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1. Introduction

The Clinical Effectiveness Unit (CEU) of the Faculty of Sexual and Reproductive Healthcare (FSRH) develops national clinical guideline intended for use by healthcare professionals, organisations and commissioners involved in providing contraception and/or sexual health services in the UK. The purpose of the clinical guideline is to provide a framework for best practice in the provision of contraception and sexual health services based on evidence and, where evidence is lacking or conflicting, consensus opinion of a multidisciplinary group of experts. The CEU is accountable to the Clinical Effectiveness Committee (CEC) of the FSRH.

The FSRH is a registered charitable organisation which funds the development of its own clinical guideline. NHS Lothian is contracted to host the CEU in the Chalmers Centre and to provide the CEU’s services using ring-fenced funding from the FSRH. No other external funding is received. Chalmers Centre supports the CEU in terms of accommodation, facilities, education, training and clinical advice for the members’ enquiry service. As an organisation, NHS Lothian has no editorial influence over CEU guideline, although staff members may be invited to join the CEU’s multidisciplinary Guideline Development Groups (GDG), in an individual professional capacity.

The CEU is accredited by the National Institute for Health and Care Excellence (NICE). This accreditation recognises that clinical guideline produced by the CEU is systematically developed using a methodology which meets the NICE accreditation criteria.

The purpose of this document is to specify the methodology used by the CEU to produce FSRH clinical guideline. This clinical guideline development framework described in this document is adapted from the NICE process and method guide on developing NICE guidelines: the manual.¹

2. Types of clinical guideline development

2.1 New clinical guideline

Initially it was decided that clinical guideline on each of the main contraceptive methods available in the UK should be produced. This includes the following methods: intrauterine contraception, progestogen-only implant, progestogen-only injectable, progestogen-only pills, combined hormonal contraception, barrier methods, male and female sterilisation and fertility-awareness based methods.

The CEU also produced clinical guideline on topics that reflected the needs of particular groups of individuals who may require more specific considerations (e.g. young people, women over 40, postpartum women) and to facilitate the management of common problems in sexual and reproductive health (e.g. vaginal discharge and problematic bleeding with hormonal contraception).

Potential new topics are identified through feedback the CEU actively collects from FSRH members, via the following channels:

- correspondence from FSRH members, other professionals and stakeholders
- an annual FSRH member’s survey on clinical guideline (which will invite suggestions of topics for new clinical guideline and seek feedback on prioritisation of existing clinical guideline to be updated)
- an annual audit of enquiries received via the FSRH members’ evidence request service.

Once a new clinical guideline topic is identified, the CEU prepares a proposal for new clinical guideline (Template 1) which is submitted to the CEC for consideration. The development of the new clinical guideline commences after approval from the CEC.

2.2 Updates
Clinical guideline is due for an update 5 years after the initial publication or last review. The date due for update is clearly marked on the front cover of the clinical guideline.

The decision whether an update of a guide is required is taken approximately 12 months before the update is due. An assessment whether an update is required is made using the clinical guideline update assessment form (see Template 2). To inform this decision, the CEU Researchers performs a systematic literature review dating from the time of the last review to identify whether there has been any new evidence published. There is no consultation on this decision as it is based on the availability of new evidence. The decision also takes into account the competing priorities of other guideline topics and the capacity of the CEU to undertake the work.

Updates may also be triggered by the emergence of evidence expected to have an important impact on the recommendations. Any interim evidence or comments received within 3 years of publication before the update process is due to start should prompt the CEU to consult with the CEC in deciding whether an amendment or early review of the guideline is required. It may be appropriate to publish a statement on the FSRH website as an interim measure during the review and consultation process.

The final decision on whether to carry out a full or partial clinical guideline update is taken by the CEC and CEU.

2.3 Amendments
Amendments consisting of minor corrections can be made at any time as they are identified. An erratum should be written for significant errors which alter the information or advice contained in the guideline. The details and date of the erratum should be recorded on the guideline. Minor amendments will be communicated to FSRH members via the CEU newsletter. Members will be made aware of significant amendments directly by a statement on the website and through social media platforms. In exceptional circumstances, and email regarding amendments may be sent to all FSRH members.
2.4 Version Control
This is an important part of project governance which enables the management of multiple versions of a document with an audit trail. Draft unpublished versions should always be preceded with a ‘0’ (e.g. first draft version would be V0.1). Thereafter all subsequent revisions of the draft document will increment with the number to the right of the point until the document has received all required approvals and has been finalised.

The date of its publication will be reproduced in the copyright statement of the clinical guideline.

2.5 Timescale
Development of a new clinical guideline document takes approximately 12-18 months while updates and amendments may take less time.

2.6 Prioritisation
The CEU will work to prioritise guideline development work in full discussion with the CEC. The order in which the clinical guidelines are to be developed will be agreed at the first CEC meetings of each calendar year and reviewed in subsequent CEC meetings as appropriate. Prioritisation will be based on emerging new evidence and/or feedback from FSRH members and other professional sources.

3. Clinical Guideline Content

3.1 Method Specific Clinical Guideline
For method specific clinical guideline the following key areas are covered:

- Efficacy
- Eligibility
- Any health risks
- Any health benefits
- Side effects
- Clinical practice

3.2 Other Clinical Guideline
For other guideline documents, the following areas are covered where appropriate:

- Eligibility
- Clinical practice
- Different methods of contraception
- Specific issues for population in question
- Factors which may affect efficacy or safety

3.3 Formulation of Questions
The clinical guideline recommendations are produced in response to questions which are reviewed as part of the content covered in the clinical guideline. These questions can be based on:

- Enquiries raised by healthcare professionals (e.g. through the CEU members’ enquiry service)
- Feedback from potential users (consultation tool, user representation and experience of practitioners as to the questions patients ask)

These review questions are formulated as part of the systematic review process which provides the evidence base to inform clinical practice and address any concerns health professionals or patients may have.
Framework for clinical guideline development (Updated March 2018)

Figure 1: Clinical Guideline Development Pathway

**Project Planning / Setting Up (see section 5)**

<table>
<thead>
<tr>
<th>Project planning</th>
<th>Setting up</th>
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<tbody>
<tr>
<td>• Timescale/ work plan</td>
<td>• Guideline development group (GDG)</td>
</tr>
<tr>
<td>• Guideline proposal</td>
<td>• Patient &amp; Public involvement (PPI)</td>
</tr>
<tr>
<td>• Risk assessment</td>
<td>• Prepare consultation docs / templates</td>
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**Drafting of Scope and Consultation with stakeholder (see section 6)**

<table>
<thead>
<tr>
<th>Scope draft (v.01)</th>
<th>Consultation on scope draft (v0.1) with</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEU proposes content to be covered in clinical guideline</td>
<td>• Patients/service user, patient group/ representatives</td>
</tr>
<tr>
<td></td>
<td>• FSRH members</td>
</tr>
<tr>
<td></td>
<td>• Members of other professional bodies (joint guideline)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope draft (v.02) revised from previous consultation</th>
<th>Consultation of draft scope (v0.2) with GDG Members</th>
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</thead>
<tbody>
<tr>
<td>Produce final scope draft (V0.3) based on previous consultation and consideration of key questions from review of evidence.</td>
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**Drafting of Guideline and Consultation with stakeholders (see section 7)**

<table>
<thead>
<tr>
<th>Draft guideline draft (V0.1) based on final scope draft (V0.3).</th>
<th>Consultation with GDG (face-to-face meeting)</th>
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<tbody>
<tr>
<td>Draft guideline draft (V0.2) revised from previous consultation</td>
<td>Consultation with Members of the GDG and consensus on recommendations</td>
</tr>
<tr>
<td>Draft guideline draft (V0.3) revised from previous consultation</td>
<td>Consultation with external peer reviewers</td>
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<tr>
<td>Draft guideline draft (V0.4) revised from previous consultation</td>
<td>Public Consultation (4 weeks) via FSRH website</td>
</tr>
<tr>
<td>Draft guideline draft (V0.5) revised from previous consultation</td>
<td>Remind appropriate members of the GDG to produce learning and audit tools.</td>
</tr>
<tr>
<td>Final sign off by CEU Director/ CEC Chair.</td>
<td>Typesetting by web designers to produce digital and print version of guideline</td>
</tr>
<tr>
<td>Proofs checked and signed off by CEU Director/ CEC Chair.</td>
<td>Publication of guideline</td>
</tr>
</tbody>
</table>

**Publication and Dissemination (see section 8)**

- Publicity planning
- Inform FSRH members & stakeholders
- Acknowledgements
- Publication on FSRH website
- Dissemination to stakeholders
- Post-publishing revisions
4. Methodology
Development work begins following the decision whether to produce a new clinical guideline or to update an existing clinical guideline. The CEU clinical guideline development process summarised in Figure 1 includes the following key stages:

- project planning and setting up of stakeholder groups/communication
- drafting of scope and consultation with stakeholder
- drafting of guideline and consultation with stakeholders
- publication and dissemination

5. Project planning & setting up
5.1 Project planning and management
Each clinical guideline development will be lead by the Project Leads (one CEU Researcher and one CEU Director). In consultation with other members of the CEU team, the CEU Researcher will draw up a project GANTT chart (Template 3) which will detail specific tasks and timescales.

The CEU Researcher will oversee the development of the clinical guideline by monitoring progress at each stage of the process, ensuring that all tasks/milestones are completed within the proposed timescale detailed in the Project Gantt Chart (see Template 4 ‘Project Management Checklist-Clinical Guideline’). The CEU Researcher is responsible for completing project progress reports (Template 5) regularly to update the CEU Team. This will highlight any concerns relating to meeting the project milestones by the specific datelines.

If the clinical guideline is a joint development with another organisation, the processes and timescales may be slightly altered so it is vital to ensure that these are set out and agreed at the beginning of the project.

5.2 Risk assessment
As part of the assessment process whether or not to develop a new guideline or to update an existing guideline, the CEU conducts an assessment of risks associated with the clinical guideline development processes. Any risk identified will be recorded in the "proposal for new clinical guideline" or "clinical guideline update assessment" forms. The CEU will discuss any potential risk with the CEC to seek advice on minimising these risks.

Financial and organisational barriers identified during the development process which may affect project deliverables/timescales will be highlighted to the CEC and appropriately managed. Barriers may be:

- Financial (e.g. cost of guideline development, e.g. international flights for any potential GDG members; any potential implementation costs)
- Organisational (e.g. staff resource, conflicting work demands, time constraints)

As the development of the guideline progresses, any risk identified and actions taken to manage them will be recorded in the Project Progress Reports.
5.3 Stakeholders
The Project Administrator will compile a stakeholder list (Template 6) for the clinical guideline by updating the current CEU stakeholder list.

5.4 Setting up and Selection of GDG Members
Potential members of the multidisciplinary GDG are identified using a standard, stepwise approach as described in appendix 1. This methodology aims to reduce bias and ensure appropriate representation from as many relevant stakeholder groups, disciplines and grades as feasibly possible. In the case of joint development ventures this must be agreed by both parties.

The GDG will include the intended users of the guideline (healthcare professions/experts in the particular field to which the guideline relates to) and those whose care will be affected by the implementation of the guideline (patient/service user representatives).

Potential members of the GDG will be invited to participate (using Template 7) and asked to complete a FSRH declaration of interest form (Template 8). These are collated and any competing interests are declared within the appendix of the guideline document.

5.5 Managing conflicts of interests
Any individual who has direct input in the development of the clinical guideline will be required to submit a declaration of interest form (Template 8) at the point of involvement in the development process. This includes all members of the GDG (including the secretariat), peer reviewers, those providing feedback via the public consultation and members of the CEC.

The FSRH defines an “interest” as "any arrangement which constitutes a current significant benefit to the individual or immediate family concerned, such as any financial benefit to the person, practice or department in which they are employed and also membership of any organisation whose interests might conflict from time to time with the FSRH”.

Generally, but not exclusively, an interest may arise from:
- sponsorship or payment of expenses by commercial organisations
- donations, sponsorship or similar from pharmaceutical firms and equipment manufacturers
- consultancies and fees paid
- patents (existing or pending) held by the individual or department
- holding of shares in commercial organisations (Pharmaceutical/equipment manufacturers for example)
- membership of any particular charity or pressure group
- editorial fees for publications (written or electronic)

Any “interests” will be taken into consideration when assessing whether an individual should be involved in the development of a clinical guideline. This will ensure that any such interests do not prejudice the integrity of the development process or the objectivity of all involved in the guideline development.
Any relevant interest, or changes to interest, should also be declared publicly at the start of face-to-face GDG meeting and recorded in the minutes of the meeting. Before the GDG meeting, any potential conflicts of interest are considered by the GDG Chair (Lead CEU Director) and CEU Researcher. Members of the GDG with a conflict of interest will be allowed to participate in discussions, however, will be excluded from any decision-making processes. Declarations of interest are published with the final guideline in the appendix.

If the Chair has any conflicts of interests then he/she should nominate another member of the GDG to chair relevant discussions and decision-making processes.

5.6 Patient public involvement
The CEU values patient and public involvement (PPI) in the development of clinical guideline and actively considers PPI across all stages of the development process, from consulting with individuals on the proposed scope of the clinical guideline through to getting feedback on patient summaries. In order to facilitate PPI, a variety of methodologies (e.g. questionnaires, focus groups, interviews) across different settings (e.g. clinics, online, community) will be considered.

All our GDG will include at least 2 lay members (people with personal experience of using health or care services, or from a community affected by the guideline).

The most valuable contribution of PPI is to support the work of the GDG in addressing issues that matter to them and to ensure that their perspectives are considered/ reflected in the clinical guideline. PPI can identify issues that may be overlooked by health professionals, can highlight areas where patients’ views may differ from health professionals and to ensure that the guideline addresses key issues of concern to patients.

Ideally a PPI representative will be included as a member of the GDG who will be a key point of contact for any PPI activities conducted over the course of the development process. Before making an informed decision to take on the role, potential candidates should be briefed on how they can be involved and have the opportunity to ask any questions or express concerns they may have in making a full contribution. The PPI Representative’s role may involve:
- ensuring key questions are informed by issues that matter to patients
- identifying areas where patients’ preferences and choices may need to be acknowledged in the guideline
- ensuring the guideline is sensitively written (e.g. using appropriate terms of reference)
- contributing to a patient summary, if required, ensuring that the summary is written concisely and comprehensively for patient/ public understanding.

The PPI Representative can step down from the role at any point in the development process without giving prior notice or reason. Feedback will be collected from the PPI representative (Template 9) to ensure that the role continues to be developed and appropriate to the clinical guideline development process.

All PPI activities will be clearly documented in the project progress reports and meeting minutes as appropriate.
6. Drafting the Scope and Consultation with stakeholders

6.1 Drafting the scope
A draft scope (v0.1) of the content to be covered in the clinical guideline is produced by the Project Leads based on the forms submitted to the CEC, any existing guideline and relevant evidence.

6.2 Consultation with stakeholders
Feedback on the draft scope will be collected from FSRH members, experts on the substantive topic and patient/users of SRH services.

Feedback from patients/users of SRH services will be collected using paper copies of questionnaires made available in the service (using Template 10). Where possible, the questionnaire should be made available across the UK.

FSRH members will be consulted via an online questionnaire survey (adapted from template 10) which will be advertised via the CEU newsletter and FSRH website and social media platforms as appropriate. In the case of a joint clinical guideline, members from other professional bodies (e.g. RCOG) may also be invited to provide their feedback. The format of the questionnaire will be similar to questionnaire for patients/users of SRH services.

6.3 Consultation with GDG
Once all feedback has been received and collated, revisions will be made to draft scope (v0.1) as required. At this stage the clinical or PICO questions will be considered and added to the draft scope this now becomes draft scope (v0.2) which will be sent to the GDG for further feedback.

Formal feedback will be collected from members of the GDG using a short questionnaire (Template 11). If it is an update, the previous clinical guideline should also be sent with the draft scope (v0.2).

Once all feedback has been received and collated, revisions will be made to draft scope (v0.2) to produce the final scope draft (v0.3) At this stage, the headings from the finalised draft scope will be added to the clinical guideline template (Template 12) to produce draft guideline (v0.1).

7. Drafting of clinical guideline and consultation with stakeholders

7.1 Drafting the clinical guideline
The draft guideline (v0.1) is initially drafted by the Project Leads. The CEU Researcher has responsibility for undertaking the systematic literature search, appraising the evidence available, preparing evidence tables and writing the initial draft of the guideline (v0.1). This is then sent to the CEU Director who reviews and amends the draft guideline accordingly before it undergoes the review process with stakeholders.

7.2 Style and Content of Clinical Guideline
A style guide and list of content for the clinical guideline is specified in the CEU document style guide (Appendix 2).
7.3 Systematic Reviews

All CEU guideline is produced using a systematic methodology to support evidence-based medicine. The steps undertaken are described in Appendix 3 and includes the following: (a) framing questions for a review, (b) identifying relevant literature (based on preset inclusion and exclusion criteria) (c) assessing the quality of the literature, (d) summarising the evidence and (e) interpreting the findings.

The FSRH Clinical Guideline is produced primarily to inform safe and appropriate clinical practice in relation to the provision of different contraceptive methods. Therefore when formulating the recommendations, the GDG takes into consideration the health benefits, side effects and other risk of implementing the recommendations.

The CEU adopts the comprehensive methodology developed by the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) to assess the strength of the evidence collated and for generating recommendations from evidence. The recommendations are graded (A, B, C, D and good practice point) according to the level of evidence upon which they are based. This process is undertaken to minimise potential for bias in the conclusions drawn or recommendations developed. A description of the level of evidence and recommendation grading will be included in the appendix of the clinical guideline.

7.4 GDG meeting

The main purpose of the face-to-face GDG meeting is to review and discuss draft guideline (v0.1). The suggested changes are collated from the previous consultation and taken to the meeting to be discussed.

The GDG will nominate the Peer Reviewers at this meeting. The Peer Reviewers should ideally be experts who are recognised internationally, but may be from UK or abroad. An invitation (Template 13) will be sent to the nominated Peer Reviewers for their consideration.

7.5 Consultation on draft guideline

The draft guideline is subjected to four rounds of consultation before the final clinical guideline is produced. Feedback can be collected using a variety of methods including using a structured feedback form (Template 14), electronic copy with track changes, annotated hard copy or email free text.

Based on the feedback from GDG, revisions are made to the draft guideline (v0.1) to produce draft guideline (v0.2) which will be returned to the GDG for further feedback. Draft guideline (v0.3) will be produced based on any further GDG feedback. GDG members will be asked to reach consensus on the recommendations (see section 7.6).

Draft guideline (v0.3) will be sent to external peer reviewers for feedback. Based on the feedback from the external peer reviewers, revisions are made to the draft guideline (v0.3) to produce draft guideline (v0.4). If substantive changes have been made, the GDG will be asked to review the draft again and to confirm they are happy with the revisions.
The revised draft guideline (v0.4) will be published for public consultation (see section 7.7) on the FSRH website for 4 weeks. Feedback from public consultation will inform the revisions to produce draft guideline (v0.5), at which point the content of the clinical guideline is finalised.

- if after one more round of consultation, consensus is still not reached, the recommendation will be taken to the CEC for final decision.
- any group member who is not content with the decision can choose to have their disagreement noted within the guideline.

7.6 Public consultation

Wider consultation with stakeholders occurs through a public consultation period held before the clinical guideline is published. The draft guideline (v0.4) should be publicly accessible on the FSRH website for a period of at least four weeks. Stakeholders should be emailed two weeks prior to the public consultation to notify them that the draft clinical guideline is about to be issued for comment on the FSRH website.

During the public consultation the document will be available on the FSRH website within the consultation section. A deadline, contact details for returning comments, and a feedback form (Template 15) will be made available alongside the draft clinical guideline for consultation.

7.7 Reaching consensus on recommendations

When further revisions have been made to produce draft guideline (v0.5) based on public consultation feedback, members of the GDG will be asked to complete a form (Template 16) to indicate whether they agree or disagree with the recommendations proposed. The process is as follows:

- consensus will be reached when 80% of the GDG members agree with the recommendation.
- recommendations where consensus is not reached will be redrafted in light of any feedback.
- the recommendation consensus form will be sent again for all recommendations. Consensus will be reached when 80% of the GDG members agree with the recommendation.
- if consensus is not reached on certain recommendations, these will be redrafted once more.
- If after one more round of consultation, consensus is still not reached, the recommendation will be taken to the CEC for final decision.
- Any group member who is not content with the decision can choose to have their disagreement noted within the guideline.

7.8 CPD questions, auditable outcomes and case digest

To support comprehension and implementation of the guideline, a range of useful tools are produced by members of the GDG to accompany each guideline.

- The Clinical Standards Committee representative has responsibility for producing a set of auditable outcomes to be included into the guideline, if appropriate.
- The Meetings Committee representative has responsibility for producing the 10 single best answer questions relating to the content of the guideline. This is to support individuals to test their knowledge of the guideline as part of their continuing professional development (CPD).
- The Trainee representative has responsibility for produce a case-based digest to facilitate self-directed learning.
These should be submitted to the CEU Researcher at the point of producing draft guideline (v0.5), after the public consultation has concluded and the content of the clinical guideline has been finalised.

7.9 Patient information summary
A patient summary will be produced following each guideline document. A Trainee representative on the GDG will develop the patient summary, with support from the CEU Director, CEU Researcher and the PPI Representative. Local and national PPI groups may be engaged to provide feedback (Template 17).

7.10 Preparing the final guideline draft
After making the appropriate revisions in response to the feedback received, the final draft of the clinical guideline will be sent to:
- the proofreaders (at least three)
- the copyeditor for copyediting (in line with FSRH branding)

7.11 Final Approval
Prior to publication the final draft must be approved by CEU Directors and the CEC Chair.

8. Publication and dissemination
8.1 Publicity planning and publication
The CEU will liaise with FSRH colleagues to prepare announcements regarding the publication of the clinical guideline which will be sent to relevant communication channels including the FSRH and RCOG website and members’ newsletters. The CEU will also inform FSRH of documents for uploading onto the website and to provide advice on the appropriate homepage headline, section heading under which guideline should be inserted, and any superseded documents to be archived. Any financial implications regarding publication and any dissemination of papers should have been identified and managed with at the beginning of the project development.

The Project Leads will perform a final check of the clinical guideline before submitting it to the FSRH to be published on the FSRH website.

8.2 Dissemination and acknowledgements
The Project Administrator will update the stakeholders contact list. A notification email will be sent to stakeholders 2 weeks in advance of the publication of the clinical guideline.

If a printed format of the clinical guideline is made available, arrangements will be made with stakeholders regarding receiving a number of copies from the FSRH.

Members of the GDG, the Peer Reviews, Proofreaders and other people involved in the development of the guideline will also be sent a letter of acknowledge and certificate of participation (see Template 18) in recognition of their support and time given.
A range of products and activities are in place to support the dissemination of the clinical guidelines. This includes presentations at national and local conferences and training events, online webinars and a digest of the guideline published in BMJ Sexual & Reproductive Health (formerly Journal of Family planning and Reproductive Healthcare) to support clinicians in gaining a better understanding of the guidelines and recommendations. The CEU also updated patient information (e.g. FPA leaflets, NHS Choices website) to ensure that women and clinicians are aware of changes to guidelines on clinical practice. FSRH communication platforms (e.g. facebook, twitter, member’s newsletters) and the PPI networks will be used widely used to support dissemination.

8.3 Process for amendments after publication of the clinical guideline
On rare occasions errors may be found after publication of the clinical guideline. Clarification may also occasionally be requested and, if warranted, changes may be made in response to enquiries. Errors may not always warrant changes to the guideline, in which case they will be logged for consideration when the guideline is considered for updating.

Corrections or changes to a published guideline must be made promptly if an error:

▪ puts healthcare services users at risk, or affects their care or provision of services, or
▪ can damage the reputation of the CEU or FSRH
▪ significantly affects the meaning of a recommendation.

Sometimes recommendations need to be changed because a medicine has been removed from the market or some recommendations have been updated or replaced by recommendations in another guideline.

An explanation of the decisions and actions taken is sent to the person or organisation that reported the error or requested clarification. Approval from the CEC will be required before any action is taken forward.

The CEU will work with the FSRH web and marketing team to widely disseminate the amendments to FSRH members. The amendments will be reported on the FSRH website and via social media platforms. In exceptional circumstances, an email regarding the amendments may be sent to all FSRH members.

9. Supporting implementation and assessing impact
9.1 Supporting implementation
The CEU acknowledges that clinicians and services may face different challenges and barriers in the implementation of recommendations made in clinical guideline. To support the implementation of the recommendations, the CEU is committed to getting feedback from users and supporting the development and sharing of useful resources to complement the publication of clinical guidelines. This may involve communicating with FSRH members and other users of the clinical guideline to:

▪ get in touch with the CEU if they have any queries about the recommendations in the clinical guideline;
▪ collect feedback on their experience of putting the recommendations into practice, identifying the enablers and barriers to implementation;
ask if they have any useful clinical resources (e.g. flowcharts, checklist) they are willing to share with other users

collect feedback on the usefulness of resources in supporting implementation of recommendations.

The CEU will continue to work closely with FSRH members to explore ways in which implementation of recommendations can be facilitated across services in the UK.

9.2 Assessing impact

To support services in assessing the impact of implementing the clinical guideline, auditable outcomes are suggested for each clinical guideline.

The CEU will continue to work closely with FSRH members to explore ways in which the CEU can support the development of impact assessment tools that can be used to measure the impact of implementing the clinical guideline.

10. Table of appendices

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<td>Systematic review of literature</td>
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11. Table of templates

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<td>1</td>
<td>Proposal for new clinical guideline</td>
</tr>
<tr>
<td>2</td>
<td>Clinical guideline update assessment</td>
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<tr>
<td>3</td>
<td>Project gantt chart</td>
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<td>4</td>
<td>Clinical guideline management checklist</td>
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<tr>
<td>5</td>
<td>Project progress report</td>
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<td>6</td>
<td>Stakeholder list for clinical guideline</td>
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<td>7</td>
<td>GDG invitation letter</td>
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<tr>
<td>8</td>
<td>Declaration of interest form (FSRH)</td>
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<tr>
<td>9</td>
<td>Patient/ Public Involvement feedback form</td>
</tr>
<tr>
<td>10</td>
<td>Consultation on draft scope: service users feedback</td>
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<tr>
<td>11</td>
<td>Consultation on draft scope: GDG feedback</td>
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<tr>
<td>12</td>
<td>Clinical guideline template</td>
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<tr>
<td>13</td>
<td>Letter of invitation to be a Peer Reviewer</td>
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<tr>
<td>14</td>
<td>Consultation on draft guideline: GDG and Peer Reviewer</td>
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<td>15</td>
<td>Clinical guideline recommendation consensus</td>
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<tr>
<td>16</td>
<td>Public consultation feedback</td>
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<tr>
<td>17</td>
<td>Patient summary feedback form</td>
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<td>18</td>
<td>Certification of participation</td>
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</table>

The appendices and template is available in a separate document for internal use by the CEU. Please contact the CEU for access if require.
12. Contact details
The CEU can be contacted via the following ways:

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