|  |  |  |  |
| --- | --- | --- | --- |
| 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 | | | |
|  | | | |