MINUTES

Scottish Intercollegiate Guidelines Network (SIGN) Council meeting

Wednesday 30 September 2017 10.30am – 1pm
Healthcare Improvement Scotland, Edinburgh

Present

Professor John Kinsella (JK) SIGN Chair
Dr Grant Baxter Royal College of Radiologists
Dr Jenny Bennison (JB) Royal College of General Practitioners – SIGN Vice Chair
Mrs Margo Biggs (MB) Lay Representative
Mrs Suzanne Clark (SC) Lay Representative
Ms Iris Clarke (IC) Allied Health Professionals
Dr Lesley Colvin (LC) Royal College of Anaesthetists
Mr Gary Cook (GC) Royal Pharmaceutical Society
Dr Sara Davies (SD) Public Health Consultant, Scottish Government
Ms Lorna Forde (LF) (deputy) Allied Health Professionals
Dr Richard Heriot (RH) Royal College of Pathologists
Dr Roberta James SIGN Programme Lead
Mr Zachariah Koshy Royal College of Ophthalmologists
Professor Gregory Lip (GL) Royal College of Physicians of Edinburgh (teleconferencing)
Dr Donald MacGregor (DM) Academy of Colleges
Dr Rajan Madhok (RM) Royal College of Physicians and Surgeons Glasgow
Dr Neil Masson Royal College of Psychiatrists
Mr Kenneth McLean (KM) Lay Representative (teleconferencing)
Ms Maureen McSherry (deputy) Royal College of Midwives
Dr Naomi Moller (NM) British Association for Counselling and Psychotherapy
Prof Ronan O’Carroll British Psychological Society
Ms Caroline Rapu (CR) Royal College of Nursing
Mr Duncan Service (DS) Evidence Manager, SIGN
Dr David Stephens (DSt) Royal College of General Practitioners
Dr Sara Twaddle (ST) Healthcare Improvement Scotland
Ms Eileen Wallace (EW) Lay Representative (teleconferencing)
Professor David Wilson (DW) Royal College of Paediatrics and Child Health

In Attendance

Ms Karen King (KK) Executive Secretary to SIGN Council
Observers
Ms Megan Lanigan (ML) Change Programme Manager, SIGN
Ms Jenni Hislop Healthcare Improvement Scotland
Mr James Stewart Healthcare Improvement Scotland

Apologies
Mr Andrew de Beaux (AdB) Royal College of Surgeons of Edinburgh
Dr Daniel Beckett (DB) Royal College of Physicians of Edinburgh
Dr Patrick Chien (PC) (deputy) Royal College of Obstetricians and Gynaecologists
Dr Tricia Donald (TD) Scottish General Practice Committee
Mr Mike Gavin (MG) Royal College of Ophthalmologists
Ms Alison Gray (AG) Allied Health Professionals
Mr David Hewitson (DH) Scottish Association of Social Workers
Dr Jane Morris (JM) Royal College of Psychiatrists
Dr Brian Robson (BR) Healthcare Improvement Scotland
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<tr>
<th>Item #</th>
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<td>1.</td>
<td><strong>WELCOME AND APOLOGIES</strong></td>
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<td>The Chair welcomed Council members and observers, Jenni Hislop,</td>
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<td>Senior Health Economist, who works with SIGN when required and</td>
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<td>James Stewart, who is working with Karen Graham as Patient and</td>
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<td>Public Involvement Advisor in SIGN on a part-time basis.</td>
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<td>Apologies were noted as above.</td>
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<td>2.</td>
<td><strong>Minutes of the previous meeting</strong></td>
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<td>The minutes of the previous meeting were accepted as accurate,</td>
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<td>subject to the following amendments:</td>
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<td>- Page 1 – the correct job title for Karen Ritchie is Interim</td>
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<td>Director of Evidence</td>
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<td>- Page 2 – correction of date to 8 February 2017</td>
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<td>These minutes will be available on the SIGN Council and SIGN</td>
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<td>website.</td>
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<td>3.</td>
<td><strong>Action Point Register</strong></td>
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<td>Declaration of Interests (Dols) should be updated with all</td>
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<td>appropriate information on a continuous basis.</td>
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<td>CR advised that there was a new deputy to represent RCN and they</td>
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<td>will be attending the next SIGN Council meeting, as an observer.</td>
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<td>4.</td>
<td><strong>Matters arising</strong></td>
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<td><em>SIGN Champion update</em></td>
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<td>RJ advised that there had been a meeting of some of the SIGN Council</td>
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<td>members that had volunteered to be part of the SLWG and a suitable</td>
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<td>scenario, to follow the route from clinical question to an answer</td>
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<td>had been agreed. However, when the documentation was received from</td>
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<td>Dr Mahendra Patel, it caused some concern around the amount of</td>
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<td>work the SIGN team would have to do.</td>
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After discussion, it has been agreed that the way forward is for Robert Gordon University to run the pilot, hold the training day in Aberdeen and evaluate the work done by the champions before they get their certificate. The training would involve members of the SIGN team to talk about guideline development.

Comments were invited from Council members and confirmation of the following was sought:

- clarification on whether the champions are students or foundation doctors
- how is RGU going to measure the outcomes

RJ confirmed the pilot would involve students only. JK informed the group that SIGN SMT preferred the revised format of the project as it meant the pilot and evaluation process will take place in one educational organisation. He asked for Council members if they agreed to the pilot scheme going ahead and approval was given. Council was in agreement.

5. **HIS Update**

ST thanked KR for covering for her while she was on secondment.

Part of the work that HIS will be focussing on is linking guidelines with standards and indicators. Within the Evidence directorate, there will be closer working together to produce guidelines and clinical standards. Standards will be produced after an evidence base has been established. ST to bring a paper to the next meeting.

The proposed Standards programme will now be a standing item on the SIGN Council agenda from February 2018 to allow for increased involvement into the standards within HIS.

As everyone on SIGN Council represents a different body, JK encouraged every Council member/deputy to go to their organisation for feedback on priorities from colleagues prior to SIGN Council, so multi-disciplinary input into all clinical standards.

The comments from the group included some issues that have previously been experienced:

- if work was being done on standards and guidelines there could be a launch of both at the same time
- some of the proposals presented at GPAG could be discussed across the Evidence directorate and allocated to the most appropriate area
- a difficulty with having to make a unilateral decision on the best way to deal with a guideline request, for example, ADHD in children, where there is a limited amount of non-pharmacological evidence
- on the difference between protocol and guidance, and the role members of SIGN Council can play to clarify the difference between the two to all colleagues treating patients
- the difficulty arising if a healthcare profession only looks at an algorithm and doesn’t take the time to read the corresponding text
- the message that SIGN is a part of HIS isn’t as widely acknowledged as it could be.
### Presentation

**Identity and stakeholder engagement – HIS update, and how it relates to SIGN** – Tim Jays, Associate Director of Strategic Engagement and Relationship Management

The presentation outlined HIS’s awareness that there is a lack of understanding of the roles of the different organisations within the parent organisation and the steps that are being taken to brand each organisation with a connected image to pull each individual area under the HIS “umbrella” brand.

The Council members acknowledged that

- the single symbol, adapted for each individual organisation was a good way to clarify the connection between each brand with HIS
- acronyms can be confusing
- the loss of the use of the thistle in identifying SIGN as a Scottish organisation may prove detrimental

JK invited Tim back to SIGN Council in future to provide a progress report on the next stages of the branding process.

### Strategy Group

JB provided an update of the last Strategy Group meeting. The progress of the change management process will be given in the report by ML. The SIGN Champions has already been discussed.

Now that the G-I-N 2017 conference has closed, focus can turn to the 2018 conference that SIGN and NICE are co-hosting. RJ is to make sure that the SIGN brand gets equal prominence to NICE one.

SIGN’s 25<sup>th</sup> anniversary year is 2018. There will be an event to celebrate this towards the end of the year, after G-I-N and the theme will be realistic medicine and promotion of SIGN as a Scottish organisation.

### Change Management Update

The SIGN logic model was explained to the group and it was suggested that SIGN Council will have input at the first meeting of each year to identify the priorities for that year. The will mean that the meeting will last approximately four hours to allow for proper planning. If any member had suggestions on other, appropriate, attendees that would provide useful input to this meeting should email ML the suggestions.

There will be a central point for all SIGN team members to consider all their work not directly related to the development of guidelines. This can then be prioritised and the progress can more easily be monitored and the team will know all the work being done by other team members.

ML is extending the scope of the survey she is working on to those stakeholders who are not currently engaged, but who know about the work SIGN does. The gathering of information will be ongoing.

Council approved all the suggestions that were given.
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<th>9.</th>
<th>SIGN EXECUTIVE BUSINESS</th>
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<td><strong>Programme Lead Report</strong></td>
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There has been a number of staff changes with SIGN:  
- Claire Daly, covering for KK, left at the end of July  
- Karen King returned in mid-August  
- Sarah Florida-James filled the vacant PM post at the beginning of August and is working on epilepsy and glaucoma scoping  
- James Stewart joined the team on a part-time basis to work with Karen Graham. He will be also be working for SHTG.  
- Jenni Hislop is the contact Health Economist for SIGN  

Website stats are now gathered by SIGN and the views from across the world are really interesting and the distribution figures are good for patient booklets.  

**G-I-N Conference**  
RJ asked DS and JK to comment on their experience at G-I-N 2017. The feedback from the conference was really positive and provided an opportunity to raise awareness of SIGN, how it differs from NICE and discuss the culture within Scotland.  
The focus is now on the 2018 conference, which SIGN and NICE are co-hosting. The theme is “Why we do what we do?” RJ/ML will be working on a strategy for raising awareness and engaging with stakeholders. Early registration for the event will start on 17 January 2018.  

**Guideline Development Programme**  
In addition to the paper, RJ advised on the success of reviewing guidelines after three years instead of seven, piloted with the squamous cell carcinoma guideline which had no new evidence to update. The next guideline for review is glaucoma.  
Work will be done within SIGN to develop and implement this process.  

**Patient Involvement Officer Report**  
James Stewart has started working on the rebranding of *Mood disorders during pregnancy and after the birth of your baby*.  
KG/KK held a meeting with some of the lay representatives involved in recent Guideline Development Groups (GDG) and got excellent feedback on the GDG experience from their perspective.  
KG is attending the ISQUA conference in London from 1-4 October 2017. Papers include a poster being taken to the event. |

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<th>METHODOLOGY</th>
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<td>DS highlighted the part of the report relating to Cochrane Innovation. SIGN has not yet fully adopted GRADE, which takes the clinician input away from the process. There will be an update on SIGN’s position at a future meeting of Council.</td>
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<th>GUIDELINE PROGRAMME ADVISORY GROUP</th>
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<td><strong>GPAG update</strong></td>
<td>RM referred to the previous items of the meeting where GPAG was discussed and advised Council on how the recent changes to the</td>
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The proposal process has affected GPAG, by outlining the process for a lymphoedema guideline.

The amount of evidence available for the proposal for a guideline on lymphoedema has been problematic. The group decided that the Scottish Health Technologies Group may be able to deal better with this proposal. RJ to take this forward.

RJ/JK speak with proposers and work through the finer details of the proposal to reach the true focus of the key questions that need to be asked. This improves the proposal focus, but creates a potential that guidelines may not be of such a high quality product, as the questions are not right/not right at that time.

Proposers now attend GPAG meetings to provide an opportunity to discuss the proposal with the EISs.

**Future programme**

The proposal to look at a high fat/low carbohydrate diet for initial treatment of type 2 diabetes now includes some health professionals.

There are details on the second sheet of the report, of guidelines that are approximately 7 years old, where the previous GDG members will be contacted to review the existing recommendations.

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<td>All opportunities for raising awareness at events should be sent to KK.</td>
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| The next meeting of SIGN Council will be on 28 February 2018, 10am at the Mercure Hotel in Glasgow | RJ |