

CLINICAL PATHWAY/GUIDELINE/SCP APPROVAL CHECKLIST

Please note: All questions on the checklist are mandatory for the purpose of ratification of the submitted guideline/protocol/policy and must be completed in full including comments.

SECTION 1: GENERAL INFORMATION ABOUT CLINICAL PATHWAY/GUIDELINE

Document title:

Does this Clinical Pathway/Guideline/Document supersede or replace an existing one?

Yes: No:

If 'Yes' provide the name of the pathway/guideline being replaced below:

IDENTIFICATION OF NEED	YES	NO	EVIDENCE/COMMENTS
Why has this guidance been developed?	Provide Details		
Has the need/requirement for this guidance been established by the NY&Y APC?			
Is the need/requirement for this guidance responding to a Patient Safety Alert, NICE guidance, other national best practice, external agency report, Serious Incident or other? If update of existing guidelines re-establish need for guideline.			
Has this guidance been supported at the specialities in both HDFT and YSFT?			
IMPLEMENTATION AND COMMUNICATION			
Explain how the guidance will be communicated and implemented	Provide Details		
AUDIT AND MONITORING			
Please describe how this guidance will be monitored for compliance	Provide Details		
RISK/BENEFIT AND COST/BENEFIT	YES	NO	EVIDENCE/COMMENTS
Is there a description of the health (or other) benefits anticipated as a result of the implementation of this guidance?			
Is there a description of the possible harm or risk that may result from implementation?			

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Are there financial and resource implications of guidance implementation?			
Does this guidance have implications for primary care?			
If yes, who was it discussed with in primary care?	Provide Details		
Are any individuals involved in other interests (financial or otherwise), one of which could possibly affect the motivation or decision-making?			
Evidence search: Has the search strategy been recorded?			
REVIEWS	EVIDENCE/COMMENTS		
Who will be responsible for future review of the guidance? (usually the lead author)	Provide Details		
CHECKLIST COMPLETED BY	Date		
Insert Name	Provide Details		
Resubmission Date			

SECTION 2: WORKING GROUP MEMBERSHIP

Lead Author:

Details of working/development group

Name	Job title	Organisation

SECTION 3: CONSULTATION PROCESS

Details of Consultation

(min NY&Y MMT, YFT and HDFT to be consulted – comments received see appendix)

Name	Job title	Organisation

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SECTION 4: CHECKLIST

Note that the sources recommended to be checked are not exhaustive. Depending on the subject of the document, there may be other resources that would be useful to check. These should be recorded appropriately.

Criteria	Tick	Comments
Checked against the relevant sections of the electronic BNF and /or BNFC?	<input type="checkbox"/>	
Checked against the relevant Summary of Product Characteristics?	<input type="checkbox"/>	
Checked for any related drug safety warnings?	<input type="checkbox"/>	
Checked against relevant NICE guidelines and Technology Appraisals? If so, state which:	<input type="checkbox"/>	
Checked against decisions from other national bodies e.g. SMC, AWMSG, etc.	<input type="checkbox"/>	
Relevant and comprehensive search of primary literature using Embase and Medline if appropriate?	<input type="checkbox"/>	
Other relevant sources checked e.g. professional society websites? If so, state which:	<input type="checkbox"/>	
Includes all relevant clinical information (See NHSE guidance and RMOC for minimum information required for a shared care guideline)	<input type="checkbox"/>	
Checked whether the recommendations are consistent with local formulary? If not, highlight any discrepancies	<input type="checkbox"/>	
The text in the document can be verified from the references?	<input type="checkbox"/>	
All hyperlinks in the document are working?	<input type="checkbox"/>	
The text has been checked for: a) typographical errors (the spell check facility should be used) b) grammatical errors c) clarity d) good flow of English e) accessibility, font size, spacing, colour	<input type="checkbox"/>	
Consultation Comments reviewed, incorporated and checked against evidence where necessary	<input type="checkbox"/>	
1st checker:		Date checked:
Final checker (pharmacist):		Date checked: