**Standard Letter for Health Protection Guidance**

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**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**

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| **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**

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| **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**

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| **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)**