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| **GUIDELINE TITLE**  |  |
| 1. **TAM CLINICAL GOVERNANCE CHECKLIST**
 |
| **LEAD REVIEWER(S)***Name, job title, email.* |  |
| **RESPONSIBLE DEPARTMENT**  |  |
| *Guidance should not be developed where appropriate guidance already exists.***CROSS CHECK LOCAL AND NATIONAL GUIDANCE** |
| **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/guidance |
| **DOES THIS DUPLICATE / REPLICATE EXISTING NHS HIGHLAND GUIDANCE?**  | **YES****[ ]  NO [ ]** *If YES, provide link to guidance for it to be removed* |
| **STATE DEPARTMENTS / SECTORS IMPACTED BY THIS GUIDANCE.** *Eg, Community Nursing, ITR, Radiology. If affects GP workload, go to GP sub.* *Add rows as needed* | **DEPARTMENT IMPACTED**  | **HAVE THEY BEEN CONSULTED WITH?** |
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| **STATE MULTIDISCIPLINARY INVOLVEMENT.** *Name, job title.* *Put NA for not applicable**Add rows as needed* | **MEDICAL** |  |
| **NURSING** |  |
| **PHARMACY** |  |
| **AHP** |  |
| **PRIMARY CARE** |  |
| **SECONDARY CARE** |  |
| **SOCIAL CARE** |  |
| **A&B** |  |
| **HHSCP** |  |
| **LAY REP** |  |
| **OTHER** |  |
| **PROVIDE EVIDENCE BASE** |  |
| **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 |
| **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)* |
| **STATE POTENTIAL RESOURCE IMPLICATIONS BY APPLYING THIS GUIDANCE.** | *How will these be met?*  |
| **WHAT IS THE DISSEMINATION PLAN?** |  |
| **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)*.*  |
| 1. **TAM GUIDELINE TEMPLATE***Complete relevant sections. Where information is not required state NA.*
 |
| **INTRODUCTION** *(Eg, if relevant: condition, incidence, presentation, assessment, diagnosis, prognosis)* |
|  |
| **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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| **MONITORING REQUIREMENTS:**  |
| Check that your recommendations match: [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 |
| **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)*  |
|  |
| **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/)*)*  |
|  |
| **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/)*)* |
|  |
| **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. |
|  |
| **STATE KEY SEARCH TERMS** *(To enable the guidance to be found on-line. Eg, condition, body system, treatment)* |
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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 **[ ]**  |
| ***TAM use only*** |
| **VERSION NO** |  | **TAM ID** |  |

**\*Note on Flowcharts:**

Flowcharts are copied as an image and uploaded onto the TAM template.

* Flowcharts are to flow vertically downward with vertical and horizontal arrows only.
* Be NO larger than what can be snipped in one snip using the snipping tool.

If they cannot be captured in one snip, then consider splitting the content into more than one flowchart.

* Links cannot be included within flowcharts. Refer to them in the flowchart and provide a list of linked resources separately.
* Provide a list of any abbreviations used in the flowchart.
* Visio is flowchart software that is supported by MS365

If the above cannot be complied with, consider alternative ways of presenting the information or discuss with the TAM team: nhsh.tam@nhs.scot