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| 1. **CLINICAL GOVERNANCE CHECKLIST** *(MUST be completed in full)* | | | | | |
| **GUIDELINE TITLE** *(include TAM id & Version No if known)* | | | | | |
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| **RESPONSIBLE DEPARTMENT** | | | | | |
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| **LEAD REVIEWER(S)** *Name, job title, email.* | | | | | |
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| **STATE MULTIDISCIPLINARY INVOLVEMENT.** *Name, job title.* | | | | | |
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| *Guidance should not be developed where appropriate guidance already exists.***CROSS CHECK LOCAL AND NATIONAL GUIDANCE.** *(Tick each that have been checked)* | | | | | |
| **LOCAL** | **NATIONAL** | | **POINT OF CARE** | | **OTHER** |
| [TAM](https://rightdecisions.scot.nhs.uk/tam-treatments-and-medicines-nhs-highland/)  [NHS Highland Intranet](http://intranet.nhsh.scot.nhs.uk/Pages/Default.aspx) | [SIGN](https://www.sign.ac.uk/)  [NICE](https://www.nice.org.uk/guidance)  [NHS inform](https://www.nhsinform.scot/) | | [BMJ Best Practice](https://bestpractice.bmj.com/info/)  [Dynamed](https://www.dynamed.com/)  [UpToDate](https://www.uptodate.com/home) | | [RDS](https://rightdecisions.scot.nhs.uk/) other specialist resource |
| **DOES THIS DUPLICATE / REPLICATE EXISTING NHS HIGHLAND GUIDANCE?** | | | | | |
| **YES** **NO** *If YES, provide link to guidance for it to be removed* | | | | | |
| **DOES THE GUIDANCE CONTAIN ANTIBIOTICS OR ANTIMICROBIAL ADVICE?** | | | | | |
| **YES** **NO** *If YES, please contact* [*Alison.MacDonald4@nhs.scot*](mailto:Alison.MacDonald4@nhs.scot) | | | | | |
| **DOES THE GUIDANCE CONTAIN INFORMATION ABOUT OR RECOMMEND MEDICINES?** | | | | | |
| **YES** **NO** *If YES, please list the medicines below and ensure that the guideline is reviewed by a pharmacy representative.* | | | | | |
| **DOES THE GUIDANCE CONTAIN MONITORING REQUIREMENTS?** | | | | | |
| **YES** **NO** *If YES, Check that they align with:* [*National minimum\_retesting\_intervals\_in\_pathology.pdf (rcpath.org)*](https://www.rcpath.org/static/253e8950-3721-4aa2-8ddd4bd94f73040e/g147_national-minimum_retesting_intervals_in_pathology.pdf) *For any queries contact:* [*nhsh.dutybiochemisthighland@nhs.scot*](mailto:nhsh.dutybiochemisthighland@nhs.scot) | | | | | |
| **IS THERE A TOOL INCLUDED THAT CAN BE TERMED A MEDICAL DEVICE?** *Eg a calculator* | | | | | |
| **YES** **NO** *If YES, this tool MUST be approved by the MHRA. Please provide link or list below.* | | | | | |
| **DOES THE GUIDANCE CONTAIN ANY FORMS, PRESCRIPTION CHARTS, PATIENT INFORMATION?** | | | | | |
| **YES** **NO** *If YES, please provide links or list these below. NB: These are not managed by TAM.*   * ***Forms****: To be held on the Forms library on the NHS Highland intranet. Contact eHealth.* * ***Prescription charts****: These should be made available via PECOS. Contact: Medical Illustration &/or* [*nhsh.contracting@nhs.scot*](mailto:nhsh.contracting@nhs.scot) *.* * ***Patient information****: contact:* [*hirs.mailbox@nhs.scot*](mailto:hirs.mailbox@nhs.scot) | | | | | |
| **DOES THE GUIDANCE IMPACT PRIMARY CARE WORKLOAD?** | | | | | |
| **YES** **NO** *If YES, please contact GP subcommittee for advice prior to submission* | | | | | |
| **STATE ANY OTHER DEPARTMENTS / SECTORS IMPACTED BY THIS GUIDANCE.** *Eg, Community Nursing, ITR, Radiology.* | | | | | **HAVE THEY BEEN CONSULTED WITH?** |
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| **STATE GUIDELINE AUDIENCE** *Tick ONE from each column* | | | | | |
| All NHSH  HHSCP only  A&B only | | Primary & Secondary care  Primary care only  Secondary care only | | Adults & children  Adults only  Paediatrics only | |
| **WILL THIS GUIDANCE HAVE A MAJOR IMPACT ON ANY OF THE GROUPS LISTED?** *Further info:* [*A Guide to Person Centred Planning*](http://intranet.nhsh.scot.nhs.uk/Staff/EqualityAndDiversity/EqualityImpactAssessment/Documents/Equality%20impact%20assessment%20guidance.docx) | * Age * Gender * Disability * Ethnicity | | * Religion * Sexual orientation * Gender reassignment * Pregnancy and maternity | | **YES** **NO**  *If YES, fully assess the impact using:* [*Equality Impact Assessment Template*](http://intranet.nhsh.scot.nhs.uk/Staff/EqualityAndDiversity/EqualityImpactAssessment/Documents/Equality%20impact%20assessment%20template.docx)*.* |
| **PROVIDE EVIDENCE BASE** | | | | | |
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| **STATE POTENTIAL RESOURCE IMPLICATIONS BY APPLYING THIS GUIDANCE.** *How will these be met?* | | | | | |
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| **PLEASE STATE WHICH SECTION THIS SHOULD SIT IN UNDER TAM -** [TAM (Treatments and Medicines) NHS Highland | Right Decisions (scot.nhs.uk)](https://rightdecisions.scot.nhs.uk/tam-treatments-and-medicines-nhs-highland/) **:** | | | | | |
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| **WHAT IS THE DISSEMINATION PLAN?** | | | | | |
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| **DATE GUIDELINE DEVELOPED:** |  | | **REVIEW PERIOD:** *Max 3 years.* | |  |
| **CLINICAL / SERVICE LEAD DEPARTMENTAL SIGN-OFF:** *State: name, job title and email.* | | | | | |
| *Confirm that you approve the submission of this guidance to TAM* | | | | | |

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| 1. **GUIDELINE TEMPLATE** |
| Complete **relevant** sections. Where information is not required: state NA. |
| **GDPR: Information on TAM is publicly available it is NOT appropriate for personally identifiable information.**   * DO NOT include staff personal details in the body of the guidance, use generic contact details. * DO NOT include patient identifiable information. * Author details (Professional Title, Initial and Surname) ARE stated publicly on the editorial section of the guidance. * Information not appropriate for public access is uploaded to the NHS Highland intranet and a link to it made on TAM, eg, forms for use in clinic setting. |
| **Formatting**   * All guidance is transposed onto TAM software and will look different to how it has been submitted. * Authors will be sent a preview of the guidance to ensure that it is acceptable. * TAM does not support flowchart software; these are transposed, where possible. * Avoid the use of images, or keep to a minimum, to avoid increased data storage on TAM. |
| **GUIDELINE TITLE** *(include TAM id & Version No if known)* |
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| **INTRODUCTION** *(Eg, if relevant: condition, incidence, presentation, assessment, diagnosis, prognosis)* |
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| **QUICK REFERENCE GUIDE** *(At-a-glance summary for reference in a clinic setting, eg, flowchart: see note\*)* |
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| **MANAGEMENT IN PRIMARY CARE** **BEFORE *AND AFTER* REFERRAL** *(Tests, treatments, procedures)* |
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| **REFERRAL TO THE SPECIALIST SERVICE** *(Referral criteria: emergency, non-emergency* ***and******when NOT to refer****. Referral pathway and contacts).* The standard route of referral in NHS Highland is via SCI Gateway. Ensure that the information here matches the information on SCI Gateway. |
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| **MANAGEMENT IN SECONDARY CARE** *(Tests, treatments, procedures)* |
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| **ESCALATION CRITERIA WITHIN SECONDARY CARE** *(Eg, in which situations should consultant advice be sought)* |
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| **FURTHER INFORMATION FOR HEALTH CARE PROFESSIONALS** *(Eg,* [*SIGN*](https://www.sign.ac.uk/)*,* [*NICE*](https://www.nice.org.uk/guidance)*, local guidance, and formularies)* |
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| **PATIENT INFORMATION** *(Local/national information,* [*NHS Inform*](https://www.nhsinform.scot/)*,* [*patient*](https://patient.info/)*, mobile apps,* [*informed consent*](https://tam.nhsh.scot/healthcare-professional-information/further-clinical-resources/informed-consent/)*)* |
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| **SELF-MANAGEMENT INFORMATION** *(Eg, Preventative measures,* [*Natural Health Resources*](https://tam.nhsh.scot/healthcare-professional-information/further-clinical-resources/natural-health-resourses/)*,* [*MySelf-Management*](http://www.lgowit.org/)*)* |
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| **ABBREVIATIONS** *(Avoid abbreviations where possible. State in full any abbreviated terms in the guidance)* *See BNF for accepted* [*abbreviations*](https://www.medicinescomplete.com/#/content/bnf/PHP107740)*. Note that microgram, nanogram, litre and units are not to be abbreviated.* |
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| **STATE KEY SEARCH TERMS** *(To enable the guidance to be found on-line. Eg, condition, body system, treatment)* |
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