Generic Evaluation Form for Non-Medicine Products (Non-MU FORM EVAL1)

The GGC Non-Medicines Utilisation Subcommittee of ADTC (Non-MU) acknowledges that good quality published evidence for non-medicine products can be lacking. Clinical non-MU sub-groups may wish to support product evaluations in order to assess products and produce local data to support changes to GGC non-drug formularies.

This form is intended to be a template for submission to Non-MU in combination with any formulary change request submissions. This form could also be used for data collection at patient level although clinical non-MU sub-groups can develop evaluation forms if more appropriate.

Evaluation methodology (including data collection forms, clinician involvement, evaluation locations, number of patients etc.) is the responsibility ot the clinical non-MU sub-group supporting the evaluation. A summary of evaluation results using the parameters below should be submitted to Non-MU for review in combination with any formulary change request submissions.

Audit name	Data Collector	Date Patient consented:	Form completion date:

Patient identifier

1	**What are the indications for use?**	e.g. wound bed condition type of incontinence, perceived new benefit of product, proposed patient group etc.
2	**Formulary product(s) currently used for this indication?**	☐ None available ☐ Formulary product(s):
3	**General Product evaluation**	Is this product was appropriate for this patient/ patient group? ☐ Yes ☐ No, details: If not, is there a patient group/clinical situation which would be more suitable? What did you think of overall quality of product? ☐ Very good ☐ Acceptable ☐ Poor, details:
4	**Patient safety/ effectiveness**	Since commencing this product have there been any adverse effects or unexpected outcomes? ☐ No ☐ Yes, details: Would you recommend any restrictions, e.g. particular patient group? ☐ No ☐ Yes, restricted to: Should it be restricted to specialist use only? ☐ No ☐ Yes, restricted to:
5	**What was the perceived advantage of the audited product over formulary product at end of evaluation?**	Tick all that apply : ☐ None ☐ Prevented deterioration ☐ Progress management ☐ Improved patient acceptability/ quality of life ☐ Allow patient to self manage ☐ Reduced clinician time to carry out procedure ☐ Reduced need to re-apply product ☐ Other, details: Proposed position of product within Formulary? ☐ 1st line ☐ Preferred List ☐ Total Formulary
7	**Patient Feedback**	Comments by patient/carer/proxy incl any particular patient education/ support required.

8	**Environmental impact**	Please give details of any environmental considerations, excess packaging, recyclability,
9	**Other relevant comments**	e.g. specific education required for practitioner