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| --- | --- |
| 1. **Guideline Title and Version No:**
 |  |
| 1. **Lead Reviewer(s):** *Name, job title, email.*
 |  |
| 1. **Department / Working Group responsible for the guidance:**
 |  |
| 1. **State multidisciplinary involvement:** *Eg:* *medical, nursing, pharmacy, AHP, Primary & Secondary Care, A&B & HHSCP and Lay Rep*
 |  |
| 1. **Are any departments / sectors impacted by this guidance?** *Eg: GP (seek advice from GP sub), Community Nursing, ITR)*
 | **YES****[ ]  NO [ ]**  *If YES, which?***Have you collaborated with that department?** **YES****[ ]  NO [ ]**  *Add details in point 4.* |
| 1. **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 |
| 1. **Guidance SHOULD NOT be developed where appropriate guidance already exists.** **Cross check LOCAL and NATIONAL guidance:**
 |
| **Local** | **National** | **Point of care resource** | **Other health board** |
|  |
| **[ ]** [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 |
| 1. **Does this duplicate/replace existing NHS Highland guidance?**
 | **YES****[ ]  NO [ ]**  *If YES, which?* |
| 1. **Provide evidence base to support guidance:**
 |  |
| 1. **Is there a tool included that can be termed a medical device?** *Eg a calculator*
 | **YES****[ ]  NO [ ]** *All Medical Devices must be CE marked prior to use.* |
| 1. **What is the dissemination plan?**
 |  |
| 1. **State the potential resource implications and how these will be met:**
 |  |
| 1. **Will this have a major impact in any of the groups listed?**
 | * 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)*. Further info:* [*A Guide to Person Centred Planning*](http://intranet.nhsh.scot.nhs.uk/Staff/EqualityAndDiversity/EqualityImpactAssessment/Documents/Equality%20impact%20assessment%20guidance.docx)*.*  |
| 1. **State key search terms:** *Eg: condition, body system, treatment*
 |  |
| 1. **Date:**
 |  | 1. **Review period:***Max 3 years.*
 |  |
| 1. **Departmental sign-off:** *eg, Clinical Lead.State: name, job title and email.*
 |  |
| Confirm that you approve the submission of the guidance to TAM **[ ]**  |
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