

Checklist for Approving Information Products (Q14a)		
Name of Group: <i>Clinical Effectiveness & Policy Board</i>		
Date of Meeting: <i>Tuesday 19th June '12</i>		
Title of information product: <i>Dementia Research takes a step forward...</i>		
Originator:		
Please delete as appropriate:		
Is the information product needed?	Yes <input checked="" type="checkbox"/>	No
Explain: <i>Supports DeNDRON research project.</i>		
Could an existing information product be modified?	Yes	No <input checked="" type="checkbox"/>
If yes, give details		
Readers' Panel		
Has the information product been reviewed by the Readers' Panel?	Yes <input checked="" type="checkbox"/>	No
Have comments been taken into consideration?	Yes	No
Give details:		
Essential Content		
Has a suitable Marketing Material Production guide been used?	Yes	No
If the information product is about treatment/therapies, does it contain information on:		
• Risks	Yes	No <input checked="" type="checkbox"/>
• Benefits	Yes	No <input checked="" type="checkbox"/>
• Alternatives	Yes	No <input checked="" type="checkbox"/>
Language		
Is everyday clear language used?	Yes <input checked="" type="checkbox"/>	No
Comments:		
Does it contain abbreviations and/or anachronisms?	Yes <input checked="" type="checkbox"/>	No
If yes, please specify <i>explained</i>		

Presentation			
Font (Arial)	Yes	<input checked="" type="checkbox"/>	No
Font size (No less than 9)	Yes	<input checked="" type="checkbox"/>	No
Front Cover			
Trust Logo	Yes	<input checked="" type="checkbox"/>	No
Other (please state)	Yes	<input checked="" type="checkbox"/>	No
Title	Yes	<input checked="" type="checkbox"/>	No
Locality/Service (if area specific)	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A
Back Cover			
Trust website address	Yes	<input checked="" type="checkbox"/>	No
Copyright note	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Intran logo	Yes	<input checked="" type="checkbox"/>	No
PALS address and contact details	Yes	<input checked="" type="checkbox"/>	No
Details of originator/Locality/Service	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Version number	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of publication	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of review	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Review date			
Funding identified	Yes	<input checked="" type="checkbox"/>	No
Approval			
Information product (delete as appropriate):			
Approved / Approved Subject to amendment* / Not Approved*			
*Give details of amendments required/rationale:			
All treatment leaflets should include benefits & risks This should also apply here.			
Name and title of Chair:	Caren maudment - Clinical Effectiveness lead		
Date:	19 th June '12		

On completion, this form should be filed with the minutes and agenda items of the approving committee