www.scottishmedicines.org.uk

Patient Group
Submission Form

The Scottish Medicines Consortium (SMC) is committed to working
in partnership with patient groups to capture patient and carer experiences, and use them to inform decision-making.

## Before you make a submission

You are required to complete a patient group partner registration form before you make a submission. The registration form requests general information about your organisation. It only needs to be completed once (and annually updated) and should save you time with any further submissions to SMC. If you have not already completed a registration form, please do this before you make your submission.

You will find it helpful to read our *Guide for Patient Group Partners*, which gives details about the type of information you need to capture in the submission form. **Please read this before you make your submission and use it to help you complete each question.**

## You can find the registration form and *Guide for Patient Group Partners* in the[Public involvement](https://www.scottishmedicines.org.uk/about-us/public-involvement/) and [Making a submission](https://www.scottishmedicines.org.uk/making-a-submission/) sections of our website.

## Contact us

If you have any more questions after reading the guide, the SMC Public Involvement Team can support you throughout the submission process. You can email us at: his.smcpublicinvolvement@nhs.scot

Please do not hesitate to get in touch, as we are here to help you.Name of medicine:

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## Indication: (what the medicine is used for)

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## Submission date:

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## Name of organisation making submission:

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## Who is the main contact for submissions to SMC?

|  |  |
| --- | --- |
| Name: |       |
| Position held in organisation: |       |
| Email address: |       |
| Phone number: |       |
| Postal address: |       |

Summary of key points

Please summarise the key points of your submission which you would like to emphasise to SMC Committee – bullet points may be helpful.

(See P11 of *A Guide for Patient Group Partners*)

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|      300 words maximum |

Please provide details of any individuals who have had a significant role in preparing your submission and who have an interest to declare.

(See P11 of *A Guide for Patient Group Partner*s)

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|      300 words maximum |

Please tell us how you gathered information about the experiences of patients and carers to help inform your submission.

(See P11 of *A Guide for Patient Group Partners*)

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|      300 words maximum |

1. How does this condition affect the day-to-day lives of people living with it?
(See P11 of *A Guide for Patient Group Partners*)

500 words maximum

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1. How well do medicines which are currently available in NHSScotland help patients manage this condition? (See P12 of *A Guide for Patient Group Partners*)

500 words maximum

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1. Have you been able to consult with patients who have used this medicine?
(See P12 of *A Guide for Patient Group Partners*)

Yes [ ]  No [ ]

1. Would this medicine be expected to improve the patient’s quality of life and experience of care, and if so, how?

(See P12 of *A Guide for Patient Group Partners*)

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|      500 words maximum |

1. What kind of impact would treating a patient with this medicine have on the patient’s family or carers? (See P13 of *A Guide for Patient Group Partners*)

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|      500 words maximum |

1. Are there any disadvantages of the new medicine compared to current standard treatments? (See P13 of *A Guide for Patient Group Partners*)

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|       500 words maximum |

1. Are there any potential equality issues that should be taken into account when considering this condition and medicine? (See P13 of *A Guide for Patient Group Partners*)

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|      500 words maximum |

1. Is there any additional information you think may be useful for the SMC
 committee to consider? (Optional)

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| 500 words maximum |

1. Do you consent for a summary of your submission to be included in the Detailed
 Advice Document for this medicine?

 Yes [ ]  No [ ]

Thank you for completing this form.

The Public Involvement Team is available to advise you on how to complete this form to ensure the patient and carer experience is fully captured, to help inform the SMC decision making process.
If you have any questions about completing this form, please email it to: his.smcpublicinvolvement@nhs.scot