Checklist for **NEW** clinical guidelines requiring approval

Please refer to the NHSGGC Clinical Guideline Framework and supporting guidance document for assistance on completing this checklist. You can also contact ggc.clinical.guidelines@nhs.scot if you would like any additional support with the checklist or clinical guideline approval process. **PLEASE NOTE: the checklist should be downloaded for completion.**

Section (A) – Clinical Guideline Information

Name of Clinical Guideline (Drug Name/ Procedure, Condition, Patient Group, Scope)	**Date of Next Review**:

Name of Lead Author:	**Designation**:	**Email:**

Section (B) – Guideline Development and Consultation

Rationale for creating the Guideline *why have you developed this guideline? What problem does it seek to resolve?*
Rationale:

Which key stakeholders were involved in the development of this guideline? *Please provide the names of colleagues and/or groups/ committees who helped to develop this guideline*

1.	4.
2.	5.
3.	6.

Please provide the names of ALL key stakeholders/ clinical governance groups who were consulted on this guideline *include additional names on a separate sheet of paper if required*

1.	4.
2.	5.
3.	6.

How do you plan to disseminate and implement this guideline within NHSGGC? *All guidelines will be included on the Clinical Guideline Platform and disseminated by the Clinical Governance Related Publication monthly update*

Guideline champion ☐	Education and training ☐	Link to existing networks ☐	Reminders ☐	QR code ☐ *CGSU can provide*	Audit & feedback ☐	Other ☐ Please provide details

Section (C) – About your guideline and the approval process

The Clinical Guideline Platform where your guideline will be hosted is organised into Toolkits and Tags (please see guidance document for more information). Please use the options below to indicate where best your guideline sits. If you are unsure, then please contact ggc.clinical.guidelines@nhs.scot

TAG – What areas are your guideline applicable to? *this will help us to determine the appropriate approval group(s) for your guideline so please tick all that apply.*

NHSGGC Wide	Acute	Primary Care & Community	Mental Health	Women & Children	Medicines/ Pharmacy	Infection Control
☐	☐	☐	☐	☐	☐	☐

Other *if your guideline is applicable to an individual Sector/ Directorate/HSCP or individual department/service/specialty/site only, please advise which*

Rationale *please advise the reasoning for this being applied locally only*

Scope and Purpose of the Clinical Guideline *what will your guideline do and who will be affected by its implementation?*
Scope and Purpose:

Is the guideline related to the prescription or administration of drugs/ medicines information?

Yes ☐	No ☐	If Yes, has a pharmacist been involved in the development/ review of the guideline	Yes ☐	No ☐
		If Yes, should the guideline be made available on the therapeutics handbook	Yes ☐	No ☐

Are there any additional cost/service implications associated with this guideline?

Yes ☐	No ☐	If Yes, please provide details below

Does the clinical guideline contain hyperlinks?

Yes ☐	No ☐	If Yes, have you reviewed the links and confirm you are comfortable with the content?	Yes ☐	No ☐

Guideline Toolkits: *please choose 1 Main Toolkit and no more than 4 additional toolkits.*

Main toolkit	Additional toolkit 1	Additional toolkit 2	Additional toolkit 3	Additional toolkit 4
Choose an item	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Subtoolkit	**Subtoolkit**	**Subtoolkit**	**Subtoolkit**	**Subtoolkit**
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Clinical Guideline Search Terms *please provide below a list of search terms (please see guidance document)*
Search Terms:

Guideline Approved ☐	Guideline Approved with provisos ☐	Guideline not approved ☐	Date

| Name of Approving Group: | Choose an item. |