

NHS Greater Glasgow and Clyde Clinical Guideline Framework

Development, Review, Approval and Monitoring of Medicine and Non-Medicine Related Guidelines

Lead Managers	Head of Clinical Governance/Head of Pharmacy
Responsible Director	Board Medical Director
Approved by	Medicines Utilisation Committee on behalf of Area Drugs & Therapeutics Committee and Clinical Governance Implementation Group
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1. Introduction

- 1.1 Clinical practice guidelines have been defined as "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances". They are designed to help practitioners assimilate, evaluate and implement the ever increasing amount of evidence and opinion on best current practice. Where there is evidence of variation in practice which affects patient outcomes and a strong research base providing evidence of effective practice, guidelines can assist healthcare professionals in making decisions about appropriate and effective care for their patients.
- 1.2 Appendix 1 outlines some distinctions differences/similarities between policies, guidelines, protocols, procedures and care pathways.

2. Rationale

- 2.1 The rationale for a framework for the development, review, approval and monitoring of clinical guidelines is to ensure that the clinical guidelines produced are effective, engage the clinicians to whom they are directed and to ensure that NHS Greater Glasgow & Clyde (NHS GGC) guidelines are appropriately verified and do not contradict each other and are able to be monitored.
- 2.2 Although the general principles for the development of clinical guidelines are now well established, NHS GGC recognises the need to identify gaps in meeting basic quality criteria, and therefore supports as a matter of priority the development, review, approval and monitoring of clinical guidelines of the highest quality. The framework document has been formulated to outline the expected process for clinical guideline development, review, approval and monitoring across NHS GGC.
- 2.3 The accepted criteria for validity of guidelines have evolved from the essential elements of good guidelines identified by the US Institute of Medicine in 1990.¹ These recommended attributes of good clinical guidelines include validity, reliability, clinical applicability, clinical flexibility, clarity, multidisciplinary process, scheduled review, and documentation. The recommendations are underpinned by the twin themes of credibility and accountability. The link between a set of guidelines and the scientific evidence must be explicit. The Scottish Intercollegiate Guidelines Network (SIGN) original Criteria for Appraisal of Clinical Guidelines for National Use ² and the more recent AGREE (Appraisal of Guidelines, Research and Evaluation for Europe) guideline appraisal instrument ³ are based on these founding principles of guideline development.

3. Scope

- 3.1 NHS GGC Clinical Guideline Framework incorporates in its scope both medicine and non-medicine related clinical guidelines.
- 3.2 A central web based directory of approved clinical guidelines will be made available to staff in NHS GGC via the intranet. This will help to reduce potential duplication, support standardisation and review of clinical guidelines. This is titled the NHS GGC Clinical Guideline Electronic Resource Directory.

4. Purpose

- 4.1 NHS GGC Clinical Guideline Framework, the Policy for Addressing Clinical Governance Related Guidance ⁴, the Clinical Effectiveness Framework ⁵ and the Risk Management Strategy ⁶ directly underpin the delivery of the NHS GGC Clinical Governance Strategy & Framework ⁷ which documents the strategic aims and objectives to deliver patient-centred, safe, high quality and efficient health care services to our population.
- 4.2 NHS GGC Clinical Guideline Framework aims to ensure that NHS GGC clinical guidelines are developed and agreed, ensuring all key staff are involved and informed, and that the guidelines

reflect best practice. Furthermore the framework aims to ensure that clinical guidelines are kept under regular review and up to date, while also recognising that NHS GGC has a diverse population and our responsibilities are to comply with equalities legislation and take into account the needs of a diverse population. This framework proposes that an anti discriminatory approach to the development, review, approval and monitoring of clinical guidelines in line with requirements of the NHS GGC Equality Scheme (2010-2013) ⁸ is adopted.

4.3 Complying with the National Standards for Clinical Governance and Risk Management ⁹, published and monitored by NHS Quality Improvement Scotland (now Healthcare Improvement Scotland), is a corporate objective. Standard 1c4, contained within the clinical governance & risk management standards, specifies that organisations must have a system is in place to review, prioritise, implement and monitor national and local standards, guidance and policy.

5. NHS GGC Process for Clinical Guideline Development, Review and Approval & Posting

An overview of NHS GGC's process for clinical guideline development, review and approval and posting on the intranet is outlined in appendix 2.

6. Checklist for clinical guideline development, review and approval

- 6.1 A checklist for clinical guideline development, review and approval should be completed for each new clinical guideline. The checklist is included in appendix 3.
 - The lead author to complete sections A-E of the checklist and submit with the clinical guideline to the approving group for review
 - The approving group to review the clinical guideline against the criteria in section F of the checklist
 - 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

7. Principles of Development

- 7.1 NHS GGC clinical guidelines may be developed for one of the following:
 - NHS GGC wide
 - An individual operational entity, or groups of operational entities
 - An individual department or Directorate
- 7.2 Clinical guidelines should only be developed if required and are subject to approval by an appropriate approval group.
- 7.3 Clinical guidelines should only be developed for individual entities or departments in isolation, where they are exclusively relevant to that area.
- 7.4 NHS GGC clinical guidelines should conform to the principles outlined in the criteria in the AGREE (Appraisal of Guidelines, Research and Evaluation for Europe) guideline appraisal instrument ³ and the NHS GGC Policy Development Framework. ¹⁰
 - There is a need for a local clinical guideline
 - The overall objectives for the development of the clinical guideline are clearly described
 - The clinical question(s) covered by the clinical guideline are specifically described
 - The patients to whom the clinical guideline is meant to apply are specifically described
 - The title of the clinical guideline accurately reflects the content and scope of the guideline
 - The clinical guideline has clearly defined authorship
 - The development group includes all individuals from all the relevant professional groups
 - The target users of the clinical guideline are clearly defined
 - The potential cost implications of applying the recommendations have been considered

- The clinical guideline recommendations are specific and unambiguous
- The key recommendations are easily identifiable
- The implementation and evaluation plan have been considered
- The clinical guideline presents key review criteria for monitoring and or/audit purposes
- The clinical guideline contains a review date
- The clinical guideline is evidence based
- The clinical guideline has a clear rationale for change

8. Principles of Approval

8.1 A flow chart summarising the clinical guideline approval mechanism is included as appendix 4 and a list of clinical governance groups/committees contact details are included in appendix 5.

8.2 Clinical guidelines involving medicines

Only clinical guidelines that fulfil specific criteria will be presented to the Area Drugs and Therapeutics Committee (ADTC) for review and approval. Clinical guidelines fulfilling **one or more** of the following criteria should be referred for review and approval by the ADTC.

Criteria:

- 1. The clinical guideline has clinical implications for **multiple** directorates within Acute **and/or** is expected to be used across Acute **and** Primary Care
- 2. There are significant new cost implications beyond a single directorate and for CH(C)Ps
- 3. There are significant new service implications beyond a single directorate and for CH(C)Ps
- 4. The clinical guideline has been produced by a Managed Clinical Network
- 5. The clinical guideline includes non-formulary medicines
- 6. Clinical guidelines developed for new medicines specifically at the request of Area Drugs and Therapeutics Committee or its subcommittee.

All other NHS GGC medicines related clinical guidelines not fulfilling the above criteria should be reviewed and approved for use within the appropriate directorate/CH(C)Ps clinical governance structures.

Clinical guidelines which relate exclusively to an operational entity or groups of operational entities can be approved by the following groups (following assessment to ensure that they do not have wider implications):

- Acute only: Acute Services Clinical Governance Forum
- Mental Health only: Mental Health Clinical Governance Forum
- Across CH(C)Ps: Partnerships Clinical Governance Forum

8.2.1 Clinical guidelines for cancer medicines

- The West of Scotland Regional Cancer Advisory Group develops and approves a large number of clinical guidelines for the treatment of cancer. These guidelines are then issued to individual health boards for ratification. It is recognised that additional arrangements are required to ensure that these guidelines are reviewed and implemented appropriately within NHS GGC. A separate process has, therefore, been devised for guidelines relating to cancer medicines.
- Clinical guidelines for the use of chemotherapy and other adjunctive therapy in the management of cancer are generally developed and approved for use within the West of Scotland by the Regional Cancer Advisory Group/ Prescribing Advisory Subgroup (RCAG-PAG). Typically this is in response to national guidance but the initiative may also stem from a regional source e.g. via a Managed Clinical Network. In selected circumstances, clinical guidelines may also be developed locally within NHS GGC.

- All clinical guidelines developed by the RCAG-PAG in response to national (NICE/SMC) guidance will be referred directly to ADTC (via Formulary and New Drugs Subcommittee) for ratification and formulary management, via the established RCAG-PAG reports to ADTCs.
- Clinical guidelines which should be referred to the NHS GGC Cancer Medicines Group (CMG) for ratification include those originating from a regional or NHS GGC source
 - where one or more of the medicines is being prescribed 'off label'
 - where prescribing reflects 'custom & practice' and / or latest evidence base which is out with the Formulary
 - where the regional approach varies from national advice
 - The CMG will fulfil a 'governance role', ensuring that due process has been followed with the development of the guideline, rather than undertaking further clinical review of the guideline content
- Clinical guidelines which if implemented will result in significant service or cost implications should be referred to the Acute Services Prescribing Management Group (AS PMG) and if required to the Board Prescribing Management Group (PMG).
- Clinical guidelines that have significant implications for directorates out with Oncology or where there are significant implications for Primary Care should be referred to ADTC.

8.2.2 Clinical guidelines involving antimicrobial medicines

Antimicrobial guidelines which meet specific criteria will be reviewed by the Antimicrobial Utilisation (AUC) Subcommittee which will have devolved responsibility to approve these on behalf of the Area Drugs and Therapeutics Committee. On occasion, the AUC may request that guidelines which meet specific criteria are taken to ADTC for final ratification. Please refer to the Guidance on the Production and Approval of Guidelines / Protocols Involving Antimicrobial Medicines.

8.2.3 Inclusion of Clinical Guidelines in the NHS GGC Therapeutics Handbook

In some instances it may be appropriate for a clinical guideline to be included in the NHS GG&C Therapeutics Handbook (Therapeutics- A Handbook for Prescribers). The Handbook is intended to be a reference source for prescribers in Acute Hospitals within NHS GGC. It is intended for use by prescribers requiring prescribing advice in the acute clinical situation. All clinical guidelines included in the Handbook must be agreed for use across all acute sites within NHS GGC. Criteria for inclusion of clinical guidelines in the handbook are available from the The Prescribing Handbook Editorial Group. The Prescribing Handbook Editorial Group will review all guidelines for suitability before they are approved for inclusion.

8.2.4 Clinical Guidelines in Primary Care and Mental Health

Clinical guidelines that apply to Primary Care only may be approved by the Primary Care Prescribing Management Group. Guidelines specific to Mental Health services may be approved by the Mental Health Drugs and Therapeutics Committee.

8.2.5 All other NHS GGC medicines related clinical guidelines not fulfilling the above criteria should be reviewed and approved for use within the appropriate directorate/CH(C)Ps clinical governance structures.

8.3 Clinical guidelines not involving medicines

Only clinical guidelines that fulfil specific criteria will be presented to an appropriate board wide group for review and approval. Clinical guidelines fulfilling **one or more** of the following criteria should be referred for review and approval by an appropriate board wide group.

Criteria:

- 1. The clinical guideline has clinical implications for **multiple** directorates within Acute **and/or** is expected to be used across Acute **and** Primary Care.
- 2. There are significant new cost implications beyond a single directorate and for CH(C)Ps.
- 3. There are significant new service implications beyond a single directorate and for CH(C)Ps.
- 8.3.1 All other NHS GGC non medicines related clinical guidelines not fulfilling the above criteria should be reviewed and approved for use within the appropriate directorate/CH(C)Ps clinical governance structures.

Clinical guidelines which relate exclusively to an operational entity or groups of operational entities can be approved by the following groups (following assessment to ensure that they do not have wider implications):

- Acute only: Acute Services Clinical Governance Forum
- Mental Health only: Mental Health Clinical Governance Forum
- Across CH(C)Ps: Partnerships Clinical Governance Forum
- 8.3.2 Clinical guidelines which relate exclusively to an individual Department or Directorate/CH(C)P level can be approved by the relevant Departmental or Directorate/CH(C)P clinical governance committee/forum to which the clinical guideline applies (following assessment to ensure that they do not have wider implications).

9. NHS GGC Clinical Guideline Electronic Resource Directory

- 9.1 The NHS GGC Clinical Guideline Electronic Resource Directory provides a central location for staff to access clinical guidelines developed and approved for use within NHS GGC for both medicine and non medicine related clinical guidelines.
- 9.2 For those clinical guidelines which have been approved, a designated individual on behalf of the approving group forwards the clinical guideline to the Clinical Guidelines Administrator for posting on the NHS GGC Clinical Guideline Electronic Resource Directory.
- 9.3 There is an automated review process, initiated when the clinical guideline is posted on the directory. The lead author of the clinical guideline is responsible for the review of the clinical guideline and will receive automated emails to prompt a review to be undertaken 90 days prior to the review date specified. Should the review of a clinical guideline not be concluded prior to the expiry of the current review date then the approving group will be notified of the breach in the clinical guideline review date and to advise on the next steps to be taken.
- 9.4 An overview of the automated review and escalation process is outlined in appendices 6 & 7.

10. Roles and Responsibilities

- 10.1 Responsible Medical Director
 - Overall responsibility for the NHS GGC Clinical Guideline Framework
 - Ensure that the requirements of the NHS GGC Clinical Guidelines Framework are followed.

10.2 Lead Managers

- Author of the NHS GGC Clinical Guideline Framework
- Provide advice on the NHS GGC Clinical Guideline Framework
- Develop a communication and implementation plan for the framework
- Disseminate the framework as appropriate
- Ensure implementation of the framework, including the development of management systems to support
- Ongoing review of the framework and processes to ensure it remains fit for purpose
- Ensure that the framework is reviewed at the stated date

 Ensure a database of clinical guidelines is maintained and that the documents are readily accessible to all relevant staff

10.3 Directors and General Managers

- Ensure that the requirements of the NHS GGC Clinical Guidelines Framework are followed
- Ensure systems are in place to review and implement relevant approved clinical guidelines in their areas

10.4 Lead authors

- The lead authors of clinical guidelines should adhere to the principles outlined in section 7.4 of the NHS GGC Clinical Guideline Framework when developing clinical guidelines
- The lead authors to adhere to the principles contained within the NHS GGC Clinical Guideline Framework

10.5 Approving Groups

- Review the clinical guideline against the assessment criteria outlined in the checklist for clinical guideline development, review and approval (appendix 2)
- Ensure an appropriate implementation and communication process is in place for all approved clinical guidelines
- Forward the approved completed checklist and clinical guideline to the Clinical Guideline Administrator for posting on the NHS GGC Clinical Guideline Electronic Resource Directory email: <u>Clinical.Guidelines@ggc.scot.nhs.uk</u>

10.6 Line Managers

- Ensure clinical guidelines are accessible for all their staff, either in paper or electronic format
- Ensure staff have read and understood the clinical guidelines pertinent to their area
- Ensure systems exist to identify staff training needs on the implementation of new clinical guidelines

10.7 Employees

- All NHS GGC personnel should be aware that a framework exists for clinical guidelines
- All staff to refer to NHS GGC clinical guidelines when making decisions about appropriate and effective care for their patients.

11. Monitoring and Review

- 11.1 Clinical guideline development, review, approval and implementation will be monitored locally through the governance and management structures of each component part of the organisation; and organisation wide by the Clinical Governance Implementation Group. For all clinical guidelines approved for posting on the NHS GGC Clinical Guideline Electronic Resource Directory, a review and escalation process is automated. This is outlined in appendices 6 & 7.
- 11.2 Information on the development, review, approval and implementation of prioritised guidelines will be provided routinely at the Clinical Governance Groups/Forums meetings.
- 11.3 Clinical guidelines should be kept under continuous review particularly to reflect new evidence. More formal review should take place in line with timescales contained within the clinical guideline.
- 11.4 The component parts of the organisation will produce an annual report on clinical governance, which will include information on local guideline development & implementation and this will be submitted to the Clinical Governance Implementation Group.

12. Implementation

- 12.1 This framework will be made available to all staff in NHS GGC via the Intranet. All Executive leads and Senior Managers will be asked to cascade the framework through the normal communication mechanisms.
- 12.2 The NHS GGC Clinical Guideline Framework will be reviewed in February 2014.

13. References

- 1 Field M, Lohr K. Institute of Medicine Committee to Advise the Public Health Service on Clinical Practice Guidelines. Clinical practice guidelines: directions for a new program. Washington (DC): National Academy Press; 1990.
- 2 Scottish Intercollegiate Guidelines Network (1995) Clinical guidelines: criteria for appraisal for national use. Edinburgh
- **3** The AGREE Collaboration. The Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument. Available from url: http://www.agreetrust.org
- 4 NHS GGC (2007) Policy for Addressing Clinical Governance Related Guidance
- 5 NHS GGC (2007) Clinical Effectiveness Framework & Action Plan
- 6 NHS GGC (2007) Risk Management Strategy
- 7 NHS GGC (2006) Clinical Governance Strategy & Framework
- 8 NHS GGC (2010-2013) Equality Scheme
- **9** NHS Quality Improvement Scotland (2005) Clinical Governance & Risk Management Standards: Achieving safe, effective, patient focused care and services.
- 10 NHS GGC (2008) Policy Development Framework

Clinical Guidelines, Policies, Protocols, Procedures & Care Pathways

There are no definitive 'official' definition for clinical guidelines, policies, protocols, procedures and care pathways. This list has been compiled from information brought together from a number of online sources. This information is provided as a point of reference to support the labelling of decision making support tools.

Clinical Guidelines

- Clinical guidelines are evidence-based statement (or series of statements) used to assist clinicians in the decision-making process about appropriate treatment and care in specific circumstances. Clinical guidelines are not intended to replace clinical freedom; however they usually should be followed unless there is a good reason not to do so. Clinical guidelines often include algorithm/flow-charts if A happens do B; if X happens do Y and Z.
- Clinical guidelines are not the ultimate decision makers regarding a particular clinical procedure
 or treatment plan. This must be made by the practitioner in the light of each individual patient's
 condition, circumstances, and the diagnostic and treatment options available.
- What are clinical guidelines for?
 - Guidelines provide recommendations for effective practice in the management of clinical conditions where variations in practice are known to occur and where effective care may not be delivered uniformly throughout Scotland.
 - Guidelines can be used to develop standards to assess the clinical practice of health professionals.
 - Guidelines can be used in the education and training of health professionals.
 - Guidelines can help patients to make informed decisions, and improve communication between the patient and health professional.

Policy

- A policy is a guiding principle used to set direction in an organisation. It can be a course of action to guide and influence decisions. It should be used as a guide to decision making under a given set of circumstances within the framework of objectives, goals and management philosophies as determined by senior management.
- Policies are usually general statements about aims, intentions or an approach to a particular issue, which summarises an organisation's position on an issue, and is presented as a statement of intent or a plan of action.
- The purpose is often that a clear message is effectively conveyed with the appropriate information and knowledge throughout the organisation and to all relevant stakeholders.

Protocols

- Guidelines are often spoken interchangeably with protocols. Some clinicians take the view that protocols must be followed, whereas clinical guidelines are only there to advise and inform decision-making. However, it is doubtful whether in law this distinction is helpful or meaningful. Whether you call something a guideline or a protocol, if agreement has been reached that this document constitutes best practice, you should be able to justify any occasions when the protocol isn't followed, the same as for a clinical guideline.
- To direct clinicians along preferred treatment pathways by outlining detailed management plans for discrete clinical conditions judged amenable to stepwise decision making processes (flowcharts, algorithms).
- Detailed descriptions of the steps taken to deliver care or treatment to a patient and are sometimes called the "integrated care pathway".
- Medline definition: 'Precise and detailed plans for the study of a medical or biomedical problem and/or plans for a regimen of therapy'.

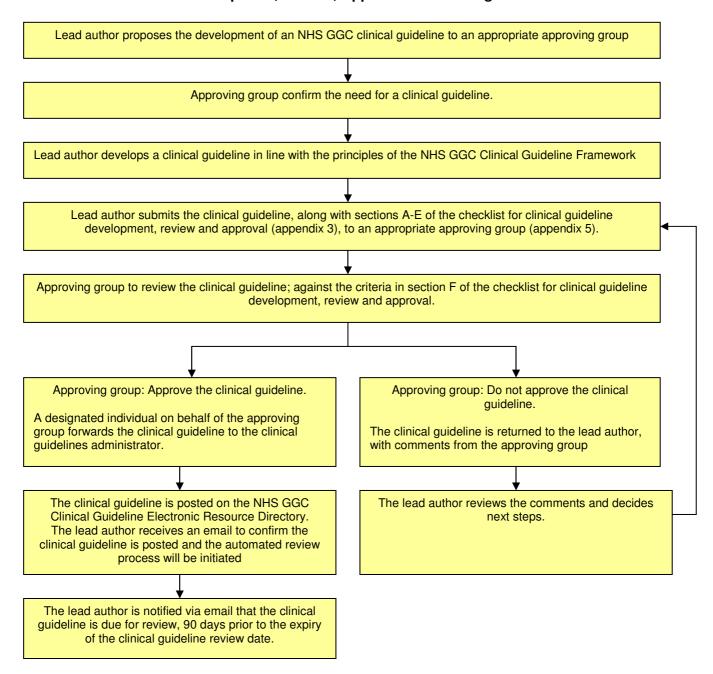
Procedure

A procedure is a standardised series of actions taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe, effective outcome.

Care Pathway (CP)

- Care pathways are multi-professional shared documents which follow a patient through a part (or all) of their journey from referral through to discharge. They are therefore best suited to routine, relatively predictable forms of surgery (e.g. hip replacement). Care pathways are another way of defining best practice in a given situation (and once again, if you don't follow the pathway, you need to justify your actions). They can be an effective way of bringing together standards and guidelines which may already exist into a user friendly and well-managed package.
- A simple clear plan of proposed clinical activities occurring within a defined timescale and developed by a multidisciplinary group expert in the treatment of patients for which the CP is written.

Clinical Guideline Development, Review, Approval and Posting on the Intranet Process



Checklist for clinical guideline development, review, approval and posting on intranet

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:
	The review date must not exceed 3 years from date of guideline development
Does the clinical guideline supersede/replace existing guideline?	If yes, please specify the title of the superseded/replaced clinical guideline:
Yes No No	
Lead author of the clinical guideline	
Name:	Department:
Designation:	Work address:
Email:	
Telephone number:	
Are there any declarations of interest? Yes \(\square\) No \(\square\)	If yes, please give details :
,	
SECTION B: CLINICAL GUIDELINE DEVELOPMENT	
Please specify the need for a clinical guideline (please tick all that apply)	Please specify who developed the clinical guideline i.e. name of committee/special
	interest group etc :
☐ To translate evidence into practice	
To support the provision of a high level of standardised health care	
☐ To reduce unacceptable or undesirable variations in clinical practice	
To support educational needs	
☐ To reduce costs	
To improve efficiency	
☐Other, please specify:	

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 3 Have all stakeholders been fully consulted? Yes ☐ No ☐ Are there implications for prescribing practices or resources in Primary Care? Yes No No If yes to question above, have GPs been consulted? Yes No Are there additional cost implications / service implications associated with the Yes No No introduction of the clinical guideline? If ves. please give details: Does the guideline include non-Formulary or unlicensed/ off label medicines? Yes No No Have you developed an implementation and evaluation plan for the clinical Yes No No If yes, please submit the implementation and evaluation plan with the completed auideline? 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: ☐ Royal College Midwives Royal College Of Physiatrists ☐ SIGN □NICE Royal College Nursing Royal College Of Physicians Royal College Anaesthetists British Society Of Neuro-endocrinology Royal College Of Radiologists British Society Of Rehabilitation Medicine ☐ British Society Of Audiology ☐ British Society Of Neuro-radiologists ☐ British Society Of Dermatologists Royal College Of Ophthalmologists British Society Of Rheumatology Royal College Speech And Language Therapist ☐ British Society Of Gastroenterology ☐ British Orthopaedic Association Royal College Of General Practitioners Royal College Paediatric And Child Health Royal College Of Surgeons ☐ British Society Of Haematology Royal College Of Pathologists British Society Of Urogynaecology ☐ British Society Of Immunology

Please detail the specific evidence base for the clinical guideline:

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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 quideline, 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. ☐ Anaesthesia Biochemistry Cardiovascular system Central nervous system ☐ Dental Ear, nose and oropharynx ☐ Endocrine system ☐ Eve Gastrointestinal system Immunological products and vaccines Haematology ☐ Infections Musculoskeletal and joint diseases Malignant disease and immunosuppression ☐ Mental Health ■ Neonatology Nutrition Obstetrics, gynaecology and urinary tract disorders Oral and Maxillofacial Paediatrics Pathology Palliative Respiratory system ☐ Renal Skin Urology Women's Health Other, please specify: SECTION E: AREAS OF CLINICAL GUIDELINE APPLICABILITY (PLEASE TICK ALL THAT APPLY) **Acute Services** All Acute **FCMS** S&A RAD RFG W&C DIAG Division П \Box Site specific All sites SGH VIC **NEW VIC** GRI STOB WIG GGH RHSC **IRH** RAH VOL П П П \Box \Box CHC(P)s All CH(C)Ps GC North East GC North West GC South Inverclyde Renfrewshire East West East Sector Sector Sector Renfrewshire Dunbartonshire Dunbartonshire Mental health

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

Please specify::

Please specify:

Individual

of quideline

department/practice

Other applicability

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	1	Has the author demonstrated a need for a local clinical guideline adequately?	Section B Guideline		
purpose	2	Are the overall objective(s) of the clinical guideline specifically described?	Guideline		
	3	Are the clinical question(s) covered by the clinical guideline specifically described?	Guideline		
	4	Are the patients to whom the clinical guideline is meant to apply specifically described?	Guideline		
	5	Does the title of the clinical guideline accurately reflect the content and scope of the guideline?	Guideline		
Stakeholder	6	Does the clinical guideline have clearly defined authorship?	Section A		
involvement	7	Did the clinical guideline development group include individuals from all the relevant professional groups?	Section B		
	8	Are the target users of the clinical guideline clearly defined?	Guideline		
Costs	9	Have the potential cost implications of applying the recommendations been considered?	Section B		
Clarify and	10	Are the clinical guideline recommendations specific and unambiguous?	Guideline		
presentation	11	Are the key recommendations easily identifiable?	Guideline		
Implementati on	12	Has the author provided an adequate implementation and evaluation plan?	Section B		
Review and	13	Does the clinical guideline present key review criteria for monitoring and or/audit purposes?	Guideline		
audit	14	Does the clinical guideline contain a review date?	Section A		

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		e assessment		, -		,

Approve clinical guideline	Approve clinical guideline with provisos or alterations	Clinical guideline not approved
(Please complete sections H and I of checklist)	(Please feedback outcome to lead author)	(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.u	ık
☐ 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,	

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

If you have any questions regarding this checklist or process, please contact Claire Dawson via e-mail or telephone 0141-201-5114

NHS GGC Clinical Guideline Approval Process

Clinical Guideline involving medicines

Clinical Guideline not involving medicines

Only clinical guidelines that fulfil specific criteria will be presented to the Area Drugs and Therapeutics Committee (ADTC) for review and approval.

Clinical guidelines fulfilling **one or more** of the following criteria should be referred for review and approval by ADTC.

Criteria:

- The clinical guideline has clinical implications for multiple directorates within Acute and/or is expected to be used across Acute and Primary Care.
- 2. There are significant new cost implications beyond a single directorate and for CH(C)Ps.
- 3. There are significant new service implications beyond a single directorate and for CH(C)Ps.
- 4. The clinical guideline has been produced by a Managed Clinical Network
- The clinical guideline includes non-formulary medicines.

Approval mechanisms for clinical guidelines for cancer medicines (see section 8.2.1)

Only clinical guidelines that fulfil specific criteria will be presented to an appropriate board wide group for review and approval.

Clinical guidelines fulfilling **one or more** of the following criteria should be referred for review and approval by an appropriate board wide group.

Criteria:

- The clinical guideline has clinical implications for multiple directorates within Acute and/or is expected to be used across Acute and Primary Care.
- There are significant new cost implications beyond a single directorate and for CH(C)Ps.
- 3. There are significant new service implications beyond a single directorate and for CH(C)Ps.

All other NHS GGC medicines and non medicines-related clinical guidelines not fulfilling the above criteria should be reviewed and approved for use within the appropriate directorate/CH(C)Ps clinical governance structures.

Clinical guidelines which relate exclusively to an operational entity or groups of operational entities can be approved by the following groups (following assessment to ensure that they do not have wider implications):

- Acute only: Acute Services Clinical Governance Forum
- Mental Health only: Mental Health Clinical Governance Forum
- Across CH(C)Ps: Partnerships Clinical Governance Forum

Clinical guidelines which relate exclusively to an individual Department or Directorate/CH(C)P level can be approved by the relevant Departmental or Directorate/CH(C)P clinical governance committee/forum to which the clinical guideline applies (following assessment to ensure that they do not have wider implications).

Where there is uncertainty about whether the clinical guideline fits the above criteria the guideline group may contact the Lead Pharmacist, Medicines Information Services or the Chair of ADTC Medicines Utilisation and Prescribing Education Subcommittee for specific advice.

Where there is uncertainty about whether the clinical guideline fits the above criteria the guideline group may contact the Clinical Effectiveness Manager for specific advice.

NHS GGC Clinical Guideline Approving Group Contacts

Key Group/Committee	Chair	Administration Support	Contact Details For Admin Support	Frequency of Meetings
NHS GG&C Clinical Governance Implementation Group	TBC	David McLure (Board Administration Secretariat Officer)	David.McLure@ggc.scot.nhs.uk	Bi Monthly
Area Drugs and Therapeutics Committee	Dr Jane Gravil (Consultant Physician, RAH)	Elizabeth Watt (Board Administration Secretariat Officer)	Elizabeth.Watt@ggc.scot.nhs.uk	Bi Monthly
NHS GG&C Policy & Development Group	Rosslyn Crocket (NHS GG&C Nurse Director)	Lorna Kelly, (Head of Policy)	Lorna.Kelly@ggc.scot.nhs.uk	Bi Monthly
NHS GG&C Infection Control Committee	TBC	Anne Lang (Personal Assistant)	Ann.Lang@ggc.scot.nhs.uk	Bi Monthly
Overarching Blood Transfusion Committee	Dr Anne Morrison (Consultant Haematologist, SGH)	Elaine Harrison (Transfusion Practitioner, Yorkhill)	Elaine.Harrison@ggc.scot.nhs.uk	Quarterly
Respiratory MCN	Graeme Marshall (General Practitioner)	Isobel Baxter (Respiratory MCN Coordinator)	Isobel.Baxter2@ggc.scot.nhs.uk	
Diabetes MCN	Andrew Gallagher (Consultant Diabetologist and endocrinologist)	Carsten Mandt (Diabetes MCN Coordinator)	Carsten.Mandt@ggc.scot.nhs.uk	
Heart Disease MCN	David Murdoch (Consultant Cardiologist)	Alan Foster (Heart Disease MCN Coordinator)	Alan.Foster@ggc.scot.nhs.uk	
Stroke MCN	Christine McAlpine (Consultant in Medicine for the Elderly)	Camilla Young (Stroke MCN Coordinator)	Camilla.Young@nhs.net	
Chronic Pain MCN	Colin Rae (Consultant in Anaesthesia and Pain Management)	Camilla Young (Chronic Pain MCN Coordinator)	Camilla.Young@nhs.net	
Hepatitis C MCN	Ray Fox (Consultant Physician, Emergency Care and Medical Services)	Schofield, Joe Hepatitis C Programme Manager	Joe.Schofield@ggc.scot.nhs.uk	
Safer Use of Medicines Committee	Gerard McKay (Consultant in Emergency Care and Medical Services)	LeeAnne Elliot (PA to Head of Clinical Governance)	LeeAnne.Elliott@ggc.scot.nhs.uk	Quarterly
Formulary and New Drugs Subcommittee	Graeme McPhee (Consultant in Care of the Elderly) Dr Gordon Forrest(General Practitioner)	Elizabeth Watt (Board Administration Secretariat Officer)	Elizabeth.Watt@ggc.scot.nhs.uk	Bi Monthly
Public Health and Tobacco Planning and Implementation Group	Dr Linda de Caestecker (Director of Public Health)	Linda McGerty (Public Health Team Administrator)	Linda.mcgerty@ggc.scot.nhs.uk	Bi Monthly
NHS GGC Dressing and Sundries Committee	Stephen Hickey (Consultant Anaesthetist)	Karen Carberry (Personal Assistant)	Karen.carberry@ggc.scot.nhs.uk	Quarterly
Therapeutics Subcommittee	TBC	Mandy Logan (PA/Non Medical Prescribing Coordinator)	Mandy.Logan@ggc.scot.nhs.uk	Bi Monthly

Key Group/Committee	Chair	Administration Support	Contact Details For Admin Support	Frequency of Meetings
Prescribing Management Group	Dr John Dickson (Associate Medical Director Surgery and Anaesthetics)	Scott Bryson (Lead for Pharmaceutical Public Health)	Scott.Bryson@ggc.scot.nhs.uk	
Medicines Utilisation Subcommittee	Janice Watt (interim chair) (Lead Pharmacist Medicines Information Services)	Elizabeth Watt (Board Administration Secretariat Officer)	Elizabeth.Watt@ggc.scot.nhs.uk	Bi Monthly
Antimicrobial Utilisation Committee	Dr Andrew Seaton (Consultant Physician, Brownlee Centre)	Karen Carberry (Personal Assistant)	Karen. Carberry@ggc.scot.nhs.uk	Quarterly
Acute Services Division Clinical Governance Forum	Dr David Stewart, Lead Director for Acute Medical Services	Paul Cannon (Head of Administration, Corporate Services)	Paul.Cannon@ggc.scot.nhs.uk	Bi Monthly
Acute Services Division Infection Control Committee	Dr David Stewart (Acute Services Division Medical Director)	Alisdair McNeish (Corporate Administration Officer)	Alasdair.McNeish@ggc.scot.nhs.uk	Bi Monthly
Acute Services Prescribing Management Group	Rachel Green (Associate Medical Director, Diagnostics)	Spencer Green (Pharmacist, RAH)	Spencer.green@ggc.scot.nhs.uk	Bi Monthly
Surgery & Anaesthetics Clinical Governance Committee	lan Finlay (Associate Medical Director)	Claire Giusti (Personal Assistant)	Claire.Giusti@ggc.scot.nhs.uk	Quarterly
Level B Theatre & Anaesthetics Clinical Governance Subcommittee	Nick Pace (Consultant Anaesthetist)	One of the General Medical Secretaries		Quarterly
General Surgery, Urology and Endoscopy Clinical Governance Subcommittee	Graeme Sunderland (Consultant)	Ashley McQuarrie (Personal Assistant)	Ashley.McQuarrie@ggc.scot.nhs.uk	Quarterly
Ophthalmology Clinical Governance Subcommittee	Donald Montgomery (Consultant Ophthalmologist)	No admin support at present		Quarterly
Women & Children's Clinical Governance Forum	Jim Beattie (Associate Medical Director)	Janice Hackett (Personal Assistant)	Janice.Hackett2@ggc.scot.nhs.uk	Bi Monthly
Emergency Care & Medical Services Clinical Governance Forum	David Stewart (Associate Medical Director)	Mary Louden (Personal Assistant)	Mary.Louden@ggc.scot.nhs.uk	Bi Monthly
Regional Services Clinical Governance Board	Stuart Rodger (Associate Medical Director)	Nichola Markey (Personal Assistant)	Nichola.Markey@ggc.scot.nhs.uk	Quarterly
Rehabilitation and Assessment Clinical Governance Committee	Margaret Roberts (Associate Medical Director)	Mary Louden (Personal Assistant)	Mary.Louden@ggc.scot.nhs.uk	Bi Monthly
Diagnostics Clinical Governance Committee	Rachel Green (Associate Medical Director)	Louise Smith (Personal Assistant)	Louise.Smith2@ggc.scot.nhs.uk	Bi Monthly
Department of Clinical Physics and Bio- engineering and Medical Illustration Clinical Governance Subgroup	Antoinette Parr (Diagnostics General Manager)	Noreen Sheerin (Personal Assistant)	Noreen.Sheerin@ggc.scot.nhs.uk	Bi Monthly
Laboratories Heads of Service Group	Dr Craig Williams (Clinical Director)	Linda Halliday (Personal Assistant)	Linda.Halliday@ggc.scot.nhs.uk	Monthly
Diagnostics Imaging Service Clinical Governance Subgroup	Margaret Sherwood (Diagnostics Assistant General Manager)	Jeanette Eadon (Personal Assistant)	Jeanette.Eadon@ggc.scot.nhs.uk	Bi Monthly
Women and Children's Drug and Therapeutic Committee	To be confirmed In the interim contact Jim Beattie (W& C Associate Medical Director)	To be confirmed		
Glasgow City North East Clinical Governance Forum	Dr. Paul Ryan (Clinical Director)	Paula Marshall (Management Administrator)	Paula.Marshall@ggc.scot.nhs.uk	Bi Monthly

Key Group/Committee	Chair	Administration Support	Contact Details For Admin Support	Frequency of Meetings
Glasgow City North West Clinical Governance Committee	Dr John Nugent (Clinical Director)	Alasdair Buchanan (Care Governance Coordinator)	Alasdair.Buchanan@ggc.scot.nhs.uk	Bi Monthly
Glasgow City South Clinical Governance Forum	Dr. Kenneth O'Neill, (Clinical Director)	Natalia Hedo (Administrator)	Natalia.Hedo@ggc.scot.nhs.uk	6 weekly
Inverclyde Clinical Governance Group	Lawrence Bidwell (Clinical Director)	Catriona Williams (Senior Secretarial Administrator)	Catriona.Williams@ggc.scot.nhs.uk	Bi Monthly
Renfrewshire Clinical Governance Forum	Dr Chris Johnstone (General Practitioner)	Elaine McNally (Senior Secretarial Administrator)	Elaine.McNally@ggc.scot.nhs.uk	Quarterly
East Renfrewshire Clinical Governance Forum	Jessica Murray (Non Executive Board Member)	Eamonn Daly (Democratic Service Manager)	Eamonn.daly@eastrenfrewshire.gov.uk	Bi Monthly
West Dunbartonshire Clinical Governance Forum	Dr Kevin Fellows (Clinical Director)	Irene McKenzie (Personal Assistant)	Irene.McKenzie@ggc.scot.nhs.uk	Bi Monthly
East Dunbartonshire Clinical Governance Group	Dr Malcolm Campbell (Associate Clinical Director)	Andrew Millar (Clinical Effectiveness Coordinator)	Andrew.Millar@ggc.scot.nhs.uk	Bi Monthly
Specialist Children's Services Governance Executive Committee	Julie Metcalfe (Clinical Director)	Anne Law (Business Manger)	Anne.law@ggc.scot.nhs.uk	Bi -Monthly
Oral Health Clinical Governance Committee	Ray McAndrew (Associate Medical Directory Dental)	Linda Armstrong (Clinical Governance Officer)	Linda.Armstrong@ggc.scot.nhs.uk	Quarterly
Learning Disability Clinical Governance Committee	Lindsay McNair (Professional Lead for LD Psychology)	Sharon Ovenden (Clinical Governance Facilitator)	Sharon.Ovenden@ggc.scot.nhs.uk	Bi Monthly
Sandyford Initiative Central Governance Group	Dr Andy Winter (Consultant Physician in Genitourinary Medicine and HIV, Joint Clinical Director)	Frances Doherty (Personal Assistant)	frances.doherty@nhs.net	Quarterly
Mental Health Clinical Governance Forum	Dr Michael Smith (Medical Director Mental Health Partnership) Mari Brannigan (Nurse Director Mental Health Partnership)	Colin MacLachlan (Care Governance Business Manager)	Colin.MacLachlan@ggc.scot.nhs.uk	Bi Monthly
Mental Health Prescribing Management Group	Dr Jacqui Anderson (Consultant in Mental Health)	Paul Davies (Prescribing Management Pharmacist ,Mental Health)	Paul.Davies2@ggc.scot.nhs.uk	Bi Monthly
Older Peoples Clinical Governance Operational Group (Mental Health)	Graham Jackson (Associate Medical Director)	Doreen McGuinness (Personal Assistant)	Doreen.McGuinness@ggc.scot.nhs.uk	Bi monthly
Addictions Care Governance Committee	John Mitchell (Consultant Liaison Psychiatrist)	Madihah Iqbal (Administrative Assistant)	Madihah.lqbal2@ggc.scot.nhs.uk	6 Weekly
Partnership Clinical Governance Forum	Dr Paul Ryan (North Glasgow CHCP Clinical Director)	Ivy Murray (Clinical Governance Support Unit Office Administrator)	Ivy.Murray@ggc.scot.nhs.uk	Bi Monthly
Primary Care Prescribing Management Group	Richard Groden (Clinical Director East Glasgow CHCP)	Susan Donnelly (Prescribing Administrator)	Susan.Donnelly2@ggc.scot.nhs.uk	Monthly (4 th Thurs)

NHS GGC Clinical Guideline Review Process for Clinical Guidelines Contained within the Clinical Guideline Electronic Resource Directory

Auto email received by the Lead Author and a task is assigned to review the clinical guideline The Lead Author to determine the level of review required for the clinical guideline by Literature searching Distribute clinical guideline to clinical experts for a view To take cognisance of new evidence or developments in the field Clinical guideline content does Clinical guideline content does Clinical guideline content does not require updating require updating. Changes are to require updating. Changes are to be made. For example be made. For example Changes to contact details Have interventions (whether diagnostic or treatment) been Updates to hyperlinks superseded or replaced by other Reformatting, ordering Lead Author to reset the review interventions. Minimal changes to text period on the clinical guideline • Has new evidence altered the word document and complete the relation between benefits and assigned task. harm? Have outcomes not considered at the time of the original guideline become important or have outcomes considered important now become unimportant. Lead Author to forward the updated clinical guideline word document to the Clinical Guideline Clinical guideline to be developed Administrator to be posted on the in line with the NHS GGC Clinical Lead Author to reset the review Guideline Framework and subject NHS GGC Clinical Guideline period on the clinical guideline to, the development, review and Electronic Resource Directory. word document and complete the approval process. assigned task. Lead Author to complete Sections Lead Author will receive an email A-E of the checklist for clinical confirming the clinical guideline guideline development, review Lead Author to forward the has been posted on the NHS and approval (appendix 3) and updated clinical guideline word GGC Clinical Guideline Electronic submit the clinical guideline word document to the Clinical Guideline Resource Directory and the document and the checklist to an Administrator to be posted on the automated review process will be appropriate approving group NHS GGC Clinical Guideline initiated. (appendix 5). Electronic Resource Directory. The Approving Group will either: Approve the clinical guideline Approved guidelines will be forwarded by a designated individual on behalf of the Lead Author will receive an email Approving Group to the confirming the Clinical Guideline Clinical Guidelines has been posted on the NHS Administrator to be posted GGC Clinical Guideline Electronic on the NHS GGC Clinical Resource Directory and the Guideline Electronic automated review process will be Resource Directory. initiated. - Not approve the clinical guideline Not approved clinical guidelines will be returned to the Lead Author by the Approving Group with their

comments.

NHS GGC Clinical Guideline Electronic Resource Directory Review and Escalation Flowchart

