

Minutes of the meeting of the Scottish Intercollegiate Guidelines Network Council
 Held at Elliott House, 8-10 Hillside Crescent, Edinburgh
 On **Wednesday 10 November 2010 at 10.30am**

C O N F I R M E D

PRESENT	Margo Biggs	Patient representative	
CHAIR	Dr Keith Brown	SIGN Chairman	
	Dr Patrick Chien (<i>deputy</i>)	Royal College of Obstetricians and Gynaecologists	
	Dr Wendy Craig	Academy trainee representative	
	Dr Bernard Croal	Royal College of Pathologists	
	Dr Sara Davies	Public Health Consultant, SGHD	
	Hilary Davison	NHS QIS	
	Mr Andrew de Beaux	Royal College of Surgeons of Edinburgh	
	Dr Jenny Gordon	Royal College of Nursing	
	Dr Rachel Green	Junior Doctor	
	Robin Harbour	SIGN Quality and Information Director	
	Professor Tracey Howe	Allied Health Professions	
	Dr Roberta James	SIGN Acting Programme Director	
	Vice-Chair	Professor John Kinsella	Royal College of Anaesthetists
		Dr Rajan Madhok	Royal College of Physicians and Surgeons of Glasgow (Medicine)
Fiona McMillan		Royal Pharmaceutical Society of Great Britain (Scottish Department)	
Jane Munro		Royal College of Midwives	
Professor Ronan O'Carroll		British Psychological Society	
Professor Nigel Pitts		National Dental Advisory Group	
Marion Shawcross (<i>deputy</i>)		British Association of Social Workers	
Dr Graeme Simpson		Royal College of Physicians of Edinburgh	
Dr Vijay Sonthalia		Scottish General Practice Committee	
Dr Sara Twaddle		SIGN Director	
Dr Christine Walker	Royal College of Radiologists (radiology)		
IN ATTENDANCE	Lesley Forsyth	Executive Secretary to SIGN Council	
OBSERVER	Dr Ali El-Ghorr	Implementation Adviser, NHS QIS	
	Gregory Skoyles	3 rd year medical student, Edinburgh University	
APOLOGIES	Professor Alan Cameron	Academy of Royal Colleges	
	Dr Charles Diaper	Royal College of Ophthalmologists	
	Dr Frances Elliot	NHS QIS	
	Gavin Fergie	CPHVA	
	Dr John Gillies	Royal College of General Practitioners	
	Dr Elizabeth Junor	Royal College of Radiologists (oncology)	
	Dr Ken Lawton	Royal College of General Practitioners	
	Dr Tahir Mahmood	Royal College of Obstetricians and Gynaecologists	
	Professor Jim McDonald	Faculties of Dental Surgery (RCPSE and RCPSG)	
	Dr Sarah Mitchell	Allied Health Professions	
	Wendy Nganasurian	Lay Representative	
	Dr Brian Robson	NHS QIS	
	Dr Steve Ryder	Academy of Royal Colleges	
	Ruth Stark	British Association of Social Workers	

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and in particular Bernard Croal, RCPPathology to his first Council meeting and Greg Skoyles, 3rd year medical student, as an observer. KB reported that Wendy Nganasurian had resigned after six years on Council and he would write to thank her for her input.

Action: KB

Apologies were recorded as above.

1.1 Re-appointment of Chair

ST reported that out of 35 voting papers sent out 26 had been returned with 25 for and 1 against. ST congratulated KB on his re-appointment for three years.

2 MINUTES OF MEETING HELD ON 16 June 2010

Minutes were approved with the following amendments - 3.2 EMISS and 5.1 – students (penultimate line first paragraph) to be replaced by junior doctors or FY1 doctors. The amended minutes would be added to the SIGN website.

Action: LF

3 MATTERS ARISING

3.1 Clinical engagement strategy

HD reported this was a work in progress led by BR and Eileen Moir, Director of Nursing. Meetings had taken place with KB and RH to take forward the clinical engagement strategy and in particular how SIGN can be involved with regard to implementation. BR is due to meet with JK to discuss how to make better use of SIGN Council and its networks. BR will give a more detailed update at the March meeting.

Action: BR/HD

3.2 e-health

Bluebay

RH reported that the Asthma module is now ready for launch. SIGN was waiting for Bluebay's report on their testing with GP practices, predominantly in England, prior to giving final agreement on the accompanying wording of permission. No concerns were anticipated. Bluebay is compatible with both VISION and EMISS.

Evidence into Practice (NES portal)

Duncan Service (DS) is in discussion with NES and others in NHS QIS Knowledge Management Unit about standard workflows and templates that will allow guidelines to be presented in a range of different formats, and to interface with other routes for getting recommendations implemented.

iPhone apps

RH reported that work was progressing well and a mock up of an iPhone app for Leg Ulcer was tabled. It was hoped that the first iPhone app with the 2010 guidelines would be produced before Christmas. Work will then proceed with Android versions to allow guidelines to be made available on a wider range of 'phones and ST reported that there is funding in the 2010/11 budget to cover this. This will use the same material as that provided for the iPhone so should take less time to produce. The information on the iPhone app was equivalent to SIGN Rockets ie mainly the quick reference guide plus some background information. It was agreed that it should state clearly that the full guideline and references were available on the SIGN website and there should be a

hyperlink for this. There was currently no intention to charge for the iPhone apps. RH reported that the American College of Physicians was the only other organisation he had found that produced iPhone apps and they did not charge. RJ is to speak to Stuart Neville (SN) with regard to whether iPhone apps can be emailed or forwarded on. Council acknowledged the excellent work done by RJ and SN.

Action: RJ

ST reported that the SLWG on alternative formats will discuss a launch strategy for the iPhone apps which would also raise awareness of SIGN and tie in with the engagement strategy to the public and clinicians.

KB reported that SN had also produced guidelines on e-readers and that more ideas could be developed. iPhone apps would be advertised on the home page of the SIGN website. The site had received more than 1.6 million hits in October.

NHS Evidence

DS is having similar discussions with the technical people at NHS Evidence to those he is having with NES. The aim is to agree processes that will allow production of a single output in a format that can be taken on board and used by either platform – or any others SIGN wants to work with in the future.

Action: RH/DS

4 UPDATE FROM NHS QIS

HD reported on the transition to HIS and the appointment of the new HIS Chair, Dr Denise Coia, who had taken up post in October. An offer had been made for the Chief Executive post but negotiations had not been finalised. The process for recruiting Board members had begun and interviews would take place in December. Meeting dates are in place from January 2011 onwards for the Shadow Board which would allow for three months overlap.

Both the Head of Health Services Research and Effectiveness and the Director of Planning and Resource Management had resigned and temporary arrangements had been put into place until the end of March. There was no immediate plan to fill these posts on a permanent basis. A Pharmacy Advisor, Laura McIvor, had been appointed to lead on work on the organisation's approach with ABPI, reviewing the current position of SMC and how the organisation can support that and the relationship with NICE.

A meeting is being held on 25 November with KB, ST and SD looking at potential synergies with SMC, SIGN and SHTG.

With regard to the Glasgow accommodation, staff would remain in Delta House for the next 12-18 months.

With regard to the budget, the outcome of the spending review is awaited. There was an expectation that the allocation would be reduced but it was felt that the organisation could accommodate the reductions.

Two appointments had been made for the development of the Quality Hub. BR was keen to engage with SIGN on what their role would be.

It was agreed that the HIS Chair and Chief Executive would be invited to the March meeting of Council.

Action: KB

5 SIGN COUNCIL MATTERS

5.1 Presentation from doctors and dentists in training group

WC and RG gave a presentation on the work of the group including membership of the group, their strategy and audit tools. They thanked SIGN staff for their input. Their strategy was to help doctors and dentists in training to improve practice using SIGN guidelines and to help SIGN make their work relevant to the workforce. The audit tools were simple,

straightforward and easy to use and feedback had been helpful. The group had produced a paper on web-based adjuncts to guidelines which had been presented by ST at the GIN conference in Chicago in August and had been well received.

The group were working with DOTS which provides compulsory and optional e-learning modules on principles of evidence based medicine.

The group hoped to do further work with Universities and develop undergraduate teaching programmes. There was some discussion on other systems which were available and it was thought helpful to pool resources and also for other specialty trainees to be included in the doctors and dentists in training group.

With regard to the group working alongside gdgs, NP cautioned that it was important to target appropriate gdgs. It would be helpful if a representative from the Doctors and Dentists in Training Group attended the first gdg meeting and if the gdg bought in to the idea then the audit tool could be set up. Council agreed that the Doctors and Dentists in Training group should decide which were fit for purpose.

With regard to quality assurance, Beatrice Cant, Clinical Audit Programme Manager for QIS, has volunteered to look at the returned audit data.

Council accepted the tabled generic introduction paper and a flow diagram for implementation of tools. RJ suggested adding some steps prior to development of the audit tool. Council agreed that outputs from the group should be posted on the SIGN website and that the authors of audit tools should get due recognition on the site. Four audit tools were ready to go and four were in development.

Council congratulated the group on their progress.

Action: WC/RG

5.2 Engagement with Colleges

RJ reported that in response to a number of requests from Colleges she had produced a sample newsletter summarising guideline development which could be circulated after each Council meeting informing Colleges of the stages of development of guidelines and at what point they could have input. RJ suggested that Colleges could extract the relevant information and pass on to members. RM suggested that an alternative approach would be that each College put the newsletter on their website with a link to the SIGN website. AdeB suggested that a generic newsletter be circulated rather than SIGN deciding what was relevant to individual Colleges. Other suggestions included sending out an e-alert with a link to SIGN's website, a short notice in the RCPE President's newsletter indicating further information at SIGN, and subscribing to an RSS feed. JK suggested the newsletter should include a list of people who have taken part in guideline development. NP recommended that each individual table should be dated.

Council approved the proposals for SIGN to produce a newsletter, identify contacts in the Colleges willing to disseminate it and to review its success and the resources required to produce it.

RJ will draft a newsletter and circulate to Council for comments with a view to producing the first newsletter after the March meeting of Council.

Action: RJ

6 STRATEGY

6.1 Strategy Group report

The draft minutes of the September meeting had been circulated. With regard to the research strategy JK reported that it had been decided a journal was not feasible and the plan was to get SIGN registered on the ISI database.

It was suggested that a summary of SIGN guidelines could be published in College journals. JK congratulated SIGN for its work on Rockets and iPhone apps.

Other items discussed by the group were covered on the main agenda.

6.2 **SIGN/SHTG relationship**

SD spoke to the circulated paper outlining the areas of interaction and process for developing joint working between SIGN gdgs and the Scottish Health Technologies Group (SHTG). SD reaffirmed interest in working together and reported that some good work had been done on clinical and cost effectiveness.

However, RM, as Chair of the gdg on early rheumatoid arthritis, had submitted a request to do a health economic modelling assignment on specific recommendations in the guideline as treatment for this condition had fundamentally changed. The treatment involved expensive drugs and clinical evidence suggests that giving drugs earlier led to greater benefit. Current advice to NHSScotland stems from a 2007 NICE MTA.

SHTG were approached to undertake economic modelling, but as this request was outwith the current working agreement between SIGN and SHTG and the lack of health economic modelling capacity, SHTG had been unable to assist.

The guideline notes the new evidence but the NICE MTA recommendations remain. RM felt this seriously compromised what SIGN does. Had economic modelling been available this might have been avoided...

HD reported it was on the HIS agenda that if there was insufficient health economic capacity within the organisation to provide economic support for both SMC and SIGN they would explore capacity externally. VS stated that where resources were insufficient clinicians were put under pressure. RJ replied that guidelines were the evidence based gold standard and some guidelines could be used as a lever to influence resources.

SD confirmed that the recent announcement that NICE had stopped doing HTAs had been taken out of context and that NICE were continuing to do them.

KB reported that the new Chair of HIS wanted the three evidence parts of the organisation, SIGN, SMC and SHTG, to work collaboratively. A meeting will take place on 24 November.

It was agreed that KB would write to SHTG, the Chair of QIS, and the incoming Chair of HIS, stating that SIGN was compromised due to the lack of economic modelling support. There needs to be adequate capacity to do this. RM requested that the letter should also be sent to all Chairs of Colleges.

Action: KB

Council accepted the proposal of further joint working on the identification of technologies of interest and significant resource impact; consideration of requirements for clinical and resource impact reports; consideration of a new process by SIGN to group its 'not recommended' actions to support the evidence base for disinvestment reviews by SHTG on behalf the National Planning Forum; the aspiration to consider the need for health economic modelling reports and to agree the circulated flow chart with suggested amendment.

6.3 **ABPI relationship**

ST spoke to the circulated paper outlining the 2007 agreement between ABPI and SIGN which had been approved by Council and the current situation. Issues surrounding an event to support implementation of the ADHD guideline had led to a reappraisal of this relationship. Two issues were identified – the involvement of non-ABPI members and the request that individual companies be identified rather than using the ABPI banner in line with the ABPI Code of Conduct.

Laura McIvor, Pharmacy Adviser to NHS QIS, is currently developing a pan-QIS approach to ABPI relations. In the interim KB and ST met with Sandra Auld, Operations Director at ABPI Scotland, to discuss a way forward. **Council approved the following proposals** – that SIGN will only work with ABPI members; any material which relates to events or work which

is funded wholly or in part by ABPI will carry both SIGN and ABPI logos and a list of the ABPI members involved; any such material will carry a statement that funding is provided through an unrestricted educational grant and no individual company logos will be included.

6.4 **Priorities**

ST spoke to the circulated paper summarising the priorities from April to October 2010 and confirmed that the priorities up to April 2011 would be the same ie keeping the work programme on track, joint working with other areas of QIS, methodology, dissemination and preparing for the transition to HIS. KB confirmed that SIGN Council would have a say in the management structure of SIGN and ST confirmed that the SIGN Senior Management Team believe that there is a role for three senior posts. HD reported that the structure of HIS would come out of discussion around its functions and ST, as a member of the Directorate Management Team, would be included in these discussions. It was suggested that a proposal be circulated electronically in January/February.

7 **GUIDELINE DEVELOPMENT PROGRAMME**

7.1 **Programme Report**

RJ spoke to the circulated paper outlining the current programme which included 16 guidelines of which three were new topics, five full reviews, five selective updates and one living guideline. Two guidelines had been published since June, Leg ulcer and Psoriasis and psoriatic arthritis, and these would be included in the iPhone app alongside all guidelines published in 2010.

7.2 **Future programme**

KB spoke to the circulated paper and reported that SIGN had been concerned that some guidelines were out of date and that staff might run out of work unless topics were approved. For two years he and ST had been trying to get clarity on which topics were to be accepted on to the programme. KB had finally got agreement from FE on 9 November to go ahead with the following topics – revisions of head and neck, ovarian, gastric, lung and bladder cancers; Adult epilepsy and Bronchiolitis in children; chronic pain; GORD in children and the management of primary squamous cell carcinoma. More work was needed to limit the scope of chronic pain.

Following on from June SIGN Council the common sexual problems outline proposal had been developed into a full proposal. However, the Clinical Effectiveness Unit of the Faculty of Sexual and Reproductive Health had suggested taking this forward in collaboration with the British Association for Sexual Health. In the light of this and the current backlog of proposals **Council agreed not to take the common sexual problems proposal further.**

The outline proposal for osteoarthritis of the knee was not yet completed and no clinical lead had yet been identified. **Council agreed that no further work be undertaken at this time and the topic be revisited in 2011.**

7.3 **Declarations of interest**

RJ spoke to the circulated paper regarding the management of declarations of interest requested from gdg members and peer reviewers. Following three informal requests from healthcare professionals and members of the public to view declarations of interest it was discovered that full records were not available and declarations had to be sought retrospectively. There was a clear need to tighten up the process to maintain SIGN's reputation. This issue is also being looked at across QIS with a view to standardising the form used and developing an organisation-wide database to hold the data thus avoiding duplication of effort and making it easier to produce reports. RJ listed a number of proposals and suggested developing an SOP for collecting and managing declarations of interest and how to deal with potential conflicts. **Council agreed the proposals** with a suggestion to rephrase the request for gdg members to submit a paragraph indicating their reasons for joining the group and suggesting that QIS advice be sought around

posting declarations on the website within data protection rules.

RM felt that gdg members needed to be aware of potential conflicts and peer reviewers with vested interests. JG reported that this was discussed at GIN and there was a difference in having an interest and having a conflict. All gdg members had an interest in the topic but this was not necessarily a conflict. HD suggested that rather than leaving the room when a conflict was perceived it was better for the group to know what the conflict was. It was difficult enough to encourage people to join groups and asking them to leave the room might be seen as a potential barrier. It was important to be transparent and also to get a balance. Whilst the public needed reassurance that recommendations are not from biased sources, in evidence based guidelines this should not be an issue.

8 **METHODOLOGY**

8.1 **Methodology Development Group**

The draft minutes of the October meeting had been circulated. TH reported that the process of implementing GRADE was progressing well and congratulated the team on their efforts and in particular on change management. Work was progressing on changes to the considered judgement forms.

8.2 **Methodology update**

RH reported that there was a need to rethink training materials with regard to assessing the quality of evidence. The intention to develop the methodology in time to work with the long term survivors of cancer group was over ambitious and putting unnecessary pressure on staff. Head injury rehabilitation was also a fairly difficult topic so it seemed sensible to start with more straightforward topics due to start in the New Year. The long term survivors and head injury guidelines would revert back to the normal process. **This was approved by Council.** NP suggested explaining what the differences in methodology were.

9 **PATIENT INVOLVEMENT**

RJ spoke to the circulated paper and congratulated Sian McCarthy on the excellent work she had done covering Karen Graham's maternity leave. Karen was returning to work on 15 November. RJ outlined the role of awareness volunteers and reported that they had been involved in a number of activities which had been seen to be successful. Following evaluation of events three main issues had been highlighted – the importance of evaluation, more training required and more support from SIGN. As a result of the evaluations SIGN was developing a standard set of slides for the volunteers to use; offering training in public speaking and offering more support for event planning eg having a library of information including key contacts, locations etc and getting materials to venues.

SIGN has continued to be involved in the process of achieving a quality standard, Investing in Volunteers, which NHS QIS has been working towards. Activities include maintaining protocol compliance required for NHS QIS to achieve the IVI award, preparing Annexes for SIGN 100 to reflect the new protocols and implementing appropriate equality and diversity monitoring.

10 **DISSEMINATION AND IMPLEMENTATION**

10.1 **Implementation Group report**

AE-G spoke to the circulated paper summarising the implementation support activities since the June meeting. He reported that implementation support was now embedded in the guideline process including the introduction of an SOP, allocation of staff time and financial resources and continued close collaboration with the QIS Directorate for Implementation and Improvement Support and the new Quality Improvement Hub. Launch events are being rebranded as implementation events. A lot of implementation work was going on across groups and particular mention was made of the Psoriasis and psoriatic arthritis guideline which, for example, had received exposure on television, a summary in the BMJ and other journals, national and local awareness raising events,

working with NES to provide educational resources, with the gdg to make a QOF submission and with Bluebay to develop support tools that integrate recommendations into GP IT systems. Presentations had been given in Singapore, Australia and Chicago and in January AE-G was travelling to Saudi Arabia to develop an implementation strategy and work plan for the National and Gulf Center for Evidence Based Medicine.

Action: AE-G

10.2 SLWG report on alternative formats

This had been covered in item 3.2.

11 FINANCE AND ADMINISTRATION

11.1 Director's report

The Director reported an 8% underspend for the end of September just under £39,000, due to lower than expected costs of printing and higher than expected income from SIGN staff giving training. Karen Graham and Ailsa Stein were returning to work on 15 November. Jen Layden had taken up a post as Senior Project Manager in the National Clinical Guidelines Centre and Michele Hilton Boon, Information Officer, had taken up a five month secondment with Standards Development Unit. SIGN staff continued to present at conferences and deliver training abroad. The VTE implementation event will take place on 10 December 2010.

12 ANY OTHER BUSINESS

MB reminded Council that a replacement would be required for WN and also that a previous lay representative had not yet been replaced. ST confirmed that this would be taken forward.

Action: ST

13 DATES OF FUTURE MEETINGS

Date of next meeting - Wednesday 16 March 2011 - 10.30am to 1pm (coffee from 10.00, lunch available from 1pm) to take place in the Boardroom, Elliott House, 8 -10 Hillside Crescent, Edinburgh EH7 5EA

Dates of future meetings - Wednesday 15 June 2011 and Wednesday 9 November 2011.