



Consumer views on feedback following input into health technology assessment (HTA)

What we heard through community conversations

September 2026



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Acknowledgment of Traditional Owners

We acknowledge the Traditional Owners and Custodians of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

Acknowledgement of participation

We thank everyone who participated in the online survey and the virtual community conversations. We hope the report respectfully reflects the responses and views you shared.

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Purpose of this report

This report summarises consumer views on feedback following consumer input into health technology assessment (HTA). It provides insights into what is already working, where consumers experience gaps, what types of feedback would be most useful, and practical considerations for strengthening communication and feedback across the HTA process, including how consumer input is considered during HTA deliberations.

CONSUMER

We use the term “consumers” to mean patients, their carers, families, communities and consumer organisations.

CONSUMER INPUT

We use the term “consumer input” to mean information contributed by consumers and consumer organisations to inform HTA processes and decisions. This includes individual, collective, or community-based experiences.

HEALTH TECHNOLOGY ASSESSMENT

A process that helps the government decide if a health technology should be funded. For example, decisions about listing medicines on the Pharmaceutical Benefits Scheme (PBS) or services on the Medicare Benefits Scheme (MBS).

Background

Improving how consumers are involved in HTA has been an ongoing focus of reforms to Australia’s HTA system. Previous consultations, including *Conversations for Change* (2023)¹, the *Enhance HTA recommendations* (2024)², and more recent work to develop a *Framework for Consumer Engagement in HTA* (2026)³, have consistently highlighted the importance of meaningful, transparent and two-way engagement with consumers throughout the HTA process.

A recurring theme across this work has been the need for consumers to better understand what happens after they provide input. Consumers and consumer

¹ Department of Health and Aged Care (2023). *Conversations for Change report: improving consumer engagement in Health Technology Assessment*. Commonwealth of Australia. <https://www.health.gov.au/resources/publications/conversations-for-change-report-2023?language=en>

² Department of Health and Aged Care (2024). *Enhance HTA: an enhanced consumer engagement process in Australian health technology assessment – a report of recommendations*. Commonwealth of Australia. <https://www.health.gov.au/resources/publications/enhance-hta-an-enhanced-consumer-engagement-process-in-australian-health-technology-assessment-a-report-of-recommendations?language=en>

³ Department of Health, Disability and Ageing (2026). *Framework for consumer engagement in health technology assessment (HTA). Feedback report*. Commonwealth of Australia. <https://www.health.gov.au/resources/publications/feedback-report-framework-for-consumer-engagement-in-hta-0?language=en>

organisations want clearer information about how their input is used in the assessment and in HTA committee decision-making.

There are existing information and engagement opportunities available to consumers. However, awareness and use of these opportunities vary, and access to useful feedback can still depend on an organisation's experience, knowledge of the HTA system or established relationships.

The Consumer Evidence and Engagement Unit (CEEU) helps consumers to participate in HTA processes. Building on existing feedback mechanisms, the CEEU is considering practical ways to make feedback more consistent, accessible and useful. To support this work, the CEEU ran an online survey ([Appendix A](#)) and engaged a facilitator to conduct virtual community conversations to explore:

- what consumers would like feedback on
- why this feedback matters to them
- when they would like to get feedback
- how they would like feedback to be provided.

Feedback received

An online survey was open from 16 June to 13 July 2026 and received five responses. Three virtual community conversations were held in July 2026 with 23 consumer organisation representatives participating.

Responses from the survey and community conversations were summarised into overarching topics, reflecting the range of comments and recurring themes raised by participants.

Key findings

Consumers described an effective feedback loop as one that builds on existing information, connects them more consistently, and makes it easier to understand how consumer input contributes to HTA. Consumers considered that feedback should be an ongoing, two-way process that:

- (i) shows how input was received, understood and considered,
- (ii) explains how it contributed to the assessment and decision, and
- (iii) keeps them informed about what happens next.

Consumer organisations wanted clearer guidance on what information is useful, what was less relevant or did not address the issue under consideration, and where further input could be useful. This helps to improve future input and share better information with their communities.

Most important features to include in a feedback loop process

- **Clear upfront guidance:** Explain what input is most useful, including what to focus on and avoid.
- **Transparent decision-making:** Provide plain language explanations of HTA committee decisions and how consumer input was considered.
- **Feedback on input:** Clarify what was helpful or not so that consumer organisations can improve future contributions.
- **Two-way engagement:** Keep consumers informed across the HTA process and offer direct contact when needed, not written feedback only.
- **Earlier involvement:** Engage consumers sooner with enough submission and process information to support focused input.
- **Post-decision support:** Explain reasons, options and timelines so consumer organisations can brief their communities and support improvement.

Section 1: How did you find out what happened after the committee meeting?

Most participants found out what happened after committee meetings through published documents, especially the Pharmaceutical Benefits Advisory Committee (PBAC) Outcomes document and Public Summary Documents.

Some also heard directly from HTA committee members, the department or other contacts. This was valued because it gave context that documents did not. In some cases, pharmaceutical companies also provided updates, which helped but did not always provide the full context.

Email updates with links to HTA committee meeting agendas, outcomes or Public Summary Documents were useful, but they were often not tailored to people's specific health interests.

Larger or more experienced organisations were often better able to navigate the HTA process and knew who to contact when information was unclear. While direct relationships with committee members, departmental staff, industry and other stakeholders helped provide useful context, participants did not think access to feedback should depend on having these relationships. A consistent feedback process was seen as especially important for individual contributors, smaller organisations or communities, or those new to the HTA process without established contacts.

What is working well?

Participants identified several existing approaches that work well and provide a strong base for improvement:

- PBAC Outcomes documents, Public Summary Documents, meeting agendas, newsletters and departmental emails help organisations track assessments and plan their communications.
- Recent improvements in plain language wording and links between published information were welcomed because they make the HTA and PBS processes easier to follow.
- Direct contact with HTA committee members, departmental staff and other trusted contacts was valued when people needed context or clarification that could not easily be obtained from documents alone.
- The [Patient Voice Initiative](#) was also identified as a trusted source of help and guidance, and collaboration between consumer organisations helped people share knowledge and navigate the process.

These examples show that useful feedback mechanisms already exist, but there is an opportunity to make them more visible, consistent and accessible to people who do not yet know about them or have established relationships.

Where are the gaps?

The main gap identified was the lack of a consistent pathway connecting information across the assessment (i.e. a continuous feedback loop). Consumers receive confirmation that input was submitted and later can find a published outcome, but the steps between these points are not always visible. They may not know what information was useful, how it was considered, what happens after a committee meeting, or when they can expect another update.

Gaps happen before input is provided, after input is submitted, after committee meetings and while waiting for listings or next steps. Information may exist, but it is often hard to find, late, unclear or not written for consumers.

Long periods without information can leave organisations and communities uncertain about where an item sits in the process. This can create extra work, speculation and frustration, particularly for people without the established contacts who can provide explanation on what is happening.

Section 2: What would you like to know after you provide consumer input?

After providing input, consumers want a specific but concise account of what happened to it and what happens next. The main information needs were:

- **Confirmation** that their input was received, read, discussed and taken seriously.
- **Impact** of consumer input on the assessment or decision, including which information was considered and which did not.
- **Reasons** why the decision was made, including key evidence gaps, uncertainties or other issues that affected the outcome.
- **Next steps** to explain what needs to occur before the medicine is listed or can be reconsidered, when another update or review may occur, and where to find public documents.
- **Future input** that would be useful, including what information was missing, and how future input could be more focused or better demonstrate real-world impacts.
- **Clear timing** for feedback and the next expected update, without delaying public announcements or access processes.

How does your organisation use feedback?

Consumer organisations use feedback to explain the HTA outcomes to their members and communities through newsletters, social media, websites and direct updates. Accurate, timely information helps them explain both the decision and the next steps in plain language.

Feedback also has an important capacity-building role. It helps organisations identify evidence gaps, decide whether more surveys, stories or community data are needed, and make their future submissions more focused and decision-relevant.

Organisations also use the feedback to track outcomes, support advocacy, plan future input, and manage community expectations after positive, deferred or negative outcomes.

For individual contributors, clear feedback provides recognition that their contribution was considered and supports confidence and trust in the process.

Section 3: Which features are most important to include in a feedback loop process?

Participants supported a proportionate feedback loop that builds on existing HTA processes rather than duplicating them. Routine feedback could be brief but standardised, with more detailed explanation or direct discussion for negative, deferred, complex or high-impact outcomes. At a minimum, participants wanted to know who is responsible for providing feedback, while recognising that some responsibilities are shared.

Consumer organisations that provide input should receive feedback directly, while the same information should also be publicly available following an HTA for individual contributors and people without a consumer organisation to see.

Participants also emphasised that a feedback loop should support better input, not only report on decisions. This creates an educative opportunity for consumers, consumer organisations and other stakeholders who may not be aware of, or making full use of, existing opportunities to participate in the HTA process.

Participants recognised that the suggestions for improving the feedback loop may involve different stakeholders at different points in the HTA process, including the department, HTA Committees, companies or sponsors, consumer organisations and consumers themselves. They highlighted opportunities for these stakeholders to strengthen

communication and coordination across the HTA process, make better use of existing information and engagement mechanisms, and provide clearer pathways for consumers to know where to find information and seek further clarification.

When would you like to receive feedback?

Participants wanted feedback at key points throughout the process. This includes confirmation when consumer input is received, opportunities to clarify information or respond to identified gaps in an assessment before the committee meeting, and a plain-language outcome as soon as practical after a decision has been made, ideally at the same time sponsors are informed.

The feedback loop should extend beyond the committee meeting, informing consumers:

- **After positive recommendations:** provide updates on the pricing process and PBS listings, including expected next steps, indicative timings and reasons for delays where this information can be provided.
- **After negative, deferred, complex or high-impact recommendations:** explain the reasons, remaining questions and outstanding issues, likely next steps and opportunities for more consumer input.

How would you like to receive feedback?

The preferred feedback mechanism was routine written information for everyone who contributed, supported by an accessible contact pathway when clarification is needed. This was recognised as the most proactive, direct and easy to understand way to provide feedback that also acknowledges the time and emotional effort involved in sharing lived experience.

Email was the preferred standard channel, sent by the department, secretariat or relevant HTA committee to the person or organisation that provided input, with links to the relevant public information. Participants did not want to have to repeatedly search for updates on websites.

The email should explain the outcome, current status of the assessment, what happens next, when another update is expected and where to find more details. Information should be kept in one easy-to-use place, such as the Medicines Status Website.

Written feedback should be the standard. For complex, unclear, negative or high-impact outcomes, participants also wanted options to ask questions, have a debrief meeting or speak with an appropriate contact. Some participants suggested condition-specific updates and notifications when items are reconsidered or resubmitted.

Section 4: How can we improve the existing information?

Participants saw existing public information about HTA processes as an important foundation and wanted to make it easier to find, understand and use. Continuing to move towards plain language, appropriate health-literacy level, accessible formats and helpful visuals would make current resources more useful to a wider range of consumers.

Detailed documents, such as Public Summary Documents remain important, but clearer headings, better navigation and accessible design would help consumers find the information most relevant to them. Editable and accessible formats, including Word and PDF were also valued.

The Medicines Status Website was seen as a useful foundation for following an item through the process. Participants suggested building on it with clearer explanations of each stage of the HTA process, reasons for delays where these can be shared, links to relevant documents, and subscription options for particular medicines or health conditions. Some also supported bringing regulatory and HTA information together where possible.

Alongside detailed public documents, participants supported a short consumer-facing summary for each item explaining the outcome, how consumer input was considered, key reasons for the decision, and what happens next. Recent improvements in the language used in PBAC Outcomes documents and links embedded in the Medicines Status Website were specifically appreciated. These improvements could also be used more deliberately as an educational resource, helping consumers and consumer organisations better understand the HTA process and existing opportunities to participate.

Appendix A: Feedback loop online survey

How feedback is currently received

We want to understand how you currently receive feedback on the consumer input you provide.

1. In the past 3 years, how many times have you or your organisation submitted consumer input on an HTA committee agenda item?
 - a. PBAC:
 - ☐ Never
 - ☐ One time
 - ☐ 2 to 4 times
 - ☐ 5 or more times
 - ☐ Not sure
 - b. MSAC:
 - ☐ Never
 - ☐ One time
 - ☐ 2 to 4 times
 - ☐ 5 or more times
 - ☐ Not sure
2. If you have not submitted consumer input before, what would help you take part in the future? *(select all that apply)*
 - ☐ Clearer information about when input is invited
 - ☐ Clearer information about what to include
 - ☐ Examples of good consumer input
 - ☐ More time to prepare input
 - ☐ Support from CEEU or a consumer organisation
 - ☐ Accessible formats for providing input or translation support
 - ☐ I am not interested in submitting consumer input
 - ☐ Other *(please provide details)*
3. If you have submitted consumer input, how did you find out what happened after the committee meeting? *(select all that apply)*
 - ☐ I did not receive or find any feedback
 - ☐ I read the PBAC Outcomes document
 - ☐ I read the PBAC Public Summary Document
 - ☐ I read the MSAC PICO Confirmation document
 - ☐ I read the MSAC Public Summary Document
 - ☐ I received an email from the department
 - ☐ I had a phone call, meeting or discussion with the department
 - ☐ I had a phone call, meeting or discussion with an HTA Committee member

- ☐ I received information through a company that manufactures or supplies health technologies (also known as a sponsor or industry representative)
- ☐ I received information through a consumer organisation
- ☐ Other *(please provide details)*
- ☐ Not applicable

4. How useful was the feedback you received? *(select one)*

- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not very useful
- ☐ Not very useful at all
- ☐ Not applicable, I did not receive or find feedback

5. What made the feedback useful or not useful? *(free text)*

6. Have you ever asked an HTA committee for direct feedback on consumer input that you or your organisation submitted? *(select one)*

- ☐ No
- ☐ Yes
- ☐ Unsure

If yes, briefly describe what you asked for, what feedback you received, why you asked for it, when you received it and how it was given.

- a. **What** did you ask for and what information was included in the feedback? *(free text)*
- b. **Why** did you ask for the feedback? *(free text)*
- c. **When** did you receive the feedback? For example, approximately how many weeks after the HTA committee meeting? *(free text)*
- d. **How** was the feedback given? For example, by email or letter, phone call, online meeting or face-to-face meeting? Were any other stakeholder groups present? For example, the department, industry sponsor, or other consumer organisations? *(free text)*

What feedback should include

We also want to understand what kind of feedback would be most useful to consumers.

7. What would you like to know after you provide consumer input? *(select all that apply)*
- ☐ Whether the Committee received the consumer input
 - ☐ Whether the Committee discussed the consumer input
 - ☐ What consumer themes or issues were considered by the Committee
 - ☐ Whether consumer input influenced the Committee's advice or recommendation
 - ☐ If consumer input did not appear to influence the outcome and why
 - ☐ What the Committee recommended and what happens next
 - ☐ Where to find public documents about the recommendation
 - ☐ Whether further consumer input will be invited later in the process
 - ☐ Other *(please provide details)*
8. Which parts of your consumer input would you like feedback on? *(free text)*
9. How would you like to receive feedback? *(select one)*
- ☐ A public summary of the consumer issues considered by each HTA Committee after each meeting
 - ☐ A direct email to consumer organisations that provided input, with specific feedback on the information they provided
 - ☐ A meeting or phone call for consumer organisations that provided input
 - ☐ Direct feedback to organisations only when requested
 - ☐ A combination of public information and direct feedback
 - ☐ Other *(please provide details)*

Please provide any other comments you have about what type of feedback is useful *(free text)*

10. Why is feedback important to you or your organisation? *(select all that apply)*
- ☐ It helps us understand whether our input was heard
 - ☐ It helps us understand how our input was used
 - ☐ It helps us improve future consumer input
 - ☐ It helps us explain the outcome to our community or members
 - ☐ It builds trust in HTA processes
 - ☐ It recognises the time and effort consumers put into providing input
 - ☐ It helps us decide whether to take part again
 - ☐ Other *(please provide details)*

Please provide any other comments you have about what type of feedback is useful *(free text)*

11. When would you like to get feedback? *(select all that apply)*

- ☐ As soon as possible after the committee meeting
- ☐ When the committee outcome is published
- ☐ When the Public Summary Document is published
- ☐ At more than one point in the process
- ☐ Only if I request feedback
- ☐ Other *(please provide details)*

Priorities for a feedback loop process

12. Which of the following features are most important to include in a feedback loop process?
(choose your top 3 options)

- ☐ Feedback in public documents is provided consistently across HTA items that have consumer input
- ☐ Feedback in public documents is only provided on consumer input for select HTA items (for example, Category 1 and 2 PBAC submissions only)
- ☐ Feedback in public documents is provided on consumer input for both recommended and not recommended items
- ☐ Feedback explains how consumer input was considered, not just what the final recommendation was
- ☐ Direct feedback is available to organisations that provide input throughout the HTA process
- ☐ Direct feedback is available on request, through a clear process
- ☐ Other *(please provide details)*

13. Do you have any other comments or suggestions that the department should consider when developing a feedback loop process?

- ☐ No
- ☐ Yes *(please provide details) (free text)*

Thank you for sharing your views. Your input will help inform how feedback to consumers and consumer organisations can be improved in HTA processes.