**Standard Letter for Health Protection Guidance**



**TO:** Chair, Health Protection Advisory Committee – Infectious Diseases (HPAC-ID)

**FROM:** [INSERT DETAILS]

**RE:** ***Standards for submitted Health Protection Guidance***

**DATE:**  [INSERT DATE]

Please find enclosed standards for submitted Health Protection Guidance.

[**INSERT NAME OF OUTPUT FOR REVIEW**]

**Clarity of scope and purpose**

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| --- | --- | --- |
| **QUESTION(s)** | **YES** | **NO** |
| The decision-making approach relating to type of output required (policy, procedure, protocol, guideline), coverage of the output (national, regional, local) and applicable settings are described.  |[ ] [ ]
| The overall objective(s) of the output are specifically described.  |[ ] [ ]
| The clinical question(s) covered by the output are specifically described. |[ ] [ ]
| The target users and the population/patient group to whom the output is meant to apply are specifically described.  |[ ] [ ]
| The potential for improved health is described (e.g. clinical effectiveness, patient safety, quality improvement, health outcomes, quality of life, quality of care).  |[ ] [ ]
| The scope of the output is clearly described, specifying what is included and what lies outside the scope of the output.  |[ ] [ ]

**Governance model**

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| --- | --- | --- |
| **QUESTION(s)** | **YES** | **NO** |
| Formal governance arrangements for clinical practice guidance at local, regional and national level are established and documented.  |[ ] [ ]
| Conflict of interest statements from all members of the guidance development group are documented, with a description of mitigating actions if relevant.  |[ ] [ ]
| The guidance has been reviewed by independent experts prior to publication. (as required, complex CPGs).  |[ ] [ ]

**Communications**

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| **QUESTION(s)** | **YES** | **NO** |
| A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.  |[ ] [ ]
| Plan and procedure for dissemination of the CPG is described.  |[ ] [ ]

**Service user and stakeholder involvement**

|  |  |  |
| --- | --- | --- |
| **QUESTION(s)** | **YES** | **NO** |
| Stakeholder identification and involvement: The EAG/GDG/SIG includes individuals from all relevant stakeholders, staff and professional groups.  |[ ] [ ]
| Output is informed by the identified needs and priorities of service users and stakeholders.  |[ ] [ ]
| The views and preferences of the target population have been sought and taken into consideration (as required).  |[ ] [ ]
| There is service user/lay representation on EAG/GDG/SIG (as required). |[ ] [ ]

**Evidence-based**

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| **QUESTION(s)** | **YES** | **NO** |
| Systematic methods used to search for evidence are documented (for output(s) which are adapted/adopted from international guidance, their methodology is appraised and documented).  |[ ] [ ]
| Critical appraisal/analysis of evidence using validated tools is documented (the strengths, limitations and methodological quality of the body of evidence are clearly described).  |[ ] [ ]
| The health benefits, side effects and risks have been considered and documented in formulating the output.  |[ ] [ ]
| There is an explicit link between the output and the supporting evidence.  |[ ] [ ]
| The guidance/recommendations are specific and unambiguous.  |[ ] [ ]
| A systematic literature review and Health Technology Assessment (HTA) has been undertaken (as required, complex outputs).  |[ ] [ ]

**Knowledge management**

|  |  |  |
| --- | --- | --- |
| **QUESTION(s)** | **YES** | **NO** |
| The output will be easily accessible by all users e.g. CPG repository.  |[ ] [ ]
| Documented process for version control is provided.  |[ ] [ ]
| Copyright and permissions are sought and documented.  |[ ] [ ]

**Resource implications**

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| --- | --- | --- |
| **QUESTION(s)** | **YES** | **NO** |
| The potential resource implications of developing and implementing the output are identified e.g. equipment, education & training, staff time and research.  |[ ] [ ]
| Synergies are maximised across departments/organisations to avoid duplication and to optimise value for money and use of staff time and expertise.  |[ ] [ ]
| Budget impact analysis is documented (as required, complex outputs).  |[ ] [ ]
| Literature review of cost effectiveness is documented (as required, complex outputs).  |[ ] [ ]

**Planning and implementation**

|  |  |  |
| --- | --- | --- |
| **QUESTION(s)** | **YES** | **NO** |
| Written implementation plan is provided with timelines, identification of responsible persons/ units and integration into service planning process.  |[ ] [ ]
| Barriers and facilitators for implementation are identified and aligned with implementation levers.  |[ ] [ ]
| Information and support are available for staff on the development of evidence-based output.  |[ ] [ ]
| There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated patient care.  |[ ] [ ]
| Education and training are provided for staff on the development and implementation of evidence-based output (as required, complex outputs).  |[ ] [ ]

**Audit, monitoring, review & evaluation process**

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| **QUESTION(s)** | **YES** | **NO** |
| Process for monitoring and continuous improvement is documented.  |[ ] [ ]
| Process for evaluation of implementation and clinical effectiveness is specified.  |[ ] [ ]
| Audit criteria and audit process/plan are specified.  |[ ] [ ]
| Documented process for revisions/updating and review, including timeframe is provided. |[ ] [ ]

Yours sincerely,

**Chair, Expert Advisory Group (EAG)/Guideline Development Group (GDG)/Special Interest Group (SIG)**