicates a severe under-reporting of medical device complaints/AE/malfunction etc. A version of the app which would facilitate medical device event reporting by healthcare professionals and patients alike would provide both the MHRA and manufacturer

- needs to be easier to use. literally, click in, no registration. tell what the problem is, end
- I am having difficulty updating the app I have - your latest version keeps telling me it is not compatible with my iphone which is a 5c
- Great app, congratulations
- The app is very clunky and user unfriendly
- I thought the app would be a useful addition to my clinical resources, however, I find the online MHRa website much more user friendly nd valued than the app and have since deleted the app as I did not find it supportive to my role as a healthcare profess
- Keep at it - a valuable UK site. IN USA there is drugs.com but little use here
- I've not had chance to use the app but it is important that I can
- It would be useful to make the app more general. For instance to show known side effects and side effects already reported by users of the Yellow card scheme.
- There is not enough room to write all the side effects in the box provided
- Some form of training aides would be useful, we teach our team about yellow card reporting annually as part of our assurance audit. Currently we have written our own lesson plan, however it would be useful if there was something our staff could use online
- Please be assured, I think its a great facility for patients and I will use it as appropriate in the future..
- It would be benificial to have the home page in different languages like the yellowcard link online
- app seemed a good idea but personal mobile so dont use it to input patient data -just dont feel thats right and work phone I dont have permission to use apps (i dont think:?!) I work in several GP practices and would like to have option to save srveral ad