

Mental Health Services Clinical Policy & Guideline Process

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Responsible Director:	Lead Associate Medical Director
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Mental Health Services Clinical Policy & Guidelines Process

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
		NHS GG&C Mental Health Policy Approach	
1.0		MHS 05 Clinical Policy & Guidelines Process Ver 1 (2014-2017)	C Sellar
2.0		<p>Updated the format and layout, Refined and updated the definitions Updated the MH Approving groups Revised Roles & Responsibilities Approvals process updated Updated development process and included standards Added process for Medicine Related Guidance Updated communication and dissemination section Added guidance for consultations Added section for access and storage Reviewed and updated appendices</p> <ul style="list-style-type: none"> • SLWG Guidance added • Revised and updated PM1 • Revised consultation & comments matrix, added specific groups required for comment • New implementation plan • Revised Policy & Guideline template • Added Policy and Guidelines Storage and distribution diagram 	F Downie C Sellar

Mental Health Clinical Policy & Guideline Process

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1. Working Group/Review

Prior to the review of this policy commencing a number of administrative process improvements were tested to support, inform and expedite the formal policy review process

- F Downie - Integrated Operations Manager, West Dunbartonshire HSCP
- C Sellar - Mental Health Services Clinical Policy Manager

2. Introduction

This document describes the process within Mental Health Services to ensure that we comply with good governance practice in the development, review and distribution of Clinical Policies and Guidelines within the Mental Health and Associated services “NHS Greater Glasgow & Clyde Policy Development Framework” & “NHS GG&C Guideline Development Framework”.

This will ensure that within Mental Health services we have a clear approach linked to the Mental Health Governance system to the initiation, development, consultation, approval and dissemination/communication of clinical policy and guidelines.

The following definitions are applied:

Policy	Statement of intent, describing the approach or course of action the organisation is taking in respect of a particular issue
Clinical Guidelines	Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances
Strategy	Long term plan setting out the organisation’s major objectives and broad actions to achieve them
Procedure	Detailed steps taken to fulfill a policy
Care Pathway (CP)	A simple clear plan of proposed clinical activities occurring within a defined timescale and developed by a multidisciplinary group of expert in the treatment of patients for which the CP is written
MHS Medicine Related Guidance	Short, simple instructional guidance related to the prescription, supply or administration of medicines within the Mental Health Service

3. Scope

This process applies to all clinical policy and guideline development and review within NHS GG&C Mental Health Adult and Older Adult Services, Learning Disabilities, Primary Care Mental Health, Addictions, Specialist Services & Forensic Services.

4. Roles & Responsibilities – Within Mental Health

Responsible Directors

- Ensure that the practice detailed within the MHS Clinical Policy & Guidelines Process meets the needs of the service.
- Ensure that the requirements of the NHS GG&C Guideline Development Framework are followed.
- Ensure that the Mental Health Policy Management Process is in place and adhered to.

Policy Manager Mental Health

- To manage the requests for development of new clinical policy or guidance on behalf of the responsible directors.
- Ensure that scheduled reviews of each clinical policy or guideline are carried out at the stated times.
- Ensure that the requirements for consultation, review of evidence, impact assessment & document format meet the criteria laid out within the NHS GG&C Policy Development Framework & NHS GG&C Guideline Development Framework.
- Assist with the development of a communication & implementation plan for each policy or guidance.
- Provide advice to lead authors on the Mental Health clinical policy or guideline development, review and approvals process (Appendix 1 - SLWG Guidance).
- Disseminate the clinical policy or guideline as appropriate through the Heads of Service/General Management structures.
- Ensure that all new/reviewed Mental Health clinical policies or guidance are placed on the intranet (NHS GG&C Policy, MHS Clinical Policy & Guidelines page & GGC Guidelines Resource).
- Co-ordinates and support the clinical policy and guideline reviews.
- To provide support and guidance to the lead author and short life working groups for the review or development of each policy

Head of Administration (Mental Health)

- Ensure that the system for the placement of all new and reviewed policy on the NHS GG&C Policy Manual is followed.

Heads of Service/General Managers/Service Managers

- Ensure that a system is in place to implement approved clinical policies and guidelines within their areas.
- Ensure that a system is in place to identify staff training needs prior to the implementation of new or updated clinical policies or guidelines.
- Ensure that a system is in place to record the dissemination and implementation of policies (see Appendix 2) for the direct reports within their area of responsibility using the PM1& PM2 – Appendix 2a & 2b forms

Senior Charge Nurse/Team Lead/ Department Manager

- Ensure that clinical policies and guidelines are accessible to all staff within their area.
- Ensure that staff within their area have received the policies and that staff have read and understood the clinical policies and guidance (PM1&2 – Appendix 2a & 2b).
- Ensure that superseded or outdated clinical policies or guidelines available in paper format within their area are removed from circulation as they are renewed/superseded.
- Ensure that any practice change required within their area is rolled out and that staff are made aware of their role in the process

Employees

- All staff must ensure that their practice is in line with the current clinical policies and guidelines relevant to their area.

Approving Groups

All clinical policies and guidelines within the Mental Health Service must be approved through the Mental Health Quality & Clinical Governance Group. However due to the practicalities and number of medication related policy/guidance this type of policy will be initially ratified by either the Mental Health Prescribing Management Group (MH PMG) or Mental Health Safer Use of Medicine Group (MH SUM) in conjunction with the Mental Health Area Drugs and Therapeutics Committee.

Approval of Clinical Guidelines specific to Mental Health services may be approved by the Mental Health Drugs and Therapeutics Committee. From the Guidelines Development Framework groups which can approve guidelines are:

Learning Disability Clinical Governance Committee Julie Fitzpatrick (Professional Nurse Advisor for Learning Disabilities)
Addictions Care Governance Committee Saket Priyadarshi, (Associate Medical Director)
Mental Health Prescribing Management Group Dr Jacqui Anderson (Consultant in Mental Health)
Older Peoples Clinical Governance Operational Group (Mental Health) Elizabeth Quinn (Associate Medical Director)
Mental Health Clinical Governance Forum Dr Michael Smith (Lead Associate Medical Director Mental Health) Linda Hall (Lead Professional Nurse Advisor Mental Health Services)
Mental Health Drugs & Therapeutics Committee Dr Alex Thom, (Consultant in Mental Health)

The decision regarding any clinical policy/guidance approved by these groups will be communicated to the Mental Health Quality & Clinical Governance Group and then once final approval is given by the Group, distributed via the MH Policy Manager and published on the Mental Health Clinical Policy and Guidelines page and on the NHS GG&C Policy Manual or GGC Guidelines Resource as appropriate.

5. Clinical Policy & Guideline Development Process within Mental Health Services

Clinical Policies/Guidelines may be developed by the Mental Health Service for:

- NHS Greater Glasgow & Clyde. (following consultation with Acute Services Division)
- The Mental Health Service.
- Specific Services within Mental Health.

Within Mental Health Services the Clinical Policies & Guidance development process will be divided into the main steps below:

- Permission to develop the policy or guidance from one of the responsible directors/senior managers is given and communicated to the MHS Quality and Care Governance Group.
- All clinical policy will follow these standards

1. Be evidence based
 2. Have a clear rationale for change
 3. Be based on robust information about the affected group of staff or patients and the likely impact.
 4. Be clear about the scope
 5. Include wide consultation and engagement with affected parties or organisations. This should include representatives from all operational entities affected by the policy, strategy or procedure, and those responsible for implementation, as well as wider stakeholders where appropriate, e.g. patients, voluntary organisations, staff partnership groups.
 6. Be based on any available assessment of existing policy and systems and the likely impact of the proposed new policy, strategy or procedure.
 7. Meet the requirements set out in this document in relation to format and style, consultation, approvals process, dissemination, implementation planning and review
 8. Able to be monitored and evaluated
- Additional guidance regarding the process and estimated timescales is set out in Appendix 3 Clinical Policy and Guideline Flow Chart.
 - All guidelines will follow the standards for development laid down in the NHS GG&C Guideline Development Framework
 - The approval process for Mental Health Services is followed.

6. Mental Health Medicine Related Guidance

Medicine Related Guidance (MRG) is usually short, simple instructional guidance related to the prescription, supply or administration of medicines within the Mental Health Service.

The guidance or short instructional document will only be developed by one of four groups:

1. Mental Health Pharmacy
2. Mental Health Drugs and Therapeutics Committee (MH D&T)
3. Mental Health Prescribing Management Group (MH PMG)
4. Mental Health Safer Use of Medicines (MH SUM)

Due to the sometimes emergency nature of this type of guidance strict adherence to this process would be inappropriate and could cause unnecessary delay in informing staff of a potential hazard. In the event of medicine related guidance being required in such an emergency situation it will normally be the responsibility of the pharmacy department. The guidance will be developed, quality assured and distributed by the pharmacy department.

Once completed the emergency guidance will be distributed as quickly as possible to the areas or individuals who require to put this information into practice. The new guidance will then be submitted for discussion/retrospective approval at the next MH PMG, MH SUM or MH D&T group meeting.

Once approved an electronic copy of the Medicine Related Guidance will be placed on the MRG section of the MHS Clinical Policy & Guidelines page of the intranet. The guidance will be available to all areas of the Mental Health Service via the page. All medicine related guidance will be reviewed on an annual basis by the group who led on their development. If any changes are made the new MRG

will be put on the MHS Clinical Policy & Guidelines page and an email sent informing Heads of Service/Service Managers of the changed guidance. All MRG will be reviewed using the same review frequency as the Clinical Policies and Guidelines (maximum three yearly) but each of the groups will annually complete a desktop review to ensure continuing appropriateness of the guidance.

All medicine related guidance once approved will be added to the MH Clinical Policy and Guidelines Index.

7. Consultation & Comment

When the need for a new policy or review is indicated at the MHSQ&CG meeting a lead will be identified and at this point the group will be asked to identify the groups and individuals required to receive the document for comment prior to approval. The specific groups required for consultation will be recorded on the front cover of the Consultation and Comments Matrix (Appendix 4). Specific groups may be Psychiatric Advisory Committee (PAC), Safer Use of Medicines (SUM), Mental Health Network etc. If user group/patient involvement or consultation is required this should be agreed and recorded at this time.

The length of consultation will be discussed and agreed at the MHSQ&CG meeting. The length of consultation should take into account the time of year and the groups and individuals requiring to be consulted with. It should be noted that the normal minimum length of consultation should not be less than 4 weeks.

When a new clinical policy or guideline is being sent out for comment utilising Appendix 4 - Consultation & Comments Matrix, it is a useful practice to ask some directive questions regarding the comments being sought. This may be specific about areas of practice which may be precise points of law, controversial or more routine in nature. Examples of the questions may be:

1. Is the policy or guideline easy to read?
2. Is the information required easy to find?
3. Is the diagram helpful?

On review of an existing clinical policy or guideline it would still be an advantage to ask targeted questions, but it is a requirement that each revision form is completed with an outline of the changes already made are. This must be completed prior to the clinical policy or guideline being sent out for general consultation.

The lead author of each clinical policy or guideline must identify any specific groups or individuals that are to receive the policy or guideline for consultation. Each lead author should bear in mind the groups that are required to comment on the clinical policy or guideline, the frequency of their meetings and the complexity of the consultation when deciding the amount of time to allow for the return of comments.

At the time of approval the collated comments will be attached to the final draft of the clinical policy or guideline, a note should be made regarding the contribution of the identified groups and an acknowledgement of the effort.

8. Implementation Plan

All new or reviewed clinical policies & guidelines within Mental Health must have an implementation plan completed prior to being submitted for approval using the template Appendix 5 MHS Clinical Policy & Guidelines Implementation Plan and will contain the following headings:

- Co-ordination of implementation
- Engaging staff
- Involving service users and carers
- Communicating
- Resources
- Securing and sustaining change
- EQIA.

9. Format

All clinical policies & guidelines developed within the Mental Health Service must adhere to the standards laid out in this process document or NHS GG&C Guidelines Framework as appropriate. The template NHS GG&C Policy Development Framework - Appendix 6 gives example of the format required for clinical policy and guidelines.

All Clinical Policy & Guideline Development within Mental Health Services must adhere to the Standards and Governance arrangements detailed within the “NHS GG&C Policy Development Framework” including the corporate branding of the documentation and storage system.

10. Approvals Process

The MH Quality & Care Governance Group meets every two months, the final draft clinical policy or guideline, implementation plan and agreed comments must be submitted at least two (2) weeks prior to the meeting. Each policy or guideline to be submitted to the MHSQ&CG group for approval must have the following attached:

- The completed draft using the agreed policy template (Appendix 6)
- The comments from consultation with rational and actions recorded (If carried out) (Appendix 4 – MHS Consultation & Comments Matrix)
- The implementation Plan (Appendix 5 - MHS Clinical Policy & Guidelines Implementation Plan)

No policy or guideline will be submitted for approval without the above being completed and available for distribution one week before the MHS Quality & Clinical Governance Group meeting.

11. Communication & Dissemination

The primary locations for all Mental Health Service clinical policies will be the Mental Health Clinical Policy & Guideline page and NHS GG&C Policy Manual. All Clinical Guidelines will be stored on the NHS GG&C Clinical Guideline Electronic Resource Directory and included in the Freedom of Information publication scheme. Links to specific MH guidelines will be maintained on the MH Clinical Policy page. Please see attached diagram Appendix 7 Clinical Policy & Guideline

Storage and Distribution Arrangements for information.

Following Approval of a clinical policy or guidance within Mental Health the link to the clinical policy or guideline should be distributed by the MH Policy Manager via the Heads of Mental Health/General Management/CHCP structure. The link to each clinical policy or guidance will be emailed to those on the agreed Policy Distribution list and be accompanied by a clear Implementation Plan which sets out the following:

- Who will be responsible for coordinating the implementation
- How we will be engaging staff
- How we will be Involving service users and carers
- Communicating with staff and service users, outlining any training or awareness needed
- What resources are required to implement the practice and what funding will be available
- Securing and sustaining change
- Evaluating the new practice and how this will be measured
- Other considerations

12. Access & Storage Arrangements

On approval each clinical policy, clinical guideline or medicine related guidance is stored on the shared drive within the Mental Health Clinical Policies folder. Each of the Mental Health clinical policies, clinical guidelines or medicine related guidance is then made available to staff via the Mental Health Service Clinical Policies & Guidelines Page of the staff intranet; the page can be accessed via this link:

[Mental Health Service - Clinical Policies](#)

On approval each clinical policy will also be added to the Greater Glasgow & Clyde Policy manual, the link to this resource is:

[NHSGGC Policy Manual](#)

On approval each clinical guideline is sent to Clinical effectiveness for inclusion on the GG&C Resource. Once this has been completed the link to the clinical guideline is then used to distribute the guideline and the link is made available on the MHS Clinical Policy & Guidelines page. To access all clinical guidelines within NHS GG&C the following link can be used:

[GG&C Clinical Guideline Electronic Resource Directory](#)

The access, storage and distribution process is also outlined in diagrammatical format within Appendix 7 attached to this policy

13. Review

All policies within the Mental Health Service will be reviewed at a minimum every three years. The review may be triggered sooner if there are significant changes to national policy, legislation or clinical practice which could impact the policy, guideline or practice. The review date for each clinical policy or guideline will be monitored by the MH Policy Manager and reported to the Mental Health

Quality & Clinical Governance group for assignment of a lead person. Guidance will be provided for each lead author on the function of the short life working groups and the expected time for completion of each review. The lead person will be responsible for ensuring that the review is completed within the agreed timeframe. Reviews will take place out with this timeframe if there is a specific legislative, service requirement or changes in guidance, law or practice.

14. Implementation of the Mental Health Clinical Policy & Guideline Process

This document Mental Health Service Clinical Policy & Guideline Process, will be made available on the intranet and circulated widely within Mental Health to Heads of Adult Services, Senior Managers and the members of the approving groups set out within section 4 of this document.

The Mental Health Clinical Policy Manager will keep an annual review of this process as part of the annual appraisal to ensure that it remains in line with the NHS GG&C Policy Development Framework. The Mental Health Clinical Governance Group will receive a report every two months, which will detail;

- Clinical Policies or Guidelines For Approval,
- Approved and Distributed,
- Out for Consultation,
- Under Review,
- New Being Developed,
- Workplan Progress,
- Schedule for Review
- Issues and
- a list of current MHS Clinical Policies & Guidelines

This will help to ensure that good governance standards are met as detailed within the “NHS GG&C Policy Development Framework”.

The Mental Health Clinical Policy Process will be reviewed three (3) yearly from the time of approval or in line with any changes to the “NHS GG&C Policy Development Framework” or “NHS GG&C Clinical Guidelines Development Framework”.

Short Life Working Group (SLWG) Review Guidance for Lead Authors and Key Contributors

1.0 Introduction

Clinical policies and guidelines align operations, set behavioural expectations across the GG&C Mental Health Service and communicate policy roles and responsibilities.

As the policy owner or lead author, you have the important task of reaching your intended audience with clinical policies and guidelines that are clear, easily read, and provide the right level of information to the individuals specifically affected by the content. If users can easily read and understand a policy, they are more likely to follow it and incorporate it into their daily work.

There is a standard policy template that organises the information in such a way that is consistent across all clinical policies and guidelines for NHS GG&C Mental Health Service.

The Clinical Policy Manager is here to support you in your effort, whether to provide writing assistance, review drafts, or guide you through the full policy development, review, and maintenance process.

2.0 Scope of Review

The development or review process for clinical policy or guidelines within Mental Health & Associated services should take approximately 21 weeks as detailed in the Mental Health Clinical Policy or Guidelines Review & Development Flow Chart, and will include the following 4 key components;

1. First Draft
2. Consultation
3. Final Draft/Approval
4. Implementation

As part of the process we will be monitoring the timelines for review period as detailed in the mental health clinical guidelines checklist. Exceptions and issues will be recorded and reported to the Mental Health Quality and Clinical Governance Group (MHQ&CG).

3.0 Lead Author Responsibilities

- Ensure that all Meeting Standards and Timeframes are adhered to
- Initiate a literature review if required
- Agree membership of the SLWG
- Schedule the 4-5 SLWG meetings and ensure the meeting schedule is maintained
- Inform the Policy Manager of any meeting cancellations and the reasons for these
- Provide an action note following each SLWG
- Completion of the audit and assurance checklist throughout the process
- Inform the Policy Manager of any issues or barriers
- Complete approval/implementation plan, revision/amendments form & comment matrix
- Attend MHQ&CG group to present the final policy or guideline

4.0 Policy Manager Responsibilities

- Provide a draft of the existing policy or guideline if being reviewed
- Support the Lead Author in completing the first draft
- Advice on the process and consultation
- Collate Comments
- Review the final draft to ensure compliance with the agreed NHS GG&C policy format
- Send the completed Policy or Guideline, Approvals/Implementation plan, Revision/Amendment form and Comment Matrix to MHQ&CG for inclusion on the agenda for the next available meeting.
- Reporting of any exceptions or issues which affect the timely completion of the review.

5.0 Key Contributors Responsibilities

- Attendance at SLWG
- Following up on any actions from the SLWG within agreed timescales
- Consult with their colleagues on an ongoing basis and feedback to the group

6.0 Review Methods and Actions

The following needs to be included with the aim/output of completing steps 1 to 4 in the Scope of the review;

6.1 First Draft

- Review/examine available literature and evidence
- Consider relevant national or local policy developments
- Consider Confidential Enquiry findings
- Review/examine outcomes/learning from relevant SCIs
- Consider feedback from staff, patients and families (Testimony)
- Consider anything else that may be relevant during the course of the review process
- Consider work being developed within GG&C Mental Health Services

6.2 Consultation

- Agree duration and groups to be involved
- Any specific questions to be asked during this process
- Consideration of comments received

6.3 Final Draft and Approval

- Revision of the draft and agree any changes
- Agree the final version
- Complete Approvals Cover Sheet, Comments Matrix, Implementation Plan and Revision/Amendments form and EQIA if required

6.4 Implementation

- Agreement of the plan, including any additional documentation and funding required
- Develop any awareness or training packages to be used in the initial training
- Agree who is delivering any training, initially and on an ongoing basis
- Develop practice guidance and test with practitioners

7.0 Meeting Standards and Timeframes

There is an expectation that this work should be concluded within 21 weeks, during this time there will be 4-5 SLWG meetings that should last approximately 2hrs.

- 1 start up meeting to scope the review
 - Agree final membership of the group and invite any additional members
 - Consideration of literature review findings
 - Agree existing drafts to be used or complete rewrite
 - Assign sections/work to be completed by group members
 - Agree timeframe for each section to be completed
 - Assign one person to combine the completed sections and ensure that the language and terminology is consistent throughout the document

- Meetings 2/3
 - **Step by step revision of policy or guideline**
 - Agreement of final draft for consultation
 - A brief note of the changes made to the policy or guideline
 - An outline of any specific questions that the SLWG/Organisation wishes addressed at consultation

- Meetings 4/5
 - Agreement of comments after consultation complete
 - Final Draft
 - Comments Matrix – To ensure that comments made during consultation are addressed and changes made as needed. The completed comments matrix must be returned with the final draft of the policy or guidance.
 - Revision/Amendments Form - if reviewing an existing policy or guideline the changes that have been made should be captured on the revision form and must be returned with the final draft of the policy or guidance.
 - Approvals Cover Sheet/Implementation Plan –should be completed for each policy or guideline and must be returned with the final draft of the policy or guidance.
 - Audit and Assurance Checklist – to be completed as the review/development progresses and to be returned with the final draft. This gives an idea of the expected tasks involved.
 - As a guide the revision/development should take approximately 21 weeks including consultation, unless negotiated otherwise.

Distribution Process for Clinical Policies and Guidelines – Use of PM1 and PM2

Function of the PM1 and PM2

- The PM1 form verifies the receipt, reading and onward distribution of the clinical policy or guideline
- Function of PM 2 is to provide the department/ward/team with a record that staff have read the clinical policy or guideline

Steps in the Process

- Step 1 On approval the Clinical Policy Manager will distribute the clinical policy or guideline accompanied by a PM1 & PM2 to approved list of Heads of Service.
- Step 2 Each Head of Service distributes the clinical policy or guideline with a PM1 & PM2 to their Direct Reports.
- Step 3 Each Direct Report will complete a PM1 and return it to their Head of Service confirming they have received and read the policy. The direct report will issue the clinical policy or guideline with a PM1 & PM2 to their Direct Reports.

At a local ward or departmental level the PM2 should be completed by all relevant staff within that area and kept with the policy in the policy manual

In relation to system assurance and confirmation that policies and guidelines are reaching the appropriate staff groups, the Head of Service and their direct reports need to agree a system for recording returned PM1s within their local management/governance structure.

Each direct report needs to ensure that each department/ward/team has a functioning system that supports the use, completion and auditing of the PM2 forms.

Please tick as appropriate	Received	Read	Distributed
<i>Insert clinical policy or guideline title here</i>			

The above titled policy and/or guideline was approved by the MHS Quality & Clinical Governance Group on _____.

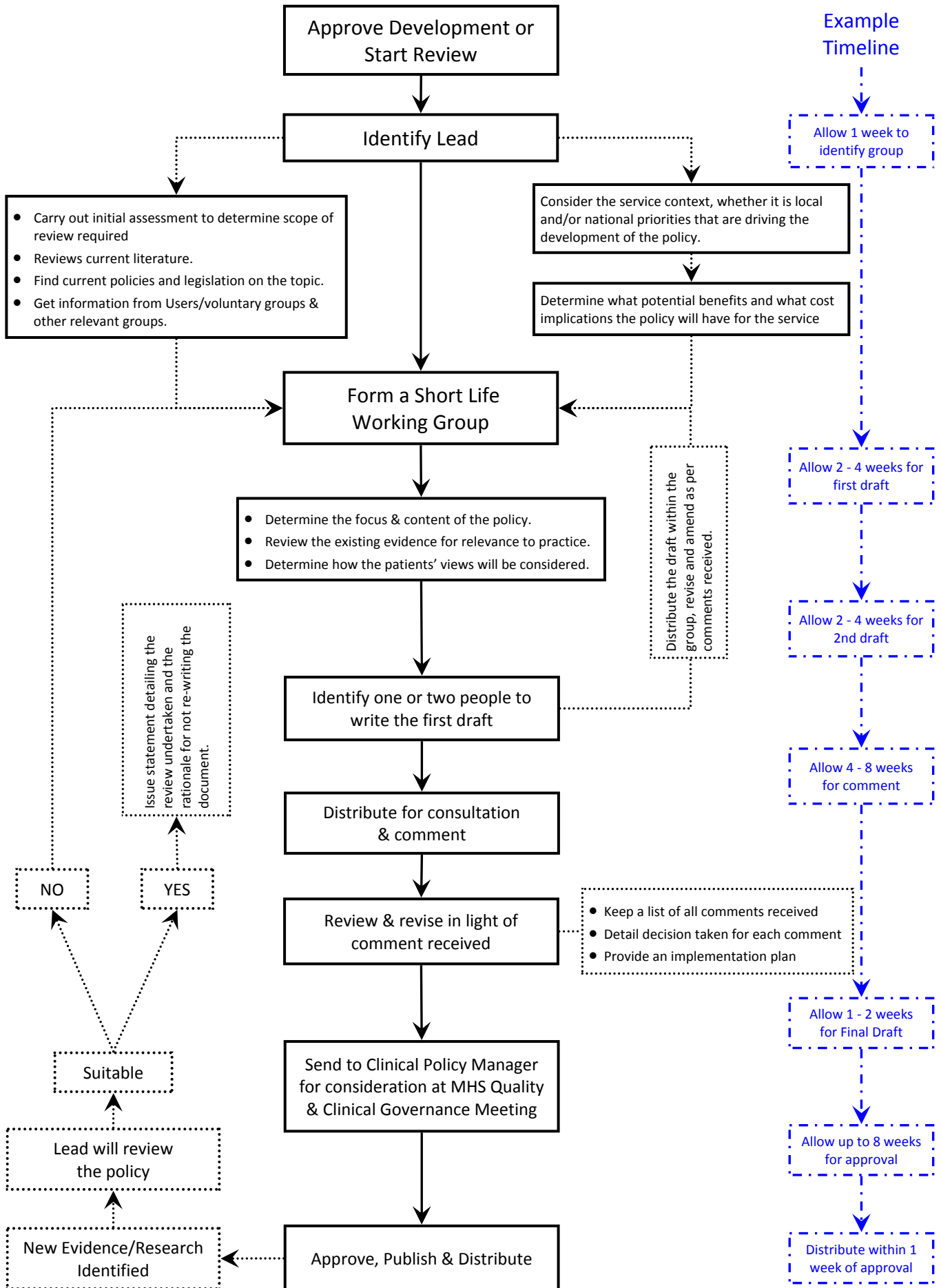
Please complete the section above by ticking as appropriate for the clinical policy or guideline, sign and return electronically/or paper copy to _____ to verify receipt, read and distribution of the policy within your area of responsibility.

Service: _____

Manager: _____

Date: _____

Clinical Policy & Guideline Review & Development Flow Chart



Appendix 4

MHS 99 Sample – Consultation

Due by: **Dec 2017**

Groups or Individuals Identified for Consultation

MHSQ&CG

MH PMG

MH SUM

PAC

AHP Advisory Committee

Mental Health Network

MHS PNA

MH Legislation Group

A N Other

Any

Any

Any

Name of Person/Group Providing comments _____

During the consultation please answer the following questions:

1. Is the policy/guideline clear and easy to understand and follow? Yes No

Comment

2. Do you think the policy/guideline is practical? Yes No

Comment

NHS Greater Glasgow & Clyde Mental Health Service Redesign

3. Do you think that there will be any issues with implementing this policy/guideline Yes No

Comment

If you have other comments you would like to make can you please use the matrix provided below:

Name	Page	Section	Comment	Agreed Y/N	If no give Rationale

Appendix 5

MHS Clinical Policy & Guideline Implementation Plan

MHS Clinical Policy or Guideline Title	
Date plan completed:	Plan agreed:
Lead author:	Group members:
Date of Rollout:	

	Action to be taken/ Issues identified/Progress	Lead	Time-Scale
1. Co-ordination of implementation <ul style="list-style-type: none"> How will the implementation plan be co-ordinated and by whom? 	<i>Co-ordination is essential to monitor and sustain progress against the implementation plan and manage any further issues that may arise.</i>		
2. Engaging staff <ul style="list-style-type: none"> Who is affected directly or indirectly by the policy? Are the most influential staff involved in the implementation? 	<i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made</i>		
3. Involving service users and carers <ul style="list-style-type: none"> Is there a need to provide information to service users and carers regarding this policy? Are there service users, carers, representatives or local organisations who could contribute to the implementation? 	<i>Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.</i>		
4. Communicating <ul style="list-style-type: none"> What are the key messages to communicate to the different stakeholders? How will these messages be communicated? 	<i>Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. This may include awareness/training delivery, by whom? How often?</i>		
5. Resources <ul style="list-style-type: none"> Have the financial impacts of any changes been established? Are other resources required to enable the implementation of the policy eg. increased staffing, new documentation? 	<i>Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage. Sources of funding should be identified as early as possible.</i>		

	Action to be taken/ Issues identified/Progress	Lead	Time-Scale
<p>6. Securing and sustaining change</p> <ul style="list-style-type: none"> • Have the likely barriers to change and realistic ways to overcome them been identified? • Who needs to change and how do you plan to approach them? • Have arrangements been made with service managers to enable staff to attend briefing and training sessions? • Are arrangements in place to ensure the induction of new staff reflects the policy? 	<p><i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy</i></p>		
<p>7. Evaluating</p> <ul style="list-style-type: none"> • What are the main changes in practice that should be seen from the policy? • How might these changes be measured? • How will lessons learnt from the implementation of this policy be fed back into the organisation? 	<p><i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.</i></p>		
<p>8. Other considerations</p>			



NHS GG&C Mental Health Service Policy or Guideline Title

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Document Number:	MHS
Lead Author:	
Responsible Director:	Medical Director in MHS
Approved by:	MHS Quality & Clinical Governance Group
Date approved:	
Date for Review:	
Replaces previous version: [if applicable]	

Revision/Amendment Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)

Contents Page

Optional: dependent on the length and complexity of the document.

1. SLWG Membership

Add detail of the membership of the group and their areas of responsibility

2. Introduction and Background

Introduces the topic and includes reference and applicability of relevant legislation, definitions and context. This section should also include detail of the purpose and objectives.

3. Scope

The target audience for the policy or procedure. For example “this policy applies to all employees of NHSGGC in all locations”.

‘This policy applies to all staff working within NHS Greater Glasgow & Clyde Mental Health Services. This includes Adult and Older Adult Mental Health, Learning Disabilities, Alcohol and Drug Recovery Services, Forensic & Child & Adolescent Mental Health Services.’

4. Roles and Responsibilities

Expectations of staff as a whole and any specific roles and responsibilities associated with particular posts.

4.1 Responsible Directors

-

4.2 Heads of Service

-

4.3 Others

-

5. Body of Policy or Procedure

5.1 Policy Principles

- Add basic information here

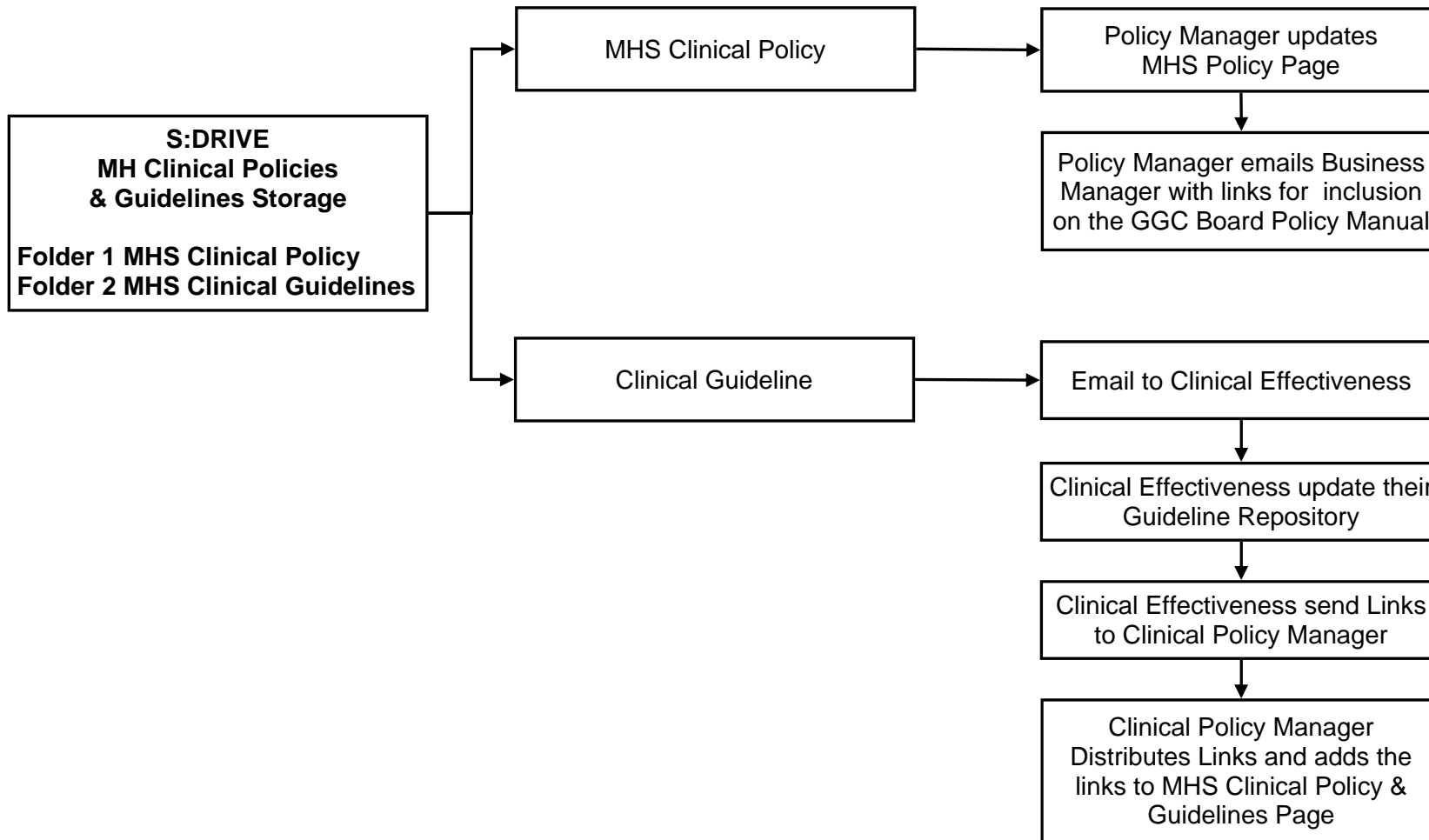
5.2 Policy Standards

- Add basic information here

6. References

Supporting Information (may be included in main policy document or in separate supporting documentation).

Mental Health Service Clinical Policy & Guideline Storage & Distribution Arrangements



Equalities Impact Assessment (EQIA)

EQIA for
Negative impact
How could the policy have a significant negative impact on equality in relation to each area?
Age - Nil
Disability - Nil
Ethnicity - Nil
Gender (including transgendered people) - Nil
Religion or belief - Nil
Sexual orientation - Nil
Socio-economic groups - Nil
<p>You need to ask yourself:</p> <ul style="list-style-type: none"> ● Will the policy create any problems of barriers to any community of group? No ● Will any group be excluded because of the policy? No ● Will the policy have a negative impact on community relations? No <p>If the answer to any of these questions is Yes, you must prepare a Full EqIA.</p>

Positive impact
<p>Could the policy have a significant positive impact on equality by reducing inequalities that already exist?</p> <p>Explain how will it meet our duty to:</p>
1. Promote equal opportunities - No impact
2. Get rid of discrimination - No
3. Get rid of harassment - No impact
4. Promote good community relations - No impact

5. Promote **positive attitudes** towards disabled people - **No**

6. Encourage **participation** by disabled people - **No impact**

7. Consider **more favourable treatment** of disabled people - **No.**

8. Promote and protect **human rights** - **No impact**

Evidence

What is the evidence for your answers to the above questions?

Document prepared in line with GG&C Guidance on policy development

What does available research say? **Research does not limit treatment to an inclusion criteria other than having an eating disorder**

What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy? - **None**

Have you thought about commissioning new data or research? - **We are currently supporting two separate audits regarding the recently established inpatient treatment provision. We are also gathering detailed data for each patient in the service. This data will inform current and future service developments.**

GN: You need to look at and think about:

- quantitative research
- qualitative research
- national evidence
- international evidence
- results of any consultations you have carried out.

Screening assessment

Now that you have looked at the evidence, do you think that the policy needs a **Full EqIA?** - **No**

Next steps

GN: If you need to do a **Full EqIA**, go to **Stage 2: Full Equality Impact Assessment** in the guidance.

If you do **not** need to do a **Full EqIA**:

What else might you need to do to make sure the policy **promotes equality and gets rid of discrimination?** - **Nothing**

GN: This could be things like making sure that local services know they will need to publish their own EqIAs.

How will you **monitor** the situation as the policy develops and takes effect? - **Regular Reviews**

What **further research** do you need? - **None**

GN: Once you have answered these questions, you will need to:

- ask your Director to sign off the document
- publish the document
- keep it as a record of your **Part 1 EqIA**.
- send a copy to the [Equality & Inclusion Team](#).