

EVALUATION PLAN:

NPS MEDICINEWISE CONSUMER ENGAGEMENT PLAN

September 2020 | v0.2

This evaluation plan has been developed in collaboration with the Consumer Advisory Group. This is a living document that will be updated as required once planned activities have been developed.

This document has been reviewed and approved by the Department of Health.

Independent, not-for-profit and evidence based,
NPS MedicineWise enables better decisions about
medicines and medical tests.



Level 7/418A Elizabeth St
Surry Hills NSW 2010
PO Box 1147
Strawberry Hills NSW 2012

P. 02 8217 8700
F. 02 9211 7578
info@nps.org.au
www.nps.org.au

©2022 NPS MedicineWise

CONTENTS

	Page
Consumer Engagement Plan	3
Evaluation Approach.....	5
Process evaluation	6
Impact evaluation	10
Communication of Evaluation Findings	13
Evaluation Timeframe and Budget	14
Timeframe	14
Budget	15

THE CONSUMER ENGAGEMENT PLAN

The consumer engagement plan (CEP) will ensure the incorporation of consumer insights into Grant programs and activities in order to support improved consumer experiences of care and subsequent improvements in health outcomes.

Goal

Grant programs and activities are influenced by consumers throughout from planning, design and implementation to evaluation, to improve the quality use of medicines, lower medicine misuse and build health literacy.

Objectives

To implement an effective CEP that will:

- ▶ Identify the issues consumers face when using medicines, and design enhanced models of care which address those issues
- ▶ Improve the quality and suitability of products and services to a diverse range of consumers' needs
- ▶ Generate new and innovative ideas for quality use of medicines campaigns and programs
- ▶ Produce health information that is understandable and promotes better use of medicines in line with quality use of medicines principles.

Key components of consumer engagement

- ▶ **Seeking evidence and insights** from consumers, consumer representatives, communities and consumer organisations
- ▶ **Incorporating insights into programs, products and services** (direct to consumer through partners, stakeholders and via health professionals)
- ▶ **Building stakeholder and organisational capacity** through training and support to effectively seek and integrate consumer insights as well as supporting sustainability through embedding expertise
- ▶ **Monitor and continuously improve** by actively seeking feedback from consumers, partners and health professionals and incorporating feedback, measuring the impact of our work on consumer behaviour and experience, and assessing the effectiveness of our engagement strategies.

Key principles of consumer engagement

NPS MedicineWise is committed to the following principles which will guide our approach to consumer engagement activities.

- ▶ **Participation**; a broad range of engagement strategies should be incorporated to ensure accessibility for all, particularly those experiencing the greatest need and with the least opportunity to influence
- ▶ **Diversity and inclusion**; consumers and their families/significant others are a diverse group e.g. their health, the medicines they take, or medical tests they have undertaken, as well as cultural, age, gender, socio-cultural, economic and geographic circumstance. Engagement opportunities need to be accessible and inclusive, with flexibility and a range of options. A disability access and inclusion plan may be useful in identifying audiences and opportunities for engagement.

- ▶ **Leadership and support**; organisational culture must support and value consumer engagement, through leadership, knowledge, skills and processes
- ▶ **Meaningful and mutual benefit**; all consumer engagement opportunities are meaningful, involving consumers at the earliest opportunity, clearly identifying and explaining the role of consumers, informing consumers of the purpose of their participation, including the decision-making processes, the ability to influence outcomes and ensuring access to information and means to participate.
- ▶ **Accountability**; consumer engagement activities are transparent and establish clear and measurable criteria. Continuous improvement processes are incorporated including ongoing and regular review and evaluation
- ▶ **Ethical, respectful and valued**; the needs of consumers and their families/significant others, benefits of consumer engagement and processes are respected and valued.

Key activities

A number of consumer engagement activities have been planned to fulfil our commitment to obtaining and incorporating consumer insights into organisational operations and activities. These are outlined in the [Consumer Engagement Implementation Plan](#) and the following workplans:

- ▶ [Consumer Engagement workplan FY 19 – 20](#)
- ▶ Consumer Engagement workplan FY 20 – 21 (awaiting Department of Health approval)
- ▶ [Consumer Health Literacy Segmentation Research workplan FY 19 - 20](#)

The health literacy segmentation research will inform indicators for measuring health literacy through the national consumer survey. It will also inform future evaluation of health literacy through other NPS MedicineWise programs such as visiting education programs (e.g. psychotropics and heart failure) and Choosing Wisely Australia.

Key measures

- ▶ Consumer awareness of quality use of medicines (QUM) shows consistent improvement over time (establish a baseline and monitor changes over time)
- ▶ Consumer health literacy shows consistent improvement over time (establish a baseline and monitor changes over time).

An evaluation plan for the CEP has been developed in consultation with the Consumer Advisory Group (CAG). This evaluation plan specifies the types of evaluation to be conducted, evaluation questions, key performance and impact measures, the selected methods of evaluation and how evaluation findings will be communicated to stakeholders.

EVALUATION APPROACH

Purpose of evaluation

The purpose of evaluating consumer engagement activities is threefold:

- ▶ To measure the primary objectives and key performance indicators of the program (i.e. measuring health literacy and awareness of QUM)
- ▶ To determine the level of engagement with consumers, consumer representatives, communities and consumer organisations
- ▶ To determine the level of impact of consumer engagement activities on target audiences.

Evaluation Design

Process evaluation

This type of evaluation is associated with inputs and outputs. It provides information about the implementation or delivery of a program, project or activity once operational.

Data collection is ongoing, and monitoring occurs at regular intervals. The findings from the process evaluation will be used to improve engagement and inform activities.

The process evaluation component of the CEP will incorporate:

- ▶ Monitoring and assessment of key performance measures
- ▶ Participation data
- ▶ Stakeholder and staff satisfaction with training and mentoring
- ▶ Stakeholder / consumer satisfaction and perceived value of involvement in NPS MedicineWise operations and activities.

Impact evaluation

This type of evaluation measures the effectiveness of a program, project or activity by assessing any short-term or intermediate changes in relevant parameters. These may include changes in:

- ▶ awareness
- ▶ knowledge and attitudes
- ▶ behaviour.

As determined in discussions with the CAG, the impact evaluation component of the CEP will incorporate the following methods.

- ▶ National consumer survey to be conducted with about 2000 consumers in 2020 (baseline) and 2021 (follow-up) to assess consumer awareness of QUM and levels of health literacy
- ▶ Qualitative evaluation with consumers (i.e. The best method will be determined closer to the time when the status of COVID is known. This may be interviews, focus groups, or feedback sessions within existing meetings of consumer networks). A peer-led approach could be applied to provide narrative and stories of lived experience related to health literacy and understanding of QUM. Data to be collected in-person (post Covid) or via telephone or tele/video-conferencing software.

In qualitative evaluation, it is important to recognise time and effort provided by consumers and the value of their contribution. This could occur through personal acknowledgement (e.g. thank you letter from the CEO); provision of evaluation findings to participants and reflection of how consumer insights were utilised; in-kind rewards (e.g. free registration to the NPS MedicineWise National Medicines Symposium, reimbursement of travel costs incurred during engagement activities); or incentivisation for participation (e.g. \$ value Woolworths/Coles voucher, movie voucher, meal voucher). Where monetary incentivisation is required we will seek permission from the Department of Health.

PROCESS EVALUATION

The following table outlines evaluation questions, measures and methods for measuring the process elements of the CEP.

The evaluation questions and measures for the process evaluation component are set against the principles of consumer engagement which we are using to guide our approach to consumer engagement activities.

Several terms have been used in the evaluation questions and measures (Table 1). In this context these terms refer to the following:

- ▶ Program is used as an umbrella term referring to consumer engagement activities, products and services
- ▶ Consumer insights is the valued opinions, perceptions, experiences, needs, priorities and feedback of consumers that will be sought and utilised in future programs.
- ▶ Consumer engagement (also referred to as involvement or participation) is any activity that incorporates consumer insights, experience and needs into decision-making.
- ▶ Consumers are people who are users or potential users of healthcare services (including families and carers). They will be engaged in partnership with us to improve the quality and useability of our programs, products and services. Consumers do not include health professionals, service providers or NPS MedicineWise staff.
- ▶ Consumer representatives refer to consumers, carers or community members capable of reflecting a broad consumer view. They are usually nominated by a consumer organisation, carers or community members and may represent the views of a particular group.
- ▶ Stakeholders refers to consumer organisations who provide us with consumer insights, including; peak consumer organisations, state affiliates, community specific groups and condition specific groups. Primary Health Networks may also be classified as a stakeholder in this context.

Table 1. Elements of process evaluation

Principles of Consumer Engagement	Evaluation Question	Evaluation Measure	Evaluation Method
Participation	To what extent have consumers been involved throughout the life of the program?	% target (based on benchmark figures) met for consumer membership % consumer representatives on Advisory / Expert Working Groups Retention rate of stakeholders Retention of consumer representatives on Advisory or Expert Working Groups Attendance rate of meetings/workshops	Review of participation records (biannually)
	Have we provided a range of opportunities for consumer involvement?	Range of opportunities provided for consumer involvement	Review of implementation plan

Principles of Consumer Engagement	Evaluation Question	Evaluation Measure	Evaluation Method
Diversity and inclusion	Are engagement opportunities available for a diverse group of consumers?	Recruitment targets for consumer representatives (e.g. gender, age, culture, literacy, language, health, people living with disability, economic and geographic circumstances)	Review of recruitment criteria / process
	How diverse are the characteristics of consumer representatives engaged with?	Diversity of consumer representative characteristics	Review of participation records
	Are diverse groups of consumers actively engaged with the program?	Level of engagement by diverse consumer representatives	Analysis of consumer feedback; staff feedback
Leadership and support	Have we articulated externally our commitment to consumer engagement?	Strategies and website content explicitly state our commitment to consumer engagement Launch of partnership agreements with consumer peak bodies % position descriptions that refer to consumer engagement	Review of organisational strategy and NPS MedicineWise website content
	Has training in consumer engagement been rolled out to all relevant staff?	% of staff trained in consumer engagement # of staff training activities run % staff attendance at training activities # of staff trained as Consumer Engagement Champions % staff Corporate KPI achieved	Review of staff training attendance records
	Are we adequately supporting staff to upskill in consumer engagement?	% of staff supported by managers to upskill	Online staff survey
	Are staff considering where consumer engagement fits in their work?	% of staff who consider consumer engagement in their work	
	Are we supporting consumers who engage with us?	# of consumer representatives taking part in the mentoring program	

Principles of Consumer Engagement	Evaluation Question	Evaluation Measure	Evaluation Method
Meaningful and mutual benefit	Have consumers been involved from the outset of the program?	Consumer involvement recorded from the outset of the program	Participation records
	To what extent have consumer insights been included in NPS MedicineWise programs?	% of programs, products and services that integrate consumer insights (i.e. experiences, needs, priorities)	Document review (Formative research and design reports)
	What proportion of activities implemented by our partner organisations include consumer insights?	% of partner activities that incorporate consumer insights	Stakeholder survey / personal communication
	Are stakeholders satisfied with their level of involvement in the program?	% stakeholder satisfaction with involvement in the program	
	Do consumer representatives feel positive about their involvement in the program?	% consumer representatives who agree working with NPS MedicineWise was a positive experience	Survey / personal communication
	Do consumers representatives feel that their time and contribution was valued?	% consumer representatives who felt their time and input was valued	
Accountability	Do we have policies and procedures in place to support consumer engagement?	Number of policies and procedures implemented to support consumer engagement	Review of policy and procedure documents
	Are consumer engagement activities clear and measurable?	Clear and measurable criteria developed for activities	Review of implementation plan
	Have evaluation findings/recommendations been implemented over the life of the program, to ensure continuous quality improvement?	% of key findings / recommendations implemented for quality improvement	Review of program / product design reports; staff feedback
	Are consumers provided with feedback on how their contribution has influenced outcomes?	% of consumers provided with feedback	Review of consumer participant records / CRM
	Are staff satisfied with consumer engagement activities?	% staff participant satisfaction with activities	Online staff survey (quantitative and qualitative questions).
	Has the program been delivered on time and to budget?	Program delivered on time and to budget as specified in the approved workplan	Review of the workplan
	Were identified risks appropriately managed throughout the program?	Identified risks managed appropriately throughout the program	Monitoring of risk register

Principles of Consumer Engagement	Evaluation Question	Evaluation Measure	Evaluation Method
Ethical, respectful and valued	Is consumer data kept securely?	100% consumer data stored securely	Review of data security and storage processes
	Are consumers able to remain anonymous?	100% of consumer representatives are informed about consent and anonymity	Review of consumer participant records / CRM
	Has the contribution made by consumers been suitably recognised by the organisation?	Recognition / reward / incentive process is established and followed	

IMPACT EVALUATION

The following table outlines evaluation questions, measures and methods for measuring the impact (short-intermediate term) evaluation components of the CEP. This includes parameters such as awareness, knowledge, attitudes and behaviour and any changes in these over time.

Measures for consumer health literacy and QUM will be determined following completion of the consumer health literacy segmentation research and consultation with the CAG and other national consumer organisations, including; the Federation of Ethnic Communities Councils of Australia (FECCA), National Aboriginal Community Controlled Health Organisation (NACCHO), Council on the Ageing (COTA) and Carers Australia.

It will be important to ensure that the national consumer survey uses consumer centred language and is appropriate for a range of literacy levels.

Table 2. Elements of Impact evaluation

Strategy	Evaluation Question	Evaluation Measure	Evaluation Method
Partnering with external stakeholders	How have we worked with consumer organisations and other stakeholders?	Rate of effectiveness as a partner organisation	Stakeholder survey / communication
	To what extent has feedback been taken on board?	% of feedback utilised	Partnership mapping (TBD)
	How have consumer partnerships impacted our work?	Level and type of impact identified	
	How have we contributed to the work of our partners?	Method and extent of contribution identified	Pers comm with stakeholder and partnership lead
Embed consumers in organisational governance	How was consumer information and advice incorporated into activities?	Key themes of experience identified	Open-ended questions or interviews/group discussion sessions
	What was the experience of consumer representatives involved in advisory groups or expert working groups?		
	Has participation in the mentoring program been a valuable experience for participants?	% agreement of value	Online survey
	Has participation in the consumer engagement mentoring program changed work behaviour?	% change in work actions	

Strategy	Evaluation Question	Evaluation Measure	Evaluation Method
Building capacity and sustainability	Are staff aware of the organisation's consumer engagement processes	% staff awareness of consumer engagement processes	Online staff survey
	Are staff more positive about consumer engagement after participation in training?	% change in staff attitudes	
	Has staff knowledge of consumer engagement principles and components increased after participation in training?	% change in staff knowledge	
	Did staff find the tools and resources on consumer engagement useful?	% staff agreement that tools and resources are useful	
	Has participation in the consumer engagement champion training changed work behaviour?	Change in work behaviour after champion training	
	What was the experience of staff involved in consumer engagement activities?	Key themes of experience identified	Semi-structured interviews or group discussion sessions
	Has the implementation of consumer engagement across the organisation led to change in organisational culture?	Key perceptions of change in organisational culture identified	

Strategy	Evaluation Question	Evaluation Measure	Evaluation Method
Monitor engagement and evaluate impact	What proportion of consumers are aware of quality use of medicines at baseline?	<p>Proportion of consumers who are aware of quality use of medicines</p> <p>Examples of QUM may include:</p> <ul style="list-style-type: none"> – Ask their health professional questions – Participate in decision making – Know how to access quality information – Store medicines appropriately – Keep a list of the medicines they are taking (including OTC and complementary) – Share information about their medicines with health professionals – Know the side effects of their medicines – Know how to read medicine labels 	National Consumer Survey (may include a validated health literacy measurement tool, patient experience questions and proxy questions to define QUM)
	Has the level of awareness of QUM changed over time?	<p>% change (absolute) in the level of consumer awareness of quality use of medicines</p> <p>Level of QUM awareness by consumer characteristics</p>	
	What is the level of health literacy of consumers at baseline?	<p>% of consumers with high/medium/low level of health literacy</p> <p>Level of consumer health literacy by state (and other characteristics)</p>	
	Has this level of health literacy changed over time?	% change (absolute) in the level of consumer health literacy	
	What has been the lived experience of consumers in relation to QUM and health literacy?	<p>Key themes of lived experience identified</p> <p>Examples may be:</p> <ul style="list-style-type: none"> – Outcomes of interactions with health professionals – Notion of needing permission to ask questions – Management of own healthcare – Side effects from medicines – Stigma or discrimination – Consumer vs health professional expectations 	Semi-structured interviews or other peer-led approach (e.g. focus groups / sessions at existing network meetings)

COMMUNICATION

Recruitment strategies

Several avenues for recruiting consumers were raised by the CAG, including;

- ▶ State-based consumer organisations
- ▶ Health or condition specific organisations
- ▶ State-based ethnic councils, as well as the national peak body FECCA
- ▶ NACCHO and other state or local Aboriginal and Torres Strait Islander health organisations
- ▶ Disability support groups and networks (e.g. Queenslanders Disability Group)
- ▶ Hospital networks (e.g. Women's and children's hospital)
- ▶ PHNs and local government
- ▶ Country Women's Association.

Important consumer audiences that will need to be considered in consumer engagement activities and evaluation are those groups termed as 'seldom heard', which may include;

- ▶ Aboriginal and Torres Strait Islander peoples and community (N.B. the term community has more resonance for this audience than the term consumer)
- ▶ Culturally and linguistically diverse consumers
- ▶ Rural and remote consumers
- ▶ People living with a disability (i.e. rather than focusing solely on feedback from carers)
- ▶ Young carers
- ▶ People with low literacy
- ▶ Residents of retirement villages or aged care
- ▶ People who identify as LGBTI.

Communication strategy for evaluation findings

The communication strategy to inform internal and external stakeholders about the findings of the evaluation for the CEP is shown in the following table.

Table 3. Evaluation communication strategy

Potential communication strategies	Communication method	Purpose	Potential Audience
Evaluation report (process and impact evaluation)	Comprehensive report drawing together process and impact evaluation findings. A PDF of the final report saved on SharePoint and provided to key stakeholders	To record the short-intermediate term impact of the strategy and to report progress to the Department of Health.	The Department of Health (annually), NPS MedicineWise management and board, Project manager/sponsor, Consumer engagement champions and other staff, CAG, consumer representatives across other advisory groups as required
Verbal communication of key findings	A presentation of key findings at relevant meetings	Inform stakeholders about key findings	NPS MedicineWise Consumer Engagement Lead, Program Manager / sponsor, Champions, CAG
Summary of evaluation findings	A short summary document of key findings	To provide stakeholders and consumer representatives who participate in evaluation with key evaluation findings	Stakeholders, Consumer representatives, General public (N.B. where required as a publication on the website uploaded only after participants have received it)

EVALUATION TIMEFRAME AND BUDGET

The estimated timeframe to complete the evaluation is outlined below.

Table 4. Evaluation timeframe

Activity	Month/year	Comments
Evaluation plan	June 2020	In collaboration with CAG
Stakeholder survey	September/October 2020	Evaluation of consumer stakeholder involvement and experience in activities
Development of National Consumer Survey	September 2020	Consultation with stakeholders
Contract social research company	September 2020	Dynata – has been contracted in the past with good results
National Consumer Survey (baseline) in field	October/November 2020	It is anticipated that the survey will be scheduled for October to allow enough time for consultation and data analysis
Data analysis, and collation of process statistics	November/December 2020	
Evaluation report (year 1 – process and impact findings)	December 2020	
Develop consumer discussion guide and recruit consumers	January/February 2021	Interview guide informed by 2020 consumer survey results
Consumer interviews or group discussion sessions about lived experience of QUM and health literacy	March 2021	Interview findings to inform possible changes / additions to the consumer survey 2021
Evaluation of training for internal staff and consumer engagement champions	June 2021	
Stakeholder survey/communication	September 2021	
Review questionnaire and contract social research company	September 2021	
Evaluation of the mentoring program	October 2021	Will now be conducted from Jan 2022 led by CHF
National Consumer Survey in field	October 2021	
Consumer interviews or group discussion sessions	October 2021	Potentially with some 'seldom heard' audiences
Data analysis, and collation of process statistics	November 2021	
Evaluation report (year 2 – process and impact findings)	December 2021	

The budget for evaluation activities sits within the Consumer Engagement workplan under the Department of Health funded grant funded. The following budget has been allocated to evaluation activities over the life of the program.

The budget allocated for qualitative evaluation may include the cost of recruitment, transcription of interview data and incentivisation if approved by the Department of Health to be provided.

Table 5. Evaluation budget

Activity	2020-2021	2021-2022
National Consumer Survey	\$25,000 (baseline)	\$25,000 (follow-up)
Qualitative evaluation (e.g. interviews or group discussion sessions) with consumers	\$10,000	\$10,000
Total	\$35,000	\$35,000