

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting
Wednesday 22 March 2023, Teams (1.00 – 2.30pm)**

APPROVED MINUTES

Present	
Professor Angela Timoney (AT)	SIGN Chair
Professor Lesley Colvin (LC)	Royal College of Anaesthetists – SIGN Vice-Chair
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh– SIGN Vice-Chair
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Dr Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Ms Maureen Huggins (MH)	Patient Representative
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Tosin Jegede (TJ)	Royal College of Nursing (job share)
Dr Ross Junkin (RJU)	Royal College of Anaesthetists
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
Mr Steve Mulligan (SMu)	British Association for Counselling and Psychotherapy
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
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
Mr Martin Robertson (MRo)	Patient Representative
Dr Matthias Rohe (MR)	Early Career Professional
Mr Duncan Service (DS)	Evidence Manager, SIGN
Ms Ruth Stark	Scottish Association of Social Workers
Dr Jan Stanier (JSt)	Allied Health Professional, Speech and Language Therapy
Dr David Stephens (DSt)	Royal College of General Practitioners
Dr Antonia Torgersen	Royal College of Pathologists
Ms Sheeba Zahir	Royal Pharmaceutical Society
In attendance	
Mrs Kirsty Littleallan (KL)	Executive Secretary to SIGN Council

Observers	
Ross Conway (RC)	Administrative Officer, SIGN
Katie Hislop (KH)	Scottish Government
Alex McEwan (AMc)	Scottish Government
Madeleine Tse-Laurence (MTL)	Programme Manager, SIGN
Ann Wales (AW)	Digital Health and Care Institute
Apologies	
Ms Donna Brough (DB)	Royal College of Midwives
Ms Katie Colville (KC)	Royal College of Midwives
Ms Heather Connolly (HC)	British Psychological Society
Dr Emilia Crighton (EC)	Faculty of Public Health Medicine
Dr Shridevi Gopi-Firth	Royal College of Psychiatrists
Dr Sara Davies (SD)	Scottish Government
Ms Halima Durrani (HD)	Patient Representative
Mrs Ann Gow (AGo)	Director of Nursing, Midwifery and Allied Health Professionals (NMAHP), Healthcare Improvement Scotland
Mrs Karen Graham (KG)	Patient Involvement Officer, SIGN
Mr Yann Maidment (YM)	College of General Dentistry
Mr James McTaggart (JMc)	British Psychological Society
Dr Christopher Pell (CP)	Royal College of Psychiatrists
Dr Colin Rae (CR)	Royal College of Anaesthetists
Ms Jacqueline Thompson (JT)	Royal College of Nursing (job share)
Dr Simon Watson (SW)	Medical Director, Healthcare Improvement Scotland

1.	WELCOME AND APOLOGIES	
	<p>AT welcomed everyone to the virtual meeting of Council. Ruth Stark was welcomed to Council as the new representative for Scottish Association of Social Work. Antonia Jorgensen was welcomed as the new Royal College of Pathologists representative.</p> <p>Members of Council were made aware the meetings now take place four times per year. They will alternate between virtual and face-to-face meetings, with the June meeting being the first face-to-face meeting of the year.</p> <p>Apologies noted as above.</p>	

2.	DECLARATION OF INTERESTS	
	<p>Members of Council were thanked for completing their declarations of interests. Those who have not completed their yearly declaration are being contacted directly to complete it. Declaring interests allows SIGN Council to be transparent and those with conflicts will not be included in discussions related to an interest.</p> <p>Action: members of Council with outstanding declarations of interests will be contacted to complete them.</p>	KL
3.	SIGN COUNCIL BUSINESS	
	<p>The five-year plan for SIGN has been presented to and supported by the HIS Executive Team. The communications team is aware of the rebranding and refresh for SIGN. The challenge of 35 guidelines in five years is noted and welcomed by the Executive Team. The Quality and Performance Committee will be given the same presentation in May. The programme for 2023 still stands as presented to Council at the December meeting. The stroke guideline is a collaboration between Ireland, Northern Ireland, Wales, England and Scotland, with publication date of 4 April 2023. The 2024 guideline programme is a work in progress. The correct mix of topics must be created to suit the needs of the service and the needs of the people of Scotland. The work programme for 2024 should be available for the June meeting of Council. Having the planned work programme available is beneficial for collaborations.</p> <p>The agreed meeting format for the rest of 2023 is: June face-to-face at either the Edinburgh or the Glasgow office, September virtual and December face-to-face at either the Edinburgh or the Glasgow office.</p> <p>SIGN Council has previously discussed the importance of addressing the sustainability agenda in terms of how this can be included within SIGN guideline processes, to meet Net Zero targets and improve patient care. Following a meeting between SIGN, Royal College of General Practitioners, Royal Pharmaceutical Society and a number of other royal colleges and professional bodies, including the One Health Breakthrough Partnership a short life working group (SLWG) of SIGN Council will be set up to look at sustainability in guidelines. It is a new piece of work</p>	

	<p>for SIGN Council. The group will look at existing evidence and try to build on it. The work will consider how we can introduce some principles and the steps to be taken for the inclusion of these principles in the development of SIGN guidelines. James Morton (JM) will lead the working group, AT will be involved plus members of Council.</p> <p>The sustainability lead for HIS is Brian Ross who is able to speak with the short life working group about his work with the Scottish Government on this matter.</p> <p>SIGN Council endorsed this approach and agreed to nominate or self-nominate individuals for the SLWG</p> <p>Initial notes of interest for the group; Martin Robertson, Phyo Myint, Ruth Stark, Debbie Provan and Nauman Jadoon.</p> <p>Action: Council members who have an interest and would like to be involved are to make JM or KL aware.</p>	<p>ALL</p>
<p>4.</p>	<p>UPDATE FROM HIS EVIDENCE</p>	
	<p>The update give for the Evidence Directorate highlighted three specific areas.</p> <p>The Right Decision Service is officially transferring to Healthcare Improvement Scotland (HIS). From 1 April 2023, the service will be within HIS and communications will be forthcoming.</p> <p>Action: members of SIGN Council will be asked to circulate communications about the service to their networks.</p> <p>The SIGN team contributed to the masterclass given to the board about the work of the Evidence Directorate. It included the process of the development of SIGN guidelines. It touched on the balance of the inclusion of the evidence along with the lived experience to create the best guideline possible. The Executive and Non-Executive board members appreciate the SIGN process.</p> <p>A report on the involvement of the patients and the public in the work of the directorate was given to the Scottish Health Council board. As a result, the director of Community Engagement would like to work with the directorate on three areas:</p> <ul style="list-style-type: none"> • using our examples to develop positive case studies to illustrate the good job we do • working with the directorate on being more thoughtful and more engaging on social media 	<p>ALL</p>

	<ul style="list-style-type: none"> learning about what we do and how we do things. SIGN's engagement work was well received. <p>A total of 17 posts have been lost from the directorate because of budget pressures. Additional allocations are expected from the Scottish Government, which may allow recruitment. A working group consisting of members of each Evidence Directorate team, plus directorate partnership representatives will look at team resilience and sharing resources. Resilience and sustainability of the directorate teams is the focus of this new group.</p>	
5.	PRESENTATION	
	<p>Ann Wales gave a presentation on the Right Decision Service (RDS), what it is, what it can do and how it can work in the SIGN process. The decision support tools enable health and care staff and citizens to make safe decisions quickly, 'on the go', based on validated evidence.</p> <p>Current and planned RDS work with SIGN:</p> <ul style="list-style-type: none"> Shared decision making app for perinatal mental health guidance. Delivery January-May 2023. Proposal for innovation and evaluation project with DHI – decision support tools for prevention of diabetes type 2. Delivery of deteriorating patient guideline and NEWS2 calculator for September 2023. <p>A Council member suggested the idea of a tracker for clinicians to use. Members were made aware there is testing underway within a new realistic medicines toolkit, which allows clinicians to record what resources they have looked at, learned and save a record for their CPD. A question was asked about regulation regarding calculators. Only individual calculators need to be registered with the MHRA as medical devices if they fit the criteria for being software as a medical device. Of the tools to date only a small number could be classed as a medical device. There is a process in place to acquire UK C marking accreditation for RDS tools. The use of the RDS tools will likely fall under the same rules as the use of SIGN guidelines. The information within them is evidence-based guidance.</p>	
6.	STRATEGY	
	<p><u>GRADE</u> SIGN is signed up to the principles of the GRADE process but the need to refocus on the pandemic meant no formal adoption took place. In the current budget pressures, it has become clear that the priorities of SIGN have changed and</p>	

	<p>some of the proposed benefits of moving to GRADE have not been realised. There is currently not the resource to use GRADE tools or apply the process at its current level of complexity. Implementing GRADE will not help achieve our goal of 35 in 5. It is considered that there are benefits but also challenges and this has decreased its value to SIGN.</p> <p>Recommendations from SIGN Senior Management Team (SMT):</p> <ol style="list-style-type: none"> 1. SIGN should continue to adhere to the principals of GRADE 2. SIGN should continue to develop SIGN 50 to reflect the current SIGN methods 3. There should be no attempts to move to a more formal adaption of GRADE, which would require a significant investment in data extraction and analysis. <p>The formal adoption of GRADE requires investment from the organisation. This is also a reason why SIGN SMT are recommending to Council there is no formal adoption of GRADE at this stage.</p> <p>This recommendation was debated by Council and there were a range of views. It was agreed that moving away from GRADE would not be formally adopted at this time but that more information is required and Council would like to return to this topic.</p> <p>Council agreed to the addition of a fourth recommendation, which will be a formal review of the three recommendations presented to them in 18 months.</p> <p>Action: SIGN SMT to amend the methodology report <i>sign-03/22-6.1</i> to include the agreed fourth recommendation.</p> <p><u>Using recommendations from other published guidelines</u> SIGN has been looking at how to incorporate recommendations from other guidelines more effectively to speed up the guideline development process and for better use of resources. There have been decisions made around how to identify and select suitable recommendations that have implications for SIGN methodology. The approach for adopting recommendations only from guidelines less than three years old is cautionary, but we feel we can extend the timeframe for NICE as we are confident in their methodology and the populations, and healthcare context is similar to our own. This method relies on others to keep their recommendations up to date. This poses a risk to</p>	<p>SMT</p>
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7.	SIGN EXECUTIVE BUSINESS	
	<p>No discussion took place for paper <i>sign-03/22-7.1</i>.</p> <p>The guideline update tracker has been created to help prioritise the SIGN programme. It details if a guideline is current and if it requires an update or should be withdrawn. Other information is included, such as if another part of HIS is working on the topic or if another organisation is. Council members are able to feed in any intelligence they have on the potential pieces of work for SIGN. This will help the prioritisation of the work programme.</p>	
8.	PATIENT INVOLVEMENT	
	<p>No discussion took place of the patient involvement work.</p> <p>Action: public partner verbal introductions at SIGN Council to be the June meeting.</p> <p>Action: patient involvement is to be moved up the agenda from the June meeting onward.</p>	<p>KG/RC</p> <p>KL</p>
9.	MINUTES	
	<p>The minutes from the previous meeting of SIGN Council on 14 December 2022 were accepted as accurate and approved.</p> <p>Action: the approved minutes will be uploaded to the SIGN website.</p>	KL
10.	AGREE KEY POINTS OF MEETING	
	<p>Chair’s summary of meeting; three points from the meeting:</p> <ol style="list-style-type: none"> 1) SIGN Council are supportive of the work of the RDS and of the potential to support implementation of the guidance and look forward to working with RDS in the future. 2) SIGN Council are mindful of the impact of moving away from a commitment to GRADE and have agreed to this, but would like it to be reviewed in 18 months. 3) SIGN Council recognises the issues around recruitment to guideline groups. This will be looked at as part of the development session in June. 	
11.	DATES AND FORMAT OF FUTURE MEETINGS	
	<p>Wednesday 21 June 2023 – in person, Gyle Square or Delta House</p> <p>Wednesday 13 September 2023 – virtual</p> <p>Wednesday 13 December 2023 – in person, Gyle Square or Delta House</p>	