**Supplementary Information.**

**E-survey sent to patient groups**

Q1. Did you read the information provided in the SIP form?

* Answer (Yes/No)
* If no, please explain why not:

Q2. Overall, how helpful was the information in the SIP form to you in the completion of your patient group submission to SMC?

Q2.1. Not at all helpful – Slightly helpful - Helpful – Very helpful

Q2.2. Comments:

Q3. How helpful was the information in each section of the SIP form? Please rate how helpful you found information the relating to:

Q3.1. The condition that the medicine is used for (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.2. How the condition is currently managed in Scotland (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.3. How the medicine works (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.4. How effective the medicine is, compared to existing treatments (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.5. How the medicine is administered and how this may affect patients and carers? (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.6. The side effects of the medicine (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.7. The quality of life impact of the medicine on patients and their carers (Not at all helpful – Slightly helpful – Helpful – Very helpful)

Q3.8. Comments:

Q4. What was the most helpful information contained in the document? Please explain why.

Q5. What was the least helpful information contained in the document? Please explain why.

Q6. Was the signposted information for additional online information about the medicine useful?

* Answer (Yes/No)
* Please explain:

Q7. Did you use the pharmaceutical company contact details for patient group partners, provided in the form?

* Answer (Yes/No/I don’t know)
* If yes, how useful did you find this interaction?

Q8. To what extent do you agree with the following statements about the information in the SIP form?

Q8.1. The terminology used in the SIP form was clearly explained (Not applicable – Strongly disagree – Disagree – Neutral – Agree – Strongly agree)

Q8.2. Diagrams (including graphs and charts) were clear and easy to understand (Not applicable – Strongly disagree – Disagree – Neutral – Agree – Strongly agree)

Q8.3. The format of the SIP form was easy to use (Not applicable – Strongly disagree – Disagree – Neutral – Agree – Strongly agree)

Q8.4. It was easy to find the information that I needed in the SIP form (Not applicable – Strongly disagree – Disagree – Neutral – Agree – Strongly agree)

Q8.5. The information in the SIP form was trustworthy (Not applicable – Strongly disagree – Disagree – Neutral – Agree – Strongly agree)

Q8.6. The SIP form provided balanced information on the medicine (Not applicable – Strongly disagree – Disagree – Neutral – Agree – Strongly agree)

Q8.7. Comments:

Q9. How did you find the level of detail of information in the SIP form? Please use the slider to rate the level of detail from 1 to 5.

Q9.1. 1= not enough detail

3= the right level of detail

5= too much detail

Q9.2. Please explain why you've chosen this response:

Q10. What further information about a new medicine, if any, would you find useful to assist in completing the SMC Patient Groups Form?

Q11. Is there any information that you would find useful to assist you in completing the SMC Patient Group Submission form?

Q12. Finally, please provide a summary of your thoughts on the provision of this information which we could use as an anonymised quote.

**E-survey sent to pharmaceutical company representatives**

Q1. Do you feel that the need for a SIP was clearly explained in the template?

* Answer (Yes/Partially/No)
* Comment

Q2. Do you feel there was sufficient guidance on how to complete the SIP in terms of:

Q2.1. The content to include for the intended audience (Yes/Partially/No)

Q2.2. The writing style / level to use for the intended audience (Yes/Partially/No)

Q2.3. Comments:

Q3. Did you have any contact with SMC to resolve any questions during the completion of the SIP form?

* Answer (Yes/No/I don’t know)
* Comments

Q4. Did you use any resources, beyond the source document(s), to help you complete the SIP form (for example guidance for writing in plain English)?

* Answer (Yes/No/I don’t know)
* If yes, please tell us about the resources that you used:

Q5. Did you feel the structure of the SIP was appropriate for the information you needed to provide?

* Answer (Yes/Partially/No)
* Comments

Q6. Was there any additional information that you wanted to include in the SIP form that was not specified by the template?

* Answer (Yes/No)
* If yes, please tell us what information you wanted to include:

Q7. How easy was it to complete the SIP form?

Q7.1. Very difficult – Difficult – Neither easy nor difficult – Easy – Very easy

Q7.2. Comments:

Q8. Was the SIP reviewed by a lay reader and/or was the health literacy level assessed? Please select all that apply:

Q8.1. Yes, the SIP was reviewed by a lay reader

Q8.2. Yes, the health literacy level was assessed

Q8.3. No

Q8.4. I don't know

Q8.5. Other (please specify):

Q8.6. If you answered yes, please explain how this was done:

Q9. Did you make any changes to the SIP after health literacy review/lay review happened?

* Answer (Yes/No/I don’t know)
* Comments

Q10. Do you consider the SIP to be a worthwhile investment of your time? Please leave a comment.

* Answer (Yes/Partially/No)
* Comments

Q11. Overall, do you feel that the SIP document resulted in more informed patient input to the SMC’s appraisal process?

* Answer (Yes/Partially/No/I don’t know)
* Please share any examples of how you feel the SIP has made a difference:

Q12. Please share any additional feedback you may have here. It is important to us that you have the chance to include anything that we may not have covered in the previous questions.

Q13. Finally, what would you like to see different next time or how would you suggest the process of developing the SIP could be improved?