

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting
Wednesday 26 October, Teams (2.00 – 3.30pm)**

APPROVED MINUTES

Present	
Professor Angela Timoney (AT)	SIGN Chair
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh– SIGN Vice-Chair
Ms Donna Brough (DB)	Royal College of Midwives
Ms Heather Connolly (HC)	British Psychological Society
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Ms Halima Durrani (HD)	Patient Representative
Dr Shridevi Gopi-Firth	Royal College of Psychiatrists
Ms Maureen Huggins (MH)	Patient Representative
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Ms Michelle Kennedy (MK)	Allied Health Professional, Physiotherapy
Mr Georgios Kontorinis (GK)	Royal College of Physicians and Surgeons of Glasgow
Dr Alan MacDonald (AMac)	Royal College of Physicians and Surgeons of Glasgow
Mr Kenneth McLean (KM)	Patient Representative
Dr James Morton (JMo)	Royal College of General Practitioners
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Ms Debbie Provan (DP)	Allied Health Professional, Dietetics
Dr Safia Qureshi (SQ)	Director of Evidence, Healthcare Improvement Scotland (HIS)
Dr Colin Rae (CR)	Royal College of Anaesthetists
Mr Kenneth Rae (KR)	Scottish Government
Mr Martin Robertson (MRo)	Patient Representative
Dr Matthias Rohe (MR)	Early Career Professional
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr David Stephens (DSt)	Royal College of General Practitioners
Ms Jacqueline Thompson	Royal College of Nursing (job share)
Ms Sheeba Zahir	Royal Pharmaceutical Society
In attendance	
Mrs Kirsty Littleallan (KL)	Executive Secretary to SIGN Council
Observers	
Mr Ross Conway (RC)	Administrative Officer, SIGN
Mrs Sarah Florida-James (SFJ)	Programme Manager, SIGN
Dr Gareth Hill (GH)	Head of Research and Information Service
Mr Kapila Wickramanayake	NHS Lothian
Apologies	
Professor Lesley Colvin (LC)	Royal College of Anaesthetists – SIGN Vice-Chair
Ms Katie Colville (KC)	Royal College of Midwives

Mrs Ann Gow (AGo)	Director of NMAHP, Healthcare Improvement Scotland (HIS)
Mrs Karen Graham (KG)	Patient Involvement Officer, SIGN
Ms Naomi Gregg (NG)	Scottish Government
Mr Yann Maidment (YM)	College of General Dentistry
Mr Steve Mannion (SM)	Royal College of Physicians and Surgeons of Glasgow
Mr Steve Mulligan (SMu)	British Association for Counselling and Psychotherapy
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Dr Christopher Pell	Royal College of Psychiatrists
Mr Matthew Smith-Lilley (MSL)	British Association for Counselling and Psychotherapy
Dr Jan Stanier (JSt)	Allied Health Professional, Speech and Language Therapy
Mr David Strang (DStr)	Patient Representative
Dr Hester Ward (HW)	Faculty of Public Health Medicine
Dr Simon Watson (SW)	Medical Director, Healthcare Improvement Scotland

1.	WELCOME AND APOLOGIES	
	<p>AT welcomed members of Council to the development day and set out the plan for the session. The problems and challenges for the immediate and medium term will be discussed. The main focus of the session will be to plan for SIGN@30 both in terms of the 30th anniversary and planning for the next 30 years of SIGN.</p> <p>New members of SIGN Council were welcomed to the meeting. Sheeba Zahir Shridevi Gopi-Firth</p> <p>Apologies were noted as above.</p>	
2.	SIGN@30	
	<p>AT gave members a short presentation on SIGN@30. It is an opportunity to celebrate and plan for the future of SIGN. Internally there is development work taking place with the SIGN team to consider what SIGN is, what our strengths are and how best to work going forward. SIGN is still held in high regard; the work carried out throughout the pandemic reflects this. The team must be able to confidently present what we can do and that we are meeting our own needs as a clinical guideline development group.</p> <p>The SIGN team have agreed:</p> <p>SIGN makes Sense of Evidence as a brand statement. We are the guideline development group for Scotland producing guidance for the people of Scotland. There is a need to meet the needs of the service as best as we are able, and in an accessible way.</p> <p>Council was asked to think of SIGN as a brand and what that means for them. The SIGN team has a further development</p>	ALL

	<p>session in November and Council were asked for feedback on what has been discussed to date.</p> <p>The brand statement was welcomed by Council members. The guidelines should remain patient centred as they are to aid in meaningful conversations between the healthcare professional and patient.</p> <p>SQ let Council members know that the Right Decision Service may come into Healthcare Improvement Scotland. If it does, it would allow us to directly influence the format and design of the platform, which is readily available as either a website or an app. This product would make guidance more accessible for the service and lay people.</p> <p>Guidance produced should be applicable to what is needed by frontline practitioners and patients and carers. It should inform what should be done as well as what should not be done based on the evidence available.</p> <p>It was agreed that this is an opportunity and the key purpose of SIGN remains the same.</p>	
<p>3.</p>	<p>CHALLENGES FOR SIGN COUNCIL MEMBERS AND THEIR COLLEGES AND BODIES</p>	
	<p>Presentations on their survey responses were given by three Council members, Alan MacDonald, Debbie Provan and Colin Rae. The questions put to Council members were:</p> <p>A. What are the three biggest challenges for you and the group you represent?</p> <p>B. What are the three biggest clinical challenges? (This may overlap with A.)</p> <p>C. Could work in SIGN help address/resolve these challenges? Which ones?</p> <p>The main challenge facing the NHS is workforce; recruitment and retention, and the pressures this creates within the healthcare system. GPs do not have enough capacity to meet the demand in primary care. Secondary care is not dealing with the level of demand, which results in GPs managing secondary care's workload. GPs are leaving the workforce in large numbers because of stress and burnout. Sustainability within the health service is increasingly important and SIGN should take this into account too.</p> <p>Clinically multimorbidity, obesity, supporting people with self management and pain management were identified as issues.</p> <p>SIGN may not be able to directly influence some of these challenges. Inclusion and equity will be addressed via the Evidence Directorate methodology group. Members of the SIGN team sit on this group. We recognise the recruitment and training issues. SIGN has a role within its interactions with Government to lobby for time for supporting professional activities (SPA). The Chief Medical Officer (CMO) supports clinical involvement in SIGN guideline groups, it is valuable for continuous professional</p>	

	development (CPD) and 91 % of clinicians involved in our guideline development groups said that they would recommend it to others.	
4.	SUMMARY AND CONCLUSION	
	<p>SIGN Council agreed to produce a statement to share with the Work Programme Committee within the Evidence Directorate, with other organisations as required and for individual members to share with their Colleges as required. SIGN Council:</p> <ul style="list-style-type: none"> • recognises that workforce challenges are significant and across all parts of the service • considers it important that clinicians continue to be engaged in guideline development • considers that there is a difficult balance between the value placed on patient-facing activity and work such as guideline development • considers that the emphasis on patient-facing work has put additional pressure on the workforce and on personal and family time when developing guidelines. <p>SIGN Council considers that the Work Programme Committee should give priority to topics for SIGN that could address:</p> <ul style="list-style-type: none"> • ageing, physical or mental frailty • cancers • obesity • pain • multimorbidity. <p>SIGN Council welcomes the work in the Evidence Directorate to address equity and inclusion. SIGN Council welcomes work in HIS on safe staffing.</p> <p>AT has proposed a SIGN@30 conference at the Royal College of Physicians Edinburgh (RCPE) in September 2023. It would be a celebration of what has been achieved as well as an opportunity to engage with our stakeholders as we plan for the future.</p>	
5.	DATES AND FORMAT OF FUTURE MEETINGS	
	<p>Business meeting, 14 December, in person, Gyle Square</p> <p>Four meetings per year from 2023. Two in person, two online. March, June, September and December.</p>	