To: Clinical Lead

c.c. Clinical Audit Facilitator; Clinical Effectiveness Pharmacist (if drug-related)

Subject: NICE HST *[number]*

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Dear *[name of lead clinician]*

**NICE Highly Specialised Technology *[number]* – *[title]***

The above guidance has recently been published by NICE.  A copy can be obtained from their website at:

**https://www.nice.org.uk/*[link]***

I would be grateful if you could respond to the questions below as soon as possible indicating whether this guidance is applicable to SFT and, if so, whether or not we are compliant.

**Select ‘Reply’ or ‘Reply to all’ on the toolbar above, then delete YES or NO in response to the questions below as appropriate.  Thank you.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1.0 | Current practice already meets the recommendations. Compliant with NICE guidance. | | | | | YES/NO |
|  | **If no,** please answer questions (1a) and (1b):- | | | | |
|  | (1a) | Practice will be changed appropriately.  We expect to be  compliant by: | |  | |
|  | 1(b) | Additional resources will be required in order to meet the recommendations. | | | YES/NO |
| 1.1 | We do not know if we comply and would like to audit current practice. | | | | | YES/NO |
| 1.2 | We require assistance to develop local guidelines, protocols and/or patient information. | | | | | YES/NO |
| 1.3 | We require assistance to develop a clinical baseline | | | | | YES/NO |
| 1.4 | Not undertaken here and no plans to do so. | | | | | YES/NO |
| 1.5 | Not currently undertaken here but may do so in the future according to NICE guidance.  We will inform the Head of Clinical Effectiveness accordingly. | | | | | YES/NO |
| **CLINICAL AUDIT** | | | | | | |
| 2.0 | Based on the number of patients who will be affected by the implement-ation of this guidance, do you think this is a priority area to audit? | | | | | YES/NO |
|  | **If yes,** please answer questions (2a) to (2c) | | | | |  |
|  | (2a) | Please indicate the number of patients seen per annum: | | |  |
|  | (2b) | Will you require support from the Clinical Audit Department? | | | YES/NO |
|  | (2c) | Who will act as your contact person? |  | | |

**Clinical Audit Administrator**

**Quality Directorate**