

DRAFT MINUTES

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting
 Wednesday 11 March 2020, 10.30 am -1.00 pm
 The Studio, Glasgow**

Present	
Professor Angela Timoney (AT)	SIGN Chair
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh (by WebEx)
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice-Chair
Alistair Brown (AB)	Scottish Association of Social Workers (deputy)
Ms Iris Clarke (IC)	Allied Health Professionals
Professor Lesley Colvin (LC)	Royal College of Anaesthetists (by WebEx)
Dr Sara Davies (SD)	Scottish Government (by WebEx)
Dr George Fernie (GF)	Healthcare Improvement Scotland (deputy)
Ms Maureen Huggins (MH)	Patient Representative
Dr Nauman Jadoon (NJ)	Junior Representative
Dr Roberta James (RJ)	SIGN Programme Lead
Dr Scott Jamieson (SJ)	Royal College of General Practitioners (deputy) (by WebEx)
Dr Ahmed Khan (AK)	Royal College of Psychiatrists (deputy)
Dr Chu Chin Lim (CCL)	Royal College of Obstetricians and Gynaecologists
Professor Ronan O’Carroll (RO)	British Psychological Society
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Dr Safia Qureshi (SQ)	Director of Evidence
Ms Caroline Rapu (CR)	Royal College of Nursing (by WebEx)
Dr Donald Macgregor (DM)	Academy of Colleges (by WebEx)
Dr Marie Mathers (MM)	Royal College of Pathologists (by WebEx)
Ms Maureen McSherry (MMc)	Royal College of Midwives (by WebEx)
Dean Ian Mills (IM)	Royal College of Surgeons of England Dental Faculty (by WebEx)
Mr Steve Mulligan (SM)	British Association for Counselling and Psychotherapy (by WebEx)
Dr Matthias Rohe (MRo)	Junior Representative
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr Lydia Simpson (LS)	Junior Representative
Mr Alan Timmins (ATi)	Royal Pharmaceutical Society (deputy)
Ms Pauline Warsop (PW)	Patient Representative
In attendance	
Ms Kelly Humphrey (KH)	Project Officer, SIGN (Minutes)
Observers	
Ms Natalia Kapralova (NK)	PhD Student, University of Glasgow
Ms Catriona Vernal (CV)	Programme Manager, SIGN
Apologies	

Dr Emilia Crighton (EC)	Faculty of Public Health Medicine
Ms Kirsty Allan (KA)	Executive Secretary to SIGN Council
Mr Andrew de Beaux (AdB)	Royal College of Surgeons of Edinburgh (deputy)
Dr Sushee Dunn (SD)	Royal College of Physicians of Edinburgh (deputy)
Ms Alison Gray (AG)	Allied Health Professionals
Mr David Hewitson (DH)	Scottish Association of Social Workers
Dr Vivienne MacLaren (VM)	Faculty of Clinical Oncology
Mr Michael Macmillan (MM)	Patient Representative
Mr Kenneth McLean (KM)	Patient Representative
Laura McIver (LM)	Healthcare Improvement Scotland
Dr Colin Rae (CR)	Royal College of Anaesthetists
Dr Karen Ritchie (KR)	Healthcare Improvement Scotland
Matthew Smith-Lilley (MSL)	British Association for Counselling and Psychotherapy (BACP)
Dr David Stephens (DS)	Royal College of General Practitioners
Ms Jacqueline Thompson (JT)	Royal College of Nursing (deputy)
Dr Hester Ward (HW)	Faculty of Public Health Medicine
Dr Simon Watson (SW)	Medical Director of HIS (starting 01/04/2020)

1.	Welcome and apologies	
	The chair welcomed Council members and observers to the meeting, and everyone introduced themselves.	
2.	Register of Interests	
	<p>The Register of Interests was circulated during the meeting and AT asked anyone who had any changes to be made, to note them. AT explained the new declaration of interest form that is going to be adopted within the evidence directorate, but also noted that forms from 2020 will be transferable.</p> <p>An updated Register of Interest and Declaration of Interest will be made available on the SIGN website.</p>	KA
3.	Minutes of the previous meeting	
	<p>AT went through the minutes from the previous meeting held on 13 November 2019, and they were accepted as accurate apart from :-</p> <ul style="list-style-type: none"> The word 'inequality' needs to be amended to 'equality' in section 4.2 on page 4. CR requested the comments on page 6 regarding the engagement of the RCN be amended for clarity. The last bullet point in section 8 to be amended to 'consider how SIGN could work better with RCN tapping into RCN networks'. <p>The minutes will be available on the SIGN website.</p>	KA

3.1	Review of action point register	
	RJ noted that a draft version of the copyright agreement for guidelines and practice/ guidelines and nursing has come in for RJ and AT to review.	RJ/AT
4.	Strategic Business	
4.1	Strategy group update	
	<p>JB gave an update on the topics discussed in February’s strategy meeting which were:-</p> <ul style="list-style-type: none"> • The evidence directorate is amending the way in which proposals will be received and assigned. There will now be a general assessment process, and then it will be directed towards SIGN if appropriate • Propose that SIGN adopt the GRADE system for interventional studies in order to stay in line with other guideline organisations. • ‘You said we did’ paper to be published on the website • The evidence management system is in the process of being changed • Logic models are to be created for impact measurement 	
4.2	Strengthening the SIGN Council	
	<p>JBs term of office as vice chair of SIGN council has come to an end, so the position is now open for nominations (open to members of SIGN council and deputies). The deadline for applications is the 15 April 2020.</p> <p>JB gave an overview of her experiences during her time a vice chair, and mentioned if anyone would like to talk about the roles and responsibilities of the vice chair role they should get in touch.</p> <p>AT recapped on the previously mentioned changes around terms of office and terms of reference, and for the guideline development groups to have a closer link with SIGN council.</p> <p>RJ stated that the amendments around terms of reference were the ones that were discussed at the previous meeting.</p> <p>Each member organisation will provide four nominations to SIGN council, and the SIGN senior management team will consider and approve nominations, with due regard to diversity, equality, demography, geography and experience. Individuals that have previously been part of a guideline group should be considered for membership to SIGN council.</p> <p>The term of office for a SIGN council member will be three years. Members can serve two terms of office with the potential to have a third term in exceptional circumstances.</p>	

<p>CR expressed concerns around the nomination of four potential representatives, her views were that the college should be responsible for determining who represents them. AT mentioned that the power is still with the colleges as they are choosing the four nominations.</p> <p>GF mentioned that national clinical leads use this process for nominations and it is a very successful transparent process.</p> <p>RO was concerned that small societies may have trouble finding four nominations.</p> <p>AT met with the Academy of Medical Royal Colleges and faculties who were in support of this approach.</p> <p>AT stated that we can trial this process for the next 12 months, and then evaluate. Members of SIGN council agreed to this plan.</p> <p>Function of SIGN council</p> <p>The first draft plan of the function of SIGN council has been created comprising of the roles and responsibilities of SIGN council members. The responsibilities mentioned were:-</p> <ul style="list-style-type: none"> • Having a member of SIGN council strongly linked with each guideline development group (a key college related to the guideline) • Members of SIGN council to potentially take on sponsorship role in which member would work with the programme managers and report back progress to the council <p>PW and LS agreed with these approaches drawing upon their previous experience of working on a guideline group. LS mentioned that these ideas have the potential to offer a more joined up approach to guideline development. AT stated that we will bring this idea back to the June meeting.</p> <p>AT brought up the discussion on how we can engage trainee groups and early year practitioners.</p> <p>LS stated that from her experience so far there is no obvious channel to liaise with other early year practitioners on SIGN work.</p> <p>MR discussed the ‘trainee group academy’ in which the colleges come together for trainees in Scotland. The trainee SIGN representatives feedback the work going on at SIGN to these groups, but may need to take a more targeted approach to specific colleges in future as it needs to be relevant to the college to gain traction.</p> <p>NJ mentioned that maybe trainee groups could be encouraged to get more involved with guidelines once published if there was a process to gain CPD points for their portfolio. The US have such a</p>	<p>KA</p>
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	<p>process in which trainees study the guideline, and then complete case studies for which they then receive CPD points.</p> <p>SQ mentioned that she is keen on utilising technology and making products more readily available. She asked the trainees what kind of things would be useful. NJ mentioned that an app would be helpful as the pdfs are very difficult.</p> <p>Trainees will produce a paper describing approaches that may enable trainee engagement and some options for SIGN for next meeting in June.</p>	Trainee reps
4.3	Vision for the evidence directorate	
	<p>SQ gave a presentation on the new approach of how proposals will come into the Evidence Directorate which will be put into practice from the 1 April 2020. The key stages of the process are highlighted below:-</p> <ol style="list-style-type: none"> 1. Receive- expressions of interest will now come into the Evidence Directorate centrally 2. Filter- there will be an initial filter to see if we are the right group to carry out the work 3. Explore- a Topic Exploration will be conducted to look at the evidence base and inform decision making 4. Consider- each Topic Exploration (TE) is considered in detail at two stages, an internal review and if necessary a work programme committee. The TE will be a product in itself. 5. Allocate- if accepted, the work is allocated to a team/teams who are best equipped to provide support <p>The Council endorsed this approach.</p> <p>SJ highlighted that the levels of acceptance evidence across the Directorate is currently not equitable, so this process should help this.</p> <p>MH queried if a situation would ever arise in which SIGN and the Scottish Government disagree on priorities. SQ mentioned that there are a set of fundamentals in place so this is less likely to happen. RJ stated that the Government is required to go through the same proposal process as everyone else. MH stated that she had this experience in the past in another area of work and would wish SIGN Council to be mindful of this possibility.</p>	
4.4	GRADE methodology	
	<p>DS gave a presentation on the implementation of GRADE methodology. The main things highlighted were:-</p> <ol style="list-style-type: none"> 1. Transparent process of moving from evidence to recommendations 2. Clear, pragmatic interpretation of strong versus weak recommendations for clinicians, patients, and policy makers 	

	<p>3. By adopting GRADE, it will allow cooperation with other guideline developers including NICE</p> <p>4. The adoption of GRADE methodology will address the methodological issues that have been created by bringing all critical appraisal in house</p> <p>SQ highlighted the fact that we would standardise this approach across the Evidence Directorate, making it easier to share information across the directorate.</p> <p>RJ confirmed that there would be a need to update SIGN 50.</p> <p>DS stated that there is plenty of formal training programmes available online on how to use the GRADE software at various levels dependant on necessity.</p> <p>All members of the Council agreed the recommendations in the paper. SIGN will use GRADE in the first instance for interventional procedures and will work with JBI around qualitative evidence. A paper identifying the resources and training needed to introduce this approach will be produced and submitted to the Evidence Directorate. Use of GRADE methodology is contingent on having the training and resources in place.</p>	
5.	SIGN Executive Business	
5.1	Guideline development programme	
	<p>RJ highlighted what had been published since the last SIGN council meeting:-</p> <ul style="list-style-type: none"> • The delirium patient booklet was published February 2020 and has received a lot of interest so far • The 3–year scope on chronic heart failure was published November 2019 • The 3–year scope on Acute Coronary Syndrome was published November 2019 <p>What’s coming up:-</p> <ul style="list-style-type: none"> • Three asthma patient booklets • The update on the osteoporosis guideline is set to be published by the end of March • The asthma guideline collaboration with NICE and the BTS has been delayed at present due to changes within NICE. There is a teleconference at the end of March with both groups to discuss the project. 	
5.2	Project report	
	<p>RJ gave a brief update on the non-guideline projects the SIGN team have been working on. RJ mentioned that it was good to see that many of the pending projects have either been initiated or closed.</p>	

	There has been a formal 'You said, we did' published on the website.	
5.3	Methodology	
	DS informed the council that SIGN are currently undergoing an update to the SIGN website.	
5.4	Public partner involvement	
	<p>There has been a repositioning of the public involvement staff back into the evidence directorate to strengthen what the evidence directorate can do.</p> <p>Karen Graham (KG) is currently working on the 'Epilepsy in Children' patient booklet. Within this she is involving young people in the development which has been very successful to date.</p> <p>Linking to this, KG is also working with the communications team developing a video for young people. There is a young person from the guideline development group who is participating in the video sharing her experiences.</p> <p>KG is to do an evaluation of this method, to see if this is something we should adopt for certain topics going forward as this process is quite resource heavy.</p>	
5.5	GPAG Update	
	<p>The 3-year scoping of the Melanoma guideline showed the need for an update.</p> <p>RJ mentioned that a questionnaire was sent out for guidelines that are approaching 7-years old (antithrombotics: indications and management, The SIGN discharge document and management of perinatal mood disorders). The consensus from stakeholders was that there was a need to keep these guidelines in place.</p> <p>The antithrombotics guideline is very broad, and the views are quite mixed as to what needs to be addressed within this guideline. SJ commented to highlight the importance of this guideline as practice across Scotland is very different due to the evidence being very heterogeneous.</p> <p>SIGN have decided that the management of perinatal mood disorders guideline needs to be updated, but the scope is to be determined by engaging those who responded to the questionnaire and asking them to put a proposal together as a group.</p>	

	<p>SIGN received a request from '<i>Breast Cancer Now</i>' to go ahead with the update to the Metastatic Breast Cancer guideline. As this guideline is gathering momentum, it is appropriate to do this work.</p> <p>The withdrawal of the patient booklet for Arrhythmias has also been agreed upon. James Stewart- the patient and public involvement advisor initially working on this project stated that he found it very difficult to engage people despite multiple efforts. GPAG decided it would be prudent to withdraw the need for the patient booklet. The idea of a patient booklet for every SIGN guideline may need to be revisited.</p>	
5.6	Future programme	
	<p>The non-pharmaceutical management of depression and the diagnosis and pharmacological management of Parkinson's disease guidelines are now over 10 years old and are to be withdrawn.</p> <p>The diabetes guideline is to be withdrawn this year, and the Scottish Government have asked why we are withdrawing it. As this guideline is to be replaced by three separate diabetes guideline (diabetes in pregnancy; the optimisation of glycaemic control in type 1 diabetes and the prevention of type 2 diabetes), should we leave the current diabetes guideline up until the other three guidelines have been published? The replacement of the current diabetes guideline with the three new guidelines will still mean that there will be many sections that will be withdrawn. Should we be looking for other diabetes proposals? SIGN Council to decide at next meeting</p>	All
6.	AOB	
	No items were raised.	
7.	Next Steps and actions	
	<ul style="list-style-type: none"> • AT to meet with trainee representatives to discuss ways to engage early year practitioners. • AT to write to Colleges about the new approach to recruitment of SIGN council members • Look at creating a plan for SIGN council members to 'sponsor' guideline development groups. • Look at the role and remit of GPAG • Recruit a new vice chair for SIGN council 	<p>AT/NJ/MR/LS</p> <p>AT</p> <p>AT/RJ</p> <p>AT/RJ</p> <p>AT</p>
8	<p>Dates of future meetings</p> <p>3 June 2020 – Boardroom, Gyle Square, Edinburgh 4 November 2020 – Meeting Room 6.4 and 6.5, Delta House, Glasgow</p> <p>Dates to be added to SIGN Council member's diaries.</p>	ALL

