



Australian Government

Department of Health

# Consultation Survey on MSAC Application 1677.1

## Pharmacy Diabetes Screening Trial

Please use this template to prepare your feedback on the Pharmacy Diabetes Screening trial. You are welcome to provide feedback from either a personal or group perspective for consideration when the application is being reviewed.

The data collected will be used to inform the Medical Services Advisory Committee (MSAC) process to ensure that when proposed healthcare interventions are assessed for public funding in Australia, they are patient focused and seek to achieve best value.

You may also wish to supplement your responses with further documentation or diagrams or other information to assist the Department in considering your feedback.

Thank you for taking the time to provide valuable feedback.

### Privacy

**Responses may be provided to the MSAC, its subcommittees, a health technology assessment group and the applicant. Should you require de-identification please contact the HTA team (details below).**

While stakeholder feedback is used to inform the application process, you should be aware that your feedback may be used more broadly by the applicant. Responsibility for copyright in submissions resides with the author(s), not with the Department of Health.

Your submission and contact details will be stored in accordance with the Privacy Act 1988 and the Archives Act 1983. Should you have any concerns about the storage of your submission, or if you wish to gain access to make a correction, please contact [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au) and cc: [pharmacy.trial.program@health.gov.au](mailto:pharmacy.trial.program@health.gov.au). A copy of the Department's privacy policy is available on request. If you wish to make a complaint about the handling of your private information, you may contact the Department of Health Privacy Contact Officer and, if unsatisfied with the response, you may submit a complaint to the Office of the Australian Information Commissioner.

**Please reply to the HTA Team:**

**Email:** [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au) and cc: [pharmacy.trial.program@health.gov.au](mailto:pharmacy.trial.program@health.gov.au)

**Postal:** MDP 959 GPO 9848 ACT 2601

# PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

## 1. Respondent details

Name:

Email:

Phone No:

## 2. (a) Is the feedback being provided on an individual basis or by a collective group? (please select)

Individual

Collective Group

**(b) If individual, specify the name of the organisation you work for**

**(c) If collective group, specify the name of the group**

## 3. How would you best identify yourself?

General Practitioner

Specialist

Pharmacist

Researcher

Consumer

Care giver

Other

**(a) If other, please specify**

## **PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE**

4. Describe your experience with supporting people with the medical condition (disease) and/or with the proposed intervention.

5. What do you see as the benefit(s) of the proposed intervention, in particular for the person involved and/or their family and carers?

6. What do you see as the disadvantage(s) of the proposed intervention, in particular for the person involved and/or their family and carers?

7. What other benefits can you see from having this intervention publicly funded by the Australian Government?

## PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

8. Do you agree or disagree with the proposed population(s) for the proposed intervention as specified in the Public Summary Document?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not:

9. What is the appropriate comparator for the proposed intervention?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

## **PART 4 – ADDITIONAL QUESTIONS**

10. Do you have any comments relating to access to the proposed intervention by people who identify as Aboriginal and/or Torres Strait Islander persons. Do you have any comments relating to access to the proposed intervention by other population groups?

11. Do you have any comments on the proposed intervention from a consumer perspective?

## **PART 5 – ADDITIONAL COMMENTS**

12. Do you have any additional comments on the proposed intervention and/or medical condition (disease)?

13. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

**Again, thank you for taking the time to provide valuable feedback.**