



Healthcare
Improvement
Scotland

SIGN
Evidence-based
clinical guidelines

SIGN guidelines

Information for patients, carers and members of the public





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Who are we?

The Scottish Intercollegiate Network (SIGN) is part of Healthcare Improvement Scotland, which is a public body that:

- provides advice and guidance to the NHS in Scotland, and
- inspects hospitals and helps them to improve what they do to make sure they are safe and clean.



What do we do?

We develop guidelines for health and social care staff in Scotland to:

- help professionals, service users, carers and patients understand scientific evidence so they can use it to make decisions about a person's care
- help people to get the best care available, no matter where they live
- help to improve the quality of health and social care across Scotland.



Who decides which guidelines are needed?

Anyone in Scotland can suggest a topic for a guideline. This includes health and social care staff, voluntary organisations, charities, people with lived experience (patients, service users, and carers) and members of the public.

We choose a topic if we know that hospitals or general practitioners (GP) in different areas of Scotland offer different tests and treatments for the same condition, especially if this leads to different results for people. We also select particular topics if there is uncertainty over which treatments work best to reduce the effects of a disease or the number of deaths associated with conditions or disabilities.

To suggest a guideline topic you can visit our website and fill in our topic proposal form www.sign.ac.uk/get-involved/propose-a-topic

Who is involved in developing guidelines?

To develop a guideline, we bring together a group of people from across Scotland. The guideline development group includes:

- NHS staff, for example hospital doctors, nurses, GPs, psychiatrists and physiotherapists
- staff from areas such as education and social work
- people with lived experience, and
- voluntary sector representatives.



What are guidelines based on?

Our guidelines make recommendations for how to treat and support patients with a particular condition. The recommendations are based on a combination of scientific research and lived experience. If no research has been done the guideline highlights this as an area where more research is needed.



How are the concerns of people with lived experience identified?

We find out what matters to people with lived experience by:

- consulting with patient organisations and charities to ask them what they think our guideline should cover
- looking at the research on lived experiences and peoples' preferences
- getting direct feedback from people with lived experience; for example we may hold focus groups with service users or carers.



How will we know that the guideline has covered all of the important areas?

Once the guideline development group has reviewed the evidence it will prepare a draft guideline containing the draft recommendations. Our consultation processes include the following:

National open meetings

We may hold a national open meeting to discuss the draft guideline. At this meeting, the guideline development group discusses the draft guideline with health and social care professionals, voluntary sector representatives, people with lived experience and members of the public.

We put the draft guideline on our website for four weeks so people who are not able to attend the meeting can comment on it. Anyone can look at the draft guideline and send in comments.

After the national open meeting, the guideline development group meets to discuss the comments made and to make any changes to the guideline.

Open consultation

If a guideline has been updated but there are no significant changes to the recommendations we will not hold a national open meeting. Instead, we have an open consultation and invite the people who would usually come to national meetings to comment on the draft guideline on our website.

Peer review

All our guidelines are independently reviewed by other health and social care staff and academic experts before they are published. The draft guideline is also sent to people with lived experience who can give us comments from their perspective. This is known as the peer review process.



We ask peer reviewers to comment on the guideline, in particular on:

- the way the guideline development group has interpreted the evidence
- whether the recommendations are clear and easy to understand
- whether the guideline is useful, and
- whether the guideline reflects the views of people with lived experience.

We also ask the peer reviewers to suggest improvements to the guideline.

The comments from open consultation and peer review are summarised in a report.

The guideline development group meets to discuss the comments made and to make any changes to the guideline. The guideline group's responses are also recorded on the report.

You can read more about reviewing a SIGN guideline in our leaflet, "Reviewing a draft SIGN guideline: information for patients, carers and members of the public". Guidelines that are available for open consultation can be found on our website at www.sign.ac.uk/consultations

How do we make sure that people with lived experience and the public have access to recommendations in our guidelines?

We produce versions of our guidelines for patients, service users, carers and the public to:

- help them to understand what the latest evidence supports around diagnosis, treatment and self care
- empower people to participate fully in decisions about management of their condition, in discussion with health care professionals, and
- highlight to people where there is uncertainty about the best ways to manage their condition.



These booklets include:

- a brief summary of the condition
- a summary of tests, treatments and procedures we recommend
- how professionals can support people to help themselves, and
- details on where people and their families can find more information.

A small group is formed from the guideline development group to work on patient/public versions of guidelines and is made up of professionals, patients, service users, and carers.

A Public Partner from Healthcare Improvement Scotland also participates in this group. They can help to ensure that our information is accessible, user friendly and easy to understand.

Once the group has decided which recommendations should be included in the patient/public version, they are translated into plain language to allow them to be understood by everyone.

How will we know that the patient/public version of a guideline is helpful for people?

We consult with the intended audience of the patient/public version to ask for their feedback. Methods for doing this include:

- circulating the document to the SIGN Patient and Public Involvement Network for comment
- inviting other relevant organisations to give us feedback, and
- discussion groups to allow people to give us feedback, for example a discussion group with children and young people may be more effective than written consultation.



What happens next?

Before guidelines and patient/public versions are published, quality assurance checks are done by the SIGN editorial group.

The editorial group reviews the draft guideline and patient/public versions, and the reports summarising consultation comments and the guideline group's responses. This makes sure that each reviewer's comments have been addressed.

Once guidelines and patient/public versions have been checked, they are published and advertised to all relevant health and social care staff and patient groups in Scotland. The guidelines and patient/public versions can be downloaded free of charge from our website at www.sign.ac.uk

If you would like a copy of this booklet in another format such as large print, please email sign@sign.ac.uk



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