

MINUTES**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting****Wednesday 14 June 2017 10.30am – 1pm****Healthcare Improvement Scotland, Rooms 6A and 6B, Delta House, West Nile Street,
GLASGOW, G1 2NP****Present**

Professor John Kinsella (JK)	SIGN Chair
Dr Grant Baxter	Royal College of Radiologists
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice Chair
Mrs Margo Biggs (MB)	Lay Representative
Mrs Suzanne Clark (SC)	Lay Representative
Ms Iris Clarke (IC)	Allied Health Professionals
Dr Lesley Colvin (LC)	Royal College of Anaesthetists
Mr Gary Cook (GC)	Royal Pharmaceutical Society
Dr Sara Davies (SD)	Public Health Consultant, Scottish Government
Dr Ellie Dow (ED) (deputy)	Royal College of Pathologists
Ms Alison Gray (AG)	Allied Health Professionals
Ms Lorna Forde (LF) (deputy)	Allied Health Professionals
Dr Roberta James	SIGN Programme Lead
Mr Zachariah Koshy	Royal College of Ophthalmologists
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh (teleconferencing)
Dr Donald MacGregor (DM)	Royal College of Paediatrics and Child Health
Dr Rajan Madhok (RM)	Royal College of Physicians and Surgeons Glasgow
Dr Neil Masson	Royal College of Psychiatrists
Mr Kenneth McLean (KM)	Lay Representative (teleconferencing)
Ms Maureen McSherry (deputy)	Royal College of Midwives
Dr Naomi Moller (NM)	British Association for Counselling and Psychotherapy
Prof Ronan O'Carroll	British Psychological Society
Dr Karen Ritchie (KR)	HIS - Head of Knowledge and Information
Mr Duncan Service (DS)	Evidence Manager SIGN, HIS Employee Director
Dr David Stephens (DSt)	Royal College of General Practitioners
Professor David Wilson (DW)	Royal College of Paediatrics and Child Health
In Attendance	
Ms Karen King (KK)	Executive Secretary to SIGN Council

Observers

Ms Megan Lanigan (ML) Change Programme Manager, SIGN

Apologies

Mr Andrew de Beaux (AdB) Royal College of Surgeons of Edinburgh
 Dr Daniel Beckett (DB) Royal College of Physicians of Edinburgh
 Dr Patrick Chien (PC) (deputy) Royal College of Obstetricians and Gynaecologists
 Dr Tricia Donald (TD) Scottish General Practice Committee
 Mr Mike Gavin (MG) Royal College of Ophthalmologists
 Mr David Hewitson (DH) Scottish Association of Social Workers
 Dr Jane Morris (JM) Royal College of Psychiatrists
 Ms Caroline Rapu (CR) Royal College of Nursing
 Dr Brian Robson (BR) Executive Clinical Director
 Dr Sara Twaddle (ST) Healthcare Improvement Scotland
 Ms Eileen Wallace (EW) Lay Representative

Item #	Item	Action
1.	WELCOME AND APOLOGIES	
	JK welcomed everyone to the meeting, especially those who were attending for the first time, and thanked the deputies for attending in the place of Council members. Apologies were noted as above.	
2.	REGISTER OF INTERESTS	
	JK thanked everyone who had returned their Declaration of Interests (DoIs) to KK. Council were reminded that, as yet, there is no living document on the website to record the interests so members and deputies need to do this on an annual basis. KK to issue paper copies to those attendees with outstanding information at the break in the meeting.	KK
3.	MINUTES OF COUNCIL MEETING HELD ON 8 FEBRUARY 2017	
	The minutes of the meeting held on Wednesday 8 February 2017 in Gyle Square, Edinburgh were accepted as accurate, subject to an amendment in those present and the comments of NM in item 10.3. These minutes will be posted on both the SIGN website and the SIGN Council website.	KK
4.	REVIEW OF ACTION POINT REGISTER	
	JK provided updates on the items in the action point register. Some of which are on the main agenda.	
5.	MATTERS ARISING	
	<u>5.1 SIGN Website</u> The new design of the SIGN website www.sign.ac.uk was launched on 1 June 2017. Please can everyone have a look at the site and give suggestions on ways to improve it. The layout makes it easier to see more information on each	All

	document, upcoming events and making comments on peer review etc. <i>5.2 SIGN Council action plan</i> Was discussed as part of item 8.2	
6.	SIGN COUNCIL BUSINESS	
6.1	<u><i>Membership (including committees)</i></u> The sub-groups of Council, GPAG and Strategy Group are an excellent way of being further involved. There is not a huge amount of work created by being involved and anyone interested should contact KK karenking5@nhs.net Please can members/deputies let KK know of any upcoming events or conferences the SIGN can contribute either as part of the agenda or to get a stand to promote guidelines and the work being done. There was discussion at previous meetings about whether SIGN Council should be open to members of the public. It has been agreed that the meeting will be in public with observers rather than allowing people to be involved with agenda discussions.	All
6.2	<u><i>Events and awareness raising</i></u> RJ asked for comments on the way information about SIGN's work is being passed to the various organisations represented at Council and the usefulness and format of the SIGN Council newsletter. The matter was raised as the co-chairs for the FASD guideline had a discussion with executive office of paediatricians Scotland, who were unaware that this guideline was being developed. There was a discussion about the difficulties some organisations experience with the dissemination of information and the group decided that the current format of presenting the Council newsletter as a Word document should continue as this made it easy for members to copy the information for their colleagues. The suggestions will be considered by the SIGN Executive.	RJ/ML/KK
7.	SIGN MDT CHAMPIONS	
7.1	A presentation was given to members by <u><i>Dr Mahendra Patel, Principal Enterprise Fellow in Pharmacy, Department of Pharmacy University of Huddersfield, Fellow of the National Institute for Health and Clinical Excellence and Visiting Senior Lecturer at the Faculty of Medicine, University of Sheffield</i></u> about the opportunity for the development of SIGN Multidisciplinary Team (MDT) Champions, providing information and training for students to enable them to share and disseminate information about SIGN. There was a pilot scheme developed with NICE, which has now been embedded into the program for medical, pharmacy, dental and nursing students and the aim is that if awareness of SIGN is part of the student culture it will automatically become practice once qualified. After discussion, Council agreed: <ul style="list-style-type: none"> • in principle with an MDT approach that includes a role for patient awareness volunteers • to start with a pilot with a small cohort, specifically for SIGN 	

	<ul style="list-style-type: none"> • that SIGN should approach NES and involve other areas within HIS • IC asked if involvement could include AHP students at the suggested universities <p>JK thanked Dr Patel for his presentation, and the group for the points raised in the following discussion.</p> <p>KK is to email Council members to volunteer for a short life working group to help prepare the content of the training workshop.</p>	KK
8.	STRATEGIC BUSINESS/CHANGE PROGRAMME	
	<p>ML advised the group of the aims of the change manager role, namely:</p> <ul style="list-style-type: none"> • to develop and deliver a change programme to drive improvement to the guideline development process • to lead on evaluating the impact of SIGN's outcomes, planning and evaluation • the Strategy Group is the governing group for this and will provide the update in the minutes and as an item on the SIGN Council agenda 	
9.	SIGN EXECUTIVE BUSINESS	
9.1	<p><u>Programme Lead report</u></p> <p>There are no additional comments to add to the paper.</p>	
9.2	<p><u>G-I-N Conference 2018</u></p> <p>Roberta thanked those who had already provided contact details of those responsible for sponsorship and having a stand at events. Anyone who has not yet submitted details can email KK.</p>	All
9.3	<p><u>Guideline development programme</u></p> <p>There are still app downloads and hits on the website, according to information provided by SHOW.</p> <p>The demand for the patient versions for ASD and Asthma has been very high.</p> <p>The pilot of the review of the squamous cell carcinoma guideline after 3 years worked well, will be published on 30 June, and is to continue for all guidelines.</p>	
9.4	<p><u>Public Partner Involvement update</u></p> <p>KG has produced a DoI form and instruction for patients/members of the public. The awareness volunteers that are present on SIGN Council have offered to provide support when needed.</p> <p>Where a patient/member of the public is proposing a topic, KG asked if members of SIGN Council could provide specialist input and support with the development of the proposal.</p> <p>SIGN Council members agreed to this.</p>	All

10.	METHODOLOGY	
10.1	<p><u>Methodology update</u></p> <p>The report for the consultation on Key Questions (KQ) for delirium is available for comment.</p> <p>Work is being done on the consensus recommendation. Council members have to give any comments to DS.</p> <p>A draft paper on user-testing of a further aspects of DECIDE will be ready by the end of July 2017.</p>	All
11.	GUIDELINE PROGRAMME ADVISORY GROUP	
11.1	<p><u>GPAG update</u></p> <p>RM provided the group with a short summary of the process changes for proposing a guideline, which is now a more transparent process with proposals being outlined on the website at an earlier stage than previously.</p> <p>There is more face-to-face involvement with a proposer to create a more focused document.</p>	
11.2	<p><u>Future Programme</u></p> <p>A proposal for a refresh of the ADHD in children guidelines has been received. This is a topic that has two polarised views, around pharma and non-pharma. The evidence is not as strong with regards non-pharma treatment of ADHD. JK is to contact the CMO with a view to holding a stakeholder event.</p> <p>LF advised that AHPs currently have a group of researchers from AHP looking at the areas of uncertainty for the management of obesity, to see if there is evidence to support a proposal for a proposal on obesity.</p>	JK
11.3	<p><u>Proposals for ratification</u></p> <p>The group were asked about how to proceed with the proposal for hip fracture. The proposal was narrowed to three areas of uncertainty, but these key areas have little evidence which would make developing a guideline difficult. Agreement was reached that there is still a need for guidance due to the increase in the number of falls because of other conditions. JK and RJ to discuss the proposal further with the proposer and renegotiate the key questions.</p> <p>It was also suggested that the proposal could be fed into a research proposal programme such as NIHR.</p>	JK/RJ
12.	UPDATE FROM HEALTHCARE IMPROVEMENT SCOTLAND	
	<p>KR introduced herself to the group and gave the following update from HIS:</p> <ul style="list-style-type: none"> • the new Director of Quality Assurance has been appointed. Alastair Delaney will join HIS Education Scotland where he is currently Chief Operating Officer and Director of Inspection • the new national standards have been published and apply across all care settings • NICE are no longer continuing with processing MTA. HIS are doing some internal work on this 	

13.	AOB	
	There was no other business raised by Council.	
14.	DATE OF NEXT MEETING 10am for 10.30 to 1pm followed by a light lunch. Wednesday 27 September 2017 , venue tbc	