

INSTRUCTIONS FOR COMPLETION

- **The lead author to complete sections A-E (blue) of the checklist and submit with the clinical guideline to the approving group for review.**
- The approving group to review **sections A-E (blue)** the clinical guideline against the criteria in section F.
- If approved a designated individual on behalf of the approving group to send the completed checklist and clinical guideline to the Clinical Guideline Administrator for posting on the NHS GGC Clinical Guideline Electronic Resource Directory email: Clinical.Guidelines@ggc.scot.nhs.uk (sections G, H and I).

SECTION A: CLINICAL GUIDELINE INFORMATION

Name of the clinical guideline:	Please specify the review date for the clinical guideline. dd/mm/yyyy: <i>The review date must not exceed 3 years from date of guideline development</i>
Does the clinical guideline supersede/replace existing guideline? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify the title of the superseded/replaced clinical guideline:
Lead author of the clinical guideline	
Name: <input type="text"/>	Department: <input type="text"/>
Designation: <input type="text"/>	Work address: <input type="text"/>
Email: <input type="text"/>	
Telephone number: <input type="text"/>	
Are there any declarations of interest? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details :

SECTION B: CLINICAL GUIDELINE DEVELOPMENT

<p>Please specify the need for a clinical guideline (please tick all that apply)</p> <p><input type="checkbox"/> To translate evidence into practice</p> <p><input type="checkbox"/> To support the provision of a high level of standardised health care</p> <p><input type="checkbox"/> To reduce unacceptable or undesirable variations in clinical practice</p> <p><input type="checkbox"/> To support educational needs</p> <p><input type="checkbox"/> To reduce costs</p> <p><input type="checkbox"/> To improve efficiency</p> <p><input type="checkbox"/> Other, please specify:</p>	<p>Please specify who developed the clinical guideline i.e. name of committee/special interest group etc :</p>
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SECTION B: CLINICAL GUIDELINE DEVELOPMENT (CONTINUED)

Please list the members of the development group and their designations below. If there are more than 6 members, please provide the details of the members on a separate list and submit with the completed checklist to the clinical guideline approving group.

Name & designation of clinical guideline development group members	Name & designation of clinical guideline development group members
1	2
3	4
5	6
Have all stakeholders been fully consulted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there implications for prescribing practices or resources in Primary Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to question above, have GPs been consulted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there additional cost implications / service implications associated with the introduction of the clinical guideline?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
Are there any potentially unintended consequences associated with the introduction of this protocol or guideline (e.g. antimicrobial resistance / adverse drug reactions)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
Does the guideline include non-Formulary or unlicensed/ off label medicines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you developed an implementation and evaluation plan for the clinical guideline?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please submit the implementation and evaluation plan with the completed checklist to the clinical guideline approving group.

SECTION C: CLINICAL GUIDELINE EVIDENCE BASE (PLEASE TICK ALL THAT APPLY)

Please specify the evidence base for the development of the clinical guideline:

<input type="checkbox"/> SIGN	<input type="checkbox"/> Royal College Midwives	<input type="checkbox"/> Royal College Of Psychiatrists
<input type="checkbox"/> NICE	<input type="checkbox"/> Royal College Nursing	<input type="checkbox"/> Royal College Of Physicians
<input type="checkbox"/> Royal College Anaesthetists	<input type="checkbox"/> British Society Of Neuro-endocrinology	<input type="checkbox"/> Royal College Of Radiologists
<input type="checkbox"/> British Society Of Audiology	<input type="checkbox"/> British Society Of Neuro-radiologists	<input type="checkbox"/> British Society Of Rehabilitation Medicine
<input type="checkbox"/> British Society Of Dermatologists	<input type="checkbox"/> Royal College Of Ophthalmologists	<input type="checkbox"/> British Society Of Rheumatology
<input type="checkbox"/> British Society Of Gastroenterology	<input type="checkbox"/> British Orthopaedic Association	<input type="checkbox"/> Royal College Speech And Language Therapist
<input type="checkbox"/> Royal College Of General Practitioners	<input type="checkbox"/> Royal College Paediatric And Child Health	<input type="checkbox"/> Royal College Of Surgeons
<input type="checkbox"/> British Society Of Haematology	<input type="checkbox"/> Royal College Of Pathologists	<input type="checkbox"/> British Society Of Urogynaecology
<input type="checkbox"/> British Society Of Immunology		

Please detail the specific evidence base for the clinical guideline:

SECTION D: CLINICAL GUIDELINE CLASSIFICATION (PLEASE TICK ALL THAT APPLY)

Please note: The primary search of the NHS GGC Clinical Guideline Electronic Resource Directory will be on the clinical guideline title. To enable easier storage and retrieval of the clinical guideline, please **tick all** that apply from the classification below. These classifications are based on a combination of the BNF categories as well as proposals from clinical staff.

<input type="checkbox"/> Anaesthesia	<input type="checkbox"/> Biochemistry	<input type="checkbox"/> Cardiovascular system
<input type="checkbox"/> Central nervous system	<input type="checkbox"/> Dental	<input type="checkbox"/> Ear, nose and oropharynx
<input type="checkbox"/> Endocrine system	<input type="checkbox"/> Eye	<input type="checkbox"/> Gastrointestinal system
<input type="checkbox"/> Haematology	<input type="checkbox"/> Immunological products and vaccines	<input type="checkbox"/> Infections
<input type="checkbox"/> Malignant disease and immunosuppression	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Musculoskeletal and joint diseases
<input type="checkbox"/> Neonatology	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Obstetrics, gynaecology and urinary tract disorders
<input type="checkbox"/> Oral and Maxillofacial	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Pathology
<input type="checkbox"/> Palliative	<input type="checkbox"/> Renal	<input type="checkbox"/> Respiratory system
<input type="checkbox"/> Skin	<input type="checkbox"/> Urology	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Other, please specify:		

SECTION E: AREAS OF CLINICAL GUIDELINE APPLICABILITY (PLEASE TICK ALL THAT APPLY)

Acute Services Division	All Acute <input type="checkbox"/>	ECMS <input type="checkbox"/>	S&A <input type="checkbox"/>	RAD <input type="checkbox"/>	REG <input type="checkbox"/>	DIAG <input type="checkbox"/>	W&C <input type="checkbox"/>					
Site specific	All sites <input type="checkbox"/>	SGH <input type="checkbox"/>	VIC <input type="checkbox"/>	NEW VIC <input type="checkbox"/>	GRI <input type="checkbox"/>	STOB <input type="checkbox"/>	WIG <input type="checkbox"/>	GGH <input type="checkbox"/>	RHSC <input type="checkbox"/>	IRH <input type="checkbox"/>	RAH <input type="checkbox"/>	VOL <input type="checkbox"/>
CHC(P)s	All CH(C)Ps <input type="checkbox"/>	GC North East Sector <input type="checkbox"/>	GC North West Sector <input type="checkbox"/>	GC South Sector <input type="checkbox"/>	Inverclyde <input type="checkbox"/>	Renfrewshire <input type="checkbox"/>	East Renfrewshire <input type="checkbox"/>	West Dunbartonshire <input type="checkbox"/>	East Dunbartonshire <input type="checkbox"/>			

Mental health

Individual department/practice Please specify : :

Other applicability of guideline Please specify:

THE SCOPE AND CONTENT OF THE CLINICAL GUIDELINE WILL DETERMINE WHICH GROUP WILL HAVE AUTHORITY TO APPROVE IT. PLEASE REFER TO THE NHS GGC CLINICAL GUIDELINE FRAMEWORK TO DETERMINE WHERE TO PRESENT THE CLINICAL GUIDELINE FOR APPROVAL.

SECTION F: ASSESSMENT OF THE CLINICAL GUIDELINE BASED ON AN AMENDED VERSION OF THE AGREE INSTRUMENT

Section	Q.	Question	Review	Yes	No
Scope and purpose	1	Has the author demonstrated a need for a local clinical guideline adequately?	Section B	<input type="checkbox"/>	<input type="checkbox"/>
	2	Are the overall objective(s) of the clinical guideline specifically described?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
	3	Are the clinical question(s) covered by the clinical guideline specifically described?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
	4	Are the patients to whom the clinical guideline is meant to apply specifically described?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
	5	Does the title of the clinical guideline accurately reflect the content and scope of the guideline?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholder involvement	6	Does the clinical guideline have clearly defined authorship?	Section A	<input type="checkbox"/>	<input type="checkbox"/>
	7	Did the clinical guideline development group include individuals from all the relevant professional groups?	Section B	<input type="checkbox"/>	<input type="checkbox"/>
	8	Are the target users of the clinical guideline clearly defined?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
Costs	9	Have the potential cost implications of applying the recommendations been considered?	Section B	<input type="checkbox"/>	<input type="checkbox"/>
Clarify and presentation	10	Are the clinical guideline recommendations specific and unambiguous?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
	11	Are the key recommendations easily identifiable?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
Implementation	12	Has the author provided an adequate implementation and evaluation plan?	Section B	<input type="checkbox"/>	<input type="checkbox"/>
Review and audit	13	Does the clinical guideline present key review criteria for monitoring and or/audit purposes?	Guideline	<input type="checkbox"/>	<input type="checkbox"/>
	14	Does the clinical guideline contain a review date?	Section A	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: OUTCOME OF ASSESSMENT OF CLINICAL GUIDELINE

Based on the assessment in section F, please specify outcome.

<input type="checkbox"/> Approve clinical guideline (Please complete sections H and I of checklist)	<input type="checkbox"/> Approve clinical guideline with provisos or alterations (Please feedback outcome to lead author)	<input type="checkbox"/> Clinical guideline not approved (Please feedback outcome to lead author)
Comments:		

SECTION H: CLINICAL GUIDELINE APPROVAL AND AUTHORISATION FOR POSTING

Please insert the name of the group/approving body/ committee who has reviewed this clinical guideline and approved its use and posting on the NHS GGC Clinical Guideline Electronic Resource Directory	Name of individual submitting on behalf of the approving group	Designation of individual submitting on behalf of the approving group	Date

SECTION I: SUBMISSION DETAILS

Please email the following to Clinical.Guidelines@ggc.scot.nhs.uk

- Clinical guideline (in microsoft word format if possible)
- Fully completed checklist

Or send a hard copy to

Claire Dawson, Clinical Guideline Administrator,
 Clinical Governance Support Unit,
 Queens Park House,
 Victoria Infirmary, Glasgow
 G42 9TY.