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# Patient and Clinician Engagement (PACE) Meeting - Clinician template

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| **Name of clinical network:** |  |
| **Name of representative:** |  |
| **Medicine and formulation**  **(SMC number)** |  |
| **Submitting company:** |  |
| **Indication under review** |  |
| **Company’s proposed positioning (if any)** |  |
| **Date of scheduled PACE meeting:** |  |

Please complete the template below to provide the network’s perspective on the ‘added value’ of this medicine in the context of treatments currently available in NHS Scotland that may not be fully captured in conventional clinical and health economic analysis.

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| 1. **Severity of the condition**   Please describe the impact of the condition on patients, carers and their families and give your assessment of severity. |  |
| 1. **Unmet need**   Please outline how this new medicine would address the unmet needs of people affected by this condition. |  |
| 1. **Added value of the medicine for the patient** 2. How would this medicine be expected to add value to the patient’s wellbeing and experience of care?   *Note: Consider impact on quality of life such as the ability to work or continue in education / continue to function, symptoms such as extreme tiredness, pain, psychological distress, also factors such as convenience of the treatment, whether it allows self-care or the ability to maintain independence and dignity, out of pocket expenses. Where possible please provide supporting evidence.*   1. How is this medicine better than current treatments?   *Note: Consider burden of current treatments, improvements in quality and convenience of treatment, reduction in side effects and reduction in risk of complications. Where possible please provide supporting evidence.*  c.Does the medicine have the potential to make a significant and substantial impact on health related benefits? If so, please explain how. |  |
| 1. **Added value of the medicine for the patient’s family or carers**   Please outline how treating a patient with this medicine might impact on the patient’s family or carers. For example, in terms of time for accompanied visits for treatment, requirement for assisting the patient with personal care and support, out of pocket expenses, impact on family life and impact on the carer’s ability to work. |  |
| 1. **What is the most appropriate position for the medicine in the pathway of care for the condition? Does this differ from the company’s proposed positioning?**   Please give your views on how the new medicine is expected to be used in relation to currently available treatments. |  |
| 1. **Are there any important considerations in relation to treatment delivery (e.g. how treatment should be monitored; how long it should be continued; any significant service infrastructure or staffing issues in relation to delivering the treatment etc.)?**   *Note: Consider the burden of monitoring on patients, carers and healthcare resources*. |  |
| 1. **Other considerations**   Please note any further considerations not included in the other sections of this form*.* |  |
| 1. **What are the key factors that would justify this medicine being routinely available in NHS Scotland?** |  |

## **Declaration of interest**

Please complete the following declaration of interest (DoI) section in relation to the above product/treatment or any comparator product/treatment.

For further information, please refer to the following:  
[Declarations of interest: definitions and policies for handling of interests at meetings – Healthcare Improvement Scotland](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthcareimprovementscotland.scot%2Fpublications%2Fdeclarations-of-interest-definitions-and-policies-for-handling-of-interests-at-meetings%2F&data=05%7C02%7Cchristine.stuart2%40nhs.scot%7Ca565f18567d7419fa87208dc4cadf166%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638469557160892393%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=3%2FwH7rJwuZFTbS4JNH4UOB71HmrAvBpMNWd6%2FRcW1EY%3D&reserved=0)

## Please cross the box(s) that describe your interest in the medicine under review

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| **I have no interests to declare**  or  **I have an interest to declare:** | | |  |
| **Personal financial** | | | |
| **Specific** | **Non-specific** |  | |
|  |  |  | |
| **Personal non-financial** | | | |
| **Specific** | **Non-specific** |  | |
|  |  |  | |
| **Non-personal financial** | | | |
| **Specific** | **Non-specific** |  | |
|  |  |  | |
| **Non-personal non- financial** | | | |
| **Specific** | **Non-specific** |  | |
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*Please be aware that all information received may be subject to disclosure under the Freedom of Information (Scotland) Act 2002*

If you have any questions about completing this form, please get in touch with the SMC secretariat [christine.stuart2@nhs.scot](mailto:christine.stuart2@nhs.scot)