To: Clinical Lead

c.c. Chair of Medical Devices Committee; Head of Medical Device Management Services; relevant Clinical Director and Deputy; relevant Divisional Manager and Deputy; relevant Head of Nursing and Deputy; relevant Clinical Audit Facilitator

Subject: NICE MTG *[number]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear *[name of lead clinician]*

**NICE Medical Technology Guidance *[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/guidance/*[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. | Is this guidance applicable to Salisbury NHS Foundation Trust? | | | | | YES/NO |
|  | If **yes** | 1.1  Is this a new procedure for Salisbury NHS Foundation Trust? | | | | YES/NO |
|  |  | If **yes** | please refer to the policy ‘Introduction of New Health Technologies’ available on MicroGuideat  <https://viewer.microguide.global/guide/1000000295#content,f2093345-2006-4639-9a63-3702fbc82cfb>  or from the Clinical Audit Administrator at esther.mcleod1.nhs.net | | | |
|  |  | If **no** | 1.2 | Does this technology fit with your Divisional service plan? | | YES/NO |
|  |  |  | 1.3 | Have the funding implications been considered? | | YES/NO |
|  |  |  | 1.4 | Is a business case required to support its introduction? | | YES/NO |
|  |  |  |  | If **yes** | please contact your Clinical Director | |
| **CLINICAL AUDIT**  The Trust’s Clinical Audit Department will not routinely audit these guidelines.  The need for audit will be made based on clinical priority and risk assessment (including volume). | | | | | | |
| 2. | Do you wish to audit these guidelines? | | | | | YES/NO |

**ANY OTHER COMMENTS**

**Clinical Audit Administrator**

**Quality Directorate**