

**Lancashire Medicines Management Group New Guidance**

**Application Form**

Please complete ALL relevant sections legibly and comprehensively. Text boxes will expand to fit as information is added. Please note that any missing or illegible information will require the form to be returned to you for amendment and so may delay the application.

**Please submit completed forms to mlcsu.medicinesmanagement@nhs.net**

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| **Application Completed by** |
| **Name:** |
| **Job Role:** |
| **Organisation:** |

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| **Organisational support for submission given by** |
| **Name:** |
| **Job Role:** |

**N.B.** Only applications from member organisations will be considered. Individuals submitting request are responsible for ensuring their own organisation supports the application before submitting it for consideration.

**Section 1: Title of Guidance and Rationale for Guideline Development**

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| * 1. **Title of Guidance Document:** |
| **1.2 Background Information and the Rationale for Guideline Development**  **Please provide some brief background information on the topic and provide an overview of existing practice.**   * Is this therapeutic area a priority in terms of local/national strategic aims? * Is this an area of clinical uncertainty as evidenced by variation in practice or outcomes? * Is there potential to reduce mortality or morbidity? * Is this a high risk therapeutic area? * Are there any provider/commissioner interface issues? |

**Section 2: Existing Guidance and Sources of Information**

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| **2.1 Is there existing local or national guidance, relevant to this topic**? (If yes, please provide details) |
| **2.2 Are you aware of any other sources of information, which prescribers may rely on to inform practice at the moment? e.g. Journal articles, UKMI publications, or information from specialist services.** (If yes, please provide details) |

**Section 3: Potential Impact of Guideline Development**

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| **3.1 Could implementation of the guidance have a budgetary impact?** (If yes, please provide details) |
| **3.2 Does the guidance affect how services are delivered to patients?** (If yes, please provide details) |
| **3.3 If not already done so in Section 1, please provide details of the potential clinical impact of this guidance document.** e.g. Reduction in medication safety incidents, improved patientoutcomes from evidenced based prescribing etc. |

**Section 4: Potential Barriers to Guideline Development**

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| **4.1 Are you aware of any factors, which may make implementation of this guidance difficult?** (If yes, please provide details) |

**Section 5: Proposed Scope and Objectives**

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| * 1. **What clinical setting will the guideline be used in?** |
| **5.2 What patient group will the guidelines apply to? Or are there any specific patient groups to which guidance does not apply?** |
| * 1. **Who are the proposed users of the guidance?** (please select)  |  |  |  |  | | --- | --- | --- | --- | | Primary Care Prescribers |  | Pharmacists |  | | Secondary Care Prescribers |  | Patients |  | | All Prescribers |  | Specialist Nurses |  | |
| * 1. **List the specific problems or aspects of management to be addressed in the guidance** |
| * 1. **Have you any preference for the format of the guidance?** (If yes, please select)  |  |  |  |  | | --- | --- | --- | --- | | Full Written Guidance Document |  | Check list |  | | Summary Document e.g. a consensus statement or prescribing tip |  | Patient Information |  | | Algorithm |  | If Other please specify: | | |