



Australian Government

Department of Health, Disability and Ageing

Framework for consumer engagement in health technology assessment (HTA)

Feedback report



Purpose of this report

This report provides a summary of feedback received on the draft Framework for Consumer Engagement in Health Technology Assessment.

It explains what we heard, how the feedback has been considered, and how it is being used to strengthen the framework and guide future work. This includes:

- feedback that has led to changes in the framework
- feedback that will be addressed through future implementation activities, such as supporting resources, training or case studies
- feedback that relates to broader health technology assessment (HTA) process issues, rather than the framework.

The framework is intended to be a high-level, principles-based document. For this reason, not all feedback can be addressed directly in the framework itself. Some comments raised important practical issues about how consumer engagement should happen across the health technology lifecycle. These issues are better addressed through future implementation work, where more detailed resources can be provided.

Feedback received

Eighty responses were received on the draft framework. Across these responses, 230 qualitative comments were reviewed. Respondents included patients, carers, consumer organisations, researchers, government representatives, HTA Committee members, industry representatives, consultants, and health professionals.

What we heard

Feedback on the draft framework was constructive and detailed. The following themes summarise what respondents told us and how that feedback has been, or will be, addressed:

- clarity of the framework
- roles, responsibilities and shared accountability
- stronger transparency about how consumer input influences decisions
- inclusion, equity and culturally safe engagement
- capability building, support and resourcing
- engagement across the health technology lifecycle
- measuring impact, evaluation and continuous improvement
- implementation plan and practical examples

Clarity of the framework

- The framework was generally seen as clear and concise, with scope to strengthen the explanation of its purpose, audience and intended use.
- Clearer links are needed to previous work that informed the framework, including the *Enhance HTA* report and related consultation activities.
- The definition of “consumer” should clearly include patients, carers, families and people with lived experience, while recognising that these groups may bring different perspectives. “Members of the public” should be removed from the definition because it risks shifting focus away from people with direct lived experience, including those most affected by HTA decisions.
- Key terms need clarification, including consumer engagement, consumer input and consumer evidence.
- The lifecycle diagram could explain consumer engagement points more clearly, including how engagement can occur before, during and after HTA assessment.
- Readability and accessibility could be improved, including font size, colour use, document format and accessible publication options.

What we did

- Added a brief description of earlier work that helped shape the framework.
- Removed “members of the public from the definition of “consumer” so that it better focuses on people with direct lived experience or who are directly affected by HTA decisions. This differs from the broader definition used in the *Enhance HTA* report, which included members of the public.
- Kept definitions in the framework short and easy to read, with more detailed descriptions to be provided in a glossary, produced as an additional resource.
- Removed the short descriptions under each focus area to make the framework clearer and avoid repeating information already covered in the principles and actions sections.
- Updated the lifecycle diagram to better show where consumers can be involved before, during and after an HTA evaluation.
- Improved readability by revising the colour scheme and font.

Roles, responsibilities and shared accountability

- Clearer descriptions of the roles of each stakeholder group are needed, including consumers, consumer organisations, government, HTA committees, industry, researchers and health professionals.
- Consumer engagement should be described as a shared responsibility across the health technology lifecycle, rather than as something led only by government or done to consumers.
- The framework should better recognise consumers and consumer organisations as equal partners with expertise, collective knowledge and lived experience, not only as participants who are invited to comment.
- More detail is needed on who is responsible for putting actions into practice, how responsibilities differ across stakeholder groups, and how expectations will be communicated.
- The role of industry needs to be clearer, including how they can support early engagement and evidence generation.
- Accountability, governance and reporting expectations need to be explained in plain language, while recognising that detailed responsibilities may sit in supporting resources, PBAC and MSAC guidance, or broader implementation work.

What we did

- Revised the framework to clearly state that consumer engagement is a shared responsibility across the health technology lifecycle.
- Included brief descriptions of the roles of different stakeholders in consumer engagement.
- Used more active language to recognise consumers and consumer organisations as contributors of lived experience and evidence, not passive participants.

What we will do

- Provide practical information, through supporting resources and relevant PBAC and MSAC guidance, about each stakeholder group's responsibilities, expectations and accountability in consumer engagement.

Stronger transparency about how consumer input influences decisions

- Stronger transparency is needed about how consumer input is used in HTA processes, committee discussions and decisions.
- The framework should explain how consumer input and consumer evidence are considered alongside clinical, economic and other evidence.
- Plain-language feedback loops should show what was heard, how input was considered, where it influenced discussions or outcomes, and why some input does not influence decision-making.

What we did

- Strengthened recognition of the importance of consumer input and evidence in the framework.

What we will do

- Improve how feedback is given to consumers, to show how consumer input was used in the HTA process, how it was considered, where it influenced discussions or outcomes, and why some feedback did not change the final advice, recommendation or decision.

Inclusion, equity and culturally safe engagement

- Inclusion needs to go beyond broad statements and address practical barriers to participation.
- Key barriers include digital exclusion, geography, disability, cognitive impairment, language, health literacy, limited time and resources, and low trust in government or health systems.
- Culturally safe, trauma-informed, accessible and community-led approaches are needed.
- This is particularly important for First Nations peoples, culturally and linguistically diverse communities, rural and remote communities, people with disability, people with cognitive impairment, and people affected by rare, complex or poorly understood conditions.

What we did

- Strengthened the framework to recognise inclusion, equity, cultural safety and tailored engagement approaches more clearly.

What we will do

- Provide practical supporting resources to reduce barriers to participation.
- Use both digital and non-digital engagement options where needed.
- Support engagement with consumer organisations and communities in ways that are accessible, respectful and appropriate.
- Work with specific communities, including First Nations peoples, to develop tailored resources and approaches that support culturally safe, community-led engagement, recognise collective lived experience, and use measures of success that are meaningful to those communities.

Capability building, support and resourcing

- Meaningful engagement needs practical support, not just invitations to participate.
- Consumers and consumer organisations need clear information, training, time and support to contribute confidently.
- Capability building is needed for all stakeholders doing the engagement.
- All stakeholders need the skills to listen, communicate well, support lived experience contributions, and use consumer evidence appropriately.
- Repeated engagement requests, duplication, administrative burden and limited organisational capacity can create consultation fatigue, particularly for smaller consumer organisations.

What we did

- Strengthened the framework to make it clearer that capability building applies to all stakeholders.

What we will do

- Develop supporting resources to help consumers and consumer organisations participate in HTA processes more confidently.
- Develop a practical guide to help plan engagement, avoid duplication, reduce unnecessary burden, and focus engagement where it will be most useful.

Engagement across the health technology lifecycle

- The lifecycle approach is useful, but the draft framework placed too much emphasis on the formal HTA assessment stage.
- Earlier consumer input is particularly important where there is high unmet need, uncertainty, inequity, small patient populations, systemic access barriers or limited commercial incentives.
- Consumer engagement should be visible before, during and after HTA processes.
- The period between committee outcomes and funding or access decisions is important. Limited communication at this stage can create uncertainty, reduce trust and make consumers less likely to engage again.

What we did

- Included consumer input during horizon scanning in the lifecycle diagram.
- Designed the framework to be flexible about who can identify issues, participate in scoping, and make submissions to HTA Committees.

What we will do

- Provide more detail in supporting resources about opportunities for consumer input across the health technology lifecycle.
- Improve how information is communicated and organised on the Medicine Status website, so users can more easily follow the pathway from a PBAC recommendation to a PBS listing.
- Develop plain language resources on consumer-initiated topics, including how consumers can provide input into Drug Utilisation Subcommittee (DUSC) reviews and post-market reviews.

Measuring impact, evaluation and continuous improvement

- The “Evaluate impact” focus area was strongly supported, but more detail is needed on what success looks like and how progress will be measured.
- Evaluation should go beyond counting engagement activities and should explain what was measured, what was learned, and how the findings will be used to improve engagement over time, so it is meaningful, inclusive, timely and useful.
- Measures should show whether engagement reached diverse communities, including priority populations and rural or remote areas, and removed or reduced barriers to participation.
- Measures should be practical and proportionate, so evaluation does not create unnecessary burden for consumers, consumer organisations or other stakeholders.
- Evaluation should support clear accountability by showing what is working, what needs to improve, and how learning will be shared across stakeholders.

What we did

- Updated the framework to clarify that monitoring consumer engagement should consider who is involved, when engagement occurs, and whether it is accessible, inclusive and proportionate.
- Added an action to the framework to document consumer input and evidence so their use can be tracked across the health technology lifecycle.

What we will do

- Work has begun to develop measures for evaluating the impact of consumer engagement in HTA with guidance from the HTA Consumer Consultative Committee.
- Findings from evaluation and feedback activities will help identify where processes, resources or implementation approaches need to be refined. The aim is to build a cycle of continuous improvement so that consumer engagement can be monitored, adapted and strengthened over time.
- Include both process measures and outcome measures, such as reach, diversity, accessibility, participant experience, usefulness and influence.

Implementation plan and practical examples

- The framework clearly sets out the principles and focus areas for consumer engagement, but the practical “how” needs to be clearer.
- An implementation plan is needed to explain how engagement will happen across different HTA stages, when engagement should occur, what activities consumers may be invited to take part in, and how consumer input can be gathered, reported and considered.
- Clearer governance, oversight and accountability arrangements to support implementation of the framework are needed.
- Practical resources are needed to translate the framework into action, including plain-language information about HTA processes, engagement pathways, examples of good practice, case studies, tools and templates.
- The framework should make clearer how it fits with existing PBAC, MSAC and related HTA processes, and broader HTA reform work.
- Implementation should remain flexible and proportionate, with enough detail to support consistent practice while allowing approaches to be tailored to the health technology, disease area, affected communities, available evidence and stakeholder capacity.

What we will do

- Develop supporting implementation materials, including a practical guide to consumer engagement, plain-language information about HTA processes, case studies, examples of good practice, tools and templates.
- Provide clearer information about engagement pathways, and how consumer input can be provided, documented and considered across HTA processes.
- Communicate progress and seek feedback on resources and metrics developed to support the implementation of the framework, including how they align with PBAC and MSAC processes and broader HTA reform.

Additional feedback

Some comments received were not about the framework but are still important to consider because they affect the experience, confidence and willingness of consumers and other stakeholders to engage in HTA. They will be shared with the relevant areas within the department, and may inform broader HTA reform, process improvement, or future supporting resources.

Conclusion

The feedback shows strong support for the direction and intent of the Framework for Consumer Engagement in Health Technology Assessment, together with clear expectations about what needs to happen next. The feedback has already informed revisions to the framework and has also shaped a broader program of implementation work, including developing supporting resources, evaluation metrics and process improvements. Together, these changes will help ensure that the framework is not only a statement of principles, but a practical foundation for stronger consumer engagement in HTA.