



Request for Proposal (RFP)

Diabetes Australia

Evaluation of the National Diabetes Service Scheme (NDSS)

RFP released:	1 July 2024
Deadline for Questions:	9 July 2024
Deadline for Proposals:	19 July 2024

Diabetes Australia

www.diabetesaustralia.com

19-23 Moore Street

Turner ACT 2612

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1. Introduction

About Diabetes Australia

Diabetes Australia is a charity registered with the Australian Charities and Not-For-Profits Commission (ACNC). Diabetes Australia was established in 1984 and is the national body for people affected by all types of diabetes and those at risk. Through leadership, prevention, management and research, Diabetes Australia is committed to reducing the impact of diabetes. We work in partnership with diabetes health professionals and educators, researchers and healthcare providers to minimise the impact of diabetes on the Australian community.

Diabetes Australia is a respected and valued source of information, advice and views utilised by government and the community. Our credibility and independence as a national voice allows us to translate knowledge and evidence into advocacy and programs for diabetes. By 2030, we aspire to be the leading national organisation in combating the diabetes epidemic.

More information about Diabetes Australia is available at

<https://www.diabetesaustralia.com.au/about-us/>

2. The Opportunity

This Request for Proposal (RFP) is issued by Diabetes Australia, referred to below as “the Buyer” or “we” or “us”. Diabetes Australia invites proposals from suitably qualified vendors for the provision of evaluation services to evaluate the National Diabetes Services Scheme (NDSS) for the period 1 July 2024 to 30 July 2025, in accordance with the terms and conditions of this RFP.

This Proposal is to take into consideration a fixed budget of up to \$400,000 (GST exclusive). The Proposal is to include what the Respondent considers the essential elements of the NDSS Evaluation Framework, or how this framework can be varied, to ensure an effective evaluation of the NDSS within this funding envelope.

There is a possible option for this arrangement to be extended by three years to 30 June 2028. This is subject to Diabetes Australia and the Department entering into a further exclusive and closed grant agreement for an additional 3 years from 1 July 2025 to 30 June 2028 and the satisfactory performance of the Successful Respondent. The Respondent is to assume the funding envelope will likely remain stable up to \$400,000 (GST exclusive) per annum across this 3-year extension period.

The scope is to deliver high-level evaluation of the NDSS that is fit-for-purpose with thematic, meaningful and actionable information provided. Diabetes Australia and the Department will use the evaluation results to inform continuous quality improvement of the NDSS.

Vendors are invited to submit responses for the full services as described in this RFP.

Out of scope:

- Evaluation of other DA (non-NDSS) activities.

3. Purpose of this RFP

The purpose of this RFP is to:

- Assist Diabetes Australia to gather and evaluate Registrant feedback on, and the continuous improvement of, the National Programs and Services as they relate to Registrants as part of its obligations under the *National Diabetes Services Scheme Grant Agreement 2021 – 2024* (NDSS Grant Agreement).
- Recommend opportunities for improvement to the NDSS and its products, programs and services to better support people living with diabetes and their carers to self-manage their diabetes.

4. Overview of the Supply

4.1 Background

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government that commenced in 1987 and is administered by Diabetes Australia on a not-for-profit basis.

Through the NDSS, the Commonwealth's Department of Health and Aged Care (Department) and Diabetes Australia aim to enhance the capacity of people with diabetes to understand and manage their life with diabetes and assist them to live a life in which the impact of diabetes is minimised and in which their overall health outcomes are improved.

The NDSS provides:

- support services and self-management education programs for practical help and guidance
- diabetes and health information and resources
- subsidised diabetes products.

There are currently more than 1.4 million people with diabetes registered with the NDSS (Registrants) who can access NDSS programs, services, and subsidised products.

Diabetes Australia administers the NDSS under the NDSS Grant Agreement with the Department. The term of this agreement has been extended for 12 months until 30 June 2025 by a Deed of Variation. Within this variation, by 30 September 2024, Diabetes Australia and the Department will negotiate and enter into a further exclusive and closed grant agreement for an additional 3 years ending 30 June 2028.

Within the NDSS Grant Agreement, Diabetes Australia must undertake to gather and evaluate Registrant feedback on, and the continuous improvement of, the National Programs and Services as they relate to Registrants.

The NDSS evaluation for the period 1 July 2021 to 30 June 2024 has been carried out consistent with the NDSS Evaluation Framework (**Attachment A**) and NDSS Program Logic (**Attachment B**) as developed by EY.

The NDSS evaluation is undertaken by an independent third party to Diabetes Australia, its Agents and other third parties involved in the administration and service delivery of the NDSS. As directed by the Department, NDSS evaluation reports prepared by the evaluation service provider are provided to both the Department and Diabetes Australia concurrently to provide conspicuous independence of the NDSS evaluation.

Diabetes Australia appointed an independent evaluation service provider, University of Technology Sydney (UTS) to conduct this comprehensive evaluation for the period 1 July 2021 to 30 June 2024 however the incumbent service provider is unable to deliver these services for the 12-month extension to 30 June 2025 due to internal capacity constraints. There has been a significant investment in evaluation of the NDSS and its programs and services to date.

For the 2021 to 2024 evaluation period, this has been a comprehensive and in-depth analysis of the NDSS and has included, yet not limited to, the following:

Evaluation Activity	Overview
Annual Registrant Survey	Survey issued annually to circa 770,000 registrants with approximately 30,000 responses received. Comprehensive report developed annually.
Access Point Survey	Survey issued to 5,700 Access Points annually. Response rate FY24 6%. Reported annually.
Health Professional Survey	Survey of health professionals with data collected throughout the year. As of 30 June 2024, approximately 150 respondents. Reported annually.
NDSS Helpline Satisfaction Survey	Survey undertaken with callers into the NDSS Helpline. Reported annually.
Program Evaluation includes Net Promotor Score (NPS)	Development and implementation of pre and post program surveys, these have been developed in Qualtrics. Summary of programs below: <ul style="list-style-type: none"> • 19 face to face and 7 virtually facilitated/online programs for Registrants delivered multiple times across the year. Total of 1,856 face-to-face and 182 virtually facilitated/online programs delivered with 25,417 attendees in FY24 YTD. • 3 face to face and 4 virtually facilitated/online programs for health professionals delivered multiple times across the year. Total of 39 face-to-face and 31 virtually facilitated/online programs delivered with 444 attendees in FY24 YTD. Published quarterly to Power BI and reported bi-annually.
Focus Groups	Focus groups held throughout the evaluation period for Registrants; NDSS Agents; and Health Professionals including: <ul style="list-style-type: none"> • People with diabetes x 5; • Family members, friends and carers of people with diabetes; • CALD people with diabetes; • Ethics approval obtained for focus group for Aboriginal & Torres Strait Islander people.
Evaluation Dashboard	Maintenance and population of an evaluation dashboard developed in Power BI. The population of this dashboard is conducted quarterly.

Evaluation Activity	Overview
Co-design of evaluation tools for new programs and services	Provision of advice for the evaluation of pilot programs such as Diabetes in Schools; website evaluation. Ad hoc basis.
NDSS Evaluation Plan	Detailed evaluation plan that forms a component of the overall NDSS Annual Plan and Budget submitted by Diabetes Australia to the Department.
Annual Report	Detailed report including findings and recommendations of evaluation activities throughout the year.
Biannual Reports	Detailed report including findings and recommendations of evaluation activities for the preceding 6 months.

4.2 Objectives

Diabetes Australia’s objectives in sourcing the Supply are:

- To deliver a sustainable evaluation approach in the NDSS to support continuous quality improvement and ensure maximum benefit and impact for people with diabetes.

4.3 Scope of Services

For the purposes of this RFP, the Supply is the professional services tendered to deliver the following:

4.3.1 Primary Proposal

A key element of the Proposal is to review the existing NDSS Evaluation Framework and develop a detailed Evaluation Plan which considers a high-level evaluation of the NDSS that is fit-for-purpose with thematic, meaningful and actionable information provided. This will be within the allocated budget of \$400,000 (GST exclusive).

The minimum evaluation scope requirements which cannot be varied for the financial year 2024-2025 are outlined below:

Evaluation Activity	Target Audience	Frequency	Dissemination Method
National Registrant Survey Survey already exists with the intent to retain same or similar questions and format for FY25.	NDSS Registrants	Data collection for survey period. Annual	Currently managed in Qualtrics and link sent by email and SMS however alternate survey methods and systems can be proposed by the respondent. If an alternate system is proposed for the facilitation of the annual survey, consideration must be given to the secure storage of data within Australia.

Evaluation Activity	Target Audience	Frequency	Dissemination Method
Program evaluation - Net Promotor Score (NPS) Surveys already exist for NDSS programs for Registrants and health professionals except for the Diabetes Yarning program. Pre and Post surveys are provided for each program including: -19 face to face and 7 virtually facilitated/online programs for Registrants -3 face to face and 4 virtually facilitated/online programs for health professionals	NDSS Registrants attending NDSS programs Health professionals attending NDSS programs	Data collection ongoing throughout the year as NDSS programs are delivered. Annual report with average NPS for: - Registrant programs by delivery mode - Health professional programs by delivery mode	Email QR code at NDSS programs Note: All surveys have been developed and .QSF files will be available to the incoming evaluation service provider.
Feedback Reports Qualitative analysis of NDSS programs and support services (e.g., NDSS Helpline) with a focus on high level thematic reports with practical and actionable reporting.	NDSS Registrants engaging in NDSS programs and services. Health professionals engaging in NDSS programs and services.	Data collection ongoing throughout the year as NDSS programs and services are delivered. Provision of raw survey data to Diabetes Australia monthly for continuous quality improvement activity with service delivery teams. Quarterly reports.	Email link to survey pre- and post- program. NDSS Helpline for satisfaction. NDSS IT Systems for cases. Note: All surveys have been developed and .QSF files will be available to the incoming evaluation service provider.

In addition to the core evaluation services described above, the Successful Respondent is to:

- Review the current NDSS Program Logic and NDSS Evaluation Framework to identify areas other evaluation activities to be conducted within the allocated budget of \$400,000 (GST exclusive). This will be the basis for the NDSS Evaluation Plan developed by the Respondent.
- Populate and maintain the NDSS Evaluation Dashboard (currently built in Power BI on NDSS IT Systems). This may include exploring alternatives such as development of a Qualtrics dashboard.
- Co-design new evaluation tools for new programs and services as required.
- Deliver an annual evaluation report with consolidated findings considering whole-of Scheme activities, themes, and key recommendations for continuous quality improvement.

The Proposal can include any other initiatives to enhance the evaluation of the NDSS including separate costings for each new initiative proposed.

The current evaluation used Qualtrics under the appointed service provider’s Qualtrics licence. Existing evaluation survey questions (Qualtrics .QSF files) and other existing evaluation material created by the current service provider will be provided to the Successful Respondent as part of the transition in process. The intent is for these materials to remain largely consistent through to 30 June 2025.

It is expected that, where possible, the Respondent will provide a dedicated, appropriately skilled team for the duration of the engagement or where staff leave, they are replaced by persons of equivalent qualifications and skills.

The Successful Respondent will report to Diabetes Australia and the Department concurrently in relation to evaluation matters for the NDSS.

4.3.2 Optional Proposal

As outlined in this document, it is expected Diabetes Australia will enter a new NDSS Grant Agreement with the Department for the period 1 July 2025 to 30 June 2028. It is expected that the requirement for the ongoing evaluation of the NDSS will remain.

Without forming an agreement, either expressed or implied, with any Successful Respondent, Diabetes Australia is seeking a further proposal for the ongoing evaluation of the NDSS for the 3-year period under a new NDSS Grant Agreement. This can include any recommendations for improvement to enhance the evaluation of the NDSS.

4.4 Timing

The Successful Respondent must be able to complete the scope of work for the period 1 July 2024 to 30 June 2025 with the option to extend these services for a further 3-years through to 30 June 2028.

5. How to respond to this RFP

5.1 Timetable

Here is our timeline for this RFP:

Release of RFP	Monday 1 July 2024
Deadline for Questions	5:00pm AET Tuesday 9 July 2024
Deadline for us to answer questions	5:00pm AET Friday 12 July 2024
Deadline for Proposals	5:00pm AET Friday 19 July 2024
Proposal presentation from shortlisted Respondents	Wednesday 24 July 2024 TBC
Successful Respondent(s) notified (indicative)	By 1 August 2024 or shortly thereafter this date
Expected start date of Contract (indicative)	Within two weeks of execution of the agreement

No request to extend the closing date for proposals will be considered.



5.2 How to contact us

Our Point of Contact:

Name: Andrew Richards

Title/role: NDSS Evaluation and Efficiency Manager

Email address: arichards@diabetesaustralia.com.au

5.3 Address for submitting your Proposal

Electronically to arichards@diabetesaustralia.com.au with subject line: **NDSS Evaluation Proposal**

The Respondent assumes all risks associated with electronic submission (including possible technical issues). Proposals received after the submission deadline will not be considered. Submissions not meeting these criteria may be deemed non-responsive.

5.4 RFP Response

Include the information requested in the RFP response template in Appendix A.

5.5 Our RFP Terms

5.5.1 Offer Validity Period

By submitting a Proposal, the Respondent agrees that their offer will remain open for two (2) calendar months from the Deadline for Proposals.

5.5.2 RFP Terms

By submitting a Proposal, the Respondent agrees to the RFP Terms described in Section 9.

5.5.3 Later changes to the RFP or RFP process

After publishing the RFP, if we need to change anything or provide additional information, we will let all Respondents know by contacting Respondents by email.

6. Our Evaluation Approach

This section sets out the Evaluation Approach that will be used to assess Proposals.

6.1 Evaluation model

The evaluation model is **weighted attribute**. Price is a weighted criterion. All Proposals that are capable of full delivery on time will be shortlisted. The Proposal that scores the highest will likely be selected as the Successful Respondent.

6.2 Evaluation Criteria

We will evaluate Proposals according to the following criteria and weightings.

Criteria	Weighting
Track record in the development and implementation of the services in similar organisations to Diabetes Australia	20%
Capability of the Respondent to deliver all aspects of the scope of services (4.3)	20%
Capacity of the Respondent to deliver the scope within the timeframe (4.4)	10%

Proposed solution	40%
Price	10%
Total weightings	100%

6.3 Scoring

Rating	Definition	Score
EXCELLENT	Respondent demonstrates exceptional ability, understanding, experience and skills. The Proposal identifies factors that will offer potential added value, with supporting evidence.	9-10
GOOD	Respondent demonstrates above average ability, understanding, experience and skills. The Proposal identifies minor additional benefits, with supporting evidence.	7-8
ACCEPTABLE	Respondent demonstrates the ability to meet the criteria, with supporting evidence.	5-6
RESERVATIONS	Satisfies only a minimum of the criteria but not all. Reservations about the Respondent to adequately meet the criteria. Little supporting evidence.	3-4
SERIOUS RESERVATIONS	Extremely limited or no supporting evidence to meet the criteria. Minimum effort made to meet the criteria.	1-2
UNACCEPTABLE	Does not comply or meet the criteria at all. Insufficient information to demonstrate the criteria.	0

6.4 Price

If a Respondent offers a substantially lower price than other Proposals, we may make enquiries or require additional evidence to verify that the Respondent can meet all the Requirements and conditions of the Proposed Contract for the price quoted. Note: Any claims made about price must be clear, accurate and unambiguous. Prices must be clear about Goods and Services Tax (GST).

6.5 Due Diligence

For shortlisted Respondents, we may:

- reference check the Respondent and any named personnel
- make other checks against the Respondent e.g. a search of the ASIC Register or ABN
- interview Respondents
- request Respondents make a presentation
- undertake a Police check for all named personnel

7. Pricing

The Pricing Schedule must show a breakdown of all costs, fees, expenses and charges. It must also clearly state the total Contract price exclusive of GST.

- Where the price is based on fee rates, specify all rates, either hourly or daily or both as required.
- Respondents must show how they will manage risks and contingencies related to the delivery of the Requirements.

- Respondents must document all assumptions and dependencies that affect its pricing and/or the total cost to us. In other words, if the Respondent would expect us to pay more than the quoted price or estimate if particular assumptions or dependencies are not satisfied, the Respondent must call out those assumptions and dependencies.
- Respondents must tender prices in AUD. Unless otherwise agreed, we will arrange contractual payments in AUD.
- If two or more Respondents intend to submit a joint Proposal the Pricing Schedule must include all costs, fees, expenses and charges chargeable by all Respondents.

8. Proposed Contract Conditions

The following Conditions of Contract will apply to the contract formed with the Successful Respondent (the 'Supplier'):

8.1 Vendor Security Questionnaire

The Supplier will be required to review and sign the Diabetes Australia Vendor Security Questionnaire.

8.2 Confidentiality / NDA

The Supplier must enter into the Buyer's standard form of confidentiality or non disclosure agreement.

8.3 Termination Rights

Diabetes Australia reserves the rights to immediately terminate any services Agreement with the Supplier by notice if any or all the following apply:

- (a) the Supplier fails to remedy a breach of this Agreement within 10 business days from the receipt of a written notice from Diabetes Australia specifying the breach and requiring that the breach be remedied; or
- (b) any event or circumstances occurred which, in the reasonable opinion of Diabetes Australia, make it unlikely that the Services will be completed by the Supplier in accordance with this Agreement.
- (c) Any breach of applicable privacy laws, regulations or Diabetes Australia's privacy or data protection policies that may amount to a Notifiable Data Breach for Diabetes Australia as defined in privacy laws.

For the purposes of the Contract Conditions, the "Contract Details" or "Details" refer to this document and any Purchase Order issued to the successful Supplier.

8.4 Other Terms and Conditions

The following additional terms and Conditions will apply in addition to the Contract.

- (a) The Supplier must comply with the Buyer's policies as notified to it from time to time, including but not limited to policies relating to Conflicts of Interest, ethics, Business Conduct, cyber security, data protection and privacy.
- (b) Upon the reasonable request of the Buyer at any time during the Contract term, the Supplier must conduct and provide to the Buyer an original or certified copy of the result of a Criminal History Check or other check required by the Buyer for Personnel involved in the supply of Deliverables under the Contract.

- (c) Where the Supplier provides Internet-based services to enable the delivery of Services under the Contract, the Supplier must comply with the Buyer's privacy and data security related policies and
- (d) The Supplier must not share or distribute the Buyer's data, including personal information of its employees, agents, clients, members, donors or other stakeholders ("Personal Information") without prior express written authority from the Buyer's Group CEO or nominee.
- (e) The Supplier must warrant that it will delete any Personal Information when it is no longer reasonably required or as otherwise directed by the Buyer, whichever occurs earlier.
- (f) The Supplier must indemnify the Buyer for any losses or costs it may incur or damages it may suffer from any act or omission of the Supplier in connection with the Buyer's data, including but not limited to the Supplier's breach of any of the Buyer's cyber security related policies or its contravention of any applicable privacy law or regulation.
- (g) The Supplier is required to accept the Diabetes Australia Standard Terms (**Attachment C**) and Commonwealth Required Terms (**Attachment D**)

9. RFP Terms

9.1 Interpretation

These RFP Conditions may be used where the Buyer is seeking offers to enter a Contract.

9.2 RFP process

9.2.1 Respondent acceptance

By participating in the RFP Process, the Respondent accepts these Conditions and any other terms or specifications reasonably required by the Buyer.

By submitting an offer, the Respondent offers to enter a Contract with the Buyer under which for Goods, Services and Deliverables and acknowledges that the Buyer may accept the offer during the Offer Validity Period.

9.2.2 Buyer discretion

The Buyer may make any changes to the RFP Process in its absolute discretion, by notifying the Respondent. This may include:

- (a) adding the terms and conditions applicable to the RFP Process, including terms of the RFP Conditions and/or proposed Contract.
- (b) adding or changing Requirements.
- (c) amending dates including extending the Closing date and time.
- (d) amending the evaluation criteria stipulated in the RFP and/or
- (e) cancelling the RFP Process.

Without limitation, the Buyer may, during the RFP Process:

- (a) consider, accept, or reject an offer received after the Closing date and time.

- (b) consider, accept, or reject non-Conforming Offers, alternative or innovative offers, offers in part, or multiple offers.
- (c) obtain information about the Respondent relevant to the evaluation criteria that may be held by any other party and take the information into account in assessing the offer.
- (d) conduct checks on the Respondent as the Buyer considers to be appropriate.
- (e) reject any or all offers.
- (f) accept an offer that did not progress through all phases of the evaluation process.
- (g) amend the evaluation criteria stipulated in the RFP document.
- (h) exercise discretion in evaluating any subjective evaluation criteria.
- (i) negotiate with one or more Respondents and allow any Respondent to vary its offer.
- (j) interview, negotiate or hold discussions with any Respondent on any matter contained (or proposed to be contained) in an offer to the exclusion of others.
- (k) request some or all Respondents to conduct site visits, provide references and additional information, and/or make themselves available for panel interviews.
- (l) change the terms and conditions applicable to the RFP Process, including terms of the proposed Contract; or
- (m) conduct checks on the Respondent or request the Respondent to substantiate to the Buyer's satisfaction information supplied by the Respondent during the RFP Process.

The Respondent will not make any claim in connection with a decision by the Buyer to exercise or not to exercise any of its rights in relation to the RFP Process.

9.2.3 Contract Structure

The Respondents attention is drawn to the fact that the Buyer reserves the right, at any time during the term of any Contract established as a result of this RFP Process to:

- (a) engage other Respondents for the supply of the Goods, Services, and other Deliverables the same or similar to the deliverables and
- (b) enter into Contracts with other Respondents for the supply of Goods, Services and Deliverables, notwithstanding that the other Respondents did not participate in the RFP Process, for any reason, including if the Buyer considers it is necessary or desirable to comply with government policy regarding diversity in supply chains, the achievement of social objectives or in the interest of public health and safety.

9.2.4 Statistical and other relevant data

Statistical and other relevant data provided in this RFP Process is not to be construed as a guarantee for providing any business whatsoever by the Buyer. The Respondent shall make no claim for anticipated profit or for loss of profit because of any difference between the data provided to assist Respondents in compiling an offer and the volume of goods or services actually required by the Buyer and so provided by the Respondent during the period of the Contract.

9.2.5 No process contracts

The conduct of the RFP Process does not give rise to any legal or equitable relationship. A Respondent will not be entitled to claim compensation or loss from the Buyer for any matter arising out of the RFP Process, including but not limited to any failure by the Buyer to comply with these RFP Conditions.

9.3 Alternative and/or innovative offers

Respondents may submit alternative and/or innovative offers where they believe that the alternative will promote the Buyer's objectives.

9.4 No reliance on information

The Respondent is responsible for making its own investigation and assessment about all matters relevant to the process, the Requirements, the accuracy of all information and documents provided by or on behalf of the Buyer, and all other matters relevant to the Respondent's offer.

9.5 Respondent Cost

Participation in the RFP Process is at the Respondent's cost. The Buyer is not required to pay compensation to the Respondent in relation to the RFP Process in any circumstances, for any reason.

9.6 Subject to contract

No Contract will be formed between the Buyer and the Respondent unless and until a contract is established in one of the ways identified in the General Contract Conditions.

9.7 Compliance

The Respondent must:

- (a) **(communication)** direct all inquiries relating to the RFP to the Buyer's contact person, and not discuss this RFP Process with any other person except as required to prepare its offer.
- (b) **(laws)** comply with all Laws, including the Disability Discrimination Act 1992 (Cth), the Human Rights Act 2019 (QLD), Modern Slavery Act 2018 (Cth) and all Acts referenced in the Ethical Respondent Threshold and ensure that the Respondent's actions do not cause the Buyer to breach any Laws.
- (c) **(confidentiality)** keep confidential all Confidential Information which it obtains as part of the RFP Process, not use it except for the purpose of responding to the RFP, and not disclose it except to its Personnel on a need-to-know basis for the purpose of responding to the RFP, or with the Buyer's consent, or to the extent required by Law, or to its professional advisors.
- (d) **(privacy)** if it collects or has access to any Personal Information in connection with the RFP Process, comply as if it was the Buyer with the privacy principles in the Information Privacy Act or the Australian Privacy Principles in the Privacy Act, as applicable, in relation to that Personal Information, and comply with all reasonable directions of the Buyer relating to the Personal Information.
- (e) **(no publicity)** not make any public announcements or advertisement relating to the RFP Process.

- (f) **(competitive neutrality)** if the Respondent is a government owned business, local government, or Commonwealth, State or Territory or authority, price its offer to comply with the competitive neutrality principles of the Respondent's jurisdiction.
- (g) **(personnel)** ensure that its Personnel also comply with these requirements.
- (h) **(insurances)** the Respondent is to provide relevant and current insurance certificates with their offer. If requested after the closing date for offers, the Respondent is required to provide relevant and current insurance certificates within five (5) Business Days of the request from the Buyer unless otherwise indicated by the Buyer.

9.8 Warranties

9.8.1 Anti-competitive conduct

The Respondent warrants that neither it, nor its Personnel have engaged in, or will engage in, any collusive, anti-competitive or similar conduct in connection with the RFP Process, or any actual or potential Contract with any entity for goods and services similar to the Goods and Services.

9.8.2 Conflict of Interest

The Respondent warrants that neither it nor its Personnel have or are likely to have a Conflict of Interest in connection with this RFP Process, except as disclosed in the Respondent's offer.

The Respondent warrants that it will not, and it will ensure that its Personnel do not, place themselves in a position that may give rise to a Conflict of Interest between the interest of the Buyer and the Respondent's interests during the RFP Process and the term of any Contract subsequently entered as a result of this RFP Process.

If during the RFP Process period, a Conflict of Interest arises, or appears likely to arise, the Respondent must notify the Buyer immediately and take such steps to resolve or otherwise deal with the Conflict of Interest to the reasonable satisfaction of the Buyer.

9.8.3 Criminal organisation

The Respondent warrants that the Respondent and, to the best of its knowledge and belief having made reasonable enquiries, its Personnel, have not been convicted of an offence under the Criminal Code in the Criminal Code Act 1899 (QLD) where one of the elements of the offence is that the person is a participant in a criminal organisation within the meaning of the Criminal Code.

9.8.4 Accuracy of information

The Respondent warrants that all representations, declarations, statements, information, and documents made or provided by the Respondent (including its representatives) in connection with the RFP Process ('Respondent Information') are complete, accurate, up-to-date, and not misleading in any way.

9.8.5 Warranties are ongoing

The warranties in this section are provided as at the date of the Respondent's offer to the RFP Process and on an ongoing basis until the later of the Buyer notifying the Respondent that its offer has been rejected and expiry or termination of any Contract entered pursuant to the RFP Process ("relevant period").

The Respondent warrants that it will immediately notify the Buyer if it becomes aware that any warranty made in this section was inaccurate, incomplete, out of date or misleading in any way

when made, or becomes inaccurate, incomplete, out of date or misleading in any way, during the relevant period.

9.8.6 Breach of warranty

In addition to any other remedies available to it under Law or contract, the Buyer may, in its absolute discretion (but is not required to), immediately disqualify a Respondent from the RFP Process, or terminate the Contract with the Respondent which is subsequently entered into as a result of the RFP Process, where it believes the Respondent has breached any warranty in this clause.

9.9 Section 89 of the Criminal Code

Section 89 (1) of the Criminal Code in the Criminal Code Act 1899 (QLD) makes it an offence for a person employed in the public service to knowingly acquire or hold, other than as a member of a registered joint stock company consisting of more than 20 persons, a private interest in a contract or agreement which is made on account of the public service with respect to any matter concerning the department of the service in which the person is employed. Section 89 (2) provides that the person does not commit an offence if, before the person acquires or starts to hold the private interest, the person discloses the nature of the interest to the chief executive of the department for which they are employed and the chief executive authorises the person in writing, to hold or acquire the interest.

For the purpose of clause 9, an 'employee' is an individual who receives or is entitled to receive salary or wages through the payroll system of the Buyer.

The Respondent warrants that it will not submit an offer which, if accepted, would result in an individual being in breach of section 89 of the Criminal Code Act 1899 (QLD).

9.10 Access and inspection

The Respondent must, on reasonable prior written notice from the Buyer, give the Buyer reasonable access to the Respondent's premises and to Respondent documentation, records, and Personnel, to enable the Buyer or a third party engaged by the Buyer to verify:

- (a) the completeness and accuracy of information provided by the Respondent in connection with the RFP Process; and
- (b) the Respondent's compliance with its obligations under these RFP Conditions.

9.11 Respondent confidential information

The Buyer will keep confidential all Confidential Information of the Respondent which it obtains as part of the RFP Process.

The Buyer may use Respondent Confidential Information for the purposes of the RFP Process.

The Buyer may disclose Respondent Confidential Information:

- (a) to its Personnel for the purposes of the RFP Process.
- (b) as required under the Right to Information Act 2009 (QLD) or Information Privacy Act.
- (c) as required by Law.
- (d) to its professional advisors.

Appendix A – RFP Response

Respondent Details

Respondent Name	Insert Respondent business name.
Respondent ABN or ACN	Insert Respondent ABN or ACN.
Contact Name	Insert Respondent Officer name.
Position	Insert position of Respondent contact.
Postal Address	Insert Respondent postal address.
Phone	Insert Respondent phone number.
Email	Insert Respondent email
Classified as an Aboriginal and Torres Strait Business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Classified as a Social Enterprise	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business size?	<input type="checkbox"/> Small business (less than 20 employees) <input type="checkbox"/> Medium enterprise (20 or more but less than 200 employees) <input type="checkbox"/> Large enterprise (200 or more employees)

Response to the Requirements

Overview of Solution

Please provide an overview of your solution. Describe the technical aspects of the product and/or elements of the service offering.

Evaluation Criteria

1. Track record	Weighting 10%
a. Describe what experience your organisation has in delivering the required goods/services.	
b. Describe any specific experience which is relevant to this opportunity.	

c. Provide examples of previous or current contracts demonstrating your ability to meet the Requirements. Include:

- the contract / name of client (including contact details for reference purposes), location of contract, and dates you provided the goods/services
- a brief description of the goods/scope of services performed (including the key service areas, and any ancillary services you provided)
- a brief description of how you managed the delivery of the goods/services to the client
- a brief commentary of the quality and timeliness of the goods/services, including where possible examples of times you were asked to provide goods/services outside of scope (i.e. additional minor works)
- commentary on how you managed health and safety.

Note: We may conduct reference checks. Please inform us if you would like to be contacted prior to us contacting the referee.

2. Capability of the Respondent to deliver

Weighting 10%

a. List the key people who will deliver the goods/services, and their qualifications and experience. Describe how many personnel will be allocated to perform the Contract (include any subcontractors), and also describe how this may change and be managed throughout the delivery of the Requirements (such as with seasonal changes, for example).

b. Describe how you ensure personnel (and subcontractors) develop and maintain a high skill set in the delivery of the required goods/services (describe whether you provide training etc).

c. Describe your subcontractor network (i.e. those services available to you with respect to the goods/services being delivered), if relevant.

3. Capacity of the Respondent to deliver

Weighting 10%

a. Describe your organisation's track record in delivering similar goods/services (same quantity, quality, delivered on time, to specification and within budget).

b. Describe how you will interact with key stakeholders in the delivery of the goods/services. Provide your organisational chart, demonstrating how it links to the Contract.

c. Describe how you manage work outside of scope, i.e. additional minor works. Include how you may engage additional staff or subcontractors, balance priorities, and work with stakeholders to ensure the delivery.

d. Describe your organisation’s size, structure and annual turnover. Explain why this is sufficient to deliver the Requirements in full, on time, to specification and in the quantity required.

e. Provide information about your operational and financial systems to track and manage delivery.

f. Provide a high-level view of your proposed schedule.

4. Proposed Solution

Weighting 40%

a. Explain how your services meet or exceed our Requirements including an Evaluation Plan detailing methodology and approach

b. Describe how you measure quality in meeting or exceeding our Requirements.

c. Describe any new ideas or processes you offer which are innovative. Describe the benefits of these e.g. greater efficiency, better quality solution etc. Describe how the benefits are measured.

d. Describe all significant risks associated with your solution and how you propose to mitigate them (prevent them from happening) and manage them (in the event that they do happen).

Price as a weighted criterion

Value	Weighting 30%
-------	---------------

Provide the total price and a breakdown of the total costs to be paid under the Contract over the whole-of-life Contract.

Detail any other cost or benefits, including any costs that the Respondent expects the Buyer to incur directly with third parties in order to facilitate performance of the Contract.

Pricing Schedule

Please submit your financial information and pricing using the following table. Please provide as detailed a breakdown of the pricing as possible, and describe any assumptions where relevant (e.g. the number of people being applied to a job and why, or if, that changes over time). Where possible, please provide information regarding subcontractor input as well as your input. Please note, you can use as many rows as required.

Complete the relevant tables

Unit Pricing

Item	Unit price (excl. GST)	Quantity	Sub-total (excl. GST)
	[\$ X] per [unit]	[number of units]	[\$ X]
	[\$ X] per [unit]	[number of days]	[\$ X]
		Total	[\$ X]

Fixed price with payment milestones

Please set out your proposed fixed price and payment milestones

Milestone	Estimated payment date	Instalment Amount (excl. GST)
[insert milestone details]	[insert date]	[\$x]
[insert milestone details]	[insert date]	[\$x]
[insert milestone details]	[insert date]	[\$x]
	TOTAL	[\$x]

Rate card

Provide a rate card for any additional services. If you are using subcontractors, please indicate the organisation.

Individual	Role / Title	Organisation	Hourly Rate (excl. GST)	Day Rate (excl. GST)
			\$	\$
			\$	\$

Expenses

Please identify any expenses that the Buyer will be expected to reimburse, in addition to the fees and charges outlined above.

Expense Item	Maximum limit (excl. GST)	Expected quantity	Sub-total (excl. GST)
	[\$ X] per [unit]	[number of units]	[\$ X]
	[\$ X] per [unit]	[number of days]	[\$ X]
		Total	[\$ X]

Assumptions

Assumptions

Please state any assumptions you have made in relation to the cost and pricing information.

Proposed Contract Conditions

Having read and understood the Proposed Contract, in the RFP Section 8, I have the following suggestions to make. If successful, I agree to sign a Contract subject to negotiating the following clauses:

Clause	Concern	Proposed solution
[insert number]	[briefly describe your concern about this clause]	[describe your suggested alternative wording for the clause or your solution]
[insert number]	[briefly describe your concern about this clause]	[describe your suggested alternative wording for the clause or your solution]

Please submit your proposed contract as part of the response.

Referees

Please supply the details of three referees for your organisation. Include a brief description of the goods or services that your organisation provided, and when - from the beginning date to the end date.

First referee	
Name of referee:	[insert name of the referee]
Name of organisation:	[insert name of their organisation]
Goods/services provided:	[brief description of the goods/services you provided to this referee]
Date of provision:	[insert the date when you provided the goods/services]
Address:	[insert street address]
Phone:	[insert mobile or landline]
Email:	[insert email address]
Relationship	[describe your relationship with this referee – e.g. Contract Manager/ Contract Owner, Key Contact]

Second referee	
Name of referee:	[insert name of the referee]
Name of organisation:	[insert name of their organisation]
Goods/services provided:	[brief description of the goods/services you provided to this referee]
Date of provision:	[insert the date when you provided the goods/services]
Address:	[insert street address]
Phone:	[insert mobile or landline]
Email:	[insert email address]
Relationship	[describe your relationship with this referee – e.g. Contract Manager/ Contract Owner, Key Contact]

Third referee	
Name of referee:	[insert name of the referee]
Name of organisation:	[insert name of their organisation]
Goods/services provided:	[brief description of the goods/services you provided to this referee]
Date of provision:	[insert the date when you provided the goods/services]
Address:	[insert street address]
Phone:	[insert mobile or landline]
Email:	[insert email address]
Relationship	[describe your relationship with this referee – e.g. Contract Manager/ Contract Owner, Key Contact]

Please contact me before you approach a referee for a reference [Yes/Not required]

Declaration

Respondent's declaration		
Topic	Declaration	Respondent's declaration
RFP Terms:	I/we have read and fully understand this RFP, including the RFP Terms. I/we confirm that the Respondent agrees to be bound by them.	[agree / disagree]
Collection of further information:	The Respondent authorises the Buyer to: <ul style="list-style-type: none"> collect any information about the Respondent, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client use such information in the evaluation of this Proposal. The Respondent agrees that all such information will be confidential to the Buyer. 	[agree / disagree]
Requirements:	I/we have read and fully understand the nature and extent of the Buyer's Requirements as described in Section 4. I/we confirm that the Respondent has the necessary capacity and capability to fully meet or exceed the Requirements and will be available to deliver throughout the relevant Contract period.	[agree / disagree]
Ethics:	By submitting this Proposal the Respondent warrants that it: <ul style="list-style-type: none"> has not entered into any improper, illegal, collusive or anti-competitive arrangements with any Competitor has not directly or indirectly approached any representative of the Buyer (other than the Point of Contact) to lobby or solicit information in relation to the RFP has not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of the Buyer. 	[agree / disagree]
Offer Validity Period:	I/we confirm that this Proposal, including the price, remains open for acceptance for the Offer Validity Period stated in Section 1, paragraph 5.5 of the RFP.	[agree / disagree]
Conflict of Interest declaration:	The Respondent warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Proposal, or entering into a Contract to deliver the Requirements. Where a Conflict of Interest arises during the RFP process the Respondent will report it immediately to the Buyer's Point of Contact.	[agree / disagree]

Details of conflict of interest:	[if you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write 'not applicable'].	
Insurances	<p>The Respondent will provide copies certificates of currency of insurance at contract negotiation as follows:</p> <ul style="list-style-type: none"> • Workers Compensation • Public Liability (\$20 million) • Professional Indemnity (\$20 million) • Cyber (\$2 million) 	[agree / disagree]

DECLARATION BY THE RESPONDENT

I/we declare that in submitting the Proposal and this declaration:

- the information provided is true, accurate and complete and not misleading in any material respect
- the Proposal does not contain any material that will infringe a third party's intellectual property rights
- I/we have secured all appropriate authorisations to submit this Proposal, to make the statements and to provide the information in the Proposal and I/we am/are not aware of any impediments to enter into a Contract to deliver the Requirements.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Proposal may result in the Proposal being eliminated from further participation in the RFP process and may be grounds for termination of any Contract awarded as a result of the RFP.

By signing this declaration the signatory below represents, warrants and agrees that they have been authorised by the Respondent to make this declaration on its/their behalf.

Signature: _____

Full name: _____

Title/position: _____

Name of organisation: _____

Date: _____

Diabetes Australia and Department of Health


NDSS Evaluation Framework

8 September 2021

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#	Sections
1	NDSS evaluation scope and approach
2	NDSS evaluation inception
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6	Data management processes and systems
7	Data visualisation and reporting
	Appendices
	a. Appendix A - List of stakeholder consultations
	b. Appendix B - Suggested process and outcome metrics
	c. Appendix C - Suggested administrative data sources
	d. Appendix D - Data collection and stakeholder engagement plan
	e. Appendix E - Existing NDSS evaluation surveys
	f. Appendix F - Suggested NDSS evaluation surveys
	g. Appendix G - Suggested proxy values
	h. Appendix H - Glossary of terms
	i. Appendix I - Evaluation risks and limitations of approach



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1. NDSS evaluation
scope and
approach



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NDSS evaluation background and context

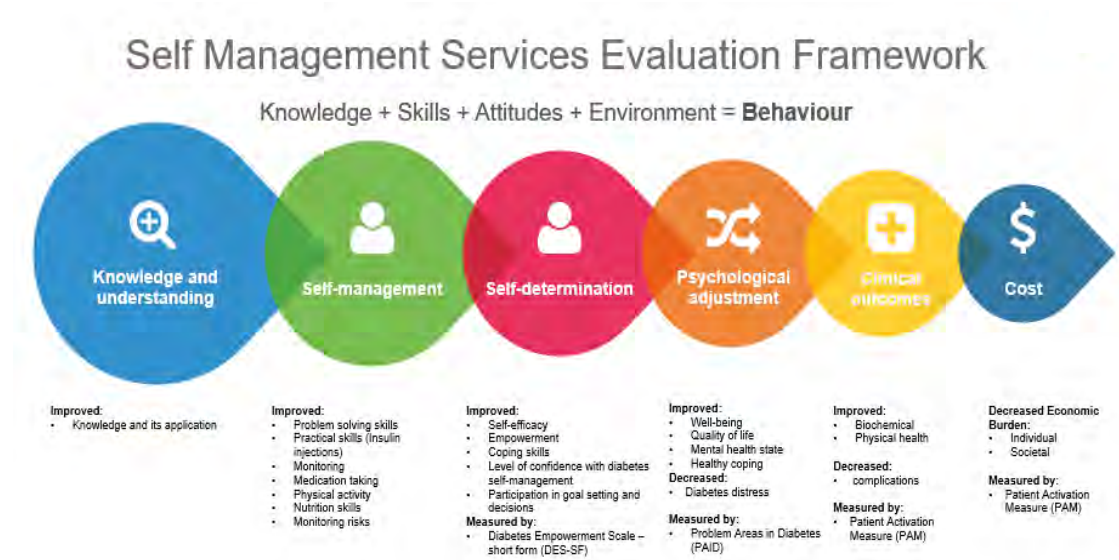
NDSS objectives

The NDSS aims to support people with diabetes to better understand and self-manage living with diabetes by giving them access to a range of fit-for-purpose programs, services and subsidised products tailored to their specific needs and unique diabetes journey.

In order to serve this purpose, Diabetes Australia engaged EY in 2020 to conduct an external review of the 2016-2020 NDSS evaluation process, as guided by the 2013 NDSS National Evaluation Framework, and identify opportunities for enhanced utility, increased efficiency, improved productivity and greater financial sustainability ahead of the next NDSS 2021-2024 funding agreement.

Previous National Framework

Diabetes Australia initiated the development of an NDSS National Evaluation Framework in 2013 to guide the approach to evaluation of NDSS funded programs administered by Diabetes Australia. The 2013 NDSS National Evaluation Framework focused on collating and analysing program data collected by the state and territory diabetes organisations to measure the impact of the NDSS across a sample of 12 programs across Australia, which did not encompass broader NDSS activities.



Current evaluation framework

This project was initiated jointly by Diabetes Australia and the Department of Health over the course of 4 months, from March-June 2021, in parallel to negotiations and implementation planning for the new 2021-2024 NDSS agreement. The current evaluation materials comprise a refreshed program logic, evaluation framework, data collection processes and data management policies. This document will support the ongoing evaluation service provider to be appointed from July 2021.

NDSS evaluation background and context

NDSS evaluation scope

The evaluation of the 2016-2020 NDSS agreement applied to a sample of 12 NDSS support programs (e.g. OzDAFNE, DESMOND, etc) across key NDSS stakeholders including people with diabetes as well as health professionals and NDSS providers. It also included the administration of the Annual Registrant Satisfaction Survey. The NDSS evaluation of the new 2021-2024 NDSS agreement will expand to cover the full scope of NDSS services, programs and subsidised products, as well as future sandboxing projects. The new NDSS evaluation framework will allow a more comprehensive, holistic and consistent NDSS evaluation approach nationally and capture the broader impacts of all NDSS services, programs and subsidised products.

This will ensure a broader evaluation coverage for the NDSS, aggregation of evaluation data across NDSS programs, services and products as well as the ability to deep dive into specific high-risk groups, geographies and impact areas for enhanced reporting.

While the new evaluation framework is broader in scope, it seeks to build on the previous framework to ensure continuity and utilise best practice principles inherent in the previous framework.

Please refer to the subsequent sections for more information on the scope.

NDSS evaluation objectives

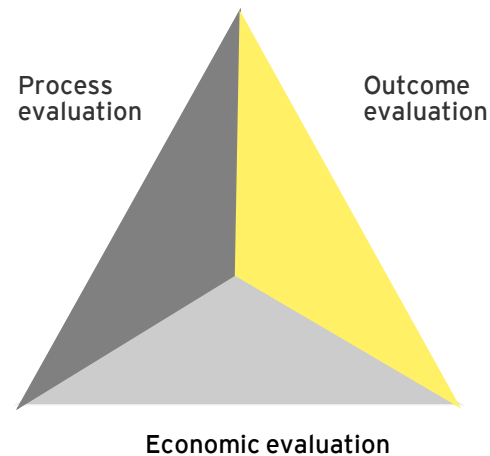
The key aims of the evaluation are to:

- Assess the NDSS model and its implementation to inform ongoing practice development
- Assess the effectiveness of the NDSS in improving intended outcomes for people with diabetes and other key NDSS stakeholders
- Assess the economic benefits of the NDSS

Thus, the evaluation framework is structured around the process, outcome and economic components of the evaluation, aligned with the NDSS evaluation objectives.

NDSS evaluation framework

The NDSS evaluation framework will include the following elements. Please refer to the Process, Outcome and Economic evaluation sections for more information.



NDSS evaluation framework development approach

The NDSS Program Logic and evaluation framework have been developed through a co-design approach informed by extensive consultations with key NDSS stakeholders alongside document and best practice literature review.

Desktop review and co-design consultations

The NDSS Program Logic and evaluation framework have been developed through an in-depth desktop review followed by a round of extensive consultations with key NDSS stakeholders. These workshops allowed identification of the most material outcomes for the key NDSS beneficiaries as well as areas for improvement related to the implementation of the NDSS.

Exploration of data linkage and automation elements was also undertaken and is presented in subsequent sections of this framework.

Benefits of co-design

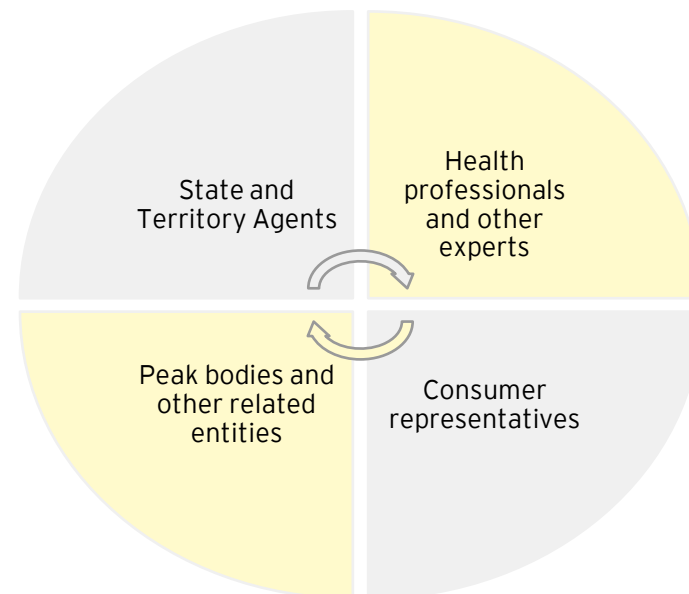


- Ensuring the evaluation approach is co-designed in a way that is meaningful, placing key stakeholders in position of authority
- Ensuring that the evaluation captures the most material outcomes for stakeholders and hears them through their voice
- Working in true partnership to be best placed to inform program design and feed results back to stakeholders



- Ensuring we put a premium on the voices of those receiving the benefits of the NDSS funded programs
- Capture the diverse and valuable perspectives of a greater range of stakeholders in a way that best suits their needs

Stakeholders engaged during co-design consultations



A flexible evaluation framework

The NDSS evaluation framework has flexibility to account for the impact of both current and emerging NDSS initiatives including sandbox projects. All elements of the framework are able to be tailored to the NDSS specific context and scope changes.

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2. NDSS evaluation inception



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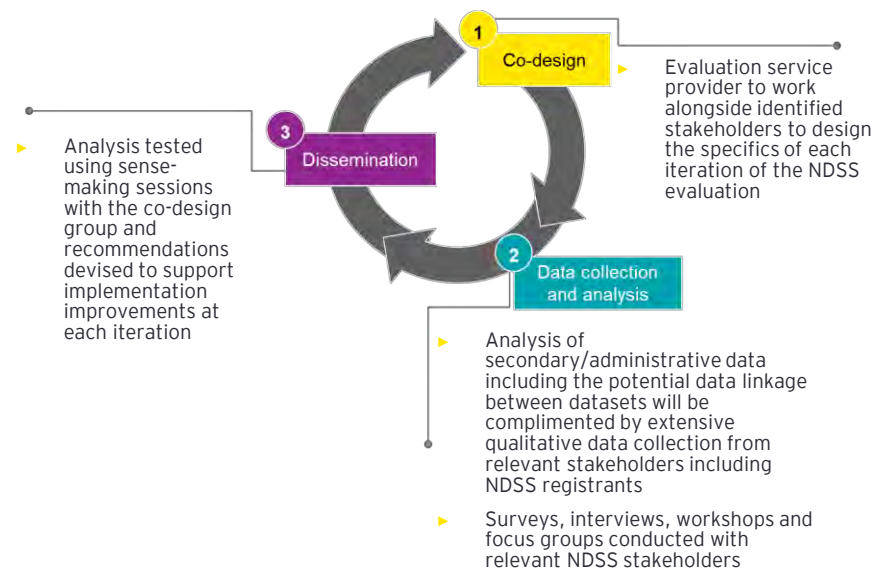
Project management and governance considerations

Program evaluation is a powerful way to support the ongoing success of NDSS services, programs and subsidised products in the long-term. In order to ensure that the NDSS evaluation supports decisions for future refinement, development and expansion of the scheme, this framework applies rigorous project management and governance principles for NDSS continuous improvement.

Iterative evaluation process

An iterative approach throughout the 2021-2024 evaluation period should be applied during ongoing evaluation, as outlined in the diagram below. This approach encompasses iterative cycles of co-design, data collection, analysis and refinement which allows for an inbuilt flexibility and agile practice development.

The repeated data collection and analysis allows the evaluation service provider to make appropriate adjustments to the evaluation framework based on learning from the previous iteration or any changes in circumstances or processes that would impact NDSS delivery and data collection.



Project Management

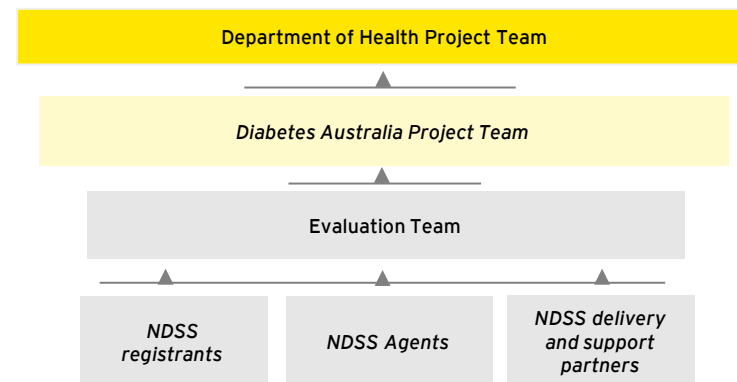
A robust project management framework is essential to ensuring the confidence of Diabetes Australia and the Department of Health in the delivery of the NDSS evaluation, both in terms of timing and according to budget.

This can be achieved by the evaluation service provider having a close working relationship with Diabetes Australia, characterised by:

- ✓ Regular dialogue throughout the evaluation, including exchange of ideas
- ✓ Co-designing and agreeing on performance objectives
- ✓ Regularly seeking Diabetes Australia's feedback; and
- ✓ Providing reports and deliverables within agreed timelines

Governance

In line with best practice, a clear governance structure should be established to guide the evaluation. The below diagram outlines a proposed governance structure, with the Department of Health and Diabetes Australia project teams overseeing and coordinating evaluation activities and progress of the evaluation service provider as well as being responsible for reviewing materials and deliverables and providing feedback.





3. NDSS Program Logic



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Program Logic Overview

Program Logic definition

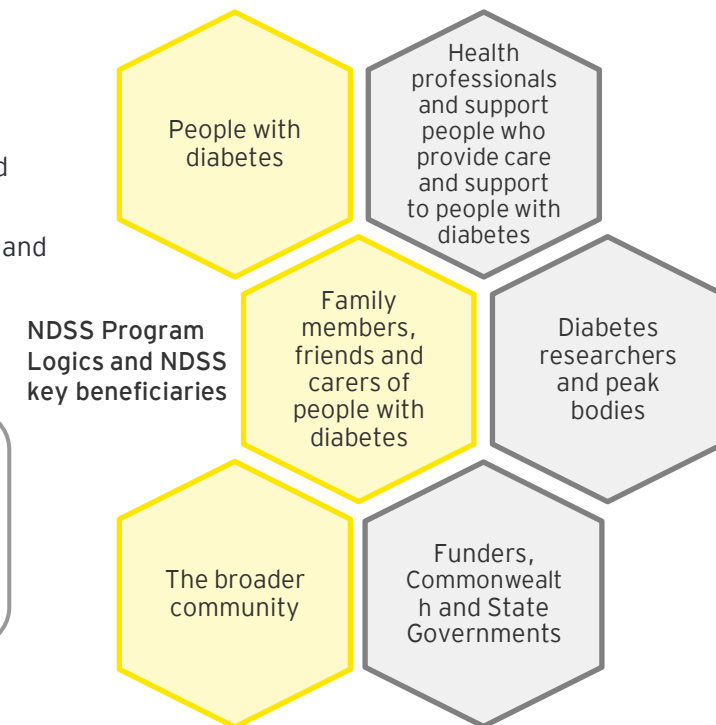
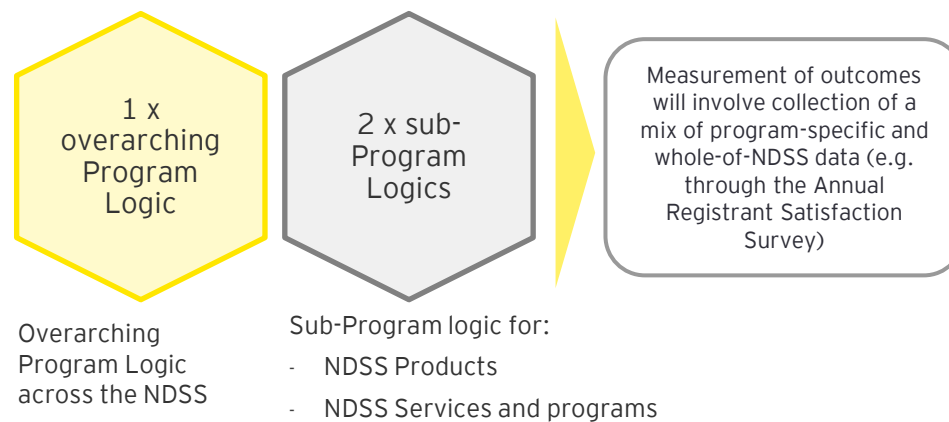
A program logic is a visual depiction showing how a program is intended to work. The program logic describes how inputs are translated via activities and changes in behaviour, into outputs and outcomes for program beneficiaries. The program logic helps to focus the evaluation on the things that underpin its success and to identify and measure program costs and benefits.

Overview of Program Logic framework

Inputs	Activities	Outputs	Intermediate Outcomes	Long-term outcomes
<i>What do we invest?</i>	<i>What do we do?</i>	<i>What are the measurable products of the activity?</i>	<i>What are the short-term and medium-term outcomes?</i>	<i>What are the long-term outcomes?</i>

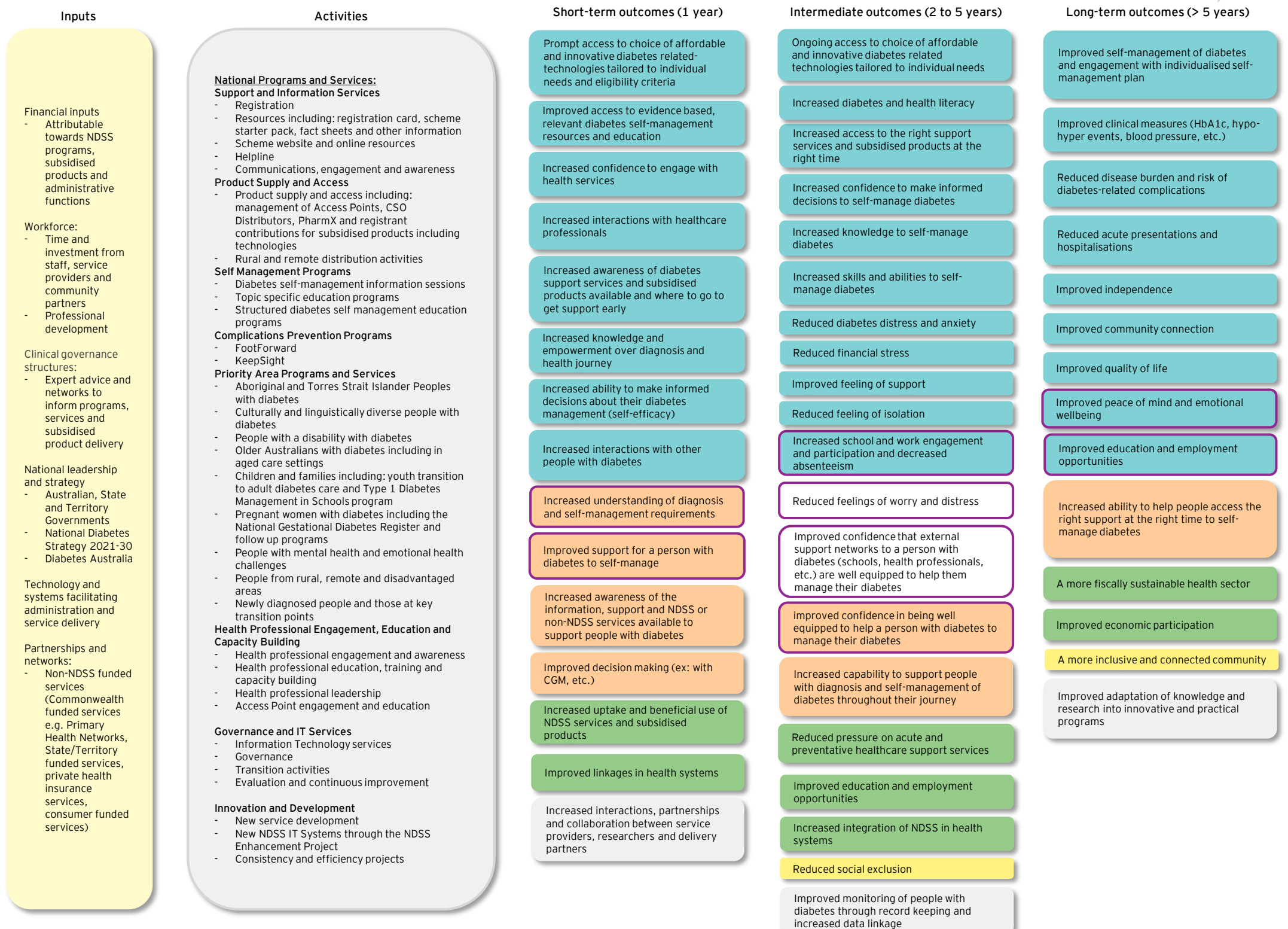
Value of a Program Logic

- ✓ Provides a common understanding of how the program is intended to work by mapping inputs, activities as well as benefits, outcomes and key indicators for measuring success
- ✓ The backbone for organisational reference documents, underpinning strategic and operational decisions in a way that supports outcomes
- ✓ Used to review existing measurement tools and develop common set of outcomes and indicators to report against
- ✓ Used to communicate and engage with funders, regulators and other key stakeholders



The diagram below outlines the **overarching Program Logic** for the NDSS across key NDSS stakeholders.

The inputs invested into the NDSS allow the NDSS activities to take place which drives short, medium and long-term outcomes for key beneficiaries with the aim of improving quality of life



A person with diabetes

Health professional and other support person who has access to NDSS funded training and provide care and support to people with diabetes

Family, friends and carers of a person with diabetes

Diabetes researchers and peak bodies

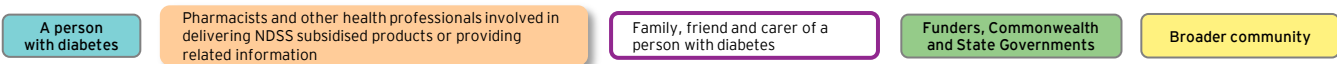
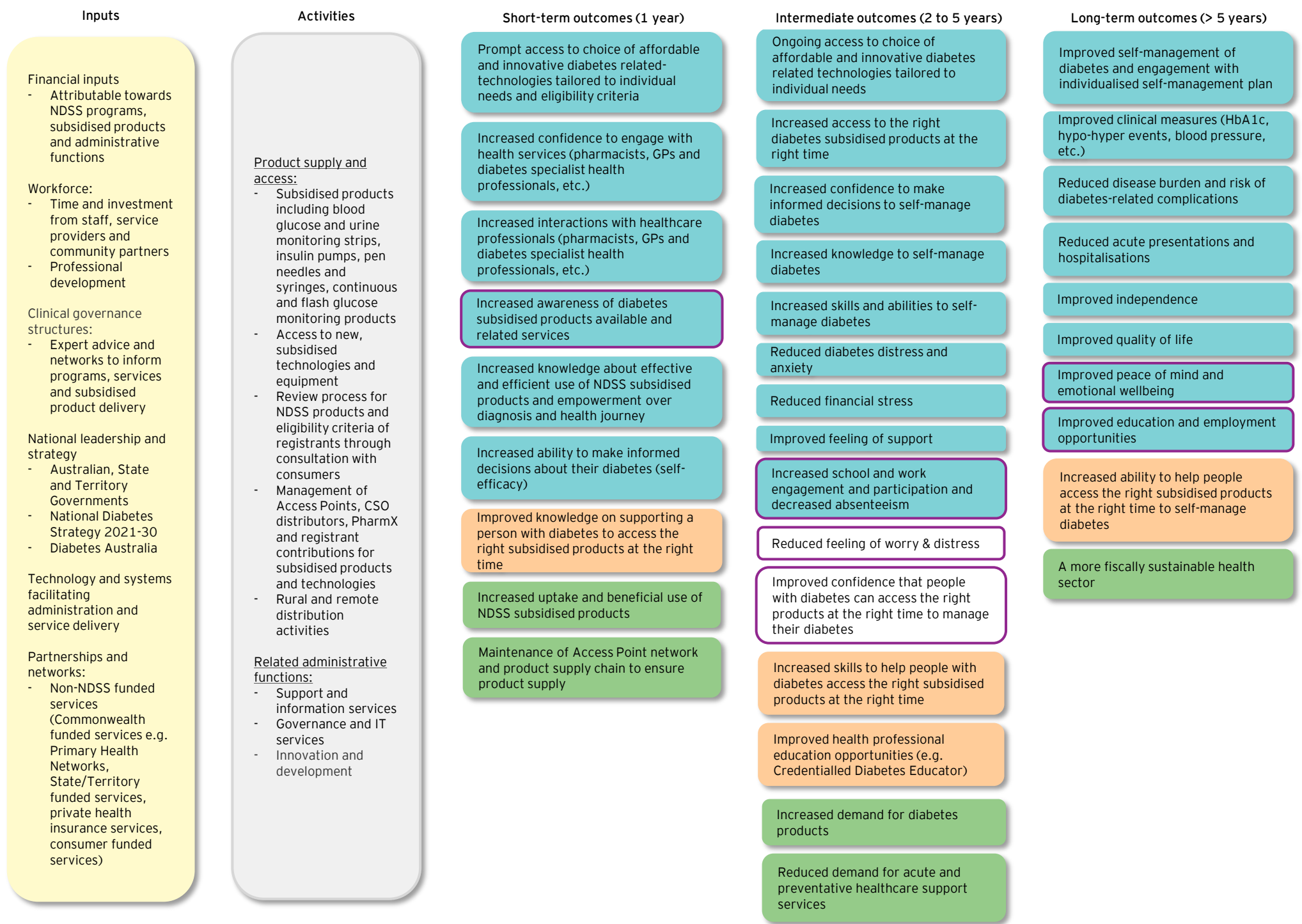
Funders, Commonwealth and State Governments

Broader community

Please refer to the Glossary of terms in the appendix section for more information on some of these cohorts.

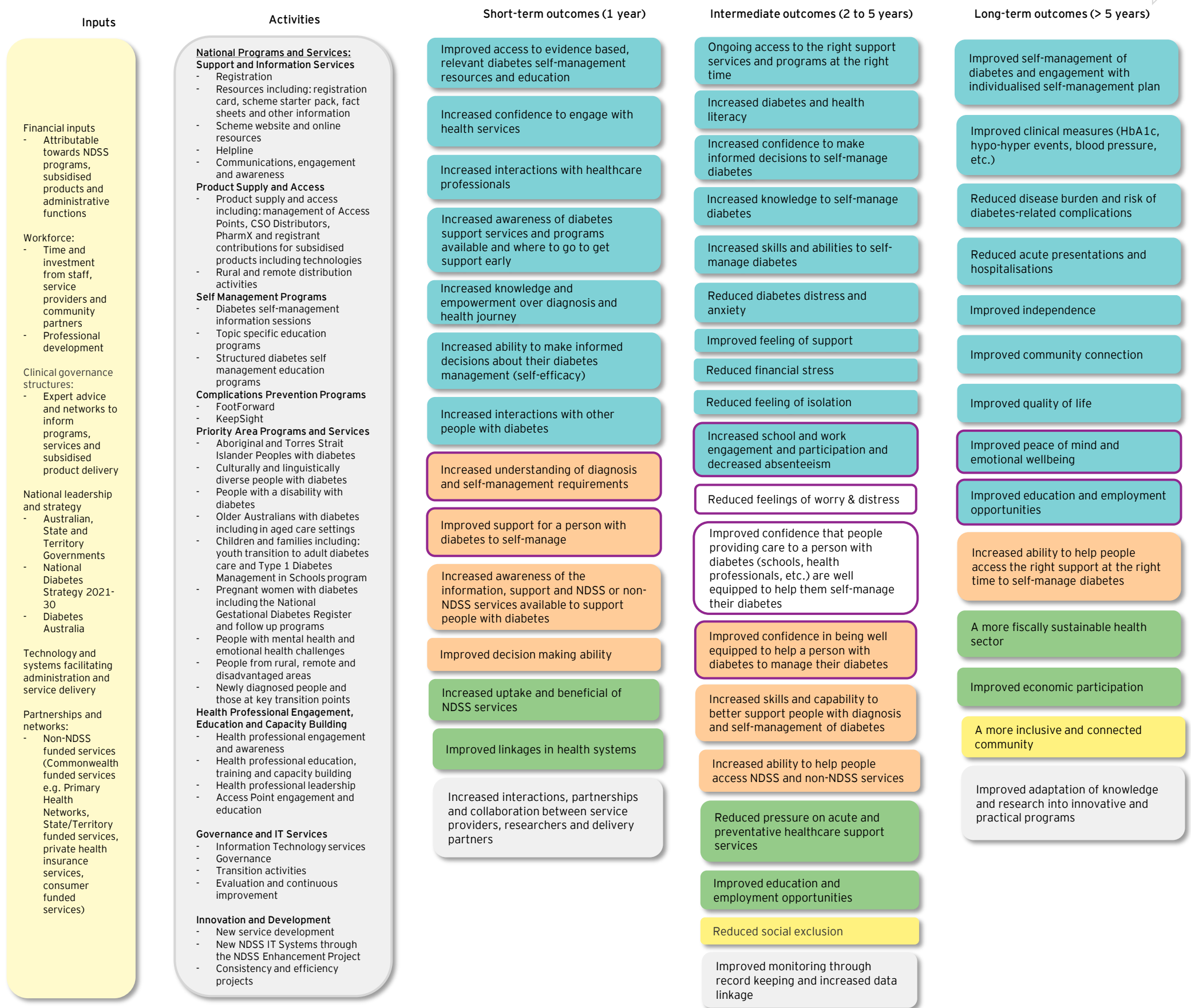
The diagram below outlines the Program Logic focused on the NDSS subsidised products across key NDSS stakeholders.

The inputs invested into the NDSS allow the NDSS activities to take place which drives short, medium and long-term outcomes for key beneficiaries with the aim of improving quality of life



The diagram below outlines the Program Logic focused on the NDSS services and programs (excluding products) across key NDSS stakeholders.

The inputs invested into the NDSS allow the NDSS activities to take place which drives short, medium and long-term outcomes for key beneficiaries with the aim of improving quality of life



External factors influencing the impact of the NDSS on key beneficiaries

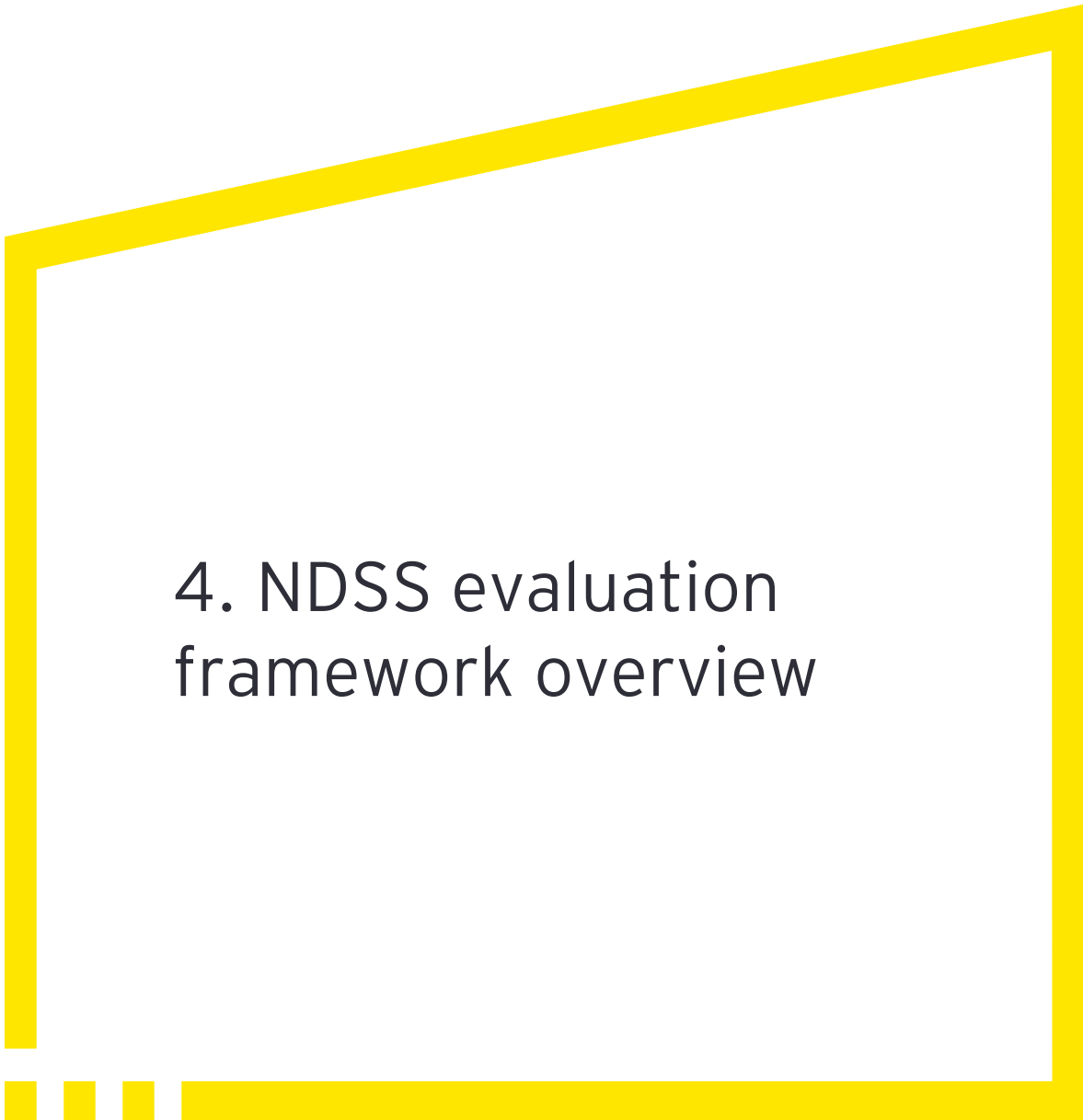
The main external factors identified that may influence the impact magnitude of the NDSS on key stakeholders are outlined below.

Barriers

- Accessibility:
 - Varying ability to access resources due to social determinants and poor infrastructure e.g. access to Internet in remote regions
- Health system barriers:
 - Disparate health services, especially across regions
 - Social determinants of health
 - Health professional capability and/or capacity
 - High turnover of health professionals in regional, rural and remote areas
- Environmental factors:
 - Impact of COVID-19 on service delivery, particularly for face-to-face delivery
 - Regionality/remoteness of people with diabetes
 - Change in people with diabetes' needs and expectations
 - Managing and prioritising co-morbidities
- Current funding model:
 - Funding model limiting service provision
 - Closing the Gap funding removing the need for Aboriginal and Torres Strait Islander Peoples to register with the NDSS to access subsidised product
 - Constraints on co-payments
 - Changing private health insurance rates and coverage impacting the ability to leverage non-NDSS funded services
- Administrative burden
 - Delays at multiple stages of NDSS process due to administrative requirements (e.g. during registration or processing access to subsidised products)

Enablers

- Environmental factors:
 - Accelerated change opportunities associated with COVID-19 allowing better reach of service delivery through Telehealth and access to Internet and various digital platforms
- Organisational enablers:
 - Leadership and governance:
 - Cohesiveness and appropriate oversight from clinical governance groups in order to improve system design and accountability
 - Efficient national coordination processes and Government support and leadership
 - Development and implementation of the next National Diabetes Strategy iteration
 - Information and research capacity:
 - Capitalising on data and analytics to support improvements in service delivery
 - Strong data management systems and processes
 - Workforce and human resources:
 - Contract workforce enabling service delivery and allowing better utilisation of funds and resources
 - Localised workforce and relationships at the jurisdictional level
- Technology and innovation:
 - Technology led, people centric care through online engagement platforms
 - Digital by default, technology advancement and innovation urgency around program design, delivery and evaluation
 - Increased data connectivity
 - Increased usage of technology e.g. telehealth, electronic signatures
 - New arising products
- Partnerships and support networks:
 - Opportunity to increase integration and coordination between people with diabetes and the wider health care system through non-NDSS support partners
 - Integrated multidisciplinary teams spanning the health continuum to support all actions e.g. mental health
 - Fostering relationships with key support partners including State health, primary care organisations, Primary Health Networks, community health organisations, chronic disease and prevention peak groups, health professionals including GPs and specialists, school programs and independent school associations, etc.
 - Linkages with people with diabetes in order to inform and facilitate co-design of diabetes self-management education and support programs for the purpose of increasing engagement

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4. NDSS evaluation framework overview



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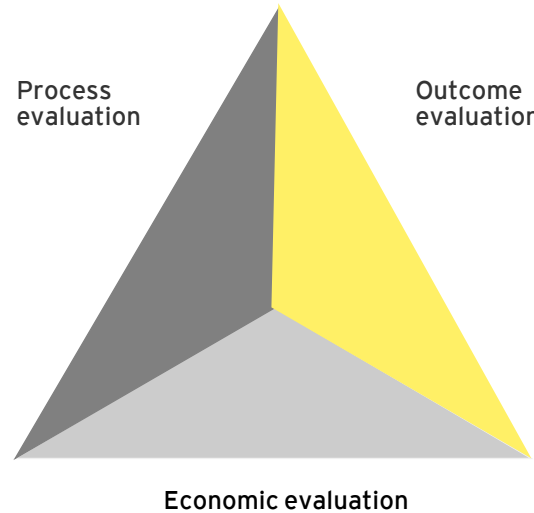
Evaluation questions

The NDSS evaluation framework will be structured around three evaluation elements allowing effective assessment of the implementation, impact and economic outcomes of the NDSS.

The process evaluation will inform ongoing NDSS practice development and innovation as the NDSS agreement is being implemented.

It is intended to answer the following evaluation questions:

- ▶ To what extent is the NDSS being implemented as intended?
- ▶ What is working well or not working well? For whom, why and in which circumstances?
- ▶ Which factors influence the NDSS implementation outcomes?
- ▶ How well are stakeholders working together to deliver the NDSS?
- ▶ What are the key improvements to be made to enhance implementation?



The outcome evaluation will build on the material outcomes outlined in the refined NDSS Program Logic.

It is intended to answer the following evaluation questions:

- ▶ To what extent did the NDSS achieve its intended outcomes, including to whom, why and in which circumstances?
- ▶ What unintended positive or negative impact outcomes occurred?
- ▶ Where are impact outcomes achieved to a greater extent?
- ▶ Which factors influence impact creation?
- ▶ What are the key improvements to be made to maximise impact?

The economic evaluation will inform value for money considerations regarding the implementation of the NDSS.

It is intended to answer the following evaluation questions:

- ▶ To what extent are the accumulative program costs outweighed by the accumulative program benefits?
- ▶ How are the benefits distributed across key program beneficiary groups?
- ▶ How sensitive is the net benefit (or cost) to changes in key assumptions such as program cost and program demand?
- ▶ What are the key drivers of costs and benefits, what are the implications of these for program roll-out and scaling?
- ▶ To what extent does the program deliver 'value for money'?

Process evaluation approach

The NDSS process evaluation framework is underpinned by:

- Key **process outcomes** pointing towards effective implementation of the NDSS
- Classified under **four process pillars** outlining different implementation areas of the NDSS
- Measured through a relevant **set of suggested metrics** meant to be tailored to NDSS specific contexts (refer to appendix B)
- Allowing the evaluation service provider to **answer the process evaluation questions**
- Accommodating for **bespoke evaluation** as new programs are being developed

Key process outcomes classified under four process pillars

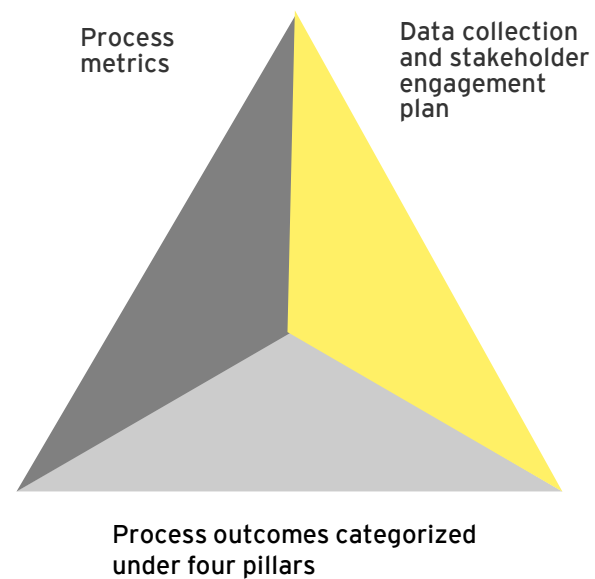
Leadership and governance	People and culture	Processes, technology and innovation	Service delivery
<ul style="list-style-type: none"> • Effective leadership and tone at the top • Clearly defined and communicated NDSS strategy and objectives • Clear and effective organisational structure 	<ul style="list-style-type: none"> • Positive culture and environment • Adequate capacity and capability to deliver the NDSS • Clearly defined and communicated roles and responsibilities • Effective alignment and coordination between NDSS stakeholders • Fruitful NDSS delivery partnerships 	<ul style="list-style-type: none"> • Effective NDSS administrative processes • Effective evaluation and continuous improvement processes • Technology and automation allowing effective NDSS service delivery and evaluation • Fit-for-purpose innovation and development processes 	<ul style="list-style-type: none"> • Timely, efficient, equitable and accessible NDSS service delivery: • Support and information services • Product supply and access <ul style="list-style-type: none"> • Self-management programs • Complications prevention programs • Priority area programs and services • Health professional engagement, education and capacity building

Process evaluation framework overview

The process evaluation will inform ongoing NDSS practice development and innovation as the NDSS agreement is being implemented.

Key process evaluation questions

- ▶ To what extent is the NDSS being implemented as intended?
- ▶ What is working well or not working well? For whom, why and in which circumstances?
- ▶ Which factors influence the NDSS implementation outcomes?
- ▶ How well are stakeholders working together to deliver the NDSS?
- ▶ What are the key improvements to be made to enhance implementation?



Process outcomes and related metrics:

- ▶ NDSS intended **process outcomes** categorised under four key **process pillars** as per the diagram presented in previous slide.
- ▶ Suggested metrics **mapped against the process outcomes**
- ▶ These metrics will be **tailored** to specific stakeholders and NDSS context. They will also be tailored to emerging NDSS initiative including sandboxing projects.

Process evaluation framework overview

Data collection

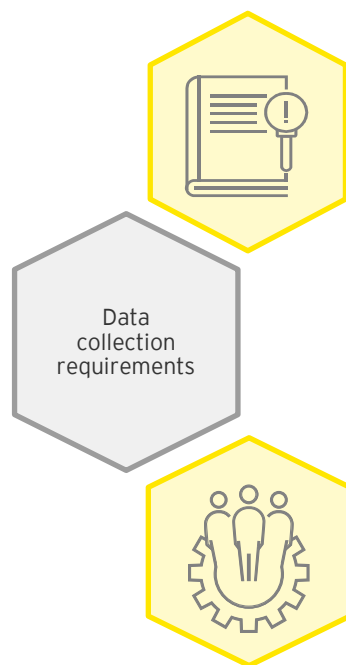
- ▶ **Annual surveys** to measure process outcomes around leadership and governance, people and culture and processes, technology and innovation resulting from the implementation of the NDSS
- ▶ **Post program surveys** where relevant to measure process outcomes around service delivery
- ▶ **Additional data points** could be collected where relevant in relation to process, technology and innovation as well as sandboxing projects, particularly in relation to arising models
- ▶ **Interviews, workshops or focus groups** with key NDSS stakeholders including Diabetes Australia, State and Territory Agents and National Health Professional Body Agents(ADS/ADEA) and other relevant peak bodies
- ▶ **Annual secondary data collection** from NDSS administrative datasets for relevant objective process metrics

Bi-annual reporting

- ▶ **Bi-annual reporting cycles** will allow consolidation of findings in an Interim Report and a Final Report
- ▶ **The Interim Report** will outline the preliminary insights from data collected during the first half of the year, including baseline data
- ▶ **The Final Report** will outline the findings coming from all data collected throughout the year and provide recommendations for ongoing process improvements

Roles and responsibilities:

- ▶ **Annual surveys, interviews, workshops and focus groups** run by the **evaluation service provider** supported by key NDSS stakeholders where relevant
- ▶ **Post program surveys** run by the **State and Territory Agents** using appropriate technology
- ▶ **Secondary data collection** conducted by the evaluation service provider supported by **State and Territory Agents**
- ▶ **Data consolidation, analysis and reporting** conducted by the **evaluation service provider**
- ▶ **Annual evaluation framework process of review** conducted jointly by the **evaluation service provider, Diabetes Australia and the Department of Health** to account for any new innovative NDSS initiative including sandboxing projects.

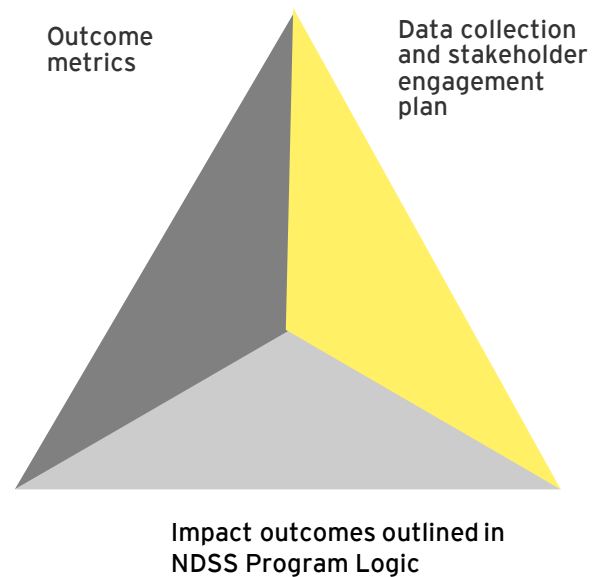


Outcome evaluation framework overview

The outcome evaluation will build on measurement of the most material outcomes for the key NDSS beneficiaries and provide a comprehensive analysis of the impact of the NDSS.

Key outcome evaluation questions

- ▶ To what extent did the NDSS achieve its intended outcomes, including to whom, why and in which circumstances?
- ▶ What are the unintended positive or negative outcomes?
- ▶ Where are outcomes achieved to a greater extent?
- ▶ What are the key factors influencing impact?
- ▶ What are the key improvements to be made to maximise impact?



Outcome metrics:

- ▶ Suggested outcome metrics **mapped against the outcomes** of the Program Logic
- ▶ These outcome metrics will need to be **tailored** to specific stakeholders, NDSS context, individual circumstances as well as emerging NDSS initiatives including sandboxing projects

Outcome evaluation framework overview

Bespoke data collection

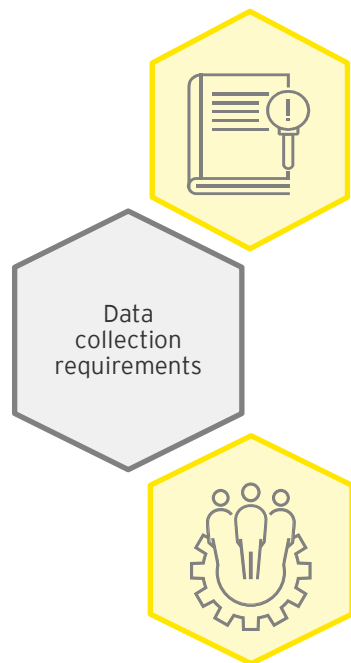
- ▶ **Annual surveys** to measure impact of **NDSS products and overarching NDSS services** for people with diabetes and their families and carers, health professionals and diabetes researcher
- ▶ **Pre-Post program surveys** followed by additional data points where relevant to measure impact of **NDSS programs** for people with diabetes and relevant NDSS trained professionals, with real-time view of data
- ▶ **Surveys** at registration followed by data collection points aligned with **key transition points for people with diabetes** to report on outcomes against the diabetes journey if relevant
- ▶ **Interviews, workshops or focus groups** with key stakeholders including people with diabetes, health professionals, pharmacists, school staff, etc.
- ▶ **Annual secondary data collection** from external and NDSS administrative datasets for relevant objective metrics

Bi-annual reporting

- ▶ **Bi-annual reporting cycles** will allow consolidation of findings in an Interim Report and a Final Report
- ▶ **The Interim Report** will outline the preliminary insights from data collected during the first half of the year, including baseline data
- ▶ **The Final Report** will outline the findings coming from all data collected throughout the year and provide recommendations for ongoing impact improvements

Roles and responsibilities:

- ▶ **Annual surveys, interviews, workshops and focus groups** run by the **evaluation service provider** supported by key NDSS stakeholders
- ▶ **Pre-Post program surveys** run by the **State and Territory Agents** using appropriate technology
- ▶ **Secondary data collection** conducted by the **evaluation service provider** supported by the Agents
- ▶ **Data consolidation, analysis and reporting** conducted by the **evaluation service provider**
- ▶ **Annual evaluation framework process of review** conducted **jointly by the evaluation service provider and Diabetes Australia** in collaboration with **key stakeholders** to account for any new innovative NDSS initiative including sandboxing projects



Economic evaluation framework overview

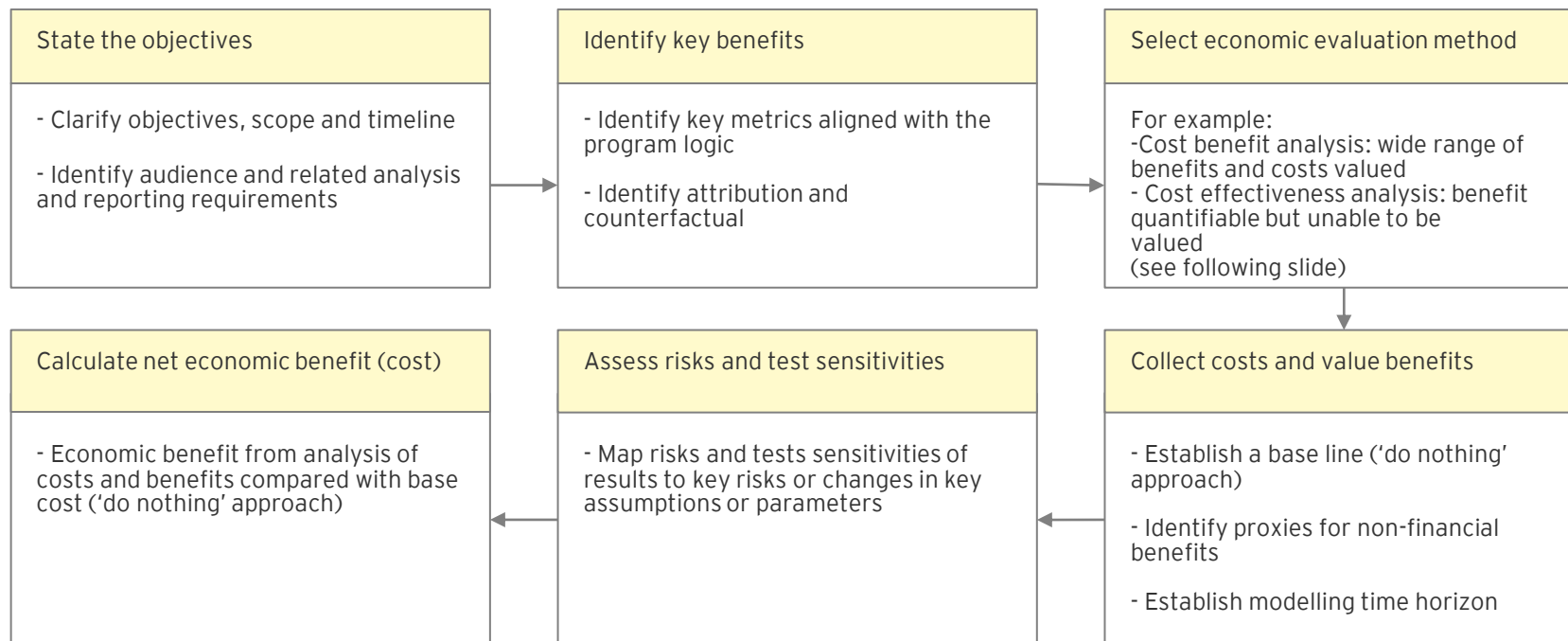
The economic evaluation will inform value for money considerations regarding the implementation of the NDSS.

Key economic evaluation questions

- ▶ To what extent are the accumulative program costs outweighed by the accumulative program benefits?
- ▶ How are the benefits distributed across key program beneficiary groups?
- ▶ How sensitive is the net benefit (or cost) to changes in key assumptions such as program cost and program demand?
- ▶ What are the key drivers of costs and benefits, what are the implications of these for program roll-out and scaling?
- ▶ To what extent does the program deliver 'value for money'?

Economic evaluation approach

We recommend an approach to the economic evaluation that includes the following steps:



The selection of the preferred approach to the NDSS economic evaluation will be at the discretion of the evaluation service provider and will depend on the evaluation objectives and requirements as well as the nature of the costs, benefits and data considerations. The evaluation service provider may consider economic evaluation methods such as Social Return on Investment or Cost-Benefit Analysis, Multi-Criteria Analysis (MCA) or other relevant approaches. Please refer to the following slides for more information about potential and recommended approaches.

Economic evaluation example approaches

The evaluation service provider will need to choose between different impact measurement and valuation methodologies for the purpose of the NDSS economic evaluation. The table below outlines some of the potential methodologies available as well as their related strengths and weaknesses, with EY's recommendation proposed in the following slide.

Method	Social Return on Investment (SROI)	Social Cost-Benefit	Value for Money	Multi-Criteria Analysis
Purpose	<ul style="list-style-type: none"> Compare input costs to the total sustainability value created 	<ul style="list-style-type: none"> Compare input costs to the total sustainability value created 	<ul style="list-style-type: none"> Compare input costs to the total sustainability value created 	<ul style="list-style-type: none"> Democratic decision making tool factoring in values of stakeholders and outcomes
Strengths	<ul style="list-style-type: none"> Standardised, robust and precise methodology Stakeholder based Principles based 	<ul style="list-style-type: none"> Can be applied at scale and used widely by Governments and finance institutions 	<ul style="list-style-type: none"> Holistic tool measuring program's: economy, efficiency, effectiveness and equality 	<ul style="list-style-type: none"> Helps in complex and volatile decision making contexts Builds engagement
Weaknesses	<ul style="list-style-type: none"> More difficult to apply at scale Resource intensive 	<ul style="list-style-type: none"> Typically favours economic outcomes No common standards or verification processes 	<ul style="list-style-type: none"> Typically favours State savings No common standards or verification process 	<ul style="list-style-type: none"> Resource and time intensive

The selection of the preferred approach to the NDSS economic evaluation will be at the discretion of the evaluation service provider and will depend on the evaluation objectives, audience, funder needs and requirements as well as the nature of the costs, benefits and data considerations.

Economic evaluation recommended approach: Social Return on Investment (SROI)

The Social Return on Investment (SROI) methodology is the economic evaluation approach recommended in light of the nature of the benefits NDSS stakeholders articulated in collaborative design. An overview of the SROI methodology is outlined below.

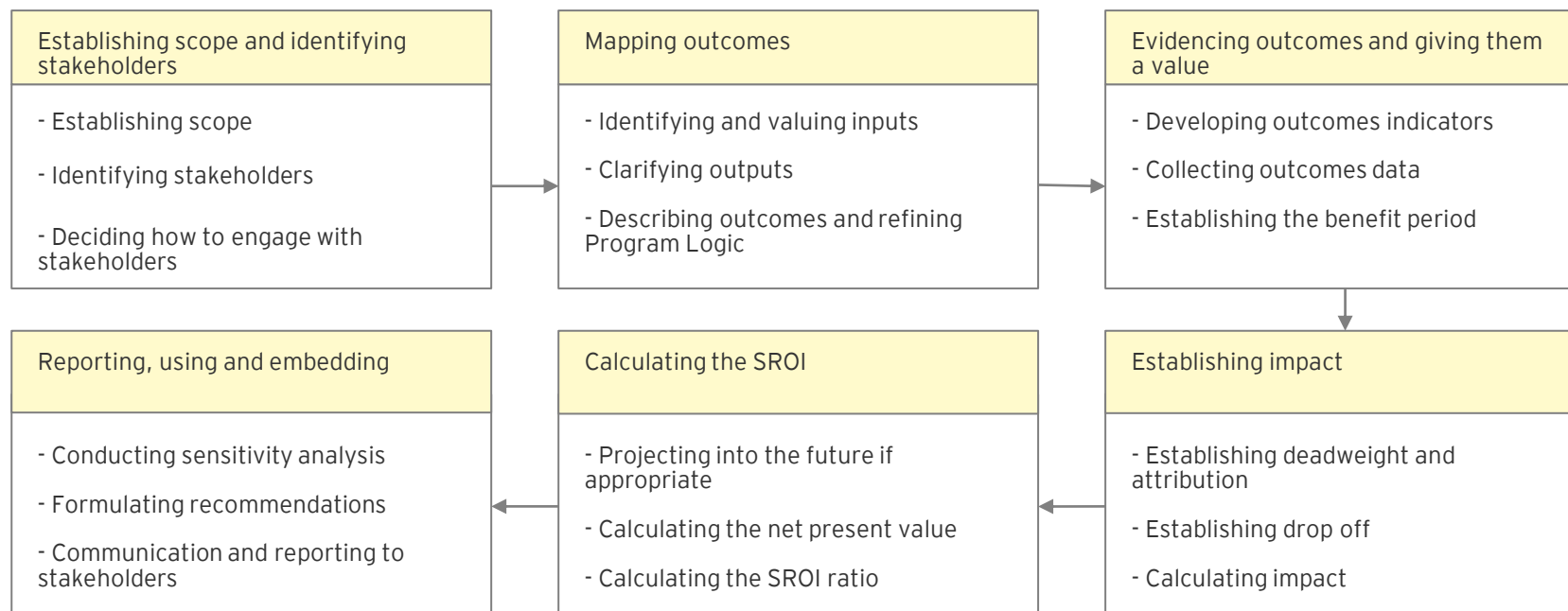
Key SROI principles

The SROI methodology is underpinned by seven key principles, developed by Social Value International, allowing a robust and transparent analysis.

- ▶ Involve stakeholders
- ▶ Understand what changes
- ▶ Value the things that matter
- ▶ Only include what is material
- ▶ Do not overclaim
- ▶ Be transparent
- ▶ Verify the results

Social Return on Investment approach

We recommend an approach to the economic evaluation that includes the following steps:



The selection of the preferred approach to the NDSS economic evaluation will be at the discretion of the evaluation service provider and will depend on the evaluation objectives and requirements as well as the nature of the costs, benefits and data considerations.



5. Data collection



The better the question. The better the answer.
The better the world works.

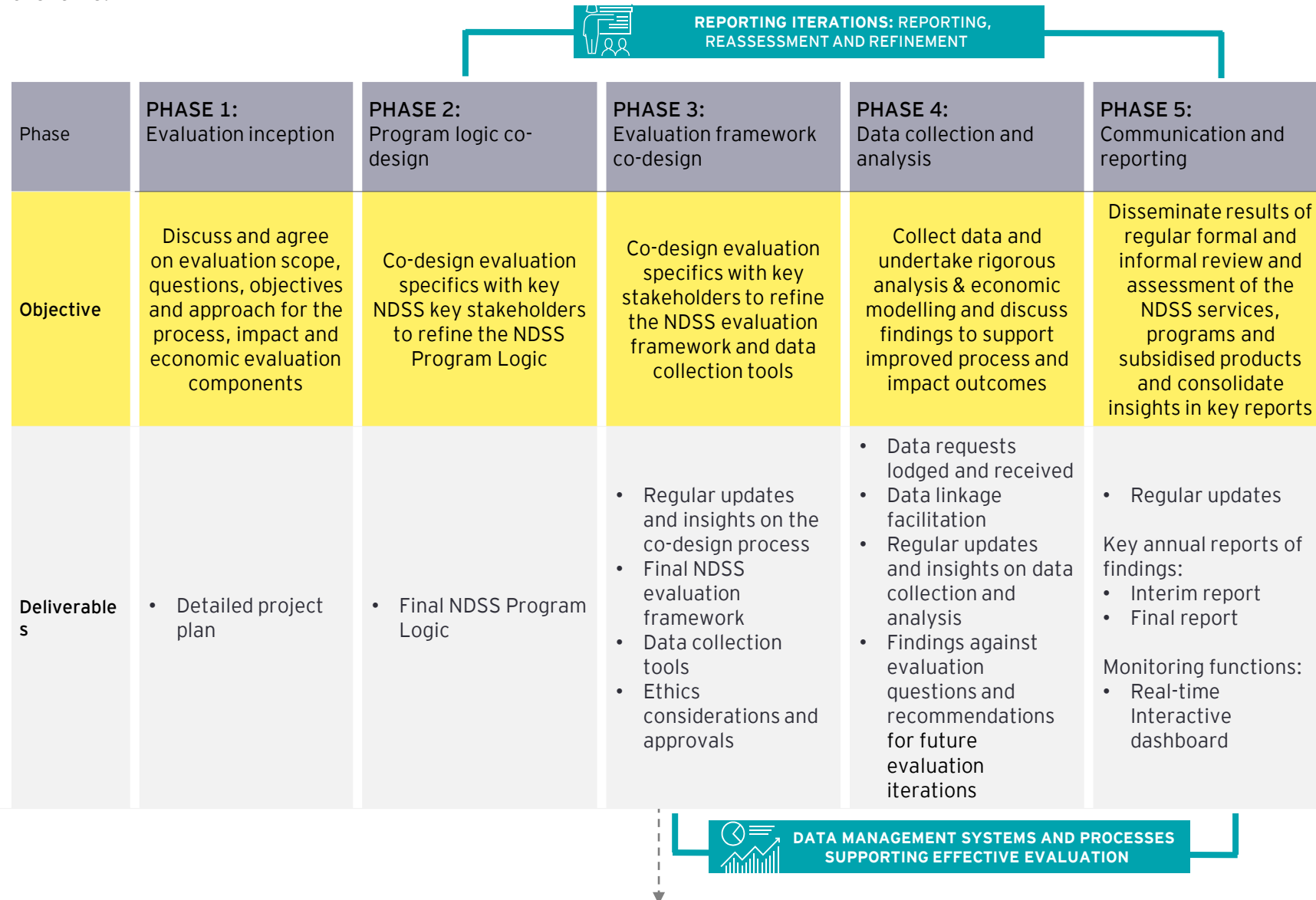


EY

Building a better
working world

NDSS evaluation suggested approach

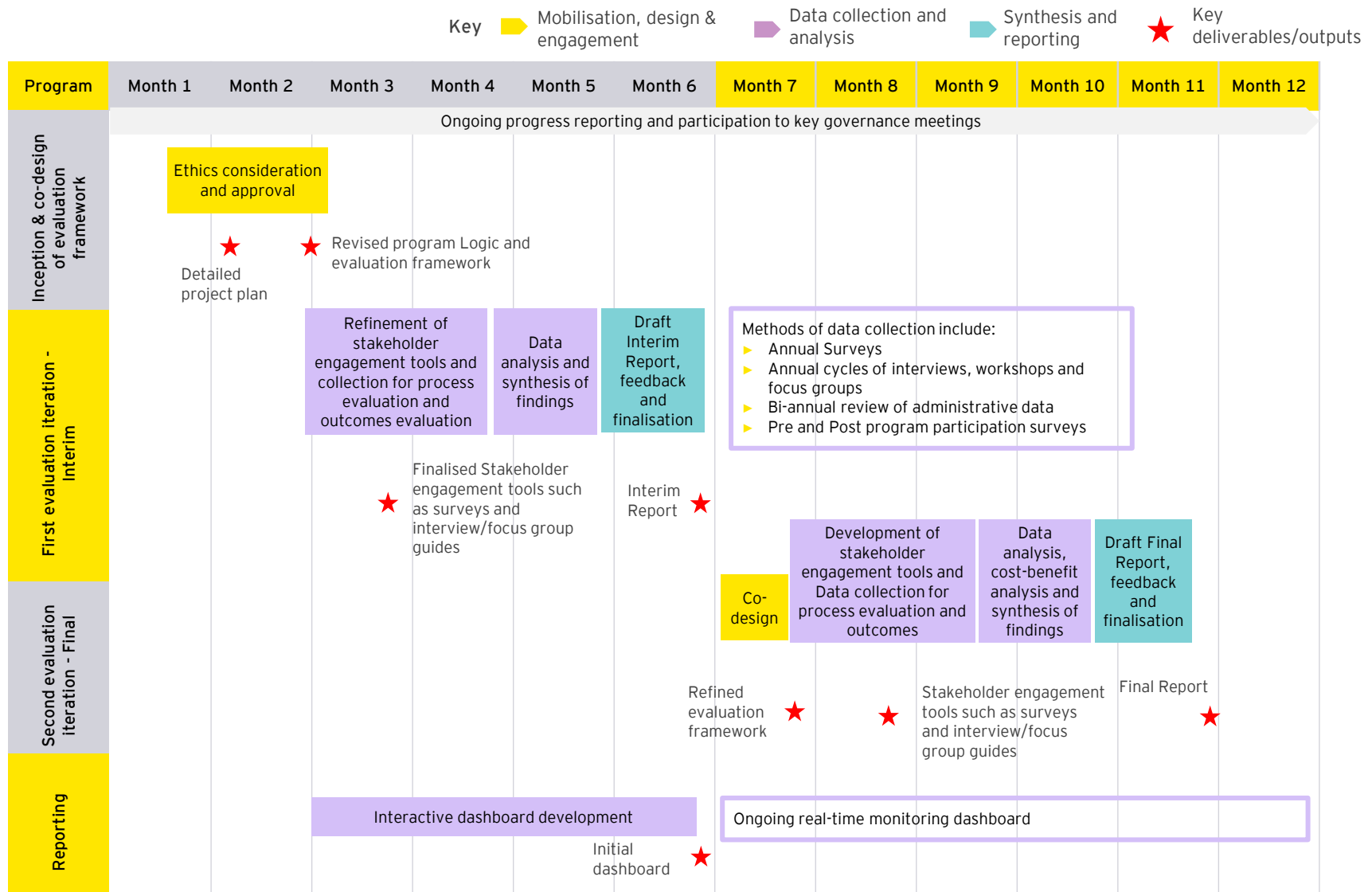
The evaluation approach has been designed to feature annual iterative cycles. To date, evaluation collaborative design of program logic and evaluation framework has been completed for the first cycle, with continued iterative processes recommended to enable refinement over time.



Please refer to slide 6 for more detail about the evaluation framework development approach.

NDSS evaluation suggested timeline






The suggested evaluation timeline for the first year of operation is presented below. The final evaluation timeline will be developed at the discretion of the evaluation service provider and will be aligned with the NDSS operational timeline.



Please refer to the respective process, outcome and economic evaluation sections for more information about each step of the evaluation.

Data collection framework overview

An overview of the data collection data sources, subject matter and key roles and responsibilities for the key components of the evaluation are outlined below.

Data collection data sources, subject matter and roles and responsibilities					
		★ Supported by Diabetes Australia	*Supported by other agents (e.g. National Health Professional Body Agents)		
		Key	Roles and responsibility		
	Annual surveys 	Pre-Post Program surveys 	Additional data points 	Interviews, workshops and focus groups 	Annual secondary research 
Process evaluation	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Annual survey for process outcomes around leadership and governance, people and culture and processes, technology and innovation</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">State and Territory Agents</div> <p>Post Program Surveys for process outcomes around service delivery, aligned to program logic and current survey structure</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider or State and Territory Agents* ★</div> <p>Where relevant for processes, technology and innovation and service delivery and bespoke programs</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Interviews, workshops and focus groups with key NDSS stakeholders where relevant</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">State and Territory Agents</div> <p>Annual or bi-annual secondary data collection from NDSS administrative datasets for relevant objective metrics</p>
Outcomes evaluation	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Annual survey for NDSS products and overarching NDSS services for people with diabetes, families, NDSS professionals and researchers.</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">State and Territory Agents</div> <p>Pre-post Program Surveys for NDSS programs for people with diabetes and relevant NDSS trained professionals</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider or State and Territory Agents* ★</div> <p>Surveys at registration followed by additional data collection points aligned with key transition points for people with diabetes where relevant</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Interviews, workshops and focus groups with key NDSS stakeholders</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Annual or bi-annual secondary data collection from NDSS administrative and external datasets for relevant objective metrics</p>
Economic evaluation	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Annual survey to establish base line costs and benefits</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">State and Territory Agents</div> <p>Post Program Surveys to identify extent to which benefits can be quantified/valued</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider or State and Territory Agents* ★</div> <p>Additional data collection points in order to identify proxies for non-financial benefits</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Interviews, workshops and focus groups with key NDSS stakeholders</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Evaluation service provider ★</div> <p>Annual secondary data collection and proxy research</p>

Evaluation data consolidation, analysis and reporting to be conducted by the evaluation service provider.

Data sources

The proposed approach to data collection encompasses a mixed methods design in which qualitative and quantitative data will be triangulated to provide the most robust evaluation of the implementation process, outcomes and cost benefits for the NDSS.

1. People with diabetes:

- Annual surveys for relevant process and impact outcomes experienced as a result of NDSS products, services and programs
- Pre and Post program participation surveys alongside additional data points where relevant
- Annual cycles of interviews, workshops and focus groups where relevant
- Bi-annual secondary research using NDSS and external administrative datasets

2. Families, friends and carers of people with diabetes:

- Annual surveys for relevant impact outcomes
- Annual cycles of interviews, workshops and focus groups where relevant

4. Peak bodies:

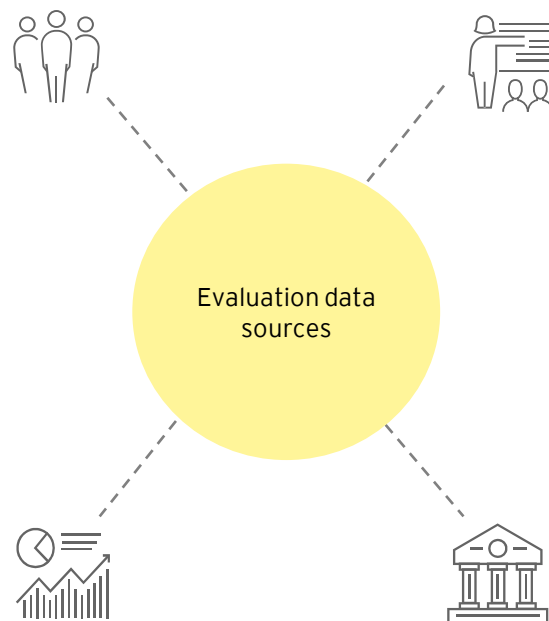
- Annual surveys for relevant process and impact outcomes
- Annual cycles of interviews, workshops and focus groups where relevant

3. Health professionals and other support persons who have access to NDSS funded training and provide care and support to people with diabetes (e.g. State and Territory Agents, healthcare providers, school staff, Diabetes educators, etc.)

- Annual surveys for relevant process and impact outcomes
- Pre and Post training program participation surveys followed by additional data points where relevant
- Annual cycles of interviews, workshops and focus groups where relevant

5. Funders, Commonwealth and State Governments:

- Bi-annual secondary research using NDSS and external administrative datasets (e.g. via linkage with AIHW)
- Annual cycles of interviews, workshops and focus groups where relevant



Please refer to appendix C for more detail on administrative data sources and the following slides for further information on data collection procedures.

Sampling methodology

Deciding how many stakeholders to engage with is a critical component of data collection and plays a significant role in the quality of data collected. The sampling approach needs to be fit-for-purpose to ensure effective data collection processes and high data quality.

Sampling principles

Best practice sampling principles are outlined below:

- ✓ The larger the sample, the more time and resource intensive the data collection. The evaluation service provider will make judgment calls in relation to the time and effort that can be invested in collecting bespoke data against the data quality required
- ✓ The more diverse the population, the larger the sample required to provide representative views. The evaluation service provider should select the sample that will allow the main characteristics of the population to be represented.
- ✓ A deep understanding of the beneficiaries' characteristics acquired during the stakeholder profiling process will ensure representativity of the sample

Suggested characteristics for sample selection

The evaluation service provider will need to consider the following characteristics for sample selection at a minimum:

- ✓ Age
- ✓ Geography
- ✓ Aboriginal and Torres Strait Islander/cultural identity
- ✓ Type of diabetes
- ✓ Diabetes transition points
- ✓ High-risk groups
- ✓ Other relevant criteria

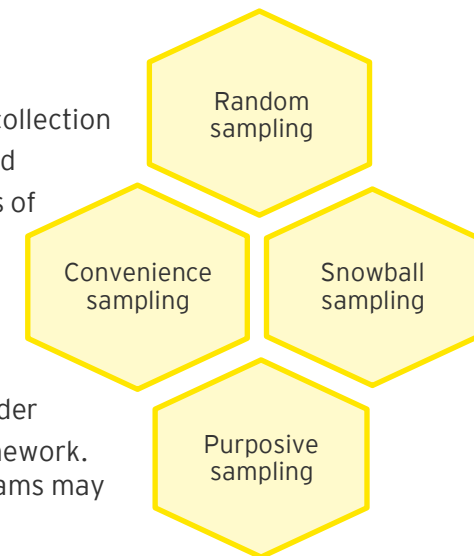
The sampling approach selected for the NDSS evaluation will be at the discretion of the evaluation service provider and agreed with Diabetes Australia during the evaluation inception phase.

Existing sampling methods

Commonly used sampling methods are as follows:

- ✓ Random sampling: everybody in the population has an equal chance of being included in the sample
- ✓ Convenience sampling: selection of individuals who are either most accessible or most willing to take part in the survey
- ✓ Snowball sampling: a technique where existing study subjects recruit future subjects from among their acquaintances
- ✓ Purposive sampling: particular individuals are chosen with characteristics relevant to the study who are thought will be most informative

It is suggested that bespoke data collection include a range of both random and convenience sampling on the basis of available contact approaches for data collection activities, with support provided by the Diabetes Australia evaluation manager to enable connection to key stakeholder groups articulated within this framework. Purposive sample for select programs may also be implemented.



Metric development

The development of relevant evaluation metrics is critical to the success of the evaluation process. An appropriate number of fit-for-purpose metrics that are well understood by stakeholders are the foundation of efficient primary and secondary data collection processes.

Metric definition

A metric is a piece of quantitative or qualitative information that helps to determine whether or not change has taken place, that is, whether a program has been implemented as expected and whether outcomes are being achieved. Metrics can be both subjective and objective.

Characteristics of best-practice metrics

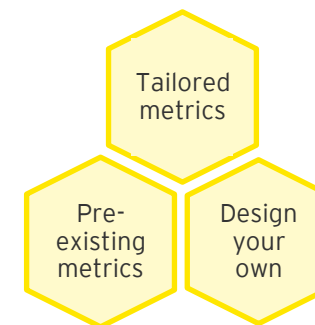
Best practice metrics usually share the following characteristics:

- ✓ Action focused
 - ✓ Describes what the beneficiary will experience differently as a result of the NDSS
- ✓ Important
 - ✓ Relevant to the scheme and a priority for the key NDSS beneficiaries and other key stakeholders, as determined by the initial co-design process
- ✓ Measurable
 - ✓ Describes the impact of the NDSS
 - ✓ Allows to track change occurring as a result of the NDSS
 - ✓ Minimises bias
- ✓ Simple & actionable
 - ✓ Written in clear and concise language
 - ✓ Direct enough to be understood by all NDSS stakeholders and within the ability of respondents to answer
 - ✓ Balancing subjective and objective
 - ✓ Reliable and actionable

Methods to develop metrics

The commonly used methods to developing metrics are as follows:

- ✓ Using pre-existing standardised metrics in the instance where they are already fit-for-purpose
- ✓ Tailoring pre-existing metrics to the specific NDSS context and unique stakeholders' circumstances (recommended)
- ✓ Design your own bespoke metrics from scratch to ensure they fit to the specific NDSS context and unique stakeholders' circumstances



Please refer to appendix B for a sample of suggested measures to form the basis of the NDSS evaluation metrics. Note that the finalisation of metrics for the NDSS evaluation will be at the discretion of the evaluation service provider. Process and outcome metrics will need to be tailored to the specific outcomes of the NDSS Program Logic, NDSS context as well as individual circumstances and situations of the NDSS registrants (age, level of literacy, cultural background, etc.) and other key NDSS stakeholders.

Measurement scale development

The development of effective measurement scales goes hand-in-hand with the development of relevant evaluation metrics. Measurement scales play a key role in primary data collection response rate and data quality. They require adjustment according to the type of data to be collected as well as stakeholders' circumstances in order to be consistently understood and interpreted by respondents. Where feasible and appropriate, measurement scales should enable comparisons between measures used in annual surveys and program specific surveys.

Measurement scale definition

A measurement scale is a classification that describes the nature of information within the values assigned to specific variables.

It allows effective measurement of the magnitude of change for each metric developed to measure particular outcomes.

Different measurement scale types

- ✓ Qualitative scale
 - ✓ Likert scales
 - ✓ Tailored measurement statements (see example to right)
- ✓ Numerical scale
- ✓ Visual scale

Tailored statements examples

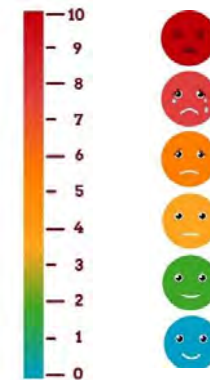
Participants have increased knowledge of diabetes

- 1 - I don't understand diabetes or what my diagnosis means, even with help
- 2 - I understand diabetes and what my diagnosis means with help
- 3 - I understand diabetes and what my diagnosis means without further help
- 4 - I can have a conversation about diabetes and discuss my diagnosis with others
- 5 - I feel comfortable sharing / teaching what I have learn about diabetes with others

Likert scales examples

Response Set	1	2	3	4	5
Frequency	Never	Rarely	Sometimes	Often	Always
Quality	Very poor	Poor	Fair	Good	Excellent
Intensity	None	Very mild	Mild	Moderate	Severe
Agreement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Numerical and visual scales examples

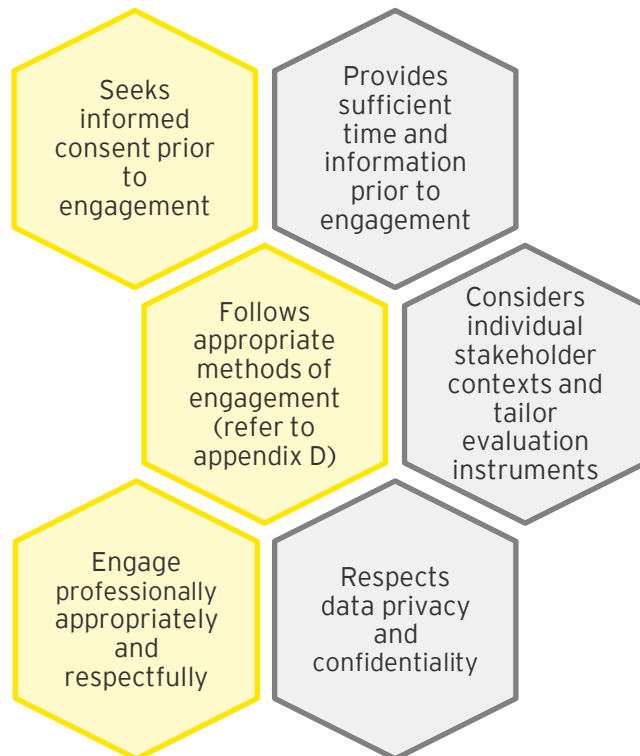


Please refer to appendix B for a sample of suggested measurement scales aligned with our proposed evaluation metrics. The finalisation of measurement scales against the evaluation metrics will be at the discretion of the evaluation service provider. The measurement approach may need to be tailored to the metrics and individual stakeholders' circumstances (age, level of literacy, cultural background, etc.) on a program basis in some instances

Stakeholder engagement considerations

Effective and culturally appropriate consultations

For the purpose of evaluation data collection, we recommend that the evaluation service provider:



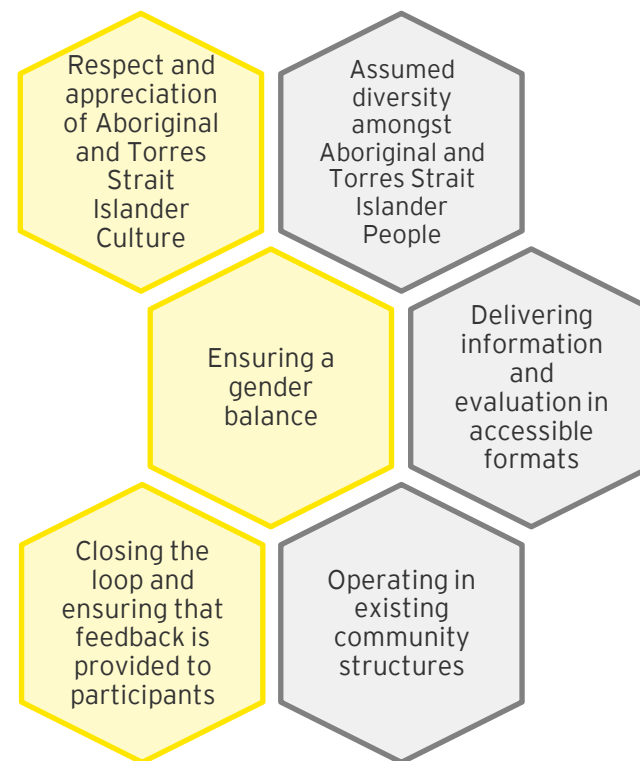
Ethical engagement with vulnerable populations

We also recommend that the evaluation service provider:

- Considers adopting a multi-mode approach to stakeholder engagement to account for vulnerabilities and ensure greater engagement and evaluation outcomes
- Allow sufficient time to seek appropriate ethical approval prior to engaging with vulnerable people

Culturally appropriate engagement with Aboriginal and Torres Strait Islander People and Communities

We also recommend engagement with Aboriginal and Torres Strait Islander Peoples is underpinned by:



Please refer to appendix D for more detail on the proposed stakeholder engagement plan.

Approach to data linkage

Data linkages opportunity

The diagram of NDSS evaluation data sources presents the opportunity for possible data linkage between NDSS datasets and other datasets - suggested in the diagram below - for the purpose of evaluating outcomes related to funders, State and Commonwealth governments. Discussions with representatives from peak bodies and researchers demonstrated that linkages to agencies such as the Australian Institute of Health and Welfare have been explored in the past and may provide significant value to large-scale studies of whole populations across the healthcare system.

Value of data linkage

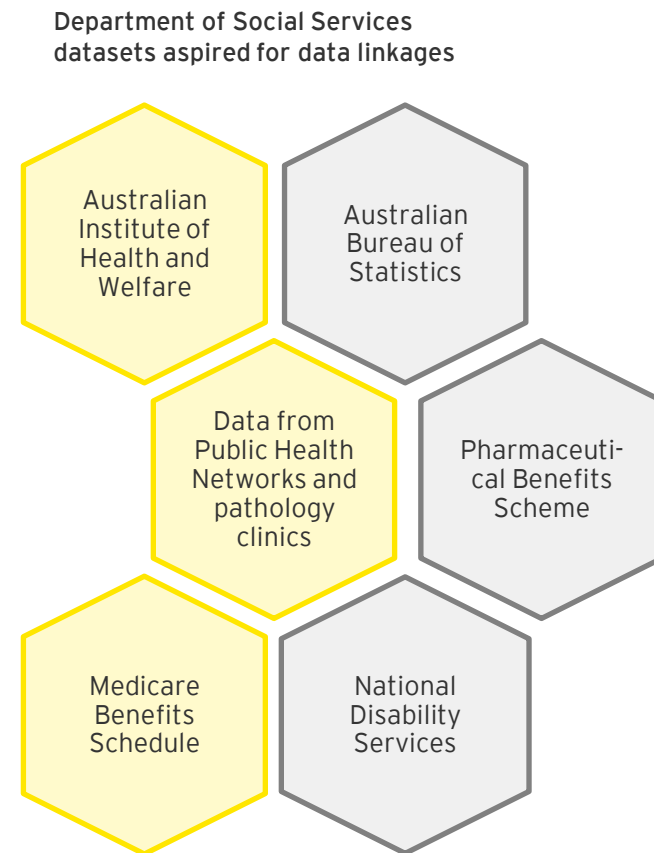
The value of data linkage lies in how it can transform disparate pieces of data into meaningful information.

For instance, by connecting health and economic datasets, Diabetes Australia would receive a new flow of information which would allow:

- ✓ Enhanced data analysis and insights
- ✓ Ability to compare data in order to determine completeness of NDSS registrants
- ✓ Improved economic and outcomes evaluation
- ✓ Improved decision making, particularly with sandbox projects
- ✓ Ease of access to data for future iterations of the NDSS

Feasibility and anticipated timeline

- ✓ For the purpose of the current evaluation framework, an aspirational, rather than immediate goal for data linkage is proposed, set to a two to three years' time horizon due to practical constraints of accessing Commonwealth data, such as risks of process and Department sensitivities around establishing data linkages
- ✓ During this timeline, Diabetes Australia can support the evaluation service provider in consultations in order to assess data linkages feasibility and underlying requirements with data custodians and linkage supports (e.g. AIHW) with the ultimate goal being to establish multiple data linkages across datasets and possibly a monitoring dashboard for continual data oversight.
- ✓ In the interim, data collection will remain focused on bi-annual review cycles of administrative datasets.



Roles and responsibilities

Clearly defined roles and responsibilities and articulated data collection, analysis and reporting processes will support effective and timely evaluation.

Please note that these roles and responsibilities are indicative and will be further refined to adapt to the context of the NDSS as it evolves.

Primary data collection roles and responsibilities

The success of primary data collection will lie in the evaluation service provider's ability to work hand-in-hand with Diabetes Australia and other key NDSS stakeholders to administrate relevant surveys at appropriate times to capture the process, outcome and economic evaluation data that matters.

The evaluation service provider will be best placed to lead the administration of the annual surveys across the process, outcome and economic components of the NDSS evaluation and conduct interviews, workshops and focus groups with key NDSS stakeholders where relevant.

The State and Territory Agents will be best placed to lead the administration of the pre and post program surveys as well as additional relevant data points, while being guided and supported by the evaluation service provider. We recommend robust communication and coordination processes between the evaluation service provider, Diabetes Australia and the State and Territory Agents during primary data collection to ensure high response rate and enhanced data quality.

Secondary data collection roles and responsibilities

Annual or bi-annual secondary data collection will allow the evaluation service provider to collect the necessary NDSS administrative data for relevant objective evaluation metrics including data around NDSS programs, services and products reach.


The State and Territory Agents will be best placed to collect NDSS administrative data and provide it to the evaluation service provider.

The evaluation service provider will be responsible for researching and updating relevant proxies allowing valuation of the evaluation outcomes for the purpose of the economic component of the evaluation.

Data analysis and reporting roles and responsibilities

The data analysis and reporting processes for annual evaluation will be the responsibility of the incoming evaluation service provider. We recommend that the evaluation service provider regularly confirms communication and reporting expectations with Diabetes Australia and works jointly with the State and Territory Agents to ensure these expectations are met. We also recommend that there be regular training across State and Territory Agents to ensure consistency across data collection processes e.g. administration of pre and post program surveys.

The identification of evaluation roles and responsibilities and division of effort will be at the discretion of the evaluation service provider. Please refer to the 'Data collection framework overview' slide in section 5 for a summary of data collection roles and responsibilities across the process, outcome and economic components of the NDSS evaluation

A large yellow frame graphic that is mostly rectangular but has a slanted top edge. It contains the text '6. Data management processes and systems'.

6. Data management processes and systems



The better the question. The better the answer.
The better the world works.

Data process review approach

A structured approach was utilised to identify and validate specific digitisation, improvement and optimisation opportunities for evaluation data collection.

A rapid data evaluation process review was performed within different State and Territory Agents under Diabetes Australia, with the key objectives of:

- Identifying opportunities to **further align teams to value-add activities** and **enhance employee engagement**
- Identifying areas to **improve the accuracy, quality, risk and control** through the automation and digitisation of data collection and data entry processes
- Identifying areas to **improve reporting and data analysis** through use of latest tools and live dashboards
- Provide **recommendations** to address **key pain points** across agents

3-step approach used

1 Conduct workshops



Facilitate workshops with State and Territory Agents and Diabetes Australia stakeholders on their current data collection and evaluation processes

2 Analyse processes



Review Diabetes Australia's processes, as described by different State and Territory Agents, and analyse and identify automation opportunities

3 Provide recommendations



Summarise key observations and findings and provide recommendations on how to improve and streamline current processes

Evaluation data management






Review of evaluation data management

The review of data management processes sought to identify key opportunities to leverage automation and digitisation, to remove manual processing and process duplication, improve response and processing times and mitigate risk.

Opportunities in evaluation data management

The assessment considered a range of opportunities including enabling users with self-service tools, digitising and automating processes using online forms and automated data entry, leveraging out of the box products and also thinking ahead to opportunities presented by latest data visualisation tools.



The following range of benefits have been identified as part of the recommendations:

 Refocus workers for greater value	 Eliminate material human effort	 Reduce errors and improve quality	 Manage Risk	 Enhance user experience
<ul style="list-style-type: none"> ▶ Increases processing in terms of speed and volumes ▶ Unlocks ability to increase workforce engagement due to shift in focus to value add tasks 	<ul style="list-style-type: none"> ▶ Reduces time taken to complete tasks, enabling scalability and functions being able to meet deadlines and handle peak periods without the need for overtime ▶ Greatly reduce manual effort required across the process 	<ul style="list-style-type: none"> ▶ Improves audibility essential for compliance ▶ Enables continued accurate maintenance of integrity of master data with reduced effort required and risk of human error 	<ul style="list-style-type: none"> ▶ Eliminates output variations and enable consistency of work product, providing greater control over error-prone manual activities that elevate risk and non-compliance 	<ul style="list-style-type: none"> ▶ Connects disparate systems and data sources, reducing need for manual handling and interventions ▶ Enables consistent ways of data collection and evaluation




Please refer to appendix A in the summary of consultations deck for more detail on manual processes, process maps and systems mapping carried out by different State and Territory Agents.

Current state interviews: key findings

The following findings gathered from interviews and discussions are summarised across the following two slides:







Dimension	Finding	Further Insight
Process 	A high volume of manual, processes exist	<ul style="list-style-type: none"> Data collection processes are performed manually across almost all State and Territory Agents (except for Victoria), presenting a higher risk of human error and an opportunity cost of value-adding activities, e.g. connecting with registrants Manual processes hinder the ability to improve current processes or provide the business with insightful analysis and decision making support
	Duplication of effort	<ul style="list-style-type: none"> Lack of automation and digitisation leads to duplication of effort across all State and Territory Agents (except Victoria). The data is first entered by participants, and then again by the respective State and Territory Agents into the NET template/Qualtrics, creating a duplication of effort and significant time and cost inefficiencies due to these manual practices Paper-based processes have also led to decentralisation and lack of robust, accurate data, with which analysis and insights can readily be performed
	Lack of standardisation of processes	<ul style="list-style-type: none"> Data collection approach varies from each State and Territory Agent. For example, NSW/ACT Agents gather data in paper forms, then inputs into Qualtrics as well as the NET template. Alternatively, Victoria only uses Qualtrics. Whereas Tasmania and SA only use paper forms and the NET template
Performance 	Lack of consistency in performance management	<ul style="list-style-type: none"> There are varying degrees of performance management with varying levels of KPIs/reporting being tracked for each State and Territory Agents e.g. Tasmania reviews internal reports bi-annually, while Victoria reviews these monthly
	There are concerns that data provided by State and Territory Agents are not being fully utilised for decision making	<ul style="list-style-type: none"> Large time lag between the collection of data by the State and Territory Agents, and finalising analysis done by the NET. This may provide limited inputs for decision making and improvement of programs
	Varying levels of analysis	<ul style="list-style-type: none"> Due to the varying levels of performance measurement between the State and Territory Agents, the analysis of programs where data does not get sent to the NET is inconsistent and differs for each State

Current state interviews: key findings

Dimension	Finding	Further Insight
Data 	Analysis received from NET is at a national level and ability to drill down does not exist	<ul style="list-style-type: none"> Interactive real-time reporting and data visualisations with a drill-down capability does not exist Data received in reports is high level and there is no functionality to get insights into individual state data
	No single source of truth	<ul style="list-style-type: none"> There is no single source of truth for reliable data which can be accessed in real time. The current dashboards which some of the State and Territory Agents use for reporting relies on manual updating of excel spreadsheets, often different to those sent to the NET
Organisation 	Data evaluation is reviewed/carried out by different roles across the State and Territory Agents	<ul style="list-style-type: none"> The team constructs differ among State and Territory Agents and there are no dedicated resources to perform data evaluation related tasks. Often data entry is performed by part time administrative staff, which may lead to inconsistencies in the way data is entered
Technology 	No standard use of CRM software	<ul style="list-style-type: none"> There is no common standardised system used by the State and Territory Agents. For example, Diabetes WA use Dynamics 365, whereas Diabetes VIC uses Salesforce, and Diabetes NSW uses an internal CRM The process of gathering registrant data to send follow up surveys is very manual and there is no linkage with Qualtrics where used
	Security	<ul style="list-style-type: none"> There is a risk of private and confidential data leakage due to the low adoption levels of Qualtrics, and heavy reliance on paper-based forms

Recommendations and benefits

Significant opportunities exist for Diabetes Australia to streamline, standardise and automate processes, hence freeing up people's time and enhancing the user experience.

Recommendations	Key benefits
Qualtrics Rollout <ul style="list-style-type: none"> Accelerate rollout of Qualtrics to digitise and enhance data collection, removing significant administrative burden and manual process for State and Territory Agents Introduce a centralised instance of Qualtrics across all State and Territory Agents, enabling knowledge sharing and driving towards better reporting of evaluation 	
Change Management to enhance adoption of digitised methods <ul style="list-style-type: none"> Provide support for change management activities to ensure successful rollout of Qualtrics. This can be achieved via a phased approach Assess stakeholder impacts and ensure change management strategy 	
Enhance Enterprise Performance Management <ul style="list-style-type: none"> Implement and embed reporting dashboards via Qualtrics, enabling key stakeholders to visualise real-time data, with ability to setup customised reporting dashboards Define single source of truth and enable near real-time data through system integration 	
Organisation Design and Training <ul style="list-style-type: none"> Use of dedicated resources for data collection and evaluation Well defined and standardised roles and responsibilities Plan regular training programs for dedicated resources to ensure standardisation in collection and evaluation, and ensure all functionalities of Qualtrics are leveraged including dashboard reporting 	
Enhance Partnering across State and Territory Agents <ul style="list-style-type: none"> Build a Community of Practice within the State and Territory Agents to enhance visibility on processes, systems, and best practice 	
Standardise Reporting Practices <ul style="list-style-type: none"> Standardised reports will enable improved visibility of performance enabling greater efficiency in decision making and insights 	

Legend



Eliminate material human effort



Refocus workers for greater value




Enhance user experience



Reduce errors and improve quality



Manage risk



7. Evaluation data visualisation and reporting



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Reporting framework overview

An overview of the reporting framework for the key components of the evaluation is outlined below.

Data reporting and visualisation

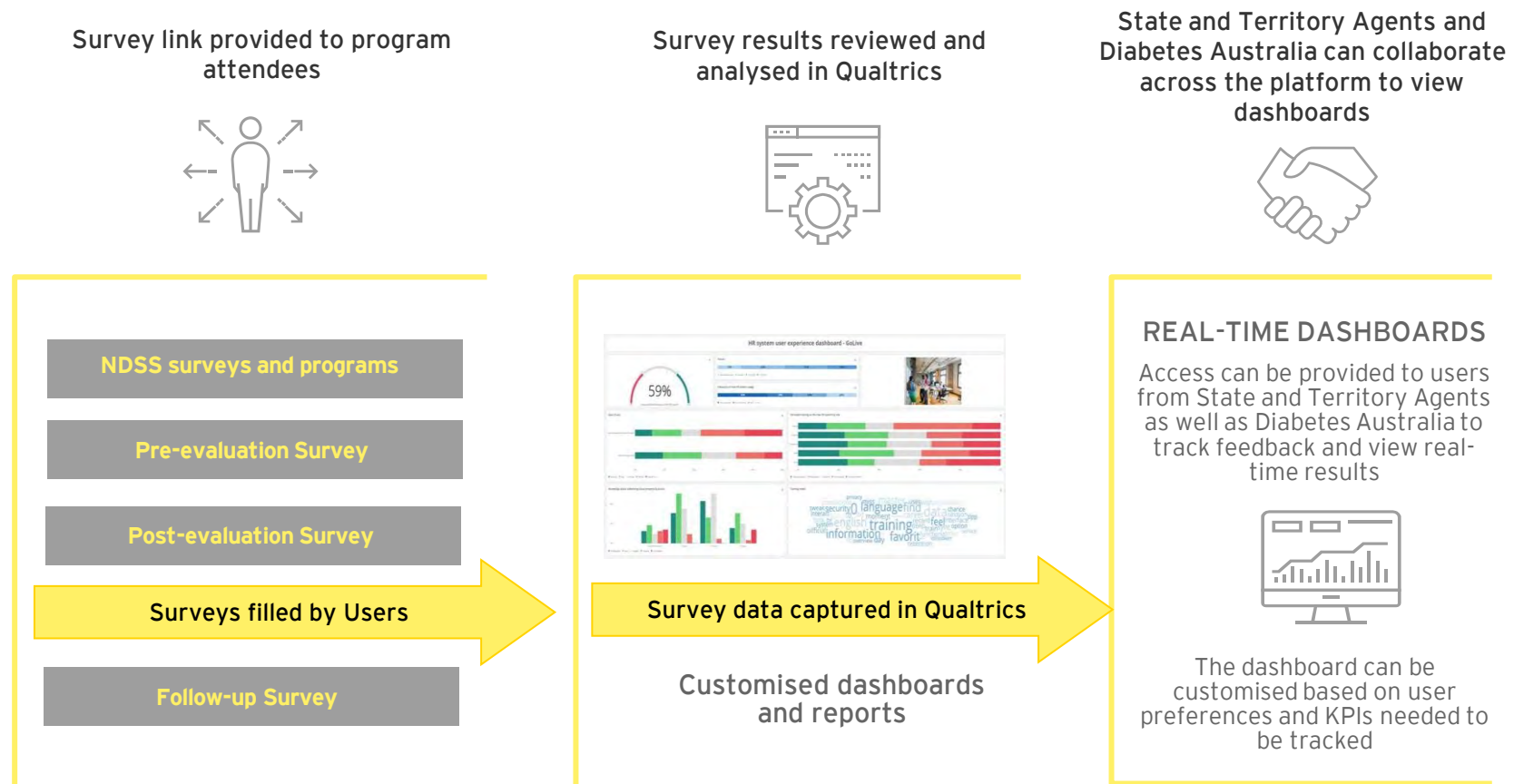
	Interim report	Final report	Real-time dashboard	Regular updates
	6 months after the evaluation commences	12 months after the evaluation commences	Throughout the evaluation	Throughout the evaluation
				
Process evaluation	The Interim Report will include process insights captured from data collected during the first half of the year	The Final Report will include consolidated process findings and recommendations for future NDSS process improvements	The real-time interactive monitoring dashboard will include process metrics captured annually alongside pre- and post- program survey data	The evaluation service provider will provide regular updates throughout the process evaluation
Outcomes evaluation	The Interim Report will include outcome insights captured from baseline data and ongoing impact data collected during the first half of the year (including NDSS ore-post program data)	The Final Report will include consolidated impact findings and recommendations for future NDSS impact improvements	The real-time interactive monitoring dashboard will include impact metrics captured on an annual basis alongside those obtained on ongoing basis from pre- and post- program surveys	The evaluation service provider will provide regular updates throughout the outcome evaluation
Economic evaluation	Not necessary during the first 6 monthly interim report period	The Final Report will include consolidated economic findings and recommendations for future NDSS economic improvements	The real-time interactive monitoring dashboard will include findings of the economic evaluation conducted annually	The evaluation service provider will provide regular updates throughout the economic evaluation

Process, outcome and economic evaluation, data consolidation, analysis and reporting will be conducted by the evaluation service provider.

Data collection using Qualtrics

There is an opportunity for Diabetes Australia to be aligned to best practice by implementing a national rollout of Qualtrics, which will address currently identified pain points as highlighted in the table of key findings from the data process interviews. A national rollout will allow Qualtrics to be used as a single source of truth for program data and evaluation, whilst ensuring appropriate data privacy and controls are in place.

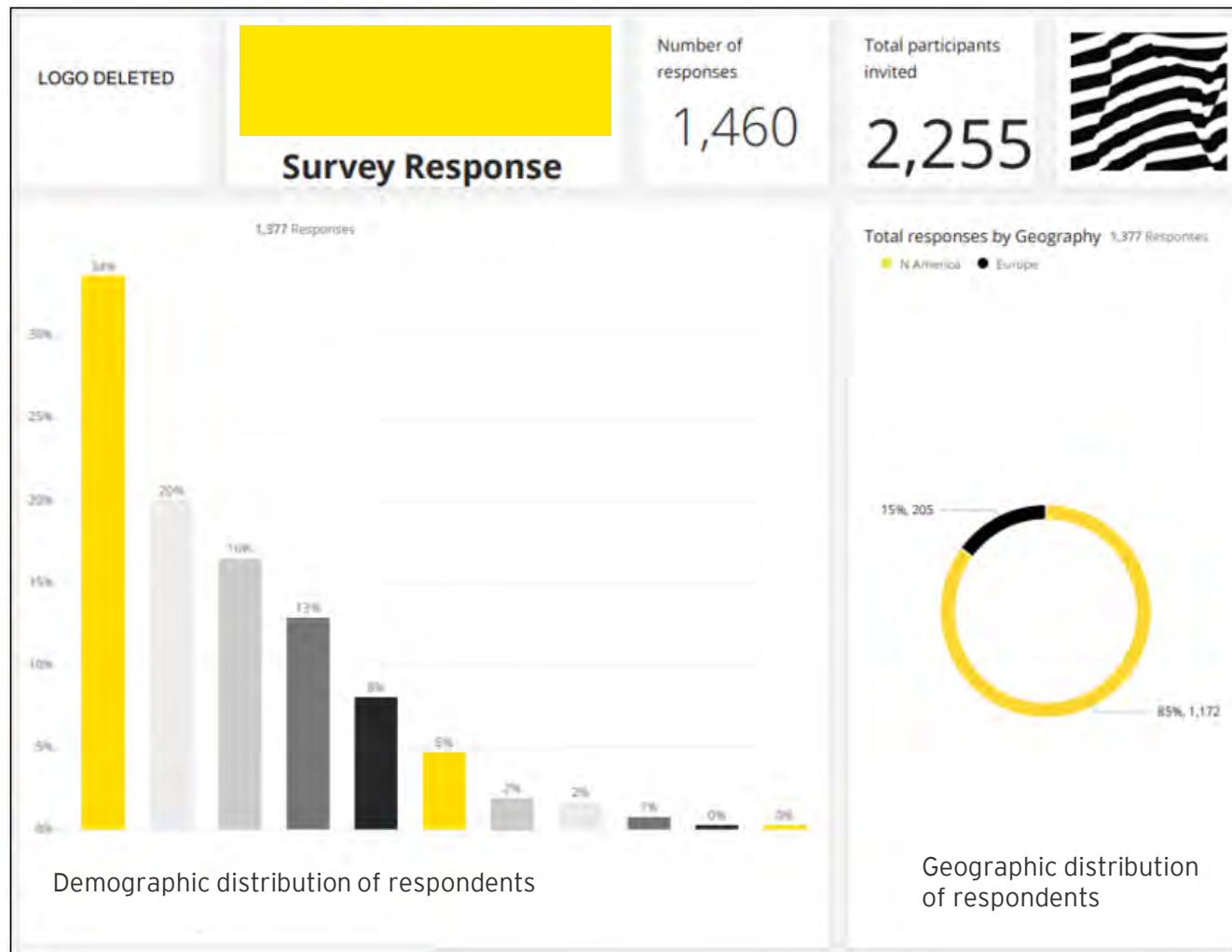
The range of recommended surveys can be conducted using Qualtrics with the data to be captured and visualised using live dashboards. These dashboards offer the further benefit of being customisable based on requirements from different State and Territory Agents whilst also being able to be visualised at the state or national level.



Illustrative examples of visualisations in Qualtrics can be found across the following two slides.

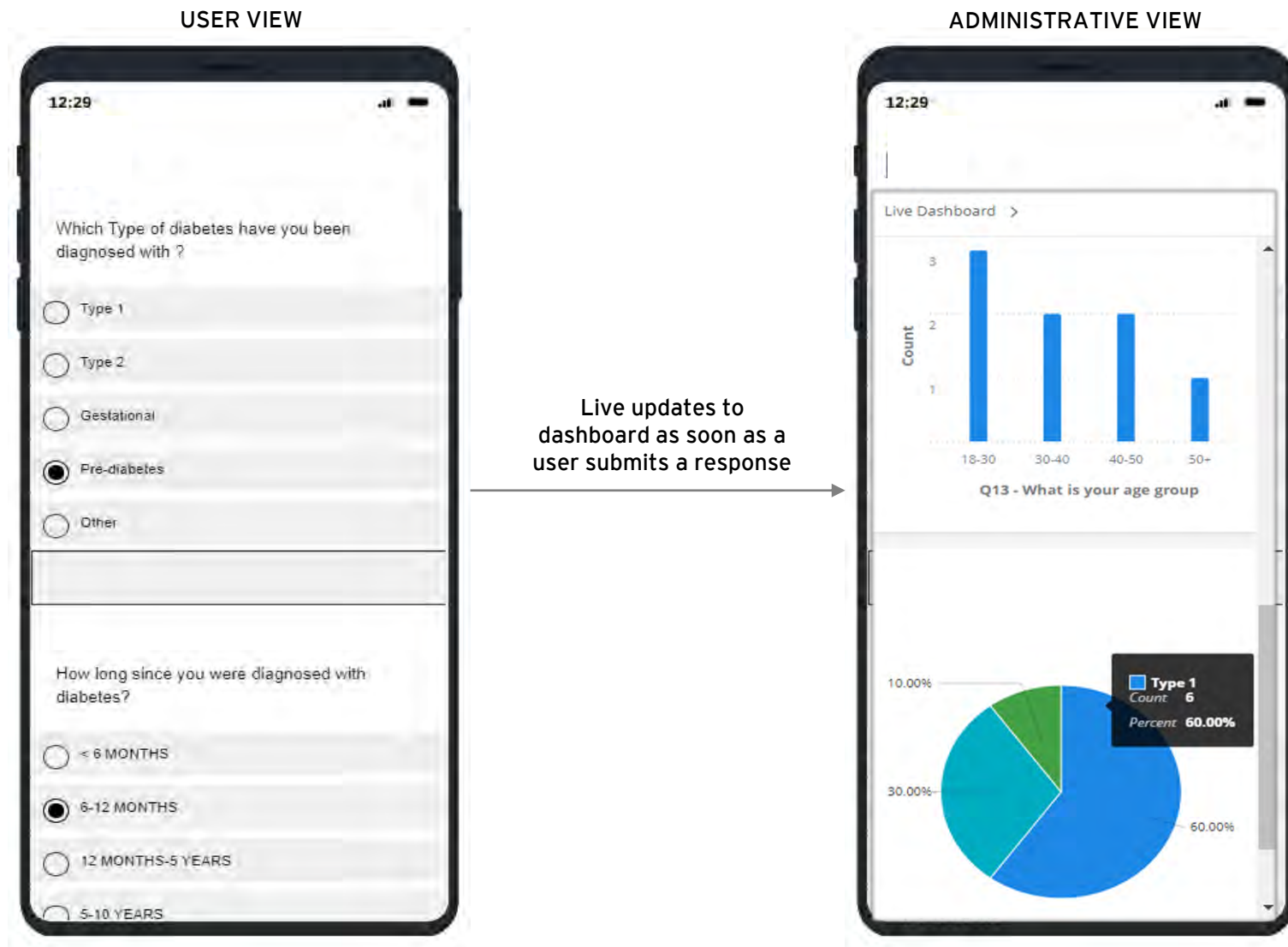
Survey results visualisation

It is suggested that consistent use of the Qualtrics platform can be leveraged to display live data statistics using enhanced dashboards for pre and post program data alongside bespoke evaluation survey data. The image below is an example of the use of Qualtrics to show survey results:



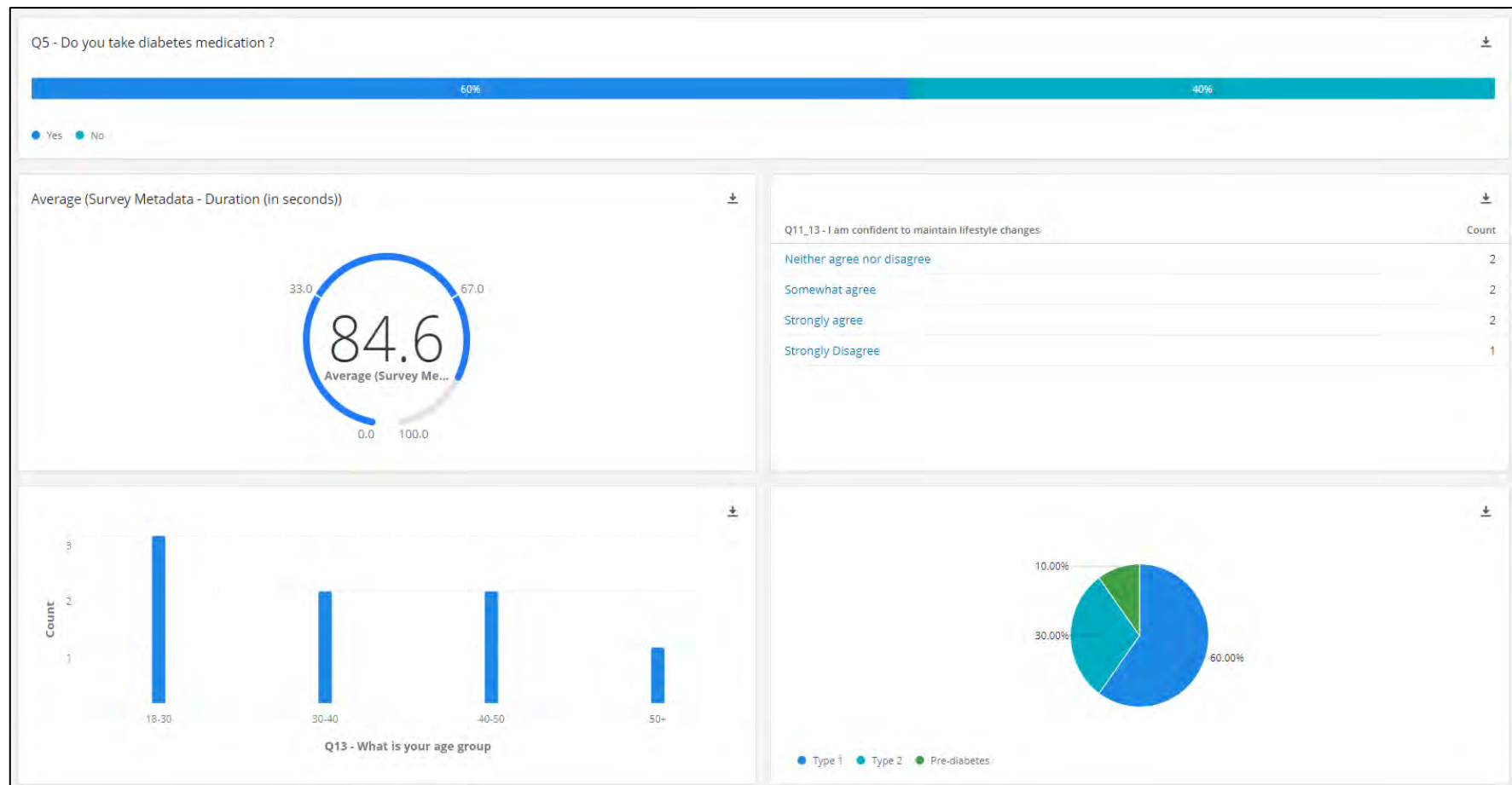
Survey results visualisation

A sample survey was created using Qualtrics to demonstrate how online forms can be leveraged to enhance user experience and display live statistics. These forms and dashboards* are designed to be accessed via web as well as mobile devices.



Survey results visualisation

Visualisations can also be added at the survey level and customised dashboards* can be built to filter based on specific data covering all surveys such as location, age group, type of diabetes, duration of diabetes etc.



*Above dashboards are for illustrative purposes only



Appendices



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Appendix A

Program Logic and evaluation
framework co-design

- List of stakeholder consultations



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List of stakeholder consultations

The table below outlines lists the different stakeholders consulted as part of the co-design process.

Stakeholder group	Organisation/role	Workshop date
Health professionals and other experts	Pharmacy owners	Monday 19/4 12pm
	Credentialled Diabetes Educators	
	CDE in private practice	Thursday 22/4 4pm
	CDE - Division of Chronic and Complex Care - Western Health	Friday 16/4 11.30am
	CDE Consultant	Friday 16/4 11.30am
	GP	Friday 16/4 11.30am
	Endocrinologist	Thursday 22/4 4pm
	Expert Reference Groups	
	Diabetes in Pregnancy (DIP)	Monday 19/4 8.15pm - following ERG meeting
	Youth	Monday 26/4 12pm
	Medical Education Scientific Advisory Council (MESAC)	Tuesday 20/4 5.30pm (following meeting)
	MESAC CGM sub-committee	Friday 23/4 1.30pm
	Mental Health	Friday 7/5 1pm
	Culturally and Linguistically Diverse (CALD)	Email response
	Older people	No response
Aboriginal and Torres Strait Islander (ATSI) - discussion with ATSI staff	Tuesday 1/6 3.30pm	
People with diabetes	Individual NDSS registrant - Type 1	Friday 7/5 11am
	Individual NDSS registrant - Type 1 (Transition point, youth cohort)	Friday 6/5 11am
	Individual NDSS registrant - Type 2	Friday 18/6
	Individual NDSS registrant - GDM	Provided email feedback
	Individual NDSS registrant - Type 1 (CALD, elderly cohort)	Friday 28/5 11am
	Individual NDSS registrant - TBC	Friday 18/6
	Individual NDSS registrant - Type 1 (Parent and child cohort)	Followed up
	Individual NDSS registrant - Type 2 (Newly diagnosed cohort)	Thursday 17/6

List of stakeholder consultations

Stakeholder group	Organisation/role	Workshop date
People with diabetes	Individual NDSS registrant - TBC (Regional, elderly cohort)	Followed up
	Individual NDSS registrant - Type 2, GDM	Followed up
	Individual NDSS registrant - Type 1	Followed up
Peak bodies and other related entities	Australian Centre for Behavioural Research in Diabetes (ACBRD)	Tuesday 13/4 4pm (agent workshop)
	Pharmacy Guild of Australia	Monday 19/4 12pm
	Juvenile Diabetes Research Foundation (JDRF)	Friday 30/4 2pm
	Royal Australian College of General Practitioners (RACGP)	Friday 16/4 11.30am
	Australasian Paediatric Endocrine Group (APEG)	Friday 30/4 2pm
	Australian Diabetes Society	Friday 16/4 11.30am
	Australasian Diabetes in Pregnancy Society (ADIPS)	Thursday 22/4 4pm TBC
	Australian Diabetes Educators Association (ADEA)	Tuesday 20/4 5.30pm (following MESAC meeting)
State and Territory agents	Baker Institute - Deputy Director (Clinical and Population Health)	Friday 16/4 11.30am
	Diabetes TAS	Wednesday 31/3 3.30pm
	Diabetes NSW/ACT/QLD	Wednesday 31/3 3.30pm
	Healthy Living NT	Monday 12/4 2.30pm (direct discussion with Diabetes Australia)
	Diabetes SA	Wednesday 31/3 3.30pm
	Diabetes WA (Captures DESMOND)	Tuesday 13/4 4pm
State and Territory Agents (data evaluation process review discussions)	Diabetes Victoria (captures DAFNE)	Tuesday 13/4 4pm
	Diabetes NSW/ACT/QLD	Wednesday 16/6 1pm, Thursday 24/6 1pm
	Diabetes TAS	Thursday 17/6 2.30pm, Tuesday 29/6 10.30am
	Diabetes SA	Thursday 17/6 4pm, Monday 28/6 4.30pm
	Diabetes VIC	Monday 21/6 1pm, Monday 28/6 3pm
Diabetes WA	Monday 21/6 2.30pm	

Appendix B

Evaluation data collection and analysis

- Suggested process metrics
- Suggested outcome metrics



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Suggested process metrics

Suggested process metrics against the process outcomes categorised under four key process pillars are outlined below. This mapping is indicative and will be further refined as the co-design consultations with key NDSS stakeholders occur. These metrics will have to be tailored to specific NDSS implementation are to ensure the Process evaluation framework is meaningful and fit for purpose.

Key pillar	Process outcomes	Suggested process metric	Metric types	
Leadership and governance	Effective leadership and tone at the top	Does the NDSS benefits from effective leadership and tone at the top?	Subjective	
	Clearly defined and communicated NDSS strategy	Are the NDSS vision and strategic objectives driven from the top?	Subjective	
		Are the NDSS vision and strategic objectives clearly communicated?	Subjective	
	Clear and effective organisational structure	Is the structure of the NDSS allowing effective implementation of the NDSS?	Subjective	
		What are the opportunities to improve organisation structure?	Subjective	
People and culture	Positive culture and environment	Is the NDSS underpinned by a positive culture and environment?	Subjective	
	Adequate capacity and capability to deliver the NDSS	Number of NDSS stakeholders completing facilitator training programs	Objective	
		Do NDSS stakeholders have the necessary skills and capabilities to support people with diabetes efficiently through the NDSS?	Subjective	
		Are NDSS stakeholders being kept up to date in relation to the latest NDSS available products, programs and services?	Subjective	
		Do health professionals have the relevant information to be able to refer people with diabetes to the right NDSS and non-NDSS services?	Subjective	
		Do NDSS stakeholders have the capacity to support people with diabetes efficiently through the NDSS?	Subjective	
		What are the opportunities to improve capacity and capability among NDSS professionals?	Subjective	
		Clearly defined and communicated roles and responsibilities	Are NDSS stakeholders aware of their roles and responsibilities within the NDSS?	Subjective
			Are there any double-ups or inefficiencies due to unclear roles within the NDSS?	Subjective

Suggested process metrics

Key pillar	Process outcomes	Suggested process metric	Metric types
People and culture	Effective alignment and coordination between NDSS stakeholders	How well are NDSS stakeholders working together?	Subjective
		What are the opportunities for enhanced coordination and alignment?	Subjective
	Fruitful NDSS delivery partnerships Clear and effective organisational structure	Number of partnerships with NDSS support partners	Objective
		Quality of the relationships between NDSS support partners	Subjective
		What are the opportunities for enhanced collaboration and partnerships between Diabetes Australia and health professionals, hospitals and other agencies?	Subjective
Processes, technology and innovation	Effective NDSS Scheme administrative processes	Scheme administration efficiency outputs	Objective
		What are the opportunities to improve NDSS administrative processes?	Subjective
		Number of NDSS products, programs and services evaluated	Objective
		Number of metrics collected and reported	Subjective
	Effective evaluation and continuous improvement processes	Is evaluation data collected according to the evaluation framework?	Subjective
		Is evaluation data analysed adequately?	Subjective
		Is evaluation data reported in a compelling manner to the relevant stakeholders?	Subjective
		What are the opportunities to improve the NDSS evaluation processes?	Subjective
	Technology and automation allowing effective NDSS service delivery and evaluation	Is there an opportunity to increase the uptake of technology? Where and for whom?	Subjective
		Are current data management systems allowing effective NDSS evaluation data collection, analysis and reporting?	Subjective
		What are the opportunities to improve the NDSS data management systems and processes?	Subjective

Suggested process metrics

Key pillar	Process outcomes	Suggested process metric	Metric types
Service delivery	Support and information services	Number of referral to NDSS services	Objective
		Number of registrations	Objective
		Outputs in relation to the support and information services reach (number of website visits, number of helpline calls, open rate of NDSS information emails, etc.)	Objective
		Is the website allowing quick and easy access to the right diabetes information?	Subjective
		Is the website easy to navigate and user friendly?	Subjective
		Does the website allow single point of access for diabetes related information?	Subjective
		Are the diagnoses and eligibility criteria information for NDSS registrants reviewed regularly?	Subjective
Processes, technology and innovation	Product supply and access	Number of people accessing diabetes products	Objective
		Number of NDSS funded products sold	Objective
		What are the inefficiencies and areas for improvement in relation to diabetes product delivery through the NDSS?	Subjective
		Number of pharmacists involved in the NDSS product delivery	Objective
		Number of access points	Objective
	Self-management programs Complications prevention programs Priority area programs and services	Efficiency measures for each program	Objective
		Facilitator's ability to deliver the program appropriately: "The facilitator encouraged me to ask questions" "The facilitator made sure I really understood things" "The facilitator made me feel that I can manage my diabetes" "The facilitator took time to make sure everyone in the group understood what was being talked about" "The facilitator made sure my questions were answered" "The facilitator tried to understand how I saw things before offering an opinion"	Subjective
		Number of program participants	Objective
	Health professional engagement, education and capacity building programs	Number of NDSS professionals trained	Objective
		Number of people accredited to deliver SSME	Objective
Efficiency measures for each program		Objective	

Suggested outcome metrics

Suggested outcome metrics against the most material impact outcomes of the NDSS Program Logic are outlined below. This mapping is indicative and will be further refined as the co-design consultations with key NDSS stakeholders occur. These metrics will have to be tailored to specific NDSS services, beneficiaries (high risk groups) and their unique circumstances to ensure the NDSS outcome evaluation framework is meaningful and fit for purpose.

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales/unit
A person with diabetes	Ongoing access to affordable high-quality and innovative diabetes related technologies tailored to individual needs	Number of registrants accessing subsidised products Number of NDSS funded products sold	Objective	Number
		Self-reported access to subsidised products	Subjective	Likert scale - Strongly agree to strongly disagree
		"I have access to subsidised products to manage my diabetes when I need them" "The subsidised products I have access to are tailored to my specific needs"	Subjective	
A person with diabetes	Increased awareness of diabetes support services and products available and where to go to get support early	Percentage of open rate for emails Percentage of digital messages sent to registrants, etc.	Objective	Percentage
		Level of awareness of the NDSS programs, services and products	Subjective	Likert scale - Strongly agree to strongly disagree
		"I know where to go to access support products, programs and services to manage my diabetes"	Subjective	
A person with diabetes	Increased access to the right support services at the right time	Number of referrals to NDSS and non-NDSS support services Number of website visitors, helpline calls, etc. Number of NDSS registrations Number of program enrolments etc.	Objective	Number
		Self-reported access to the right support services at the right time	Subjective	Likert scale - Strongly agree to strongly disagree
		"I can ask for support for having and caring for my diabetes when I need it"	Subjective	
		"I have access to the right support products and service through NDSS to help me manage my diabetes when I need it" "I have access to diabetes support products and services when I need them"	Subjective	

Suggested outcome metrics

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales/unit
A person with diabetes	Increased confidence to self-manage diabetes	PAID-C for children	Subjective	PAID-C for children scale
		Self-reported access to subsidised products	Subjective	Number
		"I feel confident I can self-manage my diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
		"I know enough about myself as a person to make diabetes care choices that are right for me?"	Subjective	Likert scale - Strongly agree to strongly disagree
A person with diabetes	Increased knowledge and ownership of diagnosis and health journey	Diabetes empowerment scale (DES-SF)	Subjective	DES-SF
		Patient Activation Measure (PAM)	Subjective	PAM scale
		Self-reported knowledge and ownership of diabetes diagnosis	Subjective	Likert scale - Strongly agree to strongly disagree
		"I feel I have sufficient knowledge to self-manage my diabetes" "My diabetes management and recovery are in my own hands" "I am committed to self-manage my diabetes to get better"	Subjective	Likert scale - Strongly agree to strongly disagree
A person with diabetes	Increased skills and abilities to self-manage diabetes	Diabetes strengths and resilience scale (D-STAR)	Subjective	D-STAR
		PAID-C for children	Subjective	PAID-C for children scale
		"I am able to [skill] to better self-manage my diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am able to turn diabetes goals into a workable plan to better self manage my diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
A person with diabetes	Reduced diabetes distress, anxiety and financial stress	Diabetes strengths and resilience scale (D-STAR)	Subjective	D-STAR
		PAID-C for children	Subjective	PAID-C for children scale
		Self-reported level of stress and anxiety	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am free from stress and anxiety in relation to my diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
		Amount saved as a result of accessing NDSS products and services	Objective	Dollar value
		Self-reported levels of financial stress	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am free from financial stress in relation to my diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
		"I know positive ways I can cope with diabetes-related stress" "I can find ways to feel better about having diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree

Suggested outcome metrics

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales/unit
A person with diabetes	Improved feeling of support	Self-reported perceived support	Subjective	Likert scale - Strongly agree to strongly disagree
		"I feel supported to self-manage my diabetes"	Subjective	
A person with diabetes	Reduced feeling of isolation	Number of interactions / friendships created	Objective	Number
		PAID-C for children	Subjective	PAID-C for children scale
		Self-reported reduced feeling of isolation and quality of interactions and friendships created	Subjective	Likert scale - Strongly agree to strongly disagree
		"I feel I am not alone in this" "I feel connected to the diabetes community"	Subjective	
A person with diabetes	Increased school and work engagement and participation and decreased absenteeism	School or work attendance Absenteeism rate due to diabetes	Objective	Number
		Self-reported engagement at work or school	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am able to participate in school / work activities alongside self-managing my diabetes" "I missed school / work because of my diabetes in the past year"	Subjective	
		"How frequently do you miss school / work on average in a year because of your diabetes"	Subjective/ Objective	Likert scale - Never to all of the time
A person with diabetes	Improved clinical measures	Clinical measures (HbA1c (% and mmol/mol), hypoglycaemia, blood pressure etc.)	Objective	Relevant unit
A person with diabetes	Reduced disease burden and risk of diabetes-related complications	Level and description of diabetes symptoms and complications Self-reported burden of disease	Subjective	Likert scale - Strongly agree to strongly disagree

Suggested outcome metrics

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales/unit
A person with diabetes	Reduced acute presentations and hospitalisations	Number of acute presentations and hospitalisation	Objective	Number
		Frequency of acute presentations and hospitalisations "How often have you been hospitalised due to Diabetes complications"	Subjective/ Objective	Likert scale - Never to all of the time
Family, friends and carers of a person with diabetes	Increased school and work engagement and participation and decreased absenteeism	School or work attendance Absenteeism rate due to supporting a loved one with their diabetes	Objective	Number
		Self-reported engagement at work or school	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am able to participate in school / work activities alongside supporting a loved one with their diabetes" "I missed school / work because I was helping a loved one with their diabetes in the past year"	Subjective	
Family, friends and carers of a person with diabetes	Improved understanding of diagnosis and self-management behaviours	Number of programs completed by family and friends of a person with diabetes (if relevant) Number of family members and friends attending NDSS support programs / accessing NDSS information (if relevant)	Objective	Number
		Self-reported knowledge to support a person with diabetes to self-manage	Subjective	Likert scale - Strongly agree to strongly disagree
		"I have sufficient knowledge around diabetes to support my loved with to self-manage their diabetes"	Subjective	
Family, friends and carers of a person with diabetes	Reduced feeling of worry and distress	Self-reported feeling of worry and anxiety	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am free from stress regarding my loved one's ability to self-manage diabetes"	Subjective	
		"I am free from stress regarding my loved one's diabetes"		

Suggested outcome metrics

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales/unit
Family, friends and carers of a person with diabetes	Improved confidence that external support networks to a person with diabetes are well equipped to help them manage their diabetes	"I feel confident that external support networks to my loved one are well equipped to help them self-manage their diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
Family, friends and carers of a person with diabetes	Improved confidence in being well equipped to help a person with diabetes to manage their diabetes	Number of visits to the GP or psychologist due to distress or anxiety	Objective	Number
		Self-reported confidence to support a person with diabetes to self-manage	Subjective	Likert scale - Strongly agree to strongly disagree
		"I feel confident that I am well equipped to support my loved one manage their diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
Health professional and other support persons who has access to NDSS funded training and provides care and support to people with diabetes	Increased awareness of the information, support and NDSS or non-NDSS services available to support people with diabetes	Number of training programs completed	Objective	Number
		Number of participants in training programs	Objective	Number
		Self-reported knowledge to support a person with diabetes to self-manage	Subjective	Likert scale - Strongly agree to strongly disagree
		"I have sufficient knowledge around diabetes to support people/patients to self-manage their diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
		"I regularly interact with NDSS resources to support people/patients with diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree
		"I am aware of the NDSS and non-NDSS diabetes services, programs and products available to guide people/patients with diabetes"	Subjective	Likert scale - Strongly agree to strongly disagree

Suggested outcome metrics

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales/unit
Health professional and other support persons who has access to NDSS funded training and provides care and support to people with diabetes	Increased capability to support people with diagnosis and self-management of diabetes throughout their journey	Self-reported awareness and knowledge of diagnosis and management of diabetes	Subjective	Likert scale - Strongly agree to strongly disagree
		"I have the ability to support people/patients self-manage their diabetes"	Subjective	
		"I am able to efficiently refer people/patients with diabetes to the right NDSS and non-NDSS services and programs"		
Diabetes researchers and peak bodies	Increased interactions, partnerships and collaboration between service providers, researchers and delivery partners	Number of recorded collaborations between diabetes researchers and NDSS providers and delivery partners	Objective	Number
		Self-reported perceived improvement of frequency and quality of interactions and partnerships	Subjective	Likert scale - Strongly agree to strongly disagree
Diabetes researchers and peak bodies	Improved monitoring through record keeping and increased data linkage	Relevant outputs in relation to record-keeping and data linkage performance	Objective	Relevant unit
		Self-reported perceived improvement in record keeping and data linkage	Subjective	Likert scale - Strongly agree to strongly disagree
Diabetes researchers and peak bodies	Improved adaptation of knowledge and research into innovative and practical programs	Number of innovative programs developed that were informed by knowledge acquired through the NDSS	Objective	Number
		Self-reported perceived improvement of knowledge in action	Subjective	Likert scale - Strongly agree to strongly disagree
Funders, Commonwealth and State Governments	Increased uptake of NDSS health services	Number of NDSS registrants as a percentage of the total population living with diabetes	Objective	Number

Suggested outcome metrics

Stakeholders	Outcomes	Suggested outcome metric	Metric types	Measurement scales
Funders, Commonwealth and State Governments	Improved linkages and integration of NDSS in health systems	Relevant outputs in relation to data linkages Number of people reporting perceived improvement in data linkages	Objective	Relevant unit
Funders, Commonwealth and State Governments	Healthcare cost offsets due to reduced pressure on acute and preventative healthcare support services	Reduced healthcare cost as a result of the NDSS	Objective	Dollar value
Funders, Commonwealth and State Governments	Improved education and employment opportunities	Education and employment rates for registrants	Objective	Number
		Number of people with diabetes reporting improvement in their education and employment opportunities as a result of the support they receive from NDSS services, products and programs	Objective	Number
Broader community	Reduced social exclusion	Number of people with diabetes reporting increased feeling of social connection and inclusion	Objective	Number

Appendix C

Evaluation data collection and analysis

- Suggested administrative data sources



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Suggested administrative data sources

The table below outlines external administrative datasets that might be available to be used as data sources for the purpose of evaluating NDSS outcomes. These data sources are indicative only and will have to be explored further for additional detail to ensure the evaluation is meaningful and fit for purpose.

Data Type	Relevant Stakeholder	Detail of Data	Related Outcome	Data Source	Notes
Health	A person with diabetes	Information on biomarkers of chronic disease, including prevalence rates for risk factors for cardiovascular disease, diabetes and kidney function	Clinical measures	https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-biomedical-results-chronic-diseases/2011-12	Data sourced from 2011/12 with next release unknown
	A person with diabetes	Report on incidence of insulin treated diabetes amongst Type 1 and insulin treated Type 2 diabetes patients	Could be a useful data source for individuals with diabetes at this critical transition point (part of the high risk cohort)	https://www.aihw.gov.au/reports/diabetes/incidence-of-insulin-treated-diabetes/contents/incidence-of-insulin-treated-diabetes-in-australia	N/A
	General population (with reference to diabetes)	<p>Key statistics and information about diabetes in Australia</p> <ul style="list-style-type: none"> - Table 4 segments data on chronic conditions by population characteristics (e.g. socio-economic status, education attainment and family composition) - Table 5 divides data on chronic conditions by health risk factors (e.g. physical activity, diet, psychological distress) - Table 19 demonstrates co-morbidity of chronic conditions 		https://www.abs.gov.au/statistics/health/health-conditions-and-risks/diabetes/latest-release	N/A

Suggested administrative data sources

Data Type	Relevant Stakeholder	Detail of Data	Related Outcome	Data Source	Notes
Health	General population	Report on multi-morbidity in Australia	Could be relevant to the high risk cohort	https://www.aihw.gov.au/reports/chronic-disease/chronic-condition-multimorbidity/contents/chronic-conditions-and-multimorbidity	N/A
	A person with diabetes	Data on all diabetes hospitalisations as well as deaths from diabetes and hospital procedures related to diabetes	Number of acute presentations and hospitalisations	https://www.aihw.gov.au/reports/diabetes/diabetes-compendium/contents/hospital-care-for-diabetes	N/A
	General population	Statistics on the number of deaths by: sex, age group and cause of death		https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019	N/A
	General population	Report exploring patient experiences of communicating with GPs and other specialists for people reporting one or multiple chronic conditions, and for people specifically reporting a mental health condition	Increased confidence in engaging with the health system	https://www.aihw.gov.au/reports/health-care-quality-performance/experiences-in-health-care-chronic-conditions/contents/summary	N/A
	General population	Contains data on patient experience i.e. access and barriers to, and experiences of, healthcare services including GPs, specialists, dental professionals, hospitals and EDs		https://www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/2019-20	N/A

Suggested administrative data sources

Data Type	Relevant Stakeholder	Detail of Data	Related Outcome	Data Source	Notes
Health	General population	Data on people aged 45 years and over who saw a general practitioner in the last 12 months and their use of hospitals and emergency departments		https://www.abs.gov.au/statistics/health/health-services/coordination-health-care-study-use-hospitals-and-emergency-departments-australia/2015-16	N/A
	General population	Data on health literacy by population characteristics including age and sex, by geography, health risk factors and status		https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/2018	N/A
Mental health	A person with diabetes	Studies on diabetes distress and depression		Miles 1 - https://bmjopen.bmj.com/content/11/3/e044888.info Miles 2 - https://www.sciencedirect.com/science/article/abs/pii/S0168822720305660	N/A
	General population	Report on national response of the health and welfare system to the mental health care needs of Australians		https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia	N/A

Suggested administrative data sources

Data Type	Relevant Stakeholder	Detail of Data	Related Outcome	Data Source	Notes
Mental health	General population	Statistics on key mental health issues including the prevalence of mental disorders, the associated disability, and the use of services		https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/2007	Survey results from 2008 with next release of data unknown
	General population	Key statistics and information about psychological distress, mental and behavioural conditions and its prevalence in Australia		https://www.abs.gov.au/statistics/health/health-conditions-and-risks/mental-health/2017-18	N/A
	General population	Analysis of patterns of use of MBS subsidised mental health-related services and PBS subsidised mental health-related medications in 2011		https://www.abs.gov.au/statistics/health/mental-health/patterns-use-mental-health-services-and-prescription-medications/2011	Survey results from 2011 with next release of data unknown
Education	General population	Dataset on the participation in full-time education, training and employment of young people aged 15-24 across 2004-2020	School and work attendance	https://www.acara.edu.au/reporting/national-report-on-schooling-in-australia/national-report-on-schooling-in-australia-data-portal/participation-and-attainment-in-education-and-work#view1	Data does not contain the reason for absenteeism
		Data on number of students and schools in Australia		https://www.abs.gov.au/statistics/people/education/schools/2020	N/A

Suggested administrative data sources

Data Type	Relevant Stakeholder	Detail of Data	Related Outcome	Data Source	Notes
Education	General population	Data on education attainment and employment	Education and work engagement	https://www.abs.gov.au/statistics/people/education/education-and-work-australia/may-2020	N/A
Employment	General population	Data from ABS on employment trends (including employment, unemployment and underemployment rates)		https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release	N/A
	General population	Barriers and incentives to labour force participation (includes reasons why people were not able to start jobs e.g. caring for ill person/long-term illness)	Employment engagement	https://www.abs.gov.au/statistics/labour/employment-and-unemployment/barriers-and-incentives-labour-force-participation-australia/2018-19	N/A
Healthcare expenditure	General population	<ul style="list-style-type: none"> - Data from ABS on health and welfare expenditure 2018-19 - Report on disease expenditure from AIHW 		https://www.aihw.gov.au/reports-data/health-welfare-overview/health-welfare-expenditure/overview https://www.aihw.gov.au/reports/health-welfare-expenditure/disease-expenditure-australia/contents/summary	N/A

Appendix D

Evaluation data collection and analysis

- Data collection and stakeholder engagement plan



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Data collection and stakeholder engagement plan

The table below outlines the data collection and stakeholder engagement plan related to the evaluation. These considerations are indicative and may be further refined during the evaluation.

Stakeholders	Evaluation data source	Stakeholder engagement considerations
People with diabetes	<ul style="list-style-type: none"> Annual surveys for relevant process and impact outcomes experienced as a result of NDSS products, services and programs Pre and Post program participation surveys followed by additional data points where relevant Interviews, workshops and focus groups where relevant Secondary research using NDSS and external administrative datasets 	<ul style="list-style-type: none"> Seeks informed consent prior to engagement Provides sufficient time and information prior to engagement Consider the unique nature of the diabetes journey and specific related needs and tailor data collection instruments and engagement to particular circumstances. Consider the logistical challenges that might occur in engaging with a diverse range of beneficiaries in various geographies Engage in a respectful and appropriate manner including considerations around possible sensitivities in relation to cultural differences, gender differences, levels of literacy, disability, etc. Be mindful of engagement fatigue when designing and administering evaluation data collection instruments (surveys, interview guides, etc.) Engage and collect, analyse and report data with respects to data privacy and confidentiality Close the loop and ensuring that feedback is provided to participants
Additional considerations for high risk groups		
Children with diabetes	<ul style="list-style-type: none"> Consider engaging with parents or carers of children with diabetes as a proxy data source Tailor each survey or questionnaire to the specific context and ensure visual and respondent friendly content 	<ul style="list-style-type: none"> Ensure appropriate engagement with children, involving Working with Children Checks in relevant States and seek parent or carer approval before collecting primary data Seek relevant ethical approvals prior to engagement where required
Young people with diabetes	<ul style="list-style-type: none"> Recommended data collection methods include online or face-to-face surveys, interviews and focus groups, where relevant Consider engaging with parents or carers of young people with diabetes as a proxy data source. Tailor the language of each survey or questionnaire to the specific context and ensure visual and respondent friendly content 	<ul style="list-style-type: none"> Ensure appropriate engagement with young people, involving Working with Children Checks in relevant States and seek parent or carer approval before collecting primary data Seek relevant ethical approvals prior to engagement where required

Data collection and stakeholder engagement plan

Stakeholders	Evaluation data source	Stakeholder engagement considerations
<ul style="list-style-type: none"> - Older Australians with diabetes - People with disabilities - People experiencing mental health challenges 	<ul style="list-style-type: none"> • Recommended data collection methods include face-to-face engagement through surveys, interviews or focus groups where relevant. • Consider engaging with carers of people with diabetes as a proxy data source where relevant. • Consider tailoring the content of surveys and questionnaires to the needs of the respondents, taking potential sensitivities and health challenges or impairment into account. 	<ul style="list-style-type: none"> • Engage in a respectful and appropriate manner with people with diabetes, including considerations around possible sensitivities around potential health issues or impairments including disabilities, mental health, cognitive and hearing impairment, dementia etc.
Aboriginal and Torres Strait Islander people with diabetes	<ul style="list-style-type: none"> • Recommended data collection methods include online or face-to-face surveys, interviews and focus groups, where relevant. • Deliver information and evaluation in accessible formats • Consider tailoring indicators and language to account for cultural differences and sensitivities. • Ensure gender balance during engagement 	<ul style="list-style-type: none"> • Engage in a respectful and appropriate manner with pregnant women with diabetes, including considerations around cultural differences and sensitivities • Respect and appreciate Aboriginal and Torres Strait Islander Peoples culture • Assume diversity amongst Aboriginal and Torres Strait Islander Peoples • Operating in existing community structures
Pregnant women with diabetes	<ul style="list-style-type: none"> • Recommended data collection methods include online or face-to-face surveys, interviews and focus groups, where relevant. • Consider tailoring indicators and language to account for the registrants' specific circumstances (Gestational Diabetes, women with type 1 or type 2 diabetes who become pregnant, etc.). 	<ul style="list-style-type: none"> • Engage in a respectful and appropriate manner with pregnant women with diabetes, including considerations around possible sensitivities around their pregnancy
Culturally and Linguistically Diverse (CALD) people with diabetes	<ul style="list-style-type: none"> • Recommended data collection methods include online or face-to-face surveys, interviews and focus groups, where relevant. • Consider tailoring indicators and language to account for cultural differences and sensitivities and specific registrants' context and spoken languages 	<ul style="list-style-type: none"> • Engage in a respectful and appropriate manner with pregnant women with diabetes, including considerations around cultural differences and sensitivities
People with diabetes living in remote and rural communities	<ul style="list-style-type: none"> • Tailor the method of engagement to the ability to access people with diabetes as well as their level of access to online technology. Online surveys and engagement may be more practical in certain instances. • Consider tailoring indicators and language to account for cultural differences and sensitivities 	<ul style="list-style-type: none"> • Engage in a respectful and appropriate manner with pregnant women with diabetes, including considerations around cultural differences and sensitivities where relevant

Data collection and stakeholder engagement plan

Stakeholders	Evaluation data source	Stakeholder engagement considerations
Family members, friends and carers of people with diabetes	<ul style="list-style-type: none"> Annual surveys for relevant impact outcomes Interviews, workshops and focus groups where relevant 	<ul style="list-style-type: none"> Refer to 'People with diabetes' row
Health professionals and other support persons who have access to NDSS funded training and provide care to people with diabetes	<ul style="list-style-type: none"> Annual surveys for relevant process and impact outcomes Pre and Post training program participation surveys followed by additional data points where relevant Interviews, workshops and focus groups where relevant 	<ul style="list-style-type: none"> Seeks informed consent prior to engagement Provides sufficient time and information prior to engagement Consider the participants' specific needs and tailor data collection instruments and engagement to particular circumstances. Consider the logistical challenges that might occur in engaging with a diverse range of beneficiaries in various geographies Engage in a respectful and appropriate manner including considerations around possible sensitivities Be mindful of participants' time and engagement fatigue when designing and administering evaluation data collection instruments (surveys, interview guides, etc.) Engage and collect, analyse and report data with respects to data privacy and confidentiality Close the loop and ensuring that feedback is provided to participants
Diabetes peak bodies and researchers	<ul style="list-style-type: none"> Annual surveys for relevant process and impact outcomes Interviews, workshops and focus groups where relevant 	
Commonwealth Government and State Governments	<ul style="list-style-type: none"> Secondary research using NDSS and external administrative datasets Interviews, workshops and focus groups where relevant 	

Appendix E

Evaluation data collection and analysis

- Existing NDSS evaluation surveys
 - Comprehensive program pre-questionnaire, post-questionnaire and three-months post-questionnaire
 - Topic-specific program pre-questionnaire and post-questionnaire



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Existing NDSS evaluation surveys

Following a review of the 2015/16 National Evaluation Framework Report, EY compiled the templates for pre-, post- and three months post- program questionnaires for both the comprehensive program and topic specific programs. EY observed similarities across these templates in terms of the questions asked:

- ✓ General and administrative questions
- ✓ Diabetes diagnosis questions (in pre-program surveys)
- ✓ Likert scale questions around the pressures of living with diabetes, diabetes goals, diabetes-related stress and anxieties

These screenshots have been included to provide the evaluation service provider with an idea of the current evaluation context. They should be used alongside the suggested NDSS evaluation survey included in appendix F to assist the evaluation service provider in the development of the evaluation framework along with further testing and refinement.

In order to avoid repetition, EY has only included screenshots from the comprehensive post-program questionnaire in the subsequent slides.

As an additional note, EY is also currently reviewing surveys from the Diabetes in Schools program to act as examples of more recently developed questionnaires than the previous National Evaluation Framework surveys.

The screenshot shows the NDSS logo at the top, followed by the text 'Post-evaluation for Click here to enter text'. Below this is a thank you message: 'Thank you for attending today's Click here to enter text. We would appreciate if you could take five to ten minutes to complete this questionnaire. Your responses will help us to continue delivering interesting and useful sessions for people with diabetes.' The form includes several input fields: 'Facilitator 1 initials', 'Facilitator 2 initials', 'Today's date (DD/MM/YYYY)', 'Program location (suburb)', and 'State'. A 'Click here to enter text' link is also present. Below these fields, a message states: 'Your responses and any identifying information will remain confidential. Please complete the following questions to generate a unique code for you.' The questions are: 1. Date of Birth: (DD/MM/YYYY) with a grid of input boxes; 2. Gender: with radio buttons for Male, Female, and Other; 3. First 3 letters of your mother's maiden name: (e.g. If Smith, you would write SMI) with a grid of input boxes; 4. First 3 letters of your own first name: (e.g. If Frank, you would write FRA) with a grid of input boxes; 5. Are you of Aboriginal or Torres Strait Islander origin? with radio buttons for No, Yes, Aboriginal, Yes, Torres Strait Islander, and Do not wish to disclose. A note in a box says: 'IF YOU ARE OF ABORIGINAL AND TORRES STRAIT ISLANDER DESCENT, PLEASE TICK BOTH BOXES.'

Comprehensive program – post-questionnaire



PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION.

In general, I believe that:	Strongly disagree ☹	Somewhat disagree ☹	Neutral ☺	Somewhat agree ☺	Strongly agree ☺
1. I know what part(s) of taking care of my diabetes that I am dissatisfied with.	1	2	3	4	5
2. I am able to turn my diabetes goals into a workable plan.	1	2	3	4	5
3. I can try out different ways of overcoming barriers to my diabetes goals.	1	2	3	4	5
4. I can find ways to feel better about having diabetes.	1	2	3	4	5
5. I know positive ways I cope with diabetes-related stress.	1	2	3	4	5
6. I can ask for support for having and caring for my diabetes when I need it.	1	2	3	4	5
7. I know what helps me to stay motivated to care for my diabetes.	1	2	3	4	5
8. I know enough about myself as a person to make diabetes care choices that are right for me.	1	2	3	4	5

CIRCLE THE NUMBER THAT GIVES THE BEST ANSWER FOR YOU.

Which of the following diabetes issues are currently a problem for you?	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1. Not having clear and concrete goals for your diabetes care?	0	1	2	3	4
2. Feeling discouraged with your diabetes treatment plan?	0	1	2	3	4
3. Feeling scared when you think about living with diabetes?	0	1	2	3	4



Which of the following diabetes issues are currently a problem for you?	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
4. Uncomfortable social situations related to your diabetes care (e.g., people telling you what to eat)?	0	1	2	3	4
5. Feelings of deprivation regarding food and meals?	0	1	2	3	4
6. Feeling depressed when you think about living with diabetes?	0	1	2	3	4
7. Not knowing if your mood or feelings are related to your diabetes?	0	1	2	3	4
8. Feeling overwhelmed by your diabetes?	0	1	2	3	4
9. Worrying about low blood sugar reactions?	0	1	2	3	4
10. Feeling angry when you think about living with diabetes?	0	1	2	3	4
11. Feeling constantly concerned about food and eating?	0	1	2	3	4
12. Worrying about the future and the possibility of serious complications?	0	1	2	3	4
13. Feelings of guilt or anxiety when you get off track with your diabetes management?	0	1	2	3	4
14. Not "accepting" your diabetes?	0	1	2	3	4
15. Feeling unsatisfied with your diabetes physician?	0	1	2	3	4
16. Feeling that diabetes is taking up too much of your mental and physical energy every day?	0	1	2	3	4
17. Feeling alone with your diabetes?	0	1	2	3	4
18. Feeling that your friends and family are not supportive of your diabetes management efforts?	0	1	2	3	4

Comprehensive program – post-questionnaire



Which of the following diabetes issues are currently a problem for you?	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
19. Coping with complications of diabetes?	1	2	3	4	5
20. Feeling "burned out" by the constant effort needed to manage diabetes?	1	2	3	4	5

Would you like an Educator to contact you directly to discuss any of your responses?

Yes No

If yes, please provide your contact details:

Name _____ Contact number _____

How likely is it that you would recommend this program to others? (1 = not at all likely and 10 = extremely likely)

1 2 3 4 5 6 7 8 9 10

NOT AT ALL LIKELY

EXTREMELY LIKELY

About your facilitator/s

CONSIDERING YOUR FACILITATOR/S FOR TODAY, PLEASE PROVIDE AN ANSWER TO EACH QUESTION

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1. I felt that the facilitator/s provided me with choices and options for managing my diabetes.	1	2	3	4	5
2. I was asked what I would like to discuss about my diabetes.	1	2	3	4	5
3. I felt judged by the facilitator/s.	1	2	3	4	5
4. The facilitator/s tried to understand how I saw things before offering an opinion.	1	2	3	4	5



	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
5. I was helped to set a specific goal to better manage my diabetes.	1	2	3	4	5
6. The facilitator/s encouraged me to ask questions.	1	2	3	4	5
7. The facilitator/s did not value or respect my beliefs.	1	2	3	4	5
8. The facilitator/s made sure I really understood things.	1	2	3	4	5
9. The facilitator/s made me feel that I can manage my diabetes.	1	2	3	4	5
10. The facilitator/s took time to make sure everyone in the group understood what was being talked about.	1	2	3	4	5
11. The facilitator/s made sure my questions were answered.	1	2	3	4	5
12. I felt the facilitator/s were not really listening to what I had to say.	1	2	3	4	5

About the program

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
This program met my needs in terms of what I was hoping to learn or achieve.	1	2	3	4	5

Based on what you learned today, is there anything you intend to change? If yes, please explain.

PLEASE CONTINUE TO THE LAST PAGE OF THE SURVEY.

Comprehensive program – post-questionnaire

NDSS

national diabetes services scheme

How do you think this program could be improved?

Did you experience any problems with the venue today? Please tick all that apply

- Not enough parking/had to park too far away.
- Location of venue not easy to find.
- Venue not easy to access (e.g. ramps, lifts, electronic doors, corridor width, etc.).
- Venue facilities not suitable (e.g. wheelchair accessible bathrooms, adequate lighting, etc.).
- Room setup not suitable (e.g. furniture spacing, furniture height, visibility, etc.).
- Other. Please specify: _____

Please comment on any problems you experienced:

THANK YOU FOR YOUR TIME!

INFORMATION COLLECTED WITHIN THIS SURVEY IS COVERED BY THE NDSS PRIVACY POLICY. FOR MORE INFORMATION, VISIT [HTTPS://WWW.NDSS.COM.AU/PRIVACY-POLICY](https://www.ndss.com.au/privacy-policy)

Appendix F

Evaluation data collection and analysis

- Program pre-post and annual survey questionnaires



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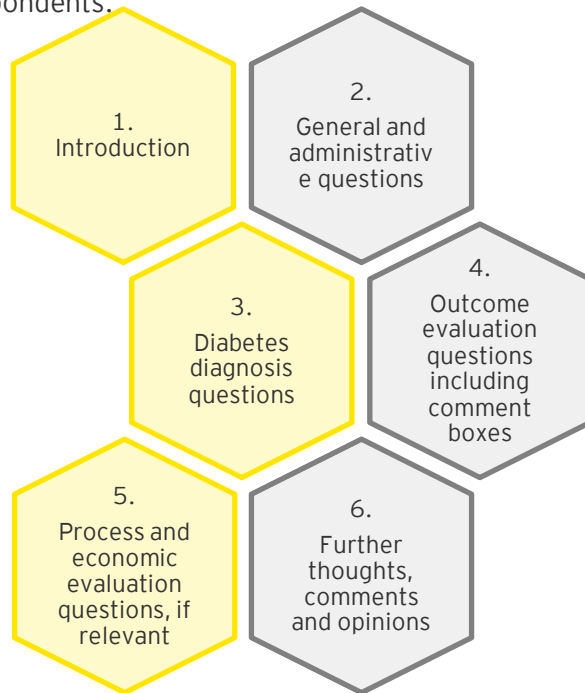


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Program pre-post and annual survey questionnaires

An indicative structure for the pre-post program survey questionnaires is outlined below. This structure is not exhaustive and should be expanded to include any other question or piece of information that the evaluation service provider will judge appropriate. It should be further refined and tailored to the NDSS specific context as well as unique circumstances of the NDSS respondents.



1. Introduction

- ✓ Introduce the project context and rationale behind engagement
- ✓ Outline follow-up from previous survey or baseline survey if relevant
- ✓ Outline voluntary nature of the survey, if relevant
- ✓ Outline time and effort required from respondents
- ✓ Include data privacy and confidentiality statement
- ✓ Provide guidance on how to answer the survey
- ✓ Include contact details for any query

2. General and administrative questions

- ✓ Identity questions such as name, date of birth, gender.
- ✓ Cultural background, spoken languages, country of birth, Aboriginal and Torres Strait Islander profile
- ✓ Any other relevant administrative question allowing characterisation of the cohort of respondents

3. Diabetes diagnosis questions

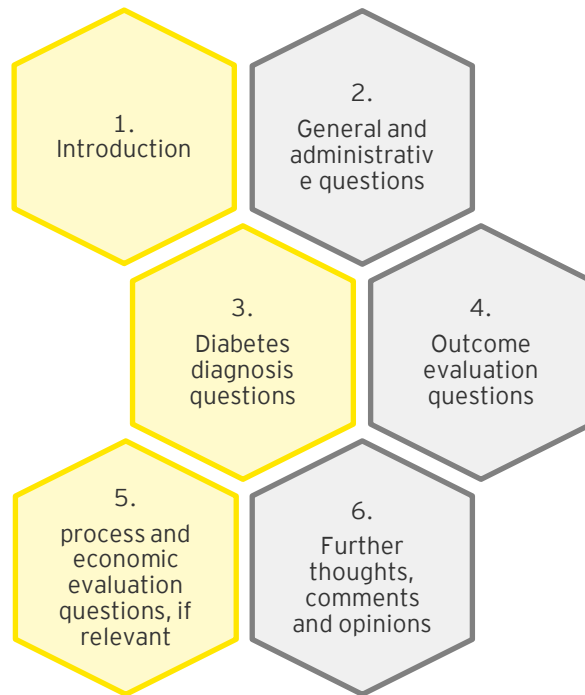
- ✓ Type of diabetes, length of time living with diabetes, diabetes transition point, diabetes diagnosis and circumstances
- ✓ Any other relevant questions in relation to the respondent diabetes situation

4. Outcome evaluation questions

- ✓ Outline the relevant time horizon for which the question applies
 - ✓ Example: “now”, “before the program” or “after the program”
- ✓ After having identified the relevant outcomes from the NDSS Program Logic aligned with the program objectives and change expected to be experienced by registrants, design the relevant metrics and associated measurement scales to be included in the survey questionnaire.
- ✓ We recommend you consider the outcomes that best suit the context and time horizon of the survey (program pre-post survey, annual survey) as well as the unique situation of the respondents.

Please refer to the next slide for recommendations in relation to the outcomes to include for pre-post and annual surveys.

Program pre-post and annual survey questionnaires (continued)



4. Outcome evaluation questions (continued)

- ✓ Break down the survey questionnaire into relevant sections and give them a title for ease of understanding
- ✓ Include comment boxes where relevant to capture qualitative information on particularly material outcomes experienced by the respondents

Examples: “tell us more about the change you experienced in relation to [outcome]” or “tell us more about what has change for you as a result of [the NDSS intervention]?”

- ✓ Make sure you use a relatively small number of different measurement scale throughout the survey questionnaire to avoid engagement fatigue

- ✓ Consider adding a question to capture the relative contribution of the NDSS intervention compared to other external factors

Example: “how much of the change you experienced was due to [name of the NDSS program]? - None to all”

- ✓ Consider adding a question to capture the counterfactual situation outlining what the outcome incidence might be if the NDSS intervention did not occur

Examples: “how much of the change you experienced would have happened anyway if the NDSS program did not occur? - None to all” or “what would the situation be on [outcome] for you if the NDSS program did not occur? - Significantly better to significantly worse”

5. Process and other questions, if relevant

- ✓ Consider adding questions for the purpose of the process evaluation such as queries around program delivery and efficiency, what went well during the program and what could be improved.

Examples: “The facilitator made sure my questions were answered - strongly agree to strongly disagree”

- ✓ Consider adding questions to capture the respondent’s satisfaction in relation to the program

Example: continue use of Net Promoter Score (NPS): “how likely would you recommend this program to other people?”

Please refer to the next slides for recommendations in relation to the outcomes to include for pre-post and annual surveys.

6. Further thoughts, comments and opinion

- ✓ Consider adding additional comment boxes or questions to capture final thoughts and opinions from the respondents

Example: “tell us what in [the NDSS intervention] was the most useful / least useful for you and why?” or “What else would you have liked to learn or experience as a result of [the NDSS intervention]?”

Program pre-post and annual survey questionnaires (continued)

The following table outlines the indicative outcomes for which relevant metrics could be included as part of the pre-post and annual survey questionnaires for each stakeholder category. Please refer to appendix B for examples of metrics against each of these outcomes.

Stakeholders	People with diabetes
	Program pre-post surveys
Process evaluation - outcomes	Effective NDSS Scheme administrative processes
	Effective evaluation and continuous improvement processes
	Fit-for-purpose innovation and development processes
	Timely and efficient NDSS service delivery
Outcome evaluation - outcomes	Improved access to evidence based, relevant diabetes self-management resources and education Increased awareness of diabetes programs available
	Increased interactions with healthcare professionals Ongoing access to the right support services and programs at the right time
	Increased diabetes and health literacy Increased knowledge to self-manage diabetes
	Increased confidence to make informed decisions to self-manage diabetes Increased skills and abilities to self-manage diabetes
	Reduced diabetes distress and anxiety
	Increased interactions with other people with diabetes Improved feeling of support Reduced feeling of isolation
	Improved clinical measures (where relevant) Reduced acute presentations and hospitalisation (where relevant)

These outcomes align with the Program Logic and process and outcome evaluation frameworks. Please refer to the NDSS Program Logic and the content of the NDSS Evaluation Framework overview for more information.

Program pre-post and annual survey questionnaires (continued)

The following table outlines the indicative outcomes for which relevant metrics could be included as part of the pre-post and annual survey questionnaires for each stakeholder category. Please refer to appendix B for examples of metrics against each of these outcomes.

Stakeholders	People with diabetes
	Annual surveys
Process evaluation - outcomes	Effective NDSS Scheme administrative processes
	Effective evaluation and continuous improvement processes
	Fit-for-purpose innovation and development processes
	Timely and efficient NDSS service delivery
Outcome evaluation - outcomes	Improved access to evidence based, relevant diabetes self-management resources and education
	Increased awareness of diabetes subsidised products and programs available
	Ongoing access to the right subsidised products at the right time
	Increased interactions with healthcare professionals
	Ongoing access to the right support services and programs at the right time
	Increased diabetes and health literacy
	Increased knowledge to self-manage diabetes
	Increased confidence to make informed decisions to self-manage diabetes
	Increased skills and abilities to self-manage diabetes
	Reduced diabetes distress and anxiety
	Reduced financial stress
	Increased interactions with other people with diabetes
	Improved feeling of support
Reduced feeling of isolation	
Improved clinical measures	
Reduced acute presentations and hospitalisation	
Increased school and work engagement and participation and decreased absenteeism	

These outcomes align with the Program Logic and process and outcome evaluation frameworks. Please refer to the NDSS Program Logic and the content of the NDSS Evaluation Framework overview for more information.

Program pre-post and annual survey questionnaires (continued)

The following table outlines the indicative outcomes for which relevant metrics could be included as part of the pre-post and annual survey questionnaires for each stakeholder category. Please refer to appendix B for examples of metrics against each of these outcomes.

Stakeholders	Family, friends and carers of a person with diabetes
Annual surveys	
Process evaluation - outcomes	Effective NDSS Scheme administrative processes
	Effective evaluation and continuous improvement processes
	Fit-for-purpose innovation and development processes
	Timely and efficient NDSS service delivery
Outcome evaluation - outcomes	Increased understanding of diagnosis and self-management requirements
	Improved support for a person with diabetes to self-manage
	Increased school and work engagement and participation and decreased absenteeism
	Reduced feelings of worry and distress
	Improved confidence to support a person with diabetes to self-manage

These outcomes align with the Program Logic and process and outcome evaluation frameworks. Please refer to the NDSS Program Logic and the content of the NDSS Evaluation Framework overview for more information.

Program pre-post and annual survey questionnaires (continued)

The following table outlines the indicative outcomes for which relevant metrics could be included as part of the pre-post and annual survey questionnaires for each stakeholder category. Please refer to appendix B for examples of metrics against each of these outcomes.

Stakeholders	Pharmacists and other health professionals involved in delivering NDSS subsidised products or providing related information
Program pre-post surveys	
Process evaluation - outcomes	Effective NDSS Scheme administrative processes
	Effective evaluation and continuous improvement processes
	Fit-for-purpose innovation and development processes
	Timely and efficient NDSS service delivery
Outcome evaluation - outcomes	Increased understanding of diagnostic and self-management requirements
	Increased awareness of the information, support and NDSS or non-NDSS services available to support people with diabetes
	Improved confidence to be well equipped to support a person with diabetes to manage their diabetes
	Increased capability to support people with diagnosis and self-management of diabetes throughout their journey

These outcomes align with the Program Logic and process and outcome evaluation frameworks. Please refer to the NDSS Program Logic and the content of the NDSS Evaluation Framework overview for more information.

Program pre-post and annual survey questionnaires (continued)

The following table outlines the indicative outcomes for which relevant metrics could be included as part of the pre-post and annual survey questionnaires for each stakeholder category. Please refer to appendix B for examples of metrics against each of these outcomes.

Stakeholders	Pharmacists and other health professionals involved in delivering NDSS subsidised products or providing related information
	Annual surveys
Process evaluation - outcomes	Effective leadership and tone at the top
	Clearly defined and communicated NDSS strategy and objectives
	Clear and effective organisational structure
	Positive culture and environment
	Adequate capacity and capability to deliver the NDSS
	Clearly defined and communicated roles and responsibilities
	Effective alignment and coordination between NDSS stakeholders
	Fruitful NDSS delivery partnerships
	Effective NDSS scheme administrative processes
	Effective evaluation and continuous improvement processes
	Technology and automation allowing effective NDSS service delivery and evaluation
	Fit-for-purpose innovation and development processes
Timely and efficient NDSS service delivery	
Outcome evaluation - outcomes	Increased understanding of diagnostic and self-management requirements
	Increased awareness of the information, support and NDSS or non-NDSS services available to support people with diabetes
	Improved confidence to be well equipped to support a person with diabetes to manage their diabetes
	Increased capability to support people with diagnosis and self-management of diabetes throughout their journey

These outcomes align with the Program Logic and process and outcome evaluation frameworks. Please refer to the NDSS Program Logic and the content of the NDSS Evaluation Framework overview for more information.

Program pre-post and annual survey questionnaires (continued)

The following table outlines the indicative outcomes for which relevant metrics could be included as part of the pre-post and annual survey questionnaires for each stakeholder category. Please refer to appendix B for examples of metrics against each of these outcomes.

Stakeholders		Diabetes researchers and peak bodies
		Annual surveys
Process evaluation - outcomes		Fruitful NDSS delivery partnerships
		Effective evaluation and continuous improvement processes
		Technology and automation allowing effective NDSS service delivery and evaluation
		Fit-for-purpose innovation and development processes
Outcome evaluation - outcomes		Increased interactions, partnerships and collaboration between service providers, researchers and delivery partners
		Improved monitoring of people with diabetes through record keeping and increased data linkage
		Improved adaptation of knowledge and research into innovative and practical programs

These outcomes align with the Program Logic and process and outcome evaluation frameworks. Please refer to the NDSS Program Logic and the content of the NDSS Evaluation Framework overview for more information.

Appendix G

Economic evaluation

- Suggested proxy values



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Suggested proxy values for the purpose of valuing outcomes

The table below outlines example valuation approaches for a sample of NDSS outcomes including financial proxies for wellbeing outcomes. These are suggestions only and be tailored to the specific NDSS context, data availability and stakeholders to ensure the economic evaluation is meaningful and fit for purpose at the time of it being conducted.

Stakeholder	Outcome	Example of proxy value for the purpose of valuation
A person with diabetes	Health outcomes including improved clinical measures, reduced acute presentations and hospitalisations, etc.	- Unit costs of related health support services including consultation with a health professional (GP, specialists, etc.), hospitalisations, ambulance, emergency services, etc
	Reduced feeling of social exclusion	- Cost of going to a psychologist for a year
	Improved education engagement and opportunities	- Cost of tutoring for a month
	Improved employment engagement and opportunities	- Loss of salary due to absenteeism
	Improved peace of mind and emotional wellbeing	- Cost of going to a psychologist for a year - Cost of a financial coach for a year
Family, friends and carers of a person with diabetes	Improved education engagement and opportunities	- Cost of tutoring for a month
	Improved employment engagement and opportunities	- Loss of salary due to absenteeism
	Improved peace of mind and emotional wellbeing	- Cost of going to a psychologist for a year
NDSS health professional and other support people	Increased ability to help people access the right support at the right time to self-manage diabetes	- Unit costs of related health support services including consultation with a health professional (GP, specialists, etc.), hospitalisations, ambulance, emergency services, mental health services, etc.
Funders, Commonwealth and State Governments	Reduced pressure on acute and preventative healthcare support services	- Unit costs of related health support services including consultation with a health professional (GP, specialists, etc.), hospitalisations, ambulance, emergency services, etc.
	Improved education engagement	- Cost of drop-outs every year - Cost of repeated years of schooling - Cost of additional educational resources (e.g. after school help) - Absenteeism cost
	Improved economic participation	- Cost of welfare support - Cost of underemployment - Cost of unscheduled work absenteeism

A large yellow frame graphic that is open on the right side. It consists of a thick yellow line forming a rectangle with a slanted top edge. At the bottom left corner, there are three small yellow squares followed by a horizontal yellow bar.

Appendix H

Glossary of Terms



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Glossary of terms (1 of 2)

Access**

Access in this context refers to the physical availability and acceptability of services to the registrant and not merely adequacy of supply.

Activity*

Activities are actions that an organisation, or some part of the organisation, does to meet some or all of the organisation's objectives. Activities can also be called "interventions"

A person with diabetes

Individual who have been diagnosed with diabetes and uses NDSS services, programs and products.

Data collection frequency

Intervals at which data needs to be collected from stakeholders via various mediums in order to complete evaluation.

Evaluation data source

Type of data being collected by researchers, either directly or indirectly

Family, friends and carers of a person with diabetes

The support network for a person with diabetes that are not direct service users of the NDSS. This includes family members and friends of a person with diabetes.

Health professional and other support persons who have access to NDSS funded training and provide care and support to people with diabetes

Individuals involved in the delivery of the NDSS services, programs or products including Diabetes Australia State and Territory Agents, contracted service providers, diabetes educators, school staff, healthcare professionals and the pharmacy sector, etc.

Impact*

In an everyday sense, the impact of an organisation is the broader, longer-term change that has effected. Impacts can be both intended and unintended, as well as both positive and negative.

Input*

The resources that an organisation uses to carry out its activities and operations. These include funding, premises, goods-in-kind and time donated by volunteers.

Intermediate outcomes

An outcome that is expected to occur sometime between two to five years of the person with diabetes interacting with a NDSS service, program or product.

*New Economic Foundation Consulting - Glossary - <https://www.nefconsulting.com/our-services/evaluation-impact-assessment/prove-and-improve-toolkits/glossary/#o>

Glossary of terms (2 of 2)

Long term outcomes

An outcome that is expected to occur 5 years after the person with diabetes has interacted with a NDSS service, program or product.

Outcomes*

The changes that result from an organisation's intervention for people, communities, the economy or aspects of the natural or built environment.

Output*

An activity or intervention usually results in something demonstrable or countable right afterwards. Outputs are usually finite - either items created. An output indicates that an activity has taken place.

Primary data source

A source from which the data is collected firsthand by the evaluation service provider.

Program logic

A program logic is a visual depiction showing how a program is intended to work. The program logic describes how inputs are translated via activities and changes in behaviour, into outputs and outcomes for program beneficiaries. The program logic helps to focus the evaluation on the things that underpin its success and to identify and measure program costs and benefits.

Qualtrics

Experience management software used for creating, distributing and analysing web-based surveys.

Secondary data source

A source from which the data has previously been collected and made readily available to the evaluation service provider.

Services

Refers to the wide range of general assistance options available to people with diabetes, programs refer to the range of education programs and products relate to the range of monitoring tools necessary for managing diabetes

Short term outcomes

An outcome that is expected to occur within a year of the person with diabetes interacting with a NDSS service, program or product.

Stakeholder engagement considerations

Elements that need to be considered by the evaluation service provider ahead of evaluation.

*New Economic Foundation Consulting - Glossary - <https://www.nefconsulting.com/our-services/evaluation-impact-assessment/prove-and-improve-toolkits/glossary/#o>

Appendix I

Evaluation risks and limitations

- Evaluation anticipated risks
- Limitations of approach



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Evaluation anticipated risks

It should be acknowledged that a number of risks may arise over the duration of the NDSS evaluation. The table below outlines the key risks that have been identified at this preliminary stage, as well as a high level assessment and mitigation strategies.

Risk	Impact	Likelihood	Remedial Action
Challenges engaging people with diabetes	High	Medium	The evaluation service provider will need to work with Diabetes Australia and the Department of Health to facilitate and ensure appropriate engagement with NDSS registrants and beneficiaries. The evaluation service provider might want to develop a thorough stakeholder engagement plan allowing effective communication and scheduling processes. Culturally appropriate fieldwork methods and flexible engagement approaches. Please refer to appendix D for suggested stakeholder engagement considerations.
Lack of process and/or outcomes data or low quality data	High	Medium	The evaluation service provider will need to conduct a detailed data scoping exercise prior to beginning the evaluation in order to identify the data quality and completeness of the dataset and support the program's data refinement. This will enable a realistic appraisal of the scope and focus of the quantitative and qualitative data analysis. Please refer to appendices B and C for suggested data sources as well as process and outcomes metrics.
Timeliness of feedback	Moderate	Low	The evaluation service provider will need to put in place a communications protocol with Diabetes Australia to ensure timely engagement and feedback.
Evaluation does not adhere to budget	High	Low	Careful planning by the evaluation service provider will allow mitigation of this risk. The budget is to be set by Diabetes Australia and the Department of Health based on previous experience of evaluations. The risk will be borne by the evaluation service provider.
Evaluation findings do not meet the needs of Diabetes Australia	High	Low	Working in partnership with Diabetes Australia and the Department of Health and integrating co-design across the NDSS evaluation activities will support mediation of this risk.
Delay in obtaining ethics approval	High	Medium	The evaluation service provider might have to seek ethics approvals for research and account for ethics approval processes in the evaluation timeline. The evaluation service provider might need to engage with the relevant ethics committees as early as possible to ensure the expedition of the ethics application and approval processes.
Delay in implementing data linkage	Medium	Medium	The evaluation service provider will be able to capitalise on the experience of peak bodies and researchers that work closely with Diabetes Australia. Additionally, the evaluation service provider will be able to capitalise on the relationship that Diabetes Australia has with the Department of Health in order to open up negotiations for data linkage.
Insufficient responses due to low adoption of digital tools and	Medium	Medium	Target rollout across selected Pilot programs covering key STAs, supported by robust change management activities to ensure sufficient support is available for the STAs and end users
The identification and mitigation of the NDSS evaluation risks will be at the discretion of the evaluation service provider and will depend on the evaluation objectives, requirements and particular circumstances.			
evaluation			

Limitations of approach

During this engagement, EY incorporated a variety of stakeholders with diverse perspectives on the outcomes of the NDSS to ensure a balanced representation of the key needs of a future evaluation framework. However, in endeavouring to achieve this holistic overview, EY encountered the following limitations:

Context	Limitation	Action to address limitation
Co-design workshops	Co-design workshops were limited in time to only an hour which may have constrained the type of insights we were able to record	The contact details of the facilitators were provided to all attendees of the workshops to allow them to contact EY in case they wanted to discuss anything further
Stakeholder engagement	Access to relevant NDSS stakeholders, particularly representatives of individuals with diabetes, appeared as the main challenge encountered by EY during this process	EY has been working with Diabetes Australia to manage related project risks and has been able to increase the number of consumer interviews in the last few weeks

The results and findings outlined in the program logic and evaluation framework are a reflection of EY's understanding of the information provided by Diabetes Australia and the Department of Health on the NDSS as well as the insights captured during the co-design consultations.

Context	Disclaimer
Program Logic	The program logic provides an overview of the structure of the NDSS and the outcomes it is working to achieve in order to guide evaluation activities. The program logic is an evolving document and it is not designed to be exhaustive. It may need to be further tailored, tested and refined to account for specific evaluation context, requirements and needs.
Evaluation Framework	The evaluation framework outlines the suggested structure for NDSS evaluation to take place as efficiently as possible based on EY's understanding of the NDSS current evaluation context and underlying outcome data systems and processes. The recommendations contained within the framework are indicative only and the framework itself is not designed to be exhaustive. The framework will need to be tailored, tested and refined throughout the NDSS evaluation process.
Data Visualisation and Reporting	The section on data visualisation and reporting provides an overview of the reporting framework for key components of the evaluation as well as visual examples which are for illustrative purposes only. The dashboards will need to be tailored as per State and Territory Agents/NDSS requirements for the programs

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SCHEDULE 1 - DIABETES AUSTRALIA STANDARD TERMS

THE SUPPLIER AGREES AS FOLLOWS:

1. Diabetes Australia engages the Supplier to provide the Services described in the Letter and Attachments (**Services**).
2. All capitalised terms have the meanings given in the Letter or below:

Agreement means the agreement formed by the Letter, these terms and any other Schedules and Attachments.

GST has the meaning given in the GST Law.

GST Law means the *A New Tax System (Goods and Services Tax) Act 1999* (Cth).

Letter means the letter to which these terms are attached.

NDSS Grant Agreement means the grant agreement entered into by Diabetes Australia and the Commonwealth for the administration and funding of the National Diabetes Services Scheme, in force on the date of this Agreement.

Services has the meaning given in clause 1.

3. The Supplier must perform the Services described in this Agreement and comply with all reasonable instructions given by Diabetes Australia in respect of this Agreement. Diabetes Australia is not responsible for any costs resulting from any unauthorised act of the Supplier.
4. The Supplier must comply with the additional terms set out in Schedule 2 (**Commonwealth Required Terms**). These are terms required by the Commonwealth under the NDSS Grant Agreement. The Commonwealth Required Terms prevail over the Letter and these terms, and any other part of this Agreement, to the extent of any inconsistency.
5. The Supplier must exercise a professional standard of skill, care and diligence in the performance of all Services and other obligations under this Agreement.
6. The Supplier must provide the reports described in the Letter.
7. The Supplier must promptly notify Diabetes Australia of any matter which will or is likely to change, or has changed the Supplier's ability to perform any of the Services on time or otherwise in accordance with this Agreement.

Fees and Charges

6. (a) Diabetes Australia must pay the Supplier the fees and reimbursable expenses described in the Letter at the times and in the manner set out in the Letter.
(b) The Supplier will give to Diabetes Australia a tax invoice for the Services performed and at the times specified in the Letter. Subject to sub-clause 6(c), Diabetes Australia must pay the full amount owing in respect of each account within 30 days of the receipt of the account.
(c) If Diabetes Australia disputes the amount claimed in a tax invoice submitted by the Supplier, Diabetes Australia will notify the Supplier in writing within 7 days.
7. (a) Unless expressly stated otherwise in this Agreement, all amounts payable or consideration to be provided under this Agreement are exclusive of GST, at the rate payable under the GST Law from time to time.
(b) If GST is imposed on any taxable supply by one party to another under this Agreement, the recipient of the supply must pay to the supplier an additional amount equal to the GST payable by the supplier on the supply at the same time as the recipient is required to pay or provide the GST exclusive consideration for the supply.
(c) However:
 - (i) the recipient need not pay the additional amount until the supplier gives the recipient a tax invoice; and

- (ii) if an adjustment event arises in respect of the supply, the additional amount must be adjusted to reflect the adjustment event and the recipient or the supplier (as the case may be) must make any payments necessary to reflect the adjustment.
- (d) If a party is required under this Agreement to indemnify another party, or pay or reimburse costs of another party, that party agrees to pay the relevant amount less any input tax credits to which the other party (or to which the representative members for a GST group of which the other party is a member) is entitled.
- (e) If an amount payable under this Agreement is to be calculated by reference to:
 - (i) the price to be received for a taxable supply then, for the purposes of that calculation, the price is reduced to the extent that it includes any amount on account of GST; and
 - (ii) the price to be paid or provided for an acquisition then, for the purposes of that calculation, the price is reduced to the extent that an input tax credit is available for the acquisition.

Insurance

8. The Supplier must:
 - (a) maintain the insurances described in the Letter while providing the Services and, in the case of any claims made policies, for at least seven years after the completion of the Services; and
 - (b) provide evidence of the insurances and their currency, reasonably acceptable to Diabetes Australia, promptly on request.

Records

9. The Supplier must, if specified in the Letter, comply with Diabetes Australia's record keeping plan and, subject to Diabetes Australia complying with the Supplier's reasonable confidentiality, security and access requirements, provide any information to Diabetes Australia as reasonably requested.

Termination

10. Irrespective of any other provision in this Agreement, Diabetes Australia may immediately terminate this Agreement by notice to the Supplier if any or all of the following apply:
 - (a) the Supplier fails to remedy a breach of this Agreement within 10 business days from the receipt of a written notice from Diabetes Australia specifying the breach and requiring that the breach be remedied; or
 - (b) any event or circumstances occurred which, in the reasonable opinion of Diabetes Australia, make it unlikely that the Services will be completed by the Supplier in accordance with this Agreement; or
 - (c) in the circumstances described in Schedule 2 (Commonwealth Required Terms).
11. The Supplier may, by notice in writing served on Diabetes Australia, terminate this Agreement if Diabetes Australia is in breach of the provisions of clause 6 and the breach has not been remedied within 14 days of the service by the Supplier on Diabetes Australia of a notice requiring the breach to be remedied.
12. If any dispute arises under this Agreement, the parties must use all reasonable endeavours to resolve the dispute promptly, including by escalation or by appointing an independent mediator agreed by the parties (the costs of the mediator will be shared by the parties equally).
13. If the Supplier fails to perform any of its obligations under this Agreement, Diabetes Australia may (without prejudice to any right of action or any other rights that Diabetes Australia may have in respect of such failure) be entitled to have such unperformed works carried out at the expense of the Supplier by any other person.

SCHEDULE 2 – COMMONWEALTH REQUIRED TERMS

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1. Interpretation

1.1 Definitions

In this Agreement, unless the contrary intention appears:

Agreement means these terms, the Letter and other Schedules and Attachments.

Agreement Period means the term of this Agreement.

Business Day means, in relation to the doing of any action in a place, any day other than a Saturday, Sunday, or public holiday in that place.

Change in Control means any of the following:

- (a) where the power (whether formal or informal, whether or not having legal or equitable force, whether or not based on legal or equitable rights and whether direct or indirect, including through one or more entities):
 - (i) to control more than half of the voting power of the Supplier; or
 - (ii) to control the composition of the board of directors of the Supplier, resides with persons other than those holding that power at the commencement of this Agreement;
- (b) where the Supplier undergoes a significant corporate restructure;
- (c) where there is any significant change in the membership of the Supplier; or
- (d) (if applicable) where the Supplier ceases to be a body corporate established for a public purpose under a law of a State or Territory.

Confidential Information means information that:

- (a) is by its nature confidential;
- (b) is designated by the owner or provider of the information as being confidential; or
- (c) the recipient knows or ought to know is confidential,

but does not include information that:

- (d) is or becomes public knowledge other than by breach of this Agreement or by any other unlawful means;
- (e) is in the possession of the recipient without restriction in relation to disclosure before the date of receipt in the performance of this Agreement; or
- (f) has been independently developed or acquired by the recipient.

Conflict means any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through the Supplier or its Personnel engaging in any activity or

obtaining any interest that is likely to conflict with or restrict the Supplier in performing the Services fairly and independently.

Government Agency means:

- (a) a body corporate or an unincorporated body established or constituted for a public purpose by Commonwealth legislation, or an instrument made under that legislation;
- (b) a body established by the Governor-General or by a Minister of State of the Commonwealth, including departments; or
- (c) an incorporated company over which the Commonwealth exercises control.

Head Agreement means the agreement between the Commonwealth and Diabetes Australia dated 11 June 2021 governing the funding and administration of the Scheme.

FOI Laws means the *Freedom of Information Act 1982* (Cth).

Insolvency Event means being insolvent under administration or insolvent or having a controller appointed (each as defined in the Corporations Act), or being in receivership, in receivership and management, in liquidation, in provisional liquidation, under administration, wound up, subject to any arrangement, assignment or composition, protected from creditors under any statute, dissolved (other than to carry out a reconstruction while solvent) or being otherwise unable to pay debts when they fall due or having something with the same or a similar effect happen under the laws of any jurisdiction.

Intellectual Property includes all copyright (including rights in relation to phonograms and broadcasts), all rights in relation to inventions (including patent rights), plant varieties, registered and unregistered trademarks (including service marks), registered and unregistered designs, circuit layouts, know-how and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

Law means any applicable statute, regulation, by-law, ordinance or subordinate legislation in force from time to time anywhere in Australia, whether made by a State, Territory, the Commonwealth, or a local government, and includes the common law as applicable from time to time.

Material means documents, records, software (including source code and object code), goods, images, information and data stored by any means including all copies and extracts of the same.

Moral Rights includes the following rights of an author of copyright Material:

- (a) the right of attribution of authorship;
- (b) the right of integrity of authorship; and
- (c) the right not to have authorship falsely attributed,

as defined in the *Copyright Act 1968* (Cth).

New Material means all Material including Reports:

- (a) brought into existence by the Supplier or its Personnel for the purpose of performing the Services; or

(b) copied or derived from the Material referred to in paragraphs (a).

Open Access Licence means a licence to the public on broad open access terms that allows any member of the public to perform a wide range of acts in respect of the Material subject to certain restrictions. An Open Access Licence includes any department or Australian Government open access licence and any creative commons attribution licence.

Personnel means:

- (a) officers, employees, agents or subcontractors of the Supplier; and
- (a) officers, employees, agents or subcontractors of the Supplier's agents and subcontractors;

engaged in the performance of the Services, and includes those individuals (if any) engaged on a voluntary basis by the Supplier or its agents or subcontractors.

Privacy Act means the *Privacy Act 1988* (Cth).

Reports means reports required to be provided under this Agreement.

Scheme means the Commonwealth's National Diabetes Services Scheme.

Scheme Confidential Information means Confidential Information of the Commonwealth or Diabetes Australia, or in relation to the Scheme, provided by Diabetes Australia or accessed or generated by the Supplier in the course of the Services, including Scheme Data.

Scheme Data means all data and expressions of data relating to the Scheme, including data about Scheme registrants.

Security Interest means:

- (a) any mortgage, pledge, lien, charge or other preferential right, trust arrangement, agreement or arrangement of any kind given or created by way of security, including a security interest (as defined in the *Personal Property Securities Act 2009* (Cth)); and
- (b) any agreement to create or grant any arrangement described in paragraph (a).

Services means the Services provided, or to be provided, by the Supplier under this Agreement.

Specified Acts means any of the following classes or types of acts or omissions by or on behalf of the Commonwealth:

- (a) using, reproducing, modifying, adapting, publishing, performing, broadcasting, communicating, commercialising or exploiting all or any part of the Scheme Material, with or without attribution of authorship;
- (b) supplementing the Scheme Material with any other Material; and
- (c) using the Scheme Material in a different context to that originally envisaged,

but does not include false attribution of authorship.

Supplier Confidential Information means Confidential Information of the Supplier provided to Diabetes Australia under this Agreement.

Supplier's Existing Material means all Material in existence prior to the commencement of this Agreement, or created independently of this Agreement, that is:

- (a) incorporated in;
- (b) supplied with, or as part of; or
- (c) required to be supplied with, or as part of,

the New Material, in which the Supplier owns the Intellectual Property Rights.

Third Party Material means all Material owned by a third party:

- (a) incorporated in;
- (b) supplied with, or as part of; or
- (c) required to be supplied with, or as part of,

the New Material.

1.2 Inconsistency

If there is any conflict or inconsistency between:

- 1.2.1 the terms of this Schedule 2 and any other part of this Agreement, then this Schedule 2 will prevail to the extent of the conflict or inconsistency.

2. Delivery of the Scheme

2.1 Standard of Services

The Supplier must ensure that:

- 2.1.1 the Services are provided, and all New Material is and will be prepared:
 - (a) with due care, skill and diligence;
 - (b) in a professional manner consistent with all applicable standards and clinical best practice; and
 - (c) by Personnel who are appropriately qualified and have the requisite knowledge, skill and experience; and
- 2.1.2 it has, and will continue to have and to use, the skills, qualifications and experience, to perform its obligations under this Agreement in an efficient and controlled manner with a high degree of quality and responsiveness and to a standard that complies with this Agreement.

2.2 Negation of employment, partnership and agency

- 2.2.1 Except as expressly provided in this Agreement, the Supplier is not an employee, partner or agent of Diabetes Australia, or invested with any power or authority to bind or represent Diabetes Australia or the Commonwealth.

- 2.2.2 Except as expressly provided in this Agreement, the Supplier must not represent itself, and must use its best endeavours to ensure that its Personnel do not represent themselves, as being an officer, employee, partner or agent of Diabetes Australia or the Commonwealth.

2.3 Subcontracting

- 2.3.1 The Supplier must obtain the prior written consent of Diabetes Australia (which may be withheld at its absolute discretion) to subcontract any or all of the Services.
- 2.3.2 The Supplier must ensure that any subcontract includes the same obligations as the Supplier has under this Schedule 2, including under this clause 2.3.2.
- 2.3.3 The Supplier:
- (a) must ensure the performance of the Services and compliance with the requirements of this Agreement; and
 - (b) will not be relieved of its responsibility under this Agreement because of any arrangement it has entered into for the delivery of the Services.

2.4 Novation or assignment

- 2.4.1 If requested by Diabetes Australia, the Supplier must novate or assign this Agreement to the Commonwealth or any new service provider nominated by Diabetes Australia, on termination of this Agreement.

3. Warranties

- 3.1 The Supplier warrants that:
- 3.1.1 there are no matters relating to the commercial, technical or financial capacity of the Supplier proposed to be engaged or currently engaged in respect of this Agreement, that could have an adverse effect on the Supplier's ability to perform any of its obligations under this Agreement;
 - 3.1.2 it will immediately notify and fully disclose to Diabetes Australia in writing any event or occurrence actual or threatened arising during the Agreement Period which could have an adverse effect on the Supplier's ability to perform any of its obligations under this Agreement;
 - 3.1.3 it has full power and authority to enter into, perform and observe its obligations under this Agreement;
 - 3.1.4 it will promptly notify and fully disclose to Diabetes Australia in writing if it suffers an Insolvency Event;
 - 3.1.5 unless otherwise disclosed in this Agreement, it is not entering into this Agreement as trustee of any trust or settlement;
 - 3.1.6 it has not made any false declaration in respect of any current or past dealings with the Commonwealth or any Government Agency, including in any tender or application process or in any agreement;

- 3.1.7 it has had no significant deficiency in the performance of any substantive requirement or obligation under any prior agreement with the Commonwealth or any Government Agency; and
- 3.1.8 the Supplier will immediately notify and fully disclose to Diabetes Australia if, as at the Commencement Date or during the Agreement Period (or both), proceedings are taking place, are pending, or are threatened against the Supplier which could have an adverse effect upon the Supplier's reputation, the Scheme's reputation or upon the Supplier's capacity to perform its obligations under this Agreement.

4. Intellectual Property

4.1 New Material

- 4.1.1 Any Intellectual Property in, or in relation to, the New Material created by the Supplier under this Agreement vests, on its creation, in Diabetes Australia.
- 4.1.2 Without limiting its obligations elsewhere in this Agreement, the Supplier must provide Diabetes Australia a copy of any and all New Material nominated by Diabetes Australia in writing within 8 Business Days after a request to do so from time to time.

4.2 Material provided by Diabetes Australia

- 4.2.1 Diabetes Australia grants to the Supplier for the Agreement Period a royalty-free, world-wide, non-exclusive sub-licence to use, reproduce, modify, adapt and communicate any Material provided by Diabetes Australia for the purposes of providing the Services and the Supplier must not use such Material for any other purpose.
- 4.2.2 The Supplier may only sub-license the licence granted to it under clause 4.2 with Diabetes Australia's consent.

4.3 Supplier's Existing Material and Third Party Material

- 4.3.1 Clause 4.1 does not affect the ownership of any Intellectual Property in any of the Supplier's Existing Material or the Third Party Material.
- 4.3.2 The Supplier grants, or must obtain for Diabetes Australia, a perpetual, irrevocable, royalty-free, world-wide, non-exclusive licence (including a right of sub-licence) to use, reproduce, modify, adapt, publish, perform, broadcast, communicate, commercialise and exploit Intellectual Property in the Supplier's Existing Material or Third Party Material that is provided to Diabetes Australia as part of the Services.
- 4.3.3 The Supplier agrees that the licence granted under clause 4.3.2 includes a right for Diabetes Australia (or the Commonwealth, if the Commonwealth receives a sub-licence under clause 4.3.2) to license that Material for an activity to the public under an Open Access Licence as part of, or in conjunction with, the New Material.
- 4.3.4 The Supplier must obtain all necessary copyright and other Intellectual Property rights permissions before incorporating any Third Party Material in the New Material or using Third Party Material as part of the Services.

4.4 Software

- 4.4.1 In the case of Material that is software, the Supplier will obtain a licence for Diabetes Australia and the Commonwealth on the terms generally available from the relevant third party licensor for licensees such as Diabetes Australia and the Commonwealth. Those terms are as attached to this Agreement (if known on the date of this Agreement) or as notified in writing by the Supplier and approved by Diabetes Australia.

4.5 Moral Rights

- 4.5.1 The Supplier warrants that anything done by the Supplier in the course of the Scheme will not infringe the Intellectual Property rights or Moral Rights of any person.
- 4.5.2 The Supplier must ensure that a written consent is given by the author of any New Material prepared by or on behalf of the Supplier or its Personnel to the Specified Acts (whether occurring before or after the consent is given) which extends directly or indirectly to the performance of the Specified Acts by the Commonwealth, Diabetes Australia or any person claiming under or through the Commonwealth or Diabetes Australia.

5. Scheme Data

- 5.1 To the extent any Scheme Data is to be disclosed to, or will be generated by, the Supplier under this Agreement, the Supplier agrees that:
- (a) the Commonwealth owns that Scheme Data including all Intellectual Property in the Scheme Data;
 - (b) the Commonwealth's ownership rights vest in the Commonwealth upon creation of that Scheme Data;
 - (c) the Scheme Data must only be used or disclosed in accordance with this Agreement and for no other purpose; and
 - (d) the Supplier must only provide Scheme Data to third parties where approved by Diabetes Australia in writing from time to time:
- 5.2 To the extent necessary to give effect to this clause 5.1(b), the Supplier assigns to the Commonwealth all of its rights, title and interest in that Scheme Data.

6. Trademarks

- 6.1.1 The Supplier must not use or reproduce any Scheme or Diabetes Australia trademarks without the prior written consent of Diabetes Australia, except as necessary for the performance of the Services. Any written consent from Diabetes Australia may specify the terms and conditions to which the Supplier must comply when using or reproducing such trademarks.
- 6.1.2 Diabetes Australia must not use any trademarks of the Supplier, without the Supplier's prior written consent.

7. Indemnity and liability

- 7.1 This clause 7 applies if this Agreement has a total value in excess of \$200,000 (including GST).
- 7.2 The Supplier indemnifies Diabetes Australia, its officers, employees and agents (**those indemnified**) against all liability, loss, costs and expenses (including the costs of defending or settling any action, claim or demand) as a result of:
- 7.2.1 an unlawful or negligent act or omission of the Supplier or its personnel; and
- 7.2.2 a breach of this Agreement by the Supplier or its Personnel.
- 7.3 The Supplier's liability to indemnify Diabetes Australia and those indemnified under clause 7.3 will be reduced proportionately to the extent that any unlawful or negligent act or omission of, or breach of this Agreement by, Diabetes Australia or those indemnified contributed to the relevant loss, liability, damage, cost or expense.
- 7.4 The right of Diabetes Australia to be indemnified under this clause 7:
- 7.4.1 is in addition to, and not exclusive of, any other right, power or remedy provided by Law; and
- 7.4.2 does not entitle Diabetes Australia to be compensated in excess of the amount of the relevant loss, liability, damage, cost or expense.
- 7.5 The Supplier agrees that Diabetes Australia will be taken to be acting as agent or trustee for and on behalf of those indemnified from time to time.

8. Confidentiality

Scheme Confidential Information

- 8.1 Subject to clause 8.4, the Supplier must not disclose any Scheme Confidential Information, and must ensure that its Personnel do not disclose that information, to a third party except if authorised by this Agreement, in writing from Diabetes Australia, or as required by Law.
- 8.2 The Supplier is aware that the Scheme Confidential Information is confidential and agrees to secure all of the Scheme Confidential Information against loss and unauthorised access, use, modification or disclosure.
- 8.3 Diabetes Australia may impose reasonable conditions when giving its approval under clause 8.1 and the Supplier agrees to comply with those conditions.
- 8.4 The obligations on the Supplier under this clause 8 will not be taken to have been breached where the information referred to is required by Law to be disclosed or in the circumstances referred to in clauses 8.6.1, 8.6.2 or 8.6.3.

Other Confidential Information

- 8.5 Subject to clause 8.6, each party will treat the confidential information of the other as confidential, on the same terms as clauses 8.1 to 8.4 above (with the necessary changes).

- 8.6 The parties acknowledge that a party (or, in the case of Supplier Confidential Information, Diabetes Australia or the Commonwealth) may disclose any information relevant to this Agreement, or this Agreement itself, to any person:
- 8.6.1 if the information is in the public domain;
 - 8.6.2 to the extent required by Law or by a lawful requirement of any government or governmental body, authority or agency;
 - 8.6.3 if required in connection with legal proceedings; or
 - 8.6.4 in the case of the Commonwealth, for public accountability reasons, including requests for information by Government agencies, the Parliament or a Parliamentary Committee or a Commonwealth Minister.

Confidentiality undertakings

- 8.7 Diabetes Australia may, at any time by notice in writing to the Supplier require any of the Supplier's Personnel who are involved in the provision of the Services, or accessing Scheme Data or Confidential Information, to give a written undertaking, in a form reasonably required by Diabetes Australia, relating to the non-disclosure of Confidential Information and Personal Information.
- 8.8 If the Supplier receives a request under clause 8.7, it must promptly arrange for all such undertakings to be given.

9. Privacy

9.1 Introduction

This clause 9 applies if the Supplier will have access to Personal Information in the course of providing the Services.

In this clause 9, terms used but not defined in this Agreement have the meanings given in the Privacy Act.

9.2 Personal Information

The Supplier agrees in respect of performing this Agreement:

- 9.2.1 to use or disclose Personal Information obtained during the course of performing this Agreement only for the purposes of this Agreement;
- 9.2.2 comply with the Australian Privacy Principles as if it were a Commonwealth agency;
- 9.2.3 to notify individuals whose Personal Information that the Supplier holds that complaints about acts or practices of the Consultant may be investigated by the Commissioner who has the power to award compensation against the Consultant in appropriate circumstances;
- 9.2.4 to immediately notify Diabetes Australia if the Supplier becomes aware of a breach or possible breach of any of the obligations contained in, or referred to in, this clause 9, by the Supplier or its Personnel;

- 9.2.5 to comply with any directions, guidelines, determinations or recommendations of the Commonwealth Privacy Commissioner to the extent that they are not inconsistent with the requirements of this clause 9; and
- 9.2.6 to ensure that any of its Personnel who are required to deal with Personal Information for the purposes of this Agreement are made aware of the obligations of the Supplier specified in this clause 9.

9.3 Health information

This clause 9.3 applies if the Supplier will have access to health information in the course of providing the Services.

Notwithstanding any other provision in this clause 9, where the Supplier provides a health service to an individual, the Supplier must:

- 9.3.1 comply with the requirements in the Privacy Act regarding the use and disclosure of health information or other sensitive information about the individual, to the extent those requirements apply to the Supplier;
- 9.3.2 disclose that health information and any other sensitive information to another Australian health service provider when Diabetes Australia directs the Supplier to do so (at the request of the Commonwealth); and
- 9.3.3 inform the individual:
- (a) as required by the Privacy Act; and
 - (b) at the time the information is collected,
- that the information may be disclosed to another health service provider if required by Diabetes Australia (at the request of the Commonwealth).

9.4 Compliance generally

The Supplier's obligations under this clause 9 are in addition to, and do not restrict, any obligations it may have under the Privacy Act or any registered APP codes including any such codes or principles that would apply to the Supplier but for the application of this clause 9.

9.5 Subcontracts

The Consultant must ensure that any subcontract entered into for the purpose of fulfilling its obligations under this Agreement, that involves (or could involve) the collection, use or disclosure of Personal Information, health information or sensitive information, imposes on the subcontractor the same obligations as the Consultant has under this clause 12, including the requirement in relation to subcontracts.

9.6 Commonwealth collection of Personal Information

- 9.6.1 Individuals' names and email addresses may be collected from the Supplier and may be used or disclosed to administer, monitor, review, promote and evaluate this Agreement, the Scheme and any other Scheme arrangements administered by or on behalf of the Commonwealth and for directly-related purposes.
- 9.6.2 The Supplier agrees to notify its Personnel who are natural persons that the Commonwealth may do the following for the purposes specified in clause 9.6.1:

- (a) collect, use and disclose their names and email addresses; and
- (b) disclose information about them to, and receive information about them from, any Government Agency or other entity that maintains an electronic on-line grant management system on behalf of a Government Agency or has a directly-related policy interest or a role in administering the Scheme.

10. Conflict of interest

- 10.1 The Supplier warrants that, to the best of its knowledge after making diligent inquiry, at the date of signing this Agreement no Conflict exists or is likely to arise in the performance of obligations under this Agreement by the Supplier or its Personnel.
- 10.2 If a Conflict arises, or appears likely to arise, the Supplier must:
 - 10.2.1 immediately notify Diabetes Australia in writing of the Conflict making a full disclosure of all relevant information relating to the Conflict and setting out the steps the Supplier proposes to take to resolve or otherwise deal with the Conflict; and
 - 10.2.2 take such steps as Diabetes Australia may reasonably require to resolve or otherwise deal with the Conflict.

11. Compliance with Law and policies

11.1 Compliance generally

- 11.1.1 In carrying out this Agreement, the Supplier must comply with, and must ensure that its Personnel comply with:
 - (a) all applicable Laws; and
 - (b) any applicable Commonwealth policies specified in the covering letter or as otherwise notified in writing to the Supplier from time to time by Diabetes Australia.
- 11.1.2 The Supplier acknowledges that under section 137.1 of the Schedule to the *Criminal Code Act 1995* (Cth), giving false or misleading information to the Commonwealth is a serious offence.
- 11.1.3 Without limiting the effect of clause 11.1, the Supplier must comply with, and require its Personnel to comply with, the behaviours specified in the Code of Conduct in section 13 of the *Public Service Act 1999* (Cth).

11.2 Audit and access

- 11.2.1 The Supplier acknowledges that, as a Commonwealth services provider, Diabetes Australia:
 - (a) is subject to audit by the Commonwealth, the Commonwealth Auditor-General or other Commonwealth authorities; and
 - (b) may be required to provide information to the Commonwealth as a result of a request for information under FOI Laws.

11.2.2 If Diabetes Australia receives a request from the Commonwealth for the purposes of a Commonwealth audit or the FOI Laws, for access to:

- (a) the Supplier's premises;
- (b) the Supplier's Personnel; or
- (c) a document that:
 - (i) is created by, or is in the possession of, the Supplier, its Personnel or any subcontractor; and
 - (ii) relates to the performance of this Agreement,

the Supplier must, and must ensure any subcontractors, provide the required access to Diabetes Australia or the Commonwealth (as the case may be) on request, within the time reasonably specified by Diabetes Australia or the Commonwealth.

11.2.3 The Supplier must ensure that any subcontract entered into for the purposes of fulfilling its obligations under this Agreement imposes on the subcontractor the same obligations as the Supplier has under clause 11.2.2, including the requirement in relation to subcontracts.

11.3 Work health and safety

11.3.1 Without limiting clause 11.1, the Supplier must:

- (a) ensure that the work conducted by the Supplier and any of its Personnel in respect of this Agreement complies with all applicable legislative requirements, standards and policies and requirements of this Agreement that relate to the health and safety of any person; and
- (b) without being limited by clause 11.3.1(a), comply with obligations under applicable WHS Law and must ensure, so far as is reasonably practicable, that officers (as defined under applicable WHS Law) and workers also comply with their obligations under the WHS.

11.3.2 In this clause 11.3

- (a) **WHS Act** means the *Work Health and Safety Act 2011* (Cth);
- (b) **WHS Law** means the WHS Act and any 'corresponding work health and safety law' as defined in section 4 of the WHS Act; and
- (c) a word or expression that is:
 - (i) used or defined in the applicable WHS Law; and
 - (ii) not otherwise defined in this clause or elsewhere in this Agreement,

has, for the purpose of this clause 11.3, the meaning given to it under the applicable WHS Law.

11.4 Vulnerable Persons

The Supplier agrees to comply, and ensure that its Personnel comply, with:

- 11.4.1 any obligations under any Laws relating to working or contact with vulnerable persons or police checks; and
- 11.4.2 any other requirements in this Agreement regarding working or contact with vulnerable persons or police checks.

11.5 Workplace Gender Equality Act 2012 (Cth)

- 11.5.1 This clause 11.5 applies only to the extent that the Supplier is a 'relevant employer' for the purposes of the *Workplace Gender Equality Act 2012 (Cth)* (**WGE Act**).
- 11.5.2 The Supplier must comply with its obligations, if any, under the WGE Act.
- 11.5.3 If the Supplier becomes non-compliant with the WGE Act during the term of this Agreement, the Supplier must notify Diabetes Australia.
- 11.5.4 If the term of this Agreement exceeds 18 months, the Supplier must provide a current letter of compliance from the Workplace Gender Equality Agency within 18 months from the commencement date of this Agreement and following this, annually, to Diabetes Australia.
- 11.5.5 Compliance with the WGE Act does not relieve the Supplier from its responsibility to comply with its other obligations under this Agreement.

11.6 Fraud control

- 14.6.1 The Supplier must notify Diabetes Australia immediately if it knows or has reason to suspect that any fraud has occurred or is occurring or is likely to occur in relation to this Agreement, including by the Supplier or its Personnel.

12. Audit and Access

12.1 Defined terms

In this clause 12, "**Commonwealth Auditor**" means the Commonwealth Department of Health, the Commonwealth Auditor-General, Commonwealth Ombudsman or Privacy Commissioner, or their delegate.

12.2 Access to premises, Materials and Assets and persons

The Supplier must grant (or procure for) a Commonwealth Auditor access:

- 12.2.1 to premises at which records and Materials associated with this Agreement are stored or Services under this Agreement are provided;
 - 12.2.2 in order to be able to inspect and copy Materials in the Supplier's possession or control, for purposes associated with this Agreement or any review of performance under this Agreement; and
 - 12.2.3 to the Supplier's Personnel for purposes associated with this Agreement or any review of performance under this Agreement.
- 12.3 The rights referred to in clause 12.2 are, wherever practicable, subject to:

- 12.3.1 the provision of 3 Business Days prior notice by the Commonwealth or Diabetes Australia (except where the Commonwealth or Diabetes Australia believes that there is an actual or apprehended breach of the Law);
 - 12.3.2 access being sought during reasonable times (except where the Commonwealth or Diabetes Australia believes that there is an actual or apprehended breach of the Law); and
 - 12.3.3 the Supplier's reasonable security procedures.
- 12.4 Nothing in this clause limits or restricts in any way any duly authorised function, power, right or entitlement of a Commonwealth Auditor at Law.
- 12.5 This clause 12 survives the expiry or early termination of this Agreement for a period of 7 years.

13. Suspension and termination

13.1 Diabetes Australia's rights

Without limiting its rights elsewhere in this Agreement, Diabetes Australia may, by written notice to the Supplier:

- (a) terminate this Agreement;
- (b) reduce the scope of the Services; or
- (c) requires the Supplier to suspend the provision of the Services, from the date specified in such a notice, if:
 - (d) Commonwealth funding for the Scheme ceases or is reduced, deferred or withheld for any reason whatsoever;
 - (e) the Head Agreement is suspended or terminated for any reason whatsoever;
 - (f) Diabetes Australia:
 - (i) is satisfied on reasonable grounds that the terms and conditions of this Agreement have not been complied with by the Supplier; and
 - (ii) by notice in writing, requests the Supplier to take action to comply with (or remedy any breach of) the relevant terms and conditions of this Agreement and, after 15 Business Days from the date of the notice (or such longer period as is specified in the notice), the Supplier has failed to take such action;
- (g) the Supplier undergoes a Change in Control which in the reasonable opinion of Diabetes Australia is likely to:
 - (i) disrupt or adversely affect the ability of the Consultant to meet its obligations under this Agreement; or
 - (ii) bring the Scheme into disrepute; or
- (h) the Supplier suffers an Insolvency Event.

13.2 Termination for convenience

If this Agreement is terminated under clause 13.1(e) because the Head Agreement is terminated by the Commonwealth for convenience, Diabetes Australia will reimburse the Supplier for any reasonable costs (excluding, without limitation, loss of prospective income or profits) unavoidably incurred by the Supplier which can be substantiated by the Supplier and are directly attributable to the termination. Diabetes Australia will not be liable to pay any amount in excess of the amount remaining unpaid under this Agreement at the date of termination.