You said...we will do: SIGN stakeholder feedback report

August 2018
Foreword

The Scottish Intercollegiate Guidelines Network (SIGN) is 25 years old this year. We were one of the first national guideline organisations to be established in the world. Since our inception we have been involved in many of the advances in guidelines over that period. We have a very high reputation internationally and our guidelines are used extensively not only in Scotland but throughout the world. SIGN has always been committed to producing high-quality evidence-based guidelines to help health care professionals provide safe, effective person-centred care in NHSScotland.

At SIGN we have continuously improved our products by learning from all of our stakeholders, for example by listening to proposers and users of our guidelines, and developing accessible products in a range of languages and formats.

This stakeholder feedback report is part of our commitment to continuous improvement. It does not look back at our history, but focuses on current activities, what people like about what we do and what we should change. We will use this feedback to further improve our products.

I am grateful to all who took part in this work. Thank you for your time and interest and with your support we look forward to making SIGN even more relevant to the delivery of health and social care in Scotland.

Professor John Kinsella
Chair, SIGN Council

Acknowledgements

This project was made possible due to the contribution of staff members in SIGN, members of SIGN Council and health service research colleagues in Healthcare Improvement Scotland.

The work was overseen by SIGN Council’s strategy group.

The stakeholder feedback project and this report were undertaken by Megan Lanigan, Change Manager, SIGN, Healthcare Improvement Scotland.

Thank you to all those who contributed as part of this project. Your feedback has been invaluable.
Summary

SIGN celebrates its 25th year in 2018. In acknowledgement of this milestone we thought it was timely to review what our stakeholders need from us in the future.

We undertook a stakeholder feedback project to seek these views. As part of this project we engaged with over 620 SIGN stakeholders via focus groups, an online survey and semi-structured interviews.

Usage

We asked stakeholders about how they currently use SIGN guidelines, what they like and what they would like to change about them.

What stakeholders told us about their current usage of SIGN guidelines included:

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<td>· To aid clinical decision making</td>
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The usage and awareness of SIGN products is variable with the most well-known products, the full guideline and quick reference guide (QRG), also being the most used. The usage and awareness of the App and patient booklet were lower than expected.

The majority of our stakeholders had applied a guideline in their practice. They cited the guideline being easy to find and read as enablers to this and lack of time and access to the recommended services as the barriers to this.
Summary continued

What is done well

The results of the stakeholder feedback show that overall users were mostly happy with SIGN guidelines. Almost three quarters of the survey respondents and 15 of the strategic users told us what they liked about SIGN guidelines. The following are things they particularly like.

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<th>Positive reputation</th>
<th>Clinician engagement in guideline development</th>
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What could be better

Just over half of the survey respondents and all the strategic users suggested changes to the current way of developing and presenting SIGN guidelines. Keeping the guidelines up to date was the main issue survey respondents wanted changed.

Keeping the guidelines up to date

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Summary continued

The remaining issues were raised by a smaller groups of respondents. The things they wanted changed were:

- **Increased awareness**
- **The way topics are proposed and selected**
- **Supporting implementation**
- **Increased accessibility**
- **Consideration of a different product**
- **Consideration of different methodologies**
- **More collaborative working**

All the issues raised by our stakeholders are known to SIGN. For three of these issues SIGN already has pilot projects underway trialling new options. This feedback from a large number of our stakeholders confirms feedback received more informally. This gives us confidence we are identifying and working towards solutions to the right issues.

Some of the feedback received as part of this process has been contradictory. This matches what we found before this project started and what, in part, fulled the need for more comprehensive feedback. We won’t be able to meet all the needs of our different stakeholder groups all of the time. It is helpful, however, to have a better understanding of who these groups are and what their needs are.

The strategy sub group of SIGN Council, with co-opted members including SIGN staff, reviewed the results of the feedback and have developed an action plan to address the main issues. This action plan is the foundation for development work for SIGN over the next few years.
Introduction

The purpose of SIGN is to produce high-quality evidence-based guidelines to help healthcare professionals provide safe, effective, person-centred healthcare in NHSScotland.

Background

Since the creation of SIGN 25 years ago a number of things have changed:

+ Originally you could only access SIGN guidelines as a hard copy. Now you can also access them via the SIGN website and the App.
+ Whilst originally there was the full guideline and quick reference guide (QRG), we now also offer the patient version and the App.
+ The length and specificity of the guidelines have fluctuated over time. What were once separate guidelines have become chapters in one larger guideline and visa versa.
+ The patient voice has become integral to the development of the guideline with separate systematic literature reviews of patient and carer experience, representation on the guideline development group, a patient network, and the development of the patient version, which is a lay translation of the guideline.

And yet some things have stayed the same:

+ We continue to have healthcare professionals at the centre of guideline development.
+ Our methodology is evidence-based and transparent as set out in SIGN 50: A guideline developer’s handbook.
+ The guideline topics have always been suggested by those in the clinical community.

This stakeholder feedback project will ensure SIGN continues to make the right decisions about what to keep doing and what to change.

Objective

To ensure we continue to achieve our vision we decided to undertake a stakeholder feedback project.

As part of the project we wanted to collect feedback that would help SIGN develop our work in line with stakeholders needs and better understand the sometimes contradictory feedback we were getting from our stakeholders.
Methodology

Developing the questions

The starting point was to find out what SIGN Council and SIGN executive wanted to know from users. This was done via a series of one to one interviews with everyone in SIGN executive and an email request for feedback from SIGN Council members. This feedback was themed and the initial questions for the survey and the themes for the interviews were developed from this. The initial question set was tested and refined via the focus groups. The themes were refined and added to throughout the process and used to support the analysis and reporting.

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<thead>
<tr>
<th>Theme</th>
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Clarifying the users

The users we sought feedback from were based in health and social care in Scotland. They included individual and ‘strategic’ users of SIGN guidelines. Most of the strategic users do not use SIGN guidelines as part of their current role. They may have used them in a previous role and/or represent a group or part of the sector that do use them.

We did not seek feedback from patients, service users, carers and members of the public as part of this work. These groups had recently been consulted as part of the DECIDE project looking at ways of presenting information derived from guidelines for patients, service users, carers and members of the public.

Methodology continued

Gathering the feedback

1. Focus groups

The focus groups helped to test a number of specific questions and explore other themes in more detail. Four focus groups were held including three face-to-face in Dundee, Edinburgh and Glasgow and one via teleconference. Users from rural and remote areas were given priority for the teleconference.

2. Survey

The survey was created to allow as many users of SIGN guideline as possible to tell us about their individual experience and feedback. The questions were a mix of closed and free text questions. It was an online survey, open for eight and a half weeks from 04 December 2018 to 31 January 2018.

3. Interviews

The interviews were held with people in senior roles within health and social care in Scotland. The interviews were semi structured and between 45–60 minutes in length. Interviewees were sent a copy of the sub-set of themes in advance of the interview and these were used to guide the discussion. All the interviews were recorded to aid accurate record keeping.

We used a range of communication channels such as twitter, email, newsletters and personal communication to raise awareness of the focus groups and the survey. The strategic users were identified by SIGN senior management and contacted directly with a personalised email.

Health service researcher input was provided throughout the project.

Analysing the feedback

A thematic framework method was used to guide the analysis of the free text and interview feedback. The first step was to code the data. These codes informed the development of the full set of themes, which were then applied to the data. The final stage was to chart the data to summarise, compare and contrast it for interpretation.²

Results

Due to the volume of feedback received we have only included the most significant results in this section. A more detailed report of all the results can be found in the Appendix.

Participants

Focus groups

The focus groups were primarily aimed at helping to refine the survey questions. The attendees were chosen to ensure a representative sample of SIGN users.

Focus groups

- 22 attendees
- 6 territorial boards
- 1 health and social care partnership
- 1 university
- nursing
- medicine
- allied health
- quality improvement / governance
- pharmacy
- dentistry
Results continued

Survey
There were 610 responses to the survey. A breakdown of the respondents demographics is shown below.

Profession
What is your profession? (n=608)

- Allied health (89)
- Dentistry (24)
- Medicine (226)
- Nursing and Midwifery (135)
- Pharmacy (54)
- Psychology (22)
- Other (58)

Speciality
What is your speciality? (n=588)

- Primary care (150)
- Secondary care (403)
- Management and governance (21)
- Research (10)
- n/a (4)
Results continued

Location
What health board do you work for? (n=604)

Length of service
What stage of your career are you? (n=596)

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<th>Duration</th>
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<td>11+ years since qualifying</td>
<td>81%</td>
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<td>6–10 years since qualifying</td>
<td>9%</td>
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<td>2–5 years since qualifying</td>
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<td>Undergraduate</td>
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<td>0–1 years since qualifying</td>
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Results continued

Interviews

Twenty four strategic users were invited to an interview with SIGN; 17 interviews were conducted.

### Strategic users interviewed

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<tr>
<th>External</th>
<th>Healthcare Improvement Scotland</th>
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<tr>
<td>Chair, Academy of Medical Royal Colleges and Faculties in Scotland</td>
<td>Director of Nursing, Midwifery and Allied Health Professionals</td>
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<tr>
<td>Medical Director, NHS Lothian health board</td>
<td>Chair of Scottish Health Technologies Group</td>
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<tr>
<td>Improvement Support Manager, Care Inspectorate</td>
<td>Chairman of the Board</td>
</tr>
<tr>
<td>Public Health and Intelligence Director, NHS Services Scotland</td>
<td>Chair of Scottish Medicines Consortium</td>
</tr>
<tr>
<td>Chief Nursing Officer, Scottish Government</td>
<td>Chief Executive</td>
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<tr>
<td>Public Health Advisor, Scottish Government Health and Social Care</td>
<td>Director of Evidence</td>
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<tr>
<td>Chief Officer, East Ayrshire Integration Joint Board</td>
<td>Chief Pharmacist</td>
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<tr>
<td>Deputy Chief Medical Officer, Scottish Government</td>
<td>Medical Director</td>
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<tr>
<td>Consultant in Public Health Medicine, Faculty of Public Health Medicine</td>
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GP survey

A survey of GPs was conducted by SIGN in 2016 with 199 GPs and one practice manager responding to the survey. Where information from this survey matched the themes in the stakeholder feedback project it has been included.
Results continued

Feedback

This report brings together information collected using a variety of methods. The survey asked specific questions and used a combination of closed, multiple choice and free text questions. The interviewees were provided with a range of themes to guide their discussion. For some topics, the frequency and type of response is impacted by this variation. All response are spontaneous. The focus group attendees were encouraged to complete the survey. As a result the majority of responses from the focus groups have not been included in the results as there was a risk of double counting. Only where the content has not been collected in the survey are focus group responses presented.

Most of the content presented is the most common answer or what the majority of people reported related to a particular theme or question. There are instances when issues raised by a small number of respondents have been reported. This is usually only done when the issue is raised by more than one stakeholder group. The decision to do this was made based on the experience of the SIGN change manager and tested during the action plan development with SIGN's strategy group.

The feedback is presented in three sections:

1. What is happening now
2. What users like about SIGN guidelines
3. What users would like to change about SIGN guidelines

What is happening now

When people find out about SIGN guidelines

We asked survey respondents when they find out about SIGN guidelines relevant to them and the 593 respondents identified two main options (from a multiple choice selection). Sixty-five percent reported finding out about them when they have a need and 47% reported finding out about them at launch or publication.

How people find out about SIGN guidelines

There were 600 suggestions in response to the question asking how respondents find out about SIGN guidelines. The two most common channels reported were firstly online (51%), either by going directly to the SIGN website or by a search, and then secondly, by email (17%).

How people use SIGN guidelines

Six hundred and eight user indicated the variety of ways they use SIGN guidelines from a range of multiple choice options. These responses can be grouped into three broad categories based on the number of responses.
## Results continued

+ **Used individually as a professional development resource:**
  - 81% - educating themselves
  - 71% - awareness raising about current best practice
  - 63% - an occasional reference guide

+ **Used to underpin the creation of something else:**
  - 50% - to develop local protocols or evidence-based materials
  - 49% - to design or deliver education to others
  - 20% - for research

+ **Used for clinical decision making:**
  - 42% - clinical decision making in non-contact time (eg MDT meeting)
  - 20% - clinical decision making during a consultation with a patient

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### Awareness of how we do things is low

Of the nine strategic users that discussed this issue, all of them referred to the reported lack of awareness of SIGN processes either personally or amongst their colleagues. This included how topics are proposed and selected and aspects of the guideline development process. During the focus groups only two of the 22 attendees knew how topics were proposed or selected and one of these was a SIGN Council member.

> ‘For sure the baseline level of knowledge about guideline production and such in the clinical community is low.’

### Awareness and use of our products is variable

The awareness of a SIGN product is related to its use. The 609 respondents who replied to these questions told us that the awareness and usage of the App and patient booklet were lower than expected. Only 44% of respondents were aware of the App and only 25% had used it. Just over half of users (58%) were aware of the patient booklets, and only 38% had used them.

However, 90% of respondents were aware of the quick reference guide and 87% of them had used it. The full guideline was the most well known and used, with 97% of users aware of it and 90% using it.
Results continued

Implementing SIGN guidelines

The majority (81%) of the 609 survey respondents had applied a SIGN guideline in their practice. They also told us the main barriers to implementation were lack of time, access to recommended services or staff, the guideline being out of date and others being resistant to change. The main enablers to implementing a SIGN guideline were it being easy to find, having clear unambiguous guidance, the robustness of SIGN methodology and the support of local teams.

Sixty percent also reported they had changed their practice as a result of a SIGN guideline. The most common type of change (208 respondents) was at an individual level such as in their prescribing or management of particular conditions. The next most common (107 respondents) was at a service level. The guidelines have been incorporated in care pathways, screening programmes and have been used to secure funding to change service provision.

What users like about SIGN guidelines

A question in the survey ‘What do you like about the current SIGN guidelines?’ was answered by 73% (n=448) of survey respondents. Fifteen of the strategic users also identified aspects they like about current SIGN guidelines. The responses below are related to those 448 survey respondents and 15 strategic users.

It is worth noting that more people told us what they liked about SIGN guidelines (448 responses), than what they wanted changed (314 responses).

Content and format that is clear and easy to read

One hundred and fifty seven survey respondents commented on this, more than double any other topic or issue. A third of the strategic users also reported the content and format of the guidelines was clear and easy to read.

‘Accessible, easy to understand’
‘Like the format and layout’
‘They’re clear and concise, well structured, easy to follow’
‘Very readable and concise’
‘…the layout and clear sections’
Results continued

Range of products
The product that was talked about the most was the QRG. Seventy one survey respondents to this question liked the QRG. However, people also liked that you could access the guidelines in a range of formats.

‘Quick reference guidelines are easy to use on a busy shift. I particularly like the flow charts’
‘Quick reference is concise and relevant for clinical use’
‘...patient versions are brilliant’
‘I like the different formats’
‘...can look at quick reference or spend more time on the in depth guidelines.’

Ease of access
Survey respondents didn’t elaborate on the definition of access, but 63 used words similar to those below:

‘Easy to access’
‘Easy to find’
‘Easy to search for’

Robust methodology
People like that SIGN guidelines are evidence based and that it was easy to see what that evidence was. Sixty of the survey respondents talked about this as well as seven of the strategic users.

‘Sound methodology gives confidence in recommendations.’
‘Their development is transparent and rigorous.’
‘I like that recommendations are fully referenced so you can identify the original article if you need further information about a specific thing.’
‘It’s good to know that they are evidence based.’
‘...grading of evidence is excellent’
‘The rigour of the process, the knowledge that the SIGN guidelines are evidenced based’
Results continued

SIGN’s positive reputation

Fourteen of the strategic users and 35 survey respondents mentioned the positive reputation of SIGN as something they liked. They used words like:

- Credibility
- History
- Impartial
- Value
- Quality
- Trust
- Confidence
- Scottish
- International

Clinician engagement in the guideline development

Four of the 17 strategic users and 13 of the survey respondents reported that clinician involvement in the guideline development was a positive thing.

- ‘…the fact that there is an expert group behind each one’
- ‘…put together by experts who have experience of the Scottish medical, cultural and medico-legal context.’
- ‘Process informed by experts’
- ‘They engage colleagues from across Scotland to look at the evidence base as it applies to our population.’
Results continued

What users would like to change about SIGN guidelines

Sixty percent (n=367) of survey users responded to the question ‘What would you like to change about the current SIGN guidelines?’; 53 of them said nothing needed changing. The remaining 51% (n=314) of survey respondents did report things they would like changed, along with all 17 of the strategic users. The responses below are related to those 314 survey respondents and 17 strategic users.

There were over 100 more ‘like’ responses than ‘like to change’. The main ‘like to change’ were:

Keep the guidelines up to date

This was the most common issue survey respondents wanted changed (72). It was mentioned over twice as many times as any other issue people wanted changed.

‘More frequent updates’

‘Regular updates and less concern about them needing to have major overhauls’

‘More frequent updates to make them more current – appreciate there are barriers to this.’

Increase accessibility

Thirty two users raised the issue of accessibility and half of them were referring to the accessibility of the website. An additional 15 survey respondents also raised the need for easier ability to search on the website. Accessibility was an issue raised by a small number (15/116) from the GP survey.

‘Make it easier to access.’

‘…easier access to guidelines’

‘Improve ability to search more easily.’

‘I would like to be able to search by key words such as topic, age group, diagnosis, or drugs for example.’

Twenty four survey respondents also wanted the guidelines to be easier to use. They used words like ‘less scary’ and ‘easier to read’. This was partly related to the language used in the guidelines, however half of the responses were referring to how the information is presented. Fourteen strategic users also raised the importance of the accessibility of the guidelines which included issues such as content and applicability.

Six hundred and five survey users told us about their top preference for accessing SIGN guidelines in the future. The most popular was online (HTML), with 322 users choosing this as their preferred option. If we combine the preferences for hard copy and PDF together this was the next most popular option with 242 responses. These have been combined to ensure we understand the potential need from users to access a physical copy of the guideline. Whilst the PDF can be accessed on a computer or device it can also be printed to be used as a physical copy. Thirdly, 190 users preferred integration into a clinical systems as means of accessing SIGN guidelines in the future.
Results continued

Increase awareness

A small group (22) of the survey respondents and nine of the 17 strategic users talked about the need to increase awareness of SIGN.

‘I would like their profile to be raised. Colleagues are frequently unaware of SIGN and the wealth of information available. (Tend to know about NICE though!)’

‘More marketing on updates, launches’

‘I was more aware of them when were sent hardcopy of full document or quick reference card, now only discover new guidance when go and look for it.’

Thirty five percent of suggestions from survey respondents indicated that email was the preferred way for them to find out about SIGN guidelines in the future. When given the option, 250 survey respondents provided their email address so they could be contacted with regular updates from SIGN.

The way topics are proposed and selected

All of the strategic users raised issues regarding how guideline topics are currently proposed or selected.

‘If you need a SIGN guideline because you don’t know the evidence it’s hard to engage in the process.’

‘Be proactive about topic selection. Engage boards but keep links with Colleges.’

‘Get feedback from wider group about priority areas for topics.’

‘Open calls for topics do create more work but it raises awareness. It tells people ‘we are listening’

‘How do we make it better for the pt and the population that we are trying to serve? And a lot of that is how we go about choosing the right topics.’

In the survey we asked users to rank their preferred way for SIGN guideline topics to be selected in the future, based on three options:

A) Topics are suggested to SIGN by anyone at any time and these are assessed against standard criteria

B) SIGN calls for topic suggestions at set times and these are assessed against standard criteria

C) SIGN engages with key stakeholders and makes the decision about what topics will be chosen for guidelines
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Results continued

Option C was the most preferred (n=274) option with almost 100 more users choosing it as their first preference. With option B (n=179) and A (n= 177) having only a two point difference between them as a first preference. Based on our understanding that the awareness of how SIGN does things is low these rankings were possibly completed by people that did not know what our current system is, which is A. Alternatively, it may be that people know how we chose topics but do not think it is the best way.

Support implementation

A small group (15) in the main survey raised the issue of the need for implementation support. Twelve of the 17 strategic users talked about implementation as an issue. Seven of the strategic users also raised the issue of NHS boards needing greater support for implementation. There were also 18 comments from the GP survey about implementation support, the majority of these specifically mentioned integration into GP systems.

‘More practical implementation tools such as education slides, cases etc. Maybe linking with NES etc to help support embedding of these?’

‘I’d change chapter 13 - Implementing the guideline… This section has remained unchanged in SIGN guidelines for years. Perhaps it is time for SIGN to review the evidence on what leads to effective guideline implementation - specifically a large change in process reliability - I suspect they will find it ain’t audit.’

‘Implementation is not SIGN’s responsibility but practical guidance on implementation might support boards.’

‘The implementation is our role as a board but what we get is no pointers towards the straightforward implementation.’

Consider different methodologies

A small group of survey respondents (14) and 10 of the 17 strategic users talked about wanting SIGN to explore the use of different evidence and methodology. This would open up topics not usually covered by a SIGN guideline due to non-traditional or low-quality evidence.

‘Purists will worry if grey areas are addressed, but users will welcome it.’

‘Use the methodology for what it works for but understand what it isn’t.’

‘SIGN is very good at the methodology, but … there isn’t really hard evidence on how you calculate equality or develop public health evidence so that’s why there is a strength and weakness in the process.’

‘…the consensus approach might suit…It would get us something, with a massive health warning, which is better than everyone making their own thing up and having that variability which isn’t good for those we care for and really not good for budgets.’
Results continued

Produce guidelines in a timely manner

There was mixed opinion about this issue. A small number (4) of strategic users want guidelines to be completed quicker. A question about this was not included in the online survey as when discussed at the focus groups no firm opinion was given by users. It was felt that the topic of the guideline should dictate the content and therefore the volume of evidence and how long it takes to develop, and as such it was a case by case basis.

Consider a different product

This was only mentioned by two strategic users, one of them was the chief executive of Healthcare Improvement Scotland. There is a potential link between this request and the request from some strategic users for more implementation support at a board or service level.

…it’s something that is swift that talks about how the different dimensions come together to form a best buy or whatever you want to call it, for Scotland…if you take a level above that and a level above you can see it for a population level, what does that actually mean for the configuration and design of services.’

More collaborative working

Nine of the 17 strategic users reported a lack of joined-up working or agreed priorities in Healthcare Improvement Scotland as an issue. Ten of them also felt it was important for SIGN to get a wider group of stakeholders to inform their work. This is linked to the issue of topic selection; ensuring the right people are informing and deciding on which topics should be developed as guidelines.

‘It feels disconnected when people talk about HIS, they remember the improvement and scrutiny parts, they don’t always remember the evidence bit. I think there is a miss there that could be leveraged.’

‘There is something about how we join things up as an organisation much better.’

‘… so the medical directors, directors of nursing, directors of pharmacy they are not part of your engagement network about the priorities then we might be missing a trick there. Them understanding what the need is in a collective and multidisciplinary way.’

‘We need to be proactive about topic selection – engage CEO, medical directors to find out what are the big issues for them.’
Action plan

The stakeholder feedback results were presented to SIGN staff and Council. The SIGN Council’s strategy group had responsibility for considering the results and formulating a response.

The strategy group co-opted additional members for this task, including SIGN staff. The work of the group was undertaken over several meetings to identify the main issues that would require action from SIGN. The group were pleased to note the absence of any new issues in the feedback.

This confirmed that we have been listening to the right informal feedback and that the issues SIGN identify themselves match issues raised by users. It was also pleasing to note that for three of the issues raised by our stakeholders SIGN had already started to address these with pilot projects trialling new ways of working.

The group noted that whilst a large number of users were happy with the content and format of the guidelines, a smaller group found this challenging and wanted easier access. They also identified that the strategic users sometimes had different concerns from the users in the survey. This clarity about different stakeholder groups and the variations in their needs was important to understand. Whilst the strategy group were not confident in always being able to meet the needs of the different stakeholders, an understanding of them and their needs helps.

Below are the issues identified by stakeholders as part of this feedback project that SIGN feel they can address. Accompanying these issues is the commitment SIGN has given to addressing them. The actions below form the basis of the development work for SIGN for the next few years.

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<th>Issue: Keep the guidelines up to date</th>
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<td>You said… You wanted us to be better at keeping the guidelines up to date.</td>
</tr>
<tr>
<td>We will do… We have recognised this is a challenge for us and we are currently piloting a new system for scoping the need for an update three years after publication. Once this pilot has been evaluated it will be presented to SIGN Council for consideration beyond the pilot stage. As part of increasing the awareness of what we do we will also look at how and where we tell users about the updates. To make sure this information is as easy to find as possible such as on the website pages and guideline PDF. We are also trialling a review of the current guidelines at seven years to determine the need to update or archive them. We recognise the need to get better at understanding when a guideline has been successful and is either no longer needed or only parts of it need updating. We will review the information we ask for at the topic proposal stage to make it easier to track the impact of the guideline and thus its need for updating.</td>
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### Action plan continued

#### Issue: Increase accessibility

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<tr>
<th>You said…</th>
<th>We will do…</th>
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<tr>
<td>You wanted a better search function on the website.</td>
<td>We commit to a project that increases access to content on the website. This will include:</td>
</tr>
<tr>
<td>A small group of you said you wanted easier access to information, this was mostly focussed on ease of access to the website.</td>
<td>• a better search function that includes being able to search terms across multiple guidelines.</td>
</tr>
<tr>
<td>Two of your top preference for accessing SIGN guidelines in the future are online (HTML), and integration into clinical systems.</td>
<td>• the guideline content being presented in a HTML ‘drill-down’ format.</td>
</tr>
<tr>
<td>Some of you listed hard copy, such as PDF, as your preferred format for accessing SIGN guidelines in the future.</td>
<td>We will continue to work with those involved in decision support tools and are committed to supporting the delivery of SIGN guidelines within these type of tools. We recognise this work has taken far longer than many anticipated and much of this is outside SIGN’s control.</td>
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<tr>
<td>The usage and awareness of the SIGN App was lower than expected.</td>
<td>We will continue to ensure SIGN guidelines can be accessed in a hard copy format, for example printable PDF.</td>
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<tr>
<td>This response might be influenced by responder bias, however in other free text responses a number of people cited poor wifi and IT issues at their workplace as access barriers.</td>
<td>We will increase awareness that the SIGN App does not need a wifi connection to be used.</td>
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### Issue: Increase awareness

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<tr>
<td>You didn’t have a good understanding of how things get done in SIGN such as how topics are proposed or selected.</td>
<td>As 2018 is SIGN’s 25th anniversary we have a project in place to celebrate this milestone. The project includes raising awareness of how we do things in SIGN. There is a limit to what can be achieved by the SIGN staff regarding awareness raising and we rely heavily on those on SIGN Council and on the guideline development groups to help raise awareness of what SIGN does. We will continue to look at ways to help them spread the word.</td>
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<tr>
<td>You said you would prefer to find out about SIGN guidelines via a direct email from us or via our website. 250 of you gave us your email address so we could write to you about our news.</td>
<td>We commit to creating and sending an email update for SIGN users. We have made a commitment to increase the accessibility of our website and we hope this will make it even easier for you to find what you need.</td>
</tr>
<tr>
<td>Your awareness of all the SIGN products was matched to your usage of them and hence variable. However the awareness of the App and the patient booklet was lower than we expected.</td>
<td>We will raise awareness that the SIGN App does not need a wifi connection to use it. The awareness raising we are doing later this year for our 25th anniversary and the email updates we plan to send out should provide the forum for general awareness raising of the App and patient booklets.</td>
</tr>
<tr>
<td>Most of you said you find out about SIGN guidelines when you have a need. Almost half of you also find out about them at the launch of a new guideline.</td>
<td>We currently have a project underway looking at our communication strategy for individual guidelines in an effort to strengthen what we are already doing.</td>
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**Issue: The way topics are proposed and selected**

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<tr>
<td>All of the strategic users talked about the way topics for SIGN guidelines are currently proposed and selected and if this could be changed. You wanted guideline topics to focus on addressing the priorities for Scotland and areas of uncertainty. When given three options of how guideline topics could be selected in the future you told us you wanted SIGN to engage with stakeholders and then decide on which topics should be chosen. 10 of the strategic users told us you wanted SIGN to get feedback from a wider group of stakeholder more generally, not just in relation to topic proposal and selection.</td>
<td>We commit to a project that will review the current way SIGN guideline topics are proposed and selected. This includes who we engage with as part of this, with the aim of changing the current process in line with your feedback.</td>
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### Issue: Support implementation

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| Implementation is important and you said you need more support. However 81% of individual users have applied a SIGN guideline in their practice. | We recognise the importance of implementation and over the years have supported it in a variety of ways. We commit to continue to review and refine the role SIGN can play in the implementation of our guidelines. This includes:  
  - reviewing the content of the implementation chapter in SIGN guidelines  
  - exploring how we can harness the role of the guideline development group members in enabling implementation  
  - exploring how we can embed a more proactive approach to implementation from the beginning of the guideline development. |
| Some of the strategic users said they wanted more support for implementation at a board or service level. | We do not have the ability to provide practical support to boards for implementation. We do, commit to reviewing the process of guideline development and the content and structure of them. We will see if we can make it easier for boards to identify and prioritise their work related to SIGN guidelines, such as how we develop and present the key recommendation section. |
| You recognised that implementation is the responsibility of many, with SIGN being just one of the many.  
You said SIGN should focus on the mechanisms and levers to support implementation rather than developing tools or practical support. | We agree SIGN is just one player in a range of organisations that need to support implementation of guidelines. Practical implementation support has not previously been within the remit of SIGN and currently we do not have the capacity or expertise to take this on.  
We are committed to exploring how, within our current role, we could better support implementation, following your suggestions of focusing on the mechanisms and levers. For example this will include:  
  - exploring links with those who do have a role in supporting implementation  
  - making links with those who have the levers to support implementation such as CPD providers. |
Action plan continued

### Issue: Consider different methodologies

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| You wanted SIGN to use different methodology and evidence to produce guidance in areas that are not addressed by the more traditional evidence. | We identified the need to explore other methodologies based on the type of topics that have been proposed to SIGN in recent years. As a result we currently have two pilot projects underway. These include:  
  - use of consensus methodology  
  - mixed method approaches to evidence synthesis  
  Once concluded these pilots will be evaluated and the results presented to SIGN council for consideration beyond the pilot stage.  
  We recognise the importance of being transparent with our methodology, including that which we are piloting. We will provide clarity in SIGN 50 about the findings from the pilots and the impact on our methodology. |

### Issue: The timely production of guidelines

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| Not many of you talked about this but when you did you told us different things. Some of you thought the topic should dictate the length of a guideline and therefore there was no right or wrong length of a guideline. Some of you said you wanted shorter guidelines and some of you wanted them produced in a quicker timeframe. | The length of SIGN guidelines have varied over the 25 years of producing them. Over that time we have trialled and implemented various changes to improve the guidelines as we are conscious of the length of time it takes to produce them.  
  We currently have a project in place to look for ways to gain efficiency and accuracy in the planning and production of our guidelines. However, we do not expect to make radical changes to the way SIGN guidelines are produced. We also expect our commitment to review the topic proposal and selection process will influence which topics are selected, which in turn will have an impact on the length of those guidelines. |
## Issue: Consider a different product

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<tr>
<td>The chief executive of Healthcare Improvement Scotland said he wanted SIGN to be able to provide additional support to the territorial boards in these difficult times for the NHS. He talked about a new product SIGN could provide to support them. There is some potential overlap with the above topic, and feedback from seven of the strategic users who talked about wanting implementation support at a board level.</td>
<td>We commit to investigating this idea. This will allow us to gain a better understanding of what is needed, how it might work in practice and how well placed SIGN are to support this work. SIGN senior management team will meet with Robbie Pearson, Chief Executive of Healthcare Improvement Scotland as a first step to gaining further detail.</td>
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## Issue: More collaborative working

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<tr>
<td>Nine of the strategic users told us the lack of joined up working in Healthcare Improvement Scotland was a problem.</td>
<td>We agree with your thoughts and would like a solution to be found to this issue. Previously we have been able to do some joint work with our colleagues in Healthcare Improvement Scotland but this has not been consistent due to the differences in how all of our work is commissioned. This variety is one of our strengths but also a challenge. Whilst the work of Healthcare Improvement Scotland can appear quite distinct we are many parts working towards the one purpose of better quality health and social care for everyone in Scotland. We will present your feedback to the executive team of Healthcare Improvement Scotland. We also commit to explore how we in SIGN can support better links with our colleagues such as triaging of topics more centrally to ensure the right product is developed to meet the need.</td>
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Conclusion

This stakeholder feedback project has provided valuable data to guide the development of SIGN guidelines for the future. Importantly, this development will be based on the needs of users, as expressed by them.

It has provided clarity and confidence for the team about the variety of SIGN guideline users and their different needs. The review of the feedback has also prompted reflection within SIGN about the need to better understand the impact of our guidelines. As a result we have already started to pilot ways to gather this information to help further improve the work we do.

We are confident the commitments we have given in this action plan will continue to ensure SIGN achieves its purpose into the future to provide high-quality evidence-based guidelines to help healthcare professional provide safe, effective, person-centred healthcare in NHSScotland.