

APPROVED MINUTES
**Scottish Intercollegiate Guidelines Network (SIGN) Council development day meeting
Wednesday 15 June 2022, 2.00-3.30pm**
Teams

Present	
Professor Angela Timoney (AT)	SIGN Chair
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh– SIGN Vice–Chair
Professor Lesley Colvin (LC)	Royal College of Anaesthetists – SIGN Vice-Chair
Ms Katie Colville (KC)	Royal College of Midwives
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Dr Sara Davies (SD)	Scottish Government
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Dr Scott Jamieson (SJ)	Royal College of General Practitioners (deputy)
Dr Ross Junkin (RJu)	Royal College of Anaesthetists (deputy)
Ms Michelle Kennedy (MK)	AHP, Physiotherapy (deputy)
Dr Chu Chin Lim (CCL)	Royal College of Obstetricians and Gynaecologists
Dr Alan MacDonald (AMac)	Royal College of Physicians and Surgeons of Glasgow
Dr Marie Mathers (MM)	Royal College of Pathologists
Ms Alice McInnes (AM)	Royal College of Midwives
Mr Kenneth McLean (KM)	Patient Representative
Mr Steve Mulligan (SM)	British Association for Counselling and Psychotherapy
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Dr Safia Qureshi (SQ)	Director of Evidence, HIS
Tosin Jegede (TJ)	Royal College of Nursing
Mr Duncan Service (DS)	Evidence Manager, SIGN
Ms Jan Stanier (JS)	AHP, Speech and Language Therapy
Dr David Stephens (DSt)	Royal College of General Practitioners
Ms Jacqueline Thompson (JT)	Royal College of Nursing (deputy)
Professor Steve Turner (ST)	Academy of Colleges
Ms Pauline Warsop (PW)	Patient Representative
In attendance	
Mrs Kirsty Littleallan (KL)	Executive Secretary to SIGN Council (Minutes)
Observers	
Janet Clarkson (JC)	NHS Research Scotland, Oral and Dental
Ross Conway (RC)	Administrative Officer, SIGN
Sarah Florida-James (SFJ)	Programme Manager, SIGN
Karen Graham (KG)	Patient Involvement Officer, SIGN
Ailsa Halliday (AH)	Project Officer, SIGN
Bhautesh Jani (BJ)	NHS Research Scotland, Primary Care
Rory McCrimmon (RM)	NHS Research Scotland, Diabetes
Dr James Morton (JMo)	Royal College of General Practitioners
Terry Quinn (TQ)	NHS Research Scotland, Ageing
Gaynor Rattray (GR)	Guideline Co-ordinator, SIGN
Zoe Seatter (ZS)	Project Officer, SIGN
Ben Shelley (BS)	NHS Research Scotland, Anaesthesia
Ailsa Stein (AS)	Programme Manager, SIGN

David Strain (DStr)	Public Partner
Madeleine Tse-Laurence (MTL)	Programme Manager, SIGN
Charles Weller (CW)	NHS Research Scotland, CMT
Richard Weller (RW)	NHS Research Scotland, Dermatology
Apologies	
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Dr Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Emilia Crighton (EC)	Faculty of Public Health Medicine
Ann Gow (AGo)	Director of NMAHP, HIS
Ms Maureen Huggins (MH)	Patient Representative
Mr Georgios Kontorinis (GK)	Royal College of Physicians and Surgeons of Glasgow
Dr Vivienne MacLaren (VMac)	Faculty of Clinical Oncology
Yann Maidment (YM)	College of General Dentistry
Mr Steve Mannion (SMa)	Royal College of Physicians and Surgeons of Glasgow
Mr James McTaggart (JM)	British Psychological Society (Scotland)
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Dr Colin Rae (CR)	Royal College of Anaesthetists
Dr Matthias Rohe (MR)	Early Career Professional
Mr Matthew Smith-Lilley (MSL)	British Association for Counselling and Psychotherapy
Dr Simon Watson (SW)	Director of Medical, HIS

1.	WELCOME AND APOLOGIES	
	<p>AT welcomed members of Council to the development day, the first hybrid meeting of SIGN Council, and thanked everyone for their attendance. It was acknowledged the concerns around the trains and other circumstances prevented more members from joining the meeting in person.</p> <p>AT made Council aware of the guests attending from NHS Research Scotland either in the room or online. Janet Clarkson Rory McCrimmon Terry Quinn Ben Shelley Charles Weller Richard Weller</p> <p>Apologies were noted as above.</p> <p>Alice McInnes and Katie Colville, the representatives from the Royal College of Midwives, were welcomed to their first meeting of Council. David Strang, a new Public Partner, was also welcomed.</p> <p>All those attending Council were made aware of the use of breakout rooms for a portion of the session on workstream 1. This workstream will look at widening the reach of SIGN and how we do that. It will be a collaboration with NHS Research Scotland.</p>	
2.	DECLARATION OF INTERESTS	
	<p>AT reiterated the importance of these being completed and if they have changes to their declarations to let KL know.</p> <p>There were no new declarations of interest.</p>	KL/ALL
3.	SIGN COUNCIL BUSINESS	
	<p><u>CMO letter</u> AT highlighted the June letter from the CMO's office, which is the second to be sent. It raises awareness about SIGN and the work done to harness engagement with clinicians and chief executives. The benefits of taking part in guideline development work for the individual as well as the organisation are also emphasised. A joint letter from the four CMO's also came out at a similar time which stated the importance of releasing staff to engage in other work. The challenges faced currently by the service are not being underestimated. It is hoped we will continue to work closely with the CMO's office on a regular basis to update the service about the work that SIGN is doing and our future direction of travel.</p> <p><u>Future meeting format and dates</u> AT detailed the next three meeting dates which have been agreed and will be put into Council members calendars. The 24 August</p>	

	<p>and 26 October meetings will be virtual, and the meeting on 14 December will be face to face. Council members are encouraged to attend the in person meeting as it is really important as a Council that that we work as a team. It is felt the best way to do this is in person.</p> <p><u>Feedback on the February development session</u> AT summarised the main feedback from the February development session around the work that SIGN is going to be doing. There is a focus on how best collaboration can work for us and when it is best for us to enter a collaboration. There is strain on SIGN about what we are able to produce with the resource as it is and this is reflected in other guideline organisations. SIGN will need to be clear about what we are able and unable to offer the service. And what will have the biggest impact on clinicians and patients.</p>	
<p>4.</p>	<p>REPORT BACK ON WORKSTREAMS–SPOTLIGHT ON WORKSTREAM 1</p>	
	<p><u>Introduction for SIGN Council members and NRS members. Includes confirmation of group members and number of meetings per year</u> LC gave Council and NRS a brief introduction about why a collaboration between SIGN Council members and members of NRS is to begin. At the February development session it was discussed how best to widen the reach of SIGN guidelines. LC began discussions with NRS after this meeting about a potential collaboration across the research networks in Scotland to widen the reach of SIGN guidelines, to take realistic medicine into account, to further evidence based clinical guidance and to also give Healthcare Professionals educational resources. LC would like Council and NRS members to consider this collaboration to work together to shape the research in Scotland, where the gaps in the research are and how best early career researchers and professionals can be supported in developing their skills in working with evidence.</p>	
	<p><u>Highlight report of guidelines currently in development and advance work programme</u> RJ reported to the group the high level status of guidelines in development and the planned advance work programme.</p> <p>Dementia is in preparation for going to the peer review stage. The aim is for it to publish in the spring of 2023. GL is on the guideline group from a SIGN Council perspective.</p> <p>Diabetes in Pregnancy had been paused during the pandemic and has restarted. The guideline is expanding on a section of SIGN 116. It is scheduled for publication in the summer of 2023.</p> <p>Migraine is a refresh and is at peer review. It is a short update and is due to publish in August 2022.</p> <p>Diabetes in pregnancy (GDM diag/screen) is a collaboration with SHTG and will be ready for publication in Autumn 2022.</p>	

Care of deteriorating patients is an update to a consensus guideline from 2014. The update is due for publication in winter 2023.

Polypharmacy guideline is an update to the Scottish Government guidance which SIGN has been supporting. It will publish in the spring of 2023.

Stroke (RCP/SIGN) is a collaboration with the stroke physicians from the Royal College of Physicians. It is a piece of work between the four nations and is due to publish in the spring of 2023.

Asthma guideline is a collaboration with BTS and NICE and the evidence review has started. Publication is not until spring 2024.

Acute coronary syndrome update was paused because of the pandemic. It is a small piece of work and will be started once a PM in the team has capacity to do it.

The refresh to melanoma is in its initial stages.

The Type 1 and Type 2 diabetes guidelines were paused because of the pandemic and will be restarted in the next six months.

The review and update to the perinatal mood disorders is scheduled on the programme for summer 2022.

There are 11 more pieces of work which have been assigned to SIGN from the Work Programme Committee. These do not have a clear start date yet.

Discussion and agreement of priority topic areas for joint work SIGN and NRS and discussion and agreement of joint opportunities to provide training

LC invited the group to begin an open discussion about what the opportunities are for collaboration between SIGN and NRS could cover.

RW raised the existence of overlapping guidelines should be addressed. Which guidance should a clinician follow? There are instances where there is no guidance from SIGN but guidance is produced from another source, for example, British Association of dermatologist's guidelines.

AT agreed there are points where a guideline may not be needed. The process of how work was accepted into the Evidence Directorate has been changed and people are asked to complete a referral form. The form is assessed and it is decided whether the work will be accepted into the directorate, which product will be developed and which team the work will be assigned to. The evidence on the topic proposed is assessed before an output is decided on, and this will help prevent the duplication of work in Scotland.

SJ reiterated the importance of collaboration, it promotes shared learning and the option to jointly accredit guidelines which is mutually beneficial. AT acknowledged SJ's points and confirmed this is one of the things she would like SIGN to do more. If a group

<p>is using an internationally recognised methodology, we should be content with this.</p> <p>TQ made the group aware that all of the Cochrane UK groups will not exist in 2023. But there are new NIHR evidence synthesis units being set up and they seem to have a remit around guideline production. It was queried whether SIGN is involved in this. SQ confirmed that SIGN/Evidence directorate is in the initial stages of being involved in this upcoming work. She is in agreement that collaboration internally and externally is the way forward for the Evidence Directorate.</p> <p>JT let Council know that the RCN has a large international nursing research conference in Autumn 2022 if we wished to consider engaging with nursing researchers.</p> <p>SQ updated Council on the appointment of Dr Gareth Hill (GH) as the new Head of Knowledge Management Services. He has an interest in strengthening the research elements of what we do and how we do it. He is keen on growing our research and evidence capabilities within the organisation, but also reaching out and collaborating with others and would like to set things up on a more formal basis. CW agreed with the proposed ideas of collaboration between SIGN and GH, and requested to be involved from a NRS perspective.</p> <p>Summary from each of the breakout rooms:</p> <p><u>Breakout room one</u> Work out how we can co-ordinate, beyond SIGN, the evaluation of guidelines and how this can be done within Scotland as well as internationally.</p> <p><u>Breakout room two</u> The dissemination of SIGN guidelines around health boards and how to make sure there is a consistent approach taken. KC suggested using the perinatal network for the Diabetes in Pregnancy guideline once it is published. GL offered to support conversations with networks for the cardiac guidelines.</p> <p><u>Breakout room three</u> The group agreed the upcoming guidelines needed exposure. The group thought that it would be good if SIGN could state why a proposed guideline is not going to be taken forward. A heat map to say we are not going to produce a guideline on X because there is already a recent publication on the topic and essentially give it a SIGN guideline tick of approval. This would highlight that we are happy with that as a publication rather than producing our own.</p> <p><u>Breakout room four</u> There was agreement from the group in knowing what guidelines and updates are on the SIGN programme. We could promote new guidelines or updates to journals where we have used evidence produced by them in the guidance. Promotion of new guidelines or guideline updates at the relevant conferences.</p> <p>LC thanked everyone for their contribution and confirmed that the first step is to work together with NRS as there are academic</p>	<p>Meeting between LC/GH/AT/RJ/C W-NRS to be set up</p>
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	<p>strengths there. A meeting will also be set up with GH in HIS. A training day is suggested which could overlap with the early career practitioners group of SIGN Council. The training day would offer the theory behind guidelines, what is good clinical and research practice. This would be coupled with using the learning and taking part in guideline groups. The upcoming guidelines could be featured at the training day and interested early career practitioners could then volunteer to be involved in the relevant guideline group. The opportunity to be involved in the guideline process could also involve implementation, how to do it and what the barriers are.</p> <p>DS would like some information to use to recruit GPs to guideline development. It would be an opportunity to learn to be the guideline developer as a GP. This could be sent to the RCGP and other relevant networks in Scotland to aid in gaining engagement from GPs.</p>	
5.	AOB	
	<p>AT let Council know that Moray Nairn, SIGN Programme Manager, has been in contact to flag that the Type 1 diabetes guideline is in preparation to consult on the key questions from the end of July. This will involve a survey being circulated and there is an ask of Council members to raise awareness of this in their organisations and professional bodies.</p> <p>JMo spoke to Council members about climate change and sustainability issues. This included raising the profile of green issues and the importance of doctors demonstrating green credentials. Examples of this are inhaler prescription, anaesthetic gases, retrofitting buildings and how GPs get to their home visits.</p> <p>It was highlighted that sustainability needs to become a part of guidelines. This is being done in the dental guidelines. SQ confirmed that this HIS has a new sustainability group and there is recruitment for sustainability and net zero leads to help us do the work. It is not just about the buildings and travel, it is about how we embed the principles in our work. The wider Evidence Directorate will be looking at out how do this in the work that we do.</p>	
6.	SUMMARY AND ACTIONS	
	Meeting between LC/GH/AT/RJ/CW-NRS to be set up.	KL
7.	DATES OF FUTURE MEETINGS	
	<p>Wednesday 24 August is virtual. MS Teams.</p> <p>Wednesday 26 October is virtual. MS Teams, and the meeting on Wednesday 14 December will be face to face in Edinburgh. Venue tbc.</p>	