Buckinghamshire Healthcare NHS Trust

206FM.9.2 CLINICAL GUIDELINES: WRITING, UPDATING AND APPROVAL PROCESSES
Target Audience: All clinical staff within BHT

Glossary

ASC	Antimicrobial Stewardship Committee
CED	Clinical Effectiveness Department
CCG	Clinical Commissioning Group
CGS	Clinical Guidelines Subgroup
CGT	Clinical Guidelines Team
DH	Department of Health
EqIA	Equality Impact Assessment
FMG	Formulary Management Group
MHRA	Medicines and Healthcare Products Regulatory Agency
MMSC	Medicines Management Subcommittee (medicines CCG meeting)
NICE	National Institute for Health and Care Excellence
RCOG	Royal College of Obstetricians and Gynaecologists
SDU	Service Delivery Unit
SIGN	Scottish Intercollegiate Guidelines Network
VTE	Venous Thromboembolism
VTEC	Venous Thromboembolism Committee

Need help?
The CGT, based in the CED, is responsible for maintaining the clinical guidelines and publishing them on the Trust intranet, ensuring they are in Trust format and have been through the correct approval processes. The team can be contacted for advice about the overall process at any stage. Phone Amersham Hospital (130) 4976 or email susan.felix@.nhs.net.

1. Definition

A clinical guideline is a systematically developed statement to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances (Royal College of Physicians). The Trust Clinical Guidelines set standards that reference best practice based upon the best available evidence which includes NICE guidance, DH guidance, guidance from official specialist bodies and Royal College reports.

2. Introduction

This document gives information and guidance on developing a new guideline, updating an existing guideline, approval processes, timeframes involved and related information. It does not cover the processes for Policies, Strategies, Standard Operating Procedures and Patient Information Leaflets. (See Production, Approval, Registration and Implementation of Trust-wide Strategies and Policies and Guidelines for Producing Patient Information.)

3. Developing a New or Reviewing an Existing Guideline

3.1. Responsibilities of the Author/Reviewer

3.1.1. General points

a. Before writing a new guideline:
   - Consider if national/professional information/guidance is available to base the guideline upon, e.g. from NICE, the Royal Colleges, etc.
   - Is the information already available? Check current Trust clinical guidelines.
   - Can the information available be added to/adapted rather than producing another guideline or can it be cross-referenced to?
   - Will there be an effect on current guidelines, i.e. do related guidelines need updating for consistency, or withdrawn as superceded?

b. When reviewing an existing clinical guideline, check for new or updated guidance published since the last review that should be considered and/or referenced. If references have been significantly updated this should trigger a revision of the guideline by the author.

c. The Clinical Outreach Librarian Service, based at Stoke Mandeville Hospital, can help with literature searches – see section 12 for contact details.

d. If a guideline is not adopting a recommendation from a national document, professional body, etc. it should be noted in the guideline and minuted at the SDU governance meeting where the guideline is to be approved.

e. The Trust clinical guidelines template is available on the intranet. The checklists in appendix 1 can be used as quick references guide and the flowchart in appendix 2 gives an overview of the process.

f. To ensure that the most recent version is being updated, the reviewer should request a Word version of the current guideline to edit from the CGT. PDF files of Trust guidelines converted to Word should not be used as it affects the formatting.

g. A guideline should be succinct, clear and no longer than is necessary to give the information required.

h. When writing the guideline, the author(s) should keep in mind the target audience and where the guideline will be used to ensure that it is clearly understood and used appropriately. The target audience should be specified in the title section of the guideline.

i. Use positive statements where possible, e.g. rather than do not use …., state what should be used.

j. When writing or updating a clinical guideline, remember there may be open access to the document by the general public, e.g. clinical guidelines uploaded to the Buckinghamshire Formulary are available on the internet, or by request.

k. The needs of people from all equality groups, and general health and safety issues must be considered. The process for doing so is an EqIA - see Section 5 Equality Impact Assessments. A guideline must not contain anything that is unlawful, e.g. that discriminates against people by reason of race, age, gender, sexual orientation, disability, religion or belief, or that is in breach of their human rights. It should also not contain anything that might be perceived as offensive or disrespectful, e.g. in relation to culture or nationality.

l. If a guideline is required to be published urgently, e.g. in response to an alert or clinical incident, then the CGT should be informed as soon as possible giving the reason and deadlines. The guideline will then be prioritised accordingly within the CED and uploaded as soon as possible.

m. The lead author/reviewer is responsible for the guideline and should answer promptly any queries raised about it. All suggested changes to a guideline should be sent back to the lead author for comment and inclusion/adjustment.

3.1.2. Who should be involved?

a. During guideline development, representatives from all specialties included in the guideline must be involved. This includes Pharmacy and Microbiology to check appropriate medicine and antimicrobial use, GPs (via MMSC) and community-based services where they are involved in the process described. It is the responsibility of all contributors to respond in a timely manner and adhere to any timeframe as specified by the lead author.

b. Guidelines may be developed for use in both primary and secondary care; these must be agreed and approved by both providers. If a guideline requires action by GPs or primary care input, email the draft guideline to bucks.mmt@nhs.net. The covering email should state that this is for GP comments at MMSC.

c. The pharmacist team will consult with GPs using the MMSC or GP locality forums, as appropriate, and feedback comments to the person responsible for writing the guideline.

3.1.3. How should it be presented?

Use the Trust clinical guidelines template.

a. A guideline can be presented in a variety of ways such as text, flowcharts/algorithms, tables and bulleted lists. It can include diagrams, charts, forms or pictures.

b. Abbreviations and acronyms should be used with care. The term should be written out in full, in the first instance, with the acronym in brackets. The acronym can then be used once it has been explained.

c. When specifying drug doses, these should be given in full according to BNF prescription guidance and not abbreviated. Route and duration should also be specified. More detailed information can be found in Appendix 1B Checklist of Standards for Medicine Components in Clinical Guidelines (produced by Clinical Guidelines Subgroup).

d. Units should be given for measurements, e.g. haemoglobin values, body weight.

e. Inclusion of other documents:
   - Prescription charts, care plans, observation charts can be added as appendices for information but these must be approved by the Health Records Committee as they form part of the patient record.
   - Patient information leaflets should not be included if available on the Trust website. If needed for reference then a hyperlink can be added.
   - Do not embed documents within a guideline; they must be included in full, cross-referenced or hyperlinked to if available on the intranet or internet.
   - Documents that are protected by copyright, and where permission has not been granted to reproduce them, e.g. articles from journals, DH guidance, information from other Trusts, should not be included as part of a guideline. They can be given either as references or as a hyperlink to the article, if is it available on the Internet. The Clinical Outreach Librarian Service can help find relevant evidence based articles to support clinical guidelines and provide links to full texts where required – see section 12 for contact details. If using hyperlinks, ensure that the full reference is described as well, so that it can be identified if the link fails to work.

f. All references must be listed at the end of the guideline, should be up to date at the time of writing the guideline.

g. Cross-references to other relevant Trust guidelines should be given, where appropriate, at the end of the guideline. These will be hyperlinked to the guidelines on the intranet by the CGT, if not already done.

h. If a clinical guideline is to be uploaded to the Guidelines App, then consider if the whole guideline should be available, just certain sections uploaded as free text or both and inform the CGT.

3.1.4. What next?

a. The first draft of a guideline can be submitted to the CGT for formatting, prior to being circulated for comment.

b. When circulating a draft guideline for comment, it is vital to maintain strict version control. The following format is recommended: **title_latest draft no._date.** This reduces the risk of old versions being worked on and recent changes being lost. Using the Track Changes tool is a helpful way to monitor amendments to documents, who has made them and when.

c. Whilst it is still a working document and subject to change, the comments must be sent to the lead author for co-ordination. The CGT is not able to co-ordinate contributor comments.

d. A guideline must be approved by the SDU/department authoring it, as a minimum. See Section 4 Clinical Guideline Approval.

e. Once a guideline has been approved for use then it should be sent to the CGT in an editable format, i.e. ideally a Word document but PowerPoint, Excel and Publisher files are acceptable. Amendments to guidelines may be necessary following proof reading by the CGT or at the request of other contributors or committees, e.g. CGS. Any suggested changes by CGT will be sent to the lead author(s) for comment and approval.

f. The following essential information must be provided by the lead author/reviewer with the guideline, before it is uploaded to the intranet:
   - Title of guideline
   - Target audience
   - Meetings where the guideline has been approved with dates
   - Author(s)
   - SDU(s)/Department(s) responsible for updating guideline
   - Effective date*
   - Review date*

   This information is given in the governance box usually found at the end of every clinical guideline.

   * The effective and review dates will be allocated by the CGT if not supplied. The standard effective date is the month/year the guideline is uploaded to the intranet. The standard review date is 3 years from that date. N.B. Short review dates can be allocated to avoid delays in publishing if, for example, a guideline is finalised but changes are expected soon.

g. A list of keywords should be supplied with the guideline by the author. Keywords are words and recognised abbreviations that can be used in the search box on the intranet to find a particular guideline. Some relevant keywords may not be included within the text of the guideline and these words may be apparent only to clinical staff. Such words should be provided with the guideline to ensure the effectiveness of the intranet search.

3.2. Responsibilities of the Clinical Guidelines Team

a. On receipt of a clinical guideline the CGT will:
   - Acknowledge receipt and advise if any further approvals are required.
   - Register it on the clinical guidelines database.
   - Prioritise the guideline as requested. If not stated as urgent or high priority, guidelines are worked on in order of date received.
   - Allocate a guideline number for a new guideline and the version number for this will be 1. The version number will change incrementally each time the guideline is reviewed whether or not the content of the guideline has changed.
   - Format the guideline, as necessary, following set standards to keep the appearance consistent and recognisable.
   - Proof read the guideline. All formatting changes/corrections are double checked within the team. Changes made to the guideline by the team must be agreed with the author.

b. Queries may be raised by the CGT as part of the formatting/checking process. These will be emailed to the author and/or person who submitted the guideline.

c. If the guideline has antimicrobial/medicine content, the CGT will submit the guideline to the ASC/CGS for approval; information on anticoagulants will be checked by lead clinician for VTE on behalf of VTEC. If approvals are required by other committees/groups then the guideline will be emailed to the author to submit.

d. Once any queries are resolved and/or the guideline has been approved by other committees as required, the CGT will upload the guideline to the intranet.

e. The final Word and PDF versions are saved electronically in the CED. This version should be requested from the CGT for any future updates.

4. Clinical Guideline Approval

4.1. All clinical guidelines (new, reviewed and updated) should be approved by an appropriate governance meeting within the Trust.

4.2. It is the responsibility of the lead author to ensure that all appropriate approval is sought and to submit the guidelines to meetings as required. As a guide (consult the CGT for advice):

- Where one SDU/department is responsible for a guideline then it should be approved at the governance meeting for that SDU/department.
- Where two or three SDUs have input into a guideline then it should be approved at governance meetings for each SDUs involved.
- Where a division or multiple SDUs within a division is/are responsible for a guideline then it should be approved at Divisional Board.
- Where a guideline covers nursing practice Trust-wide then the approval body should be the Nursing, Midwifery and Therapy Professional Board.
- Clinical policies require approval by the Trust-wide Policy and Strategy Group followed by the Executive Management Committee.
- A joint primary/secondary care guideline should also be approved by the CCG by the MMSC. It meets monthly and papers are required a minimum of 6 working days prior to the meeting. This approval needs to be prior to CGS submission. Email the guideline to bucks.mmt@nhs.net with a covering note explaining what you require. A cover sheet is required but may be able to be formulated from the email if enough information is provided.
- If a guideline has medicine content then further approval is required, see section 4.3.

N.B. Some committees/groups request cover sheets to be completed and attendance at the meeting by the author or representative may be necessary. This will be clarified at the time the clinical guideline is submitted or contact details for the relevant committee will be provided if known.

4.2. Clinical Guidelines Subgroup and Antimicrobial Stewardship Committee

CGS and ASC are subgroups of the Drug and Therapeutics Committee. The CGT will submit clinical guidelines to CGS and ASC where it is required.

- CGS checks and approves clinical guidelines/patient information leaflets/integrated care pathways/charts that contain references to drugs and drug dosages. CGS meets monthly and meeting dates, contact information and process document can be found under Clinical Guidelines/Clinical Guidelines Subgroup on the intranet. See also Appendix 1B Checklist of Standards for Medicine Components in Clinical Guidelines. If during the review it is identified that additional consultation/approval is required, i.e. with another SDU or GP, or clarifications/amendments are required, then the author will be contacted. Guidelines including information on anticoagulation will be sent to lead clinician for VTE for checking by the CGT, as part of the CGS process.
- ASC checks and approves clinical guidelines that contain details of antimicrobials and meets five times a year.

5. Equality Impact Assessments (EqIA)

EqIAs assess the impact of Trust documents, including clinical guidelines, on equal opportunities and protected equality groups.

Any policy, strategy, guideline, service or organisational change should take into account the legal requirements for involvement and engagement of patients in line with the NHS Act (2012) and the NHS Constitution. This could be both from the perspective of developing the guideline as well as the content.

The authors of clinical guidelines must demonstrate that the Trust is acting fairly, that the service provided reaches all the communities it is meant for and meets their needs. They must also ensure that the same professional standards are being applied in every situation.

More details about EqIAs, guidance and the form can be found on the on the intranet.

6. Amendments to Recently Published Clinical Guidelines

6.1. Occasionally a clinical guideline may need a minor amendment which is recognised soon after publishing it on the intranet. It may be that a sentence needs rewording for clarity, an addition/deletion is needed or there is an error in the content.

6.2. Details of the amendment, how quickly it needs to be completed and who has authorised it should be sent to the CGT. The lead author should be notified if the amendment has not been requested by them.

6.3. The guideline does not necessarily need to go through the whole approval process again. However, if the amendment is to a medicine then the clinical guideline will need to be discussed or noted at the next available CGS meeting.

6.4. Amendments are recorded on the clinical guidelines database and an issue number is added to the guideline number to show that it has been amended, i.e. the number will change from 99.2 to 99.2.1.

7. Clinical Guidelines due for Review

7.1. It is the responsibility of all SDUs/departments to be aware of all their clinical guidelines and to ensure that they are kept up to date, allowing sufficient time for reviews to take place.

7.2. Any guideline can be reviewed before its due date. It is the responsibility of all SDUs/departments to ensure their existing guidelines are reviewed in light of new evidence, e.g. guidelines from NICE, RCOG, SIGN, drug safety alerts from MHRA, or changes to services.

7.3. Lists of clinical guidelines, by division and subdivided by SDU, are produced regularly by the CGT, and emailed to the Divisional: Chairs, Directors and Chief Nurses, SDU leads plus other key people. The lists are RAG rated and progress of reviews is also given where known:
Red = out of date
Amber = in date, under review
Green = in date

N.B. A clinical guideline will continue to show as red until the updated version is uploaded to the intranet.

7.4. A prompt for clinical guidelines coming up for review is included in the monthly Clinical Guidelines Bulletin. N.B. Individual requests for guidelines to be reviewed are emailed as an exception. This is due to the number of guidelines available on the intranet and the difficulties encountered contacting the original authors.

7.5. Extensions to review dates can be arranged with the CGT to allow the clinical guideline review to be completed without the guideline becoming out of date. The extension should not be longer than 12 months.

8. Withdrawing Clinical Guidelines

8.1. A guideline can be temporarily removed from the intranet whilst it is updated, if the content is incorrect and/or unsafe. A deadline for completing the update should be agreed between the author and the CGT.

8.2. A guideline can be withdrawn from the intranet if it is no longer required or has been incorporated into another guideline, at the request of the relevant SDU/Department.

9. Timeframes

The table below is a guide and outlines the time taken from receipt of the clinical guideline by the CGT to when it is uploaded to the intranet. Timeframes given are the maximum and will be affected by other factors, e.g. the length and complexity of the guideline, how much formatting is required, the number of queries raised and the time it takes to receive a response, if further approvals required, staffing levels and workload. These need to be taken into consideration when planning a new or updating an existing guideline.

If a clinical guideline is urgent or high priority, it must be flagged to the CGT, as soon as possible, to enable the timeframes given below to work effectively.

For guidelines not requiring further approvals:	
Standard timeframe	Within 6 weeks from date of receipt
High priority	The guideline will be uploaded on the date specified
Urgent	By the next working day
Guidelines approved by Clinical Guidelines Subgroup with no follow up actions:	
Standard timeframe	Within 2 weeks of meeting
High priority	The guideline will be uploaded on the date specified
Urgent	By the next working day, after the meeting
Amendments to recently published guidelines:	
Standard timeframe	Within 1 week from date of receipt
High priority	The guideline will be uploaded on the date specified
Urgent	By the next working day

10. Dissemination of Clinical Guidelines

Junior doctors are given information about accessing clinical guidelines when they join the Trust on induction day. Divisional and SDU leads/consultants and managers have responsibility to disseminate new and updated clinical guidelines to their staff, in particular junior doctors.

Clinical guidelines can be accessed via the Trust intranet; selected guidelines are also available via the Buckinghamshire Formulary and RxGuidelines (App and desktop icon).

N.B. Downloaded PDF files of Trust clinical guidelines should not be kept on computer hard drives or shared network drives and printed copies should not be stored, as they are controlled documents and may be updated at any time online. It is the responsibility of the person accessing a guideline to ensure that they are using the most up to date version.

10.1. Trust Intranet (Swanlive)

10.1.1. Only the CGT uploads to and maintain the Clinical Guidelines section of the intranet.

10.1.2. All guidelines and policies with clinical content are uploaded to the intranet under Policies and Guidelines/Clinical Guidelines. Non-clinical guidelines, procedures and policies should be uploaded to other appropriate pages on the intranet.

10.1.3. Only approved final versions of clinical guidelines will be uploaded to the intranet and not drafts.

10.1.4. Indexes, the clinical guidelines template, monthly bulletins and information about Clinical Guidelines Subgroup are also available in the Clinical Guidelines section of the intranet.

10.1.5. If access to a clinical guideline is required from another section of the intranet, e.g. a departmental page, then a hyperlink to the guideline should be installed. This avoids duplication of

information on the intranet and ensures that information is current (i.e. prevents old versions/more than one version of a guideline being available on the Intranet at any one time).

10.2. Guidelines App (RxGuidelines)

The App is divided into sectors and only approved final versions of clinical guidelines will be uploaded. Guidelines can be uploaded as PDFs or free text. The following sectors are available for BHT:

A&E, Anaesthesia, Antimicrobial, Cardiology, Dermatology, Dermatology, Endocrinology, and Diabetes, Gastroenterology, General Medicine, General Surgery, Haematology, Multi-specialty (includes laboratories, pharmacy and safeguarding), Neurological Conditions (including stroke), Obs and Gynae, Oncology (including haematology), Ophthalmology/ENT, Paediatrics/Neonates, Palliative Care, Plastics & Burns, Radiology, Rheumatology, Respiratory, Sexual Health, Spinal, Trauma and Orthopaedics, Urology. Information on how to download the App is available on the intranet.

10.3. Buckinghamshire Formulary (Netformulary)

Selected guidelines with medicine content are uploaded to the Buckinghamshire Formulary (guideline numbers denoted with FM). The chosen guidelines are usually applicable to both primary and secondary care. The formulary is available on the internet, and so can be accessed from outside the Trust, as well as via a hyperlink on the front page of the intranet. Guidelines to be uploaded to the Formulary are identified by CGS.

10.4. Clinical Guidelines Bulletin

A Clinical Guidelines Bulletin is produced monthly by the CGT, which lists new, reviewed, updated, amended and withdrawn guidelines plus clinical guidelines coming up for review, is distributed via all user email and published on the intranet.

10.5. CD-ROM

A CD-ROM of the clinical guidelines is available in the nursing library and renewed quarterly.

11. Archiving

Current versions of clinical guidelines are archived when:

- The subsequent approved reviewed version is published on the intranet (whether changes have been made to the content or not).
- Withdrawn from use.

Archived versions are held in the CED and kept for 21 years[1]. The titles of clinical guidelines that have been withdrawn along with the date of removal from the intranet are also recorded on the clinical guidelines database.

12. Useful Contacts

CGT: susan.felix@nhs.net Guidelines Facilitator karen.batten2@nhs.net Guidelines Administrator	Clinical Effectiveness Department Trust Offices Amersham Hospital	01494 734976
Clinical Outreach Librarian Service bht.clinicallibrarians@nhs.net	Wilfred Stokes Library, Postgraduate Centre, Stoke Mandeville Hospital	01296 315427
Policies, Strategies and Patient Information Leaflets: Regulatory Compliance Administrator kelly.shaw3@nhs.net	Healthcare Governance Stoke Mandeville Hospital	01296 318193
Medicines Resource Centre Bucks.medicinesresourcecentre@nhs.net	Pharmacy, Wycombe Hospital	01494 425355

References

1. Records Management Code of Practice for Health and Social Care. Information Governance Alliance July 2016.

Appendices

Appendix 1A: Clinical Guidelines Checklist
Appendix 1B: Checklist of Standards for Medicine Components in Clinical Guidelines
Appendix 2: Flow Chart for Creating a Clinical Guideline

See also:

Buckinghamshire Formulary
BNF – Guidance on Prescribing/Prescription Writing
Swanlive: Clinical Guidelines/Clinical Guidelines Subgroup

Buckinghamshire Joint Formulary Policy (Annexe 3 of the Medicines Policy)
Equality Impact Assessments
Guidelines for Producing Patient Information
How to Download the Clinical Guidelines App (RxGuidelines)
Production, Approval, Registration and Implementation of Trust-wide Strategies and Policies

Title of Guideline	Clinical Guidelines: Writing, Updating and Approval Processes
Guideline Number	206FM
Version	9.2
Effective Date	June 2017
Review Date	May 2022 (Review date extension approved by Clinical Guidelines Group 20th April 2021)
Amended	July 2018 and September 2020
Original Version Produced	June 2005
Approvals:	
Clinical Guidelines Subgroup	16th March 2017
Drug and Therapeutics Committee	24th May 2017
Divisional Operations Committee	26th June 2017
Author/s/Reviewers	Susan Felix, Guidelines Facilitator Breda Cronnolly, Medicines Optimisation/Interface Pharmacist Maire Stapleton, Formulary Manager
SDU(s)/Department(s) responsible for updating the guideline	Clinical Effectiveness
Uploaded to Intranet	30th June 2017, 11th July 2018, 21st April, 8th September 2020, 24th November 2020 and 21st April 2021
Buckinghamshire Healthcare NHS Trust	

Appendix 1A: Clinical Guidelines Checklist

Title of guideline:

IMPORTANT POINTS TO REMEMBER BEFORE YOU START WORK ON A GUIDELINE:

- Check the latest national/professional guidance.
- If a new guideline, use the clinical guidelines template available on the intranet.
- If updating an existing guideline, first obtain the master copy of the current version.*
- Obtain copies of all related local guidelines pertaining to the guideline you are writing.*
- Complete the Governance Box at the end of the guideline. Add in the names of authors, committees expected to approve/that have approved the guideline plus dates.
- Use tracked changes and version control, to reduce the risk of recent changes being lost.

*Contact the Guidelines Facilitator, Clinical Effectiveness Department (01494 734976) or email susan.felix@buckshealthcare.nhs.uk), for copies of templates and existing guidelines plus help and advice.

No.	Standard	Std met?
1	Why is the guideline needed/what is its purpose?	
2	All guidelines must have a target audience specified, i.e. who is the guideline aimed at?	
3	If the guideline covers patient treatment, is it clear: • Who the patient group is? • Where they will be treated? • Who will treat them?	
4	If other specialties/departments are involved, have they been consulted and given agreement?	
5	If medicines are included: • Has the content been checked by the lead pharmacist for the Division or Medicines Information? • Have the Standards for Medicine Components in Clinical Guidelines been followed?	
6	If primary care is involved, the guideline will need to be seen and approved by the relevant committee(s) within AV and Chiltern CCGs. Email it to bucks.mmt@nhs.net prior to submission to Clinical Guidelines Subgroup (CGS). Include enough information in the covering email for a cover sheet to be written on your behalf.	
7	Is the guideline written in plain English and easy to understand/follow?	
8	Are any abbreviations written in full in the first instance?	
9	Have units been added to any measurements and are they correct?	
10	Is the guideline evidence-based? Demonstrate evidence base for the guideline by referencing the most current professional guidance, e.g. NICE, SIGN, RCOG, MHRA, Patient Safety Alert for NHS England (NPSA) and Royal Marsden Manual and Clinical Skills Training for nursing guidelines.	
11	Is the guideline referenced? References should be listed in a recognised format, e.g. Harvard. Where information has been accessed via a website, the date the information was accessed should be given.	
12	Has all relevant NICE guidance been considered? • If yes, is it referenced? • If there is deviation from reference sources then this should be detailed in the guideline.	
13	Related clinical guidelines: • Have these been taken into consideration? • Are they cross-referenced?	
14	Related patient information leaflets, PGDs, clinical policies, ICPs, NICE high cost drug compliance forms should be included as cross-references/ appendices where appropriate.	
14	Has an Equality Impact Assessment been completed?	
15	Has the guideline been approved by the SDU/Department Governance committee (or other appropriate approval body)?** Is this recorded in the governance box?	
16	Submit the guideline as a Word file to the Clinical Guidelines Team for formatting and uploading to the intranet (plus other platforms as agreed, e.g. Netformulary, Guidelines App).** If approval is required from CGS, the guideline will be submitted at this stage.	

**Some guidelines require further approval by other committees. The Guidelines Facilitator can advise and supply details of committees/submission in some instances.

Appendix 1B: Checklist of Standards for Medicine Components in Clinical Guidelines

Title of guideline:		
	Standard - Involve the lead pharmacist if possible. Advice is available from Medicines Information on 01494 425355 or email mi.pharmacy@buckshealthcare.nhs.uk	**Std met?**
Compliance	Complies with Medicines Policy / Injectables Policy as applicable.	
	Where medicine use differs between sites, practice should be standardised.	
	All clinical guidelines containing antimicrobials are checked and approved by Antimicrobial Stewardship Committee (ASC).	
	All clinical guidelines containing anticoagulants are checked and approved by the Haematology consultant and Lead Pharmacist for Anticoagulation.	
Medicines	All medicines are listed on the Buckinghamshire Formulary and are used in accordance with their formulary restrictions including the traffic light list.	
	If a medicine has been approved for use by FMG pending a guideline, the wording in the guideline should be in accordance with the FMG minutes.	
	Non-formulary medicines may be included in a guideline subject to them being identified as non-formulary and only if deemed clinically appropriate.	
	Where more than one treatment option is described, the place in therapy of each option in relation to another is clearly defined, e.g. first choice, second choice, etc.	
	When information on a medicine is updated in one guideline, this must be updated in all other relevant guidelines.	
	When a NICE/high cost drug compliance form is needed to verify compliance with NICE or locally agreed criteria, this should be referred to.	
	All medicines are described by generic name using approved (rINN) names.	
	For combination products or modified release products, BNF guidance is followed. As far as possible, brand names are avoided, unless clinically appropriate.	
	All indications include the dose, dose range (where appropriate), form, e.g. tablet (where appropriate), route(s) of administration and duration of treatment. For algorithms, these details may be provided separately within the guideline. Where a choice of route is stated, the dose for each route is specified.	
	The Trust Injectables Guide should be cross-referenced in clinical guidelines for administration information regarding injectable medicines.	
	A dosage table based upon average patient requirements is prepared where a dose or dose volume calculation is required in order to assist calculation. This will reduce risk of errors by reducing reliance upon individuals' ability to perform calculations.	
	Any other information on a medicine is in agreement with the BNF / BNFc or SPC.	
	Licensed products should be used in preference to unlicensed products, unless authorised by FMG.	
	All unlicensed products or licensed products used for unlicensed indications or routes of administration are identified.	
Licensed status	1. Reference(s) are provided when a licensed product is used for an unlicensed indication, route or dose.	
	2. Links to the Trust Unlicensed Medicines Policy and Policy for Consent to Examination or Treatment are included.	
	3. The unnecessary use of decimal points should be avoided (3 mg not 3.0 mg).	
	4. Numbers and units should be separated by a space (as per BNF), i.e. 2 mg rather than 2mg.	
How to write medicines	1. Quantities of 1 gram or more should be written as 1 g, etc.	
	2. Quantities of less than 1 gram should be written in mg, e.g. 500 mg not 0.5 g.	
	3. Quantities of less than 1 mg should be written in micrograms, e.g. 500 micrograms not 0.5 mg.	
	4. When decimals are unavoidable, a zero should be written in front of the decimal point, e.g. 0.5 ml not .5 ml.	
	5. Use of the decimal point is acceptable to express a range, e.g. 0.5 to 1 g.	
	6. Micrograms, nanograms and units should not be abbreviated.	
	7. Litres should not be abbreviated	
	8. Dose and dose interval should be stated; in the case of medicines to be taken 'as required' a minimum dose interval should be specified.	
	9. Dose interval to be written as appropriate to the setting where it is being prescribed.	

	10. Where a dose range is specified, the use of a '-'should have a space either side, to ensure maximum clarity, e.g. '3 – 5 mg'.	
	11. Directions should preferably be in English without abbreviations. If Latin abbreviations are used, these should be from those included in the back cover of the BNF.	
	12. Demonstrate that consideration has been given to all NICE guidance and other professional guidance and have been included where appropriate.	
	13. Ensure compliance with NICE TAs and Quality Standards.	
NICE	If there is deviation from reference sources then this should be detailed in the guideline.	

Appendix 2: Flow Chart for Creating a Clinical Guideline