



Australian Government

Department of Health

Targeted Consultation Survey on MSAC Ig Referral 1590 Multifocal motor neuropathy (MMN)

Please use this template, to prepare your feedback on the referral form. You are welcome to provide feedback from either a personal or group perspective for consideration by the Department of Health.

The data collected will be used to inform the referral and review of immunoglobulin therapy to ensure that the use of government-funded immunoglobulin in Australia, is patient focused and seeks to achieve best value.

You may also wish to supplement your responses with further documentation, diagrams and references to assist the Department in considering your feedback.

Thank you for taking the time to provide valuable feedback.

While stakeholder feedback is used to inform the process, you should be aware that your feedback may be used more broadly by The National Blood Authority or the Department of Health and you will need to notify us if you choose not to disclose your identity.

If you agree, contents of your survey may be included in subsequent documents accessed by the Department of Health, MSAC and any documents published during the review process.

If you wish for parts of your survey to remain confidential, please outline the confidential sections clearly (above and below the confidential content) or you may prefer to provide the confidential and non-confidential parts of your submission as separate documents.

Please provide your feedback to MSACIg_Secretariat@health.gov.au by **COB 12 September 2019**

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

Medical Specialist – if yes, Speciality field: _____

Researcher

Consumer

Care giver

Other

(a) If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

- 4. Describe your experience with MMN and/or the therapeutic use of immunoglobulin as outlined in the referral form**

- 5. What do you see as the benefit(s) of immunoglobulin treatment for MMN, in particular for the person involved and/or their family and carers?**

- 6. What do you see as the disadvantage(s) of immunoglobulin treatment for MMN, in particular for the person involved and/or their family and carers?**

- 7. What other services do you believe need to be delivered before or after, the use of immunoglobulin therapy e.g. Pathology, alternate treatments etc.?**

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

8. Do you agree or disagree with the proposed population(s) (page 12) for the use of immunoglobulin for MMN?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(a) Specify why or why not:

9. Has the intervention been adequately captured/described in the referral form (page 15)

- Yes
 No

(a) If no please expand:

10. Does the referral form correctly reflect the clinical treatment algorithms (pathway) for the intervention (initial, see figure 1 page 14) and (continuity, see figure 2 page 19) treating MMN?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(a) If you disagree please expand

11. Do you agree or disagree with the comparator(s) to immunoglobulin for MMN in the referral form (page 20)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) If you disagree with the comparator(s) in the referral form, please explain?

12. Does the referral form correctly reflect the clinical treatment algorithms (pathway) for comparators, see figure 3 (page 20).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) If you disagree please expand

13. Do you agree or disagree with the overall clinical claim made for the use of immunoglobulin for MMN as outlined in the referral form (page 22)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not:

PART 4 – COST INFORMATION FOR THE MEDICAL SERVICE

14. Are there any substantive costs associated with the use of immunoglobulin therapy that have not been taken in to consideration in the referral form?

Yes

No

(a) If yes please specify:

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the intervention and/or medical condition under review?

16. 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.

Privacy

Unless otherwise requested, all survey responses on the draft referrals will be provided to the Reference Group established to guide the Post-market Review of Immunoglobulin.

Responsibility for copyright in survey responses resides with the author(s), not with the Department of Health.

Your submission and contact details will be stored in accordance with the Australian Privacy Principles from Schedule 1 of the *Privacy Amendment (Enhancing Privacy Principles) Act 2012* and the *Archives Act 2012*. Should you have any concerns about the storage of your submission, or if you wish to gain access to make a correction, please contact the [MSAC Ig Review Secretariat](#). 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 on 02 6289 5773 and, if unsatisfied with the response, you may submit a complaint to the Office of the Australian Information Commissioner.