Scottish Intercollegiate Guidelines Network (SIGN) Council meeting
Wednesday 13 June 2018, 10.30 am -1.00 pm
Healthcare Improvement Scotland, Edinburgh

Present	
Professor John Kinsella (JK)	SIGN Chair
Mr Andrew de Beaux (AdB)	Royal College of Surgeons of Edinburgh
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice Chair
Mrs Suzanne Clarke (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 Emilia Crighton	Faculty of Public Health Medicine (by telephone)
Dr Roberta James (RJ)	SIGN Programme Lead
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh (by telephone)
Mr David Hewitson (DH)	Scottish Association of Social Workers
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh
Dr Scott Jamieson (SJ)	Royal College of General Practitioners
Michael Macmillan (MM)	Lay representative
Dr Rajan Madhok (RM)	Royal College of Physicians and Surgeons Glasgow
Mr Steve Mulligan (SM)	British Association for Counselling and Psychotherapy
Professor Ronan O'Carroll (RO)	British Psychological Society (by telephone)
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,
Mr Alan Timmins (AT)	Royal Pharmaceutical Society (deputy)
Eileen Wallace (EW)	Lay representative
In attendance	
Ms Beatrice Cant	Programme Manager, SIGN (Minutes)
Observers	
Professor Kay Cooper	Joanna Briggs Institute, Robert Gordon University
Ms Sarah Florida-James	Programme Manager, SIGN
Ms Pamela Kirkpatrick	Joanna Briggs Institute, Robert Gordon University
Ms Megan Lanigan	Change Programme Manager, SIGN
Mr Domenico Romano	Publications Designer, SIGN
Professor Phyo Myint	Royal College of Physicians London
Ms Gaynor Rattray	Guideline Co-ordinator, SIGN
Ms Ailsa Stein	Programme Manager, SIGN (by telephone)

Apologies	
Dr Patricia Donald	Scottish General Practice Committee
Dr Ellie Dow	Royal College of Pathologists (deputy)
Ms Alison Gray	Allied Health Professionals
Miss Felicity Mehendale	Royal College of Surgeons of England
Dr Paddy Niblock	Royal College of Radiologists/Faculty of Clinical Oncology (deputy)
Dr Brian Robson	Executive Clinical Director, HIS

1.	**Welcome and apologies**	
	The Chair welcomed Council members and observers to the meeting. Apologies were noted as above.	
2.	**Register of Interests**	
	The Register of Interests was circulated to members with the meeting papers. JK asked anyone who had not completed a Declaration of Interests to do so before leaving the meeting today; blank forms were made available for this purpose.	
3.	**Minutes of the previous meeting**	
	The meeting scheduled for 28 February 2018 was cancelled due to adverse weather conditions. A meeting was held by WebEx on 25 April 2018 to allow Megan Lanigan to provide feedback from the SIGN stakeholder survey. JK noted that the WebEx was successful. The minutes of the previous meeting were accepted as accurate, subject to the following amendments: • *Page 1* – Remove Ms Alison Gray from list of those present. Add Caroline Rapu, Sara Twaddle and Eileen Wallace (by telephone) to the list of those present • *Page 2* – Add Jenni Hislop and James Stewart to list of Observers These minutes will be available on the SIGN Council and SIGN website.	**RJ**
4.	**Action Point Register**	
	ST note that no progress had yet been made on closer working with Standards and that she would take this forward.	**ST**
5.	**Paediatric chronic pain guideline**	
	LC gave a presentation on this guideline which looks at management of chronic pain in children and young people. It was published in March 2018. The guideline was developed through a collaborative effort involving SMASAC/CMO, MDT group and AS at SIGN, and was based on the SIGN approach, with some aspects using a consensus group discussion because of the lack of evidence. The need for the guideline was identified during the development of SIGN 136. There is currently no comprehensive guideline for this age group. The guideline includes a paediatric pain pathway with three levels (primary/community, secondary care, paediatric pain clinic/CAMHS/MDT rehabilitation).	

	Good assessment of pain is essential in order to manage it, but is often not done well. Evidence for pharmacological management in this age group is lacking and much treatment that is given is off-label. Some possible approaches to implementation, such as via local networks in pain clinics and the pain research network were identified. JK commented that this was a positive development that built on SIGN work. JB wondered if HCPs in secondary care could refer to the guideline in their correspondence with GPs so as to embed the recommended treatment approaches. LC suggested distributing the guideline through patients groups, eg NHS inform. SM liked the pragmatic approach. JK asked if the issue with lack of evidence was that there was no evidence or that the evidence there was was qualitative. LC replied that it was mixed: there were RCTs for psychological therapies, comparative studies for physical therapies but no evidence for pharmacological therapies. SD asked about the screening tool at level 1 and LC replied that it was used by HCPs and was relatively easy to use. DSt commented that this was an example of what guidelines are for. Treatment by GPs of chronic pain in children is difficult and this could help. LC asked if the pain pathway could be tailored for local areas to reflect availability of local services/facilities/resources. ST asked if the guideline was co-badged with HIS/SIGN or SMASAC. LC replied that SMASAC no longer exists. AdB noted that he could not access the guideline through the link provided in the presentation and LC replied that it was on a rather obscure part of the Scottish Government website. There was some discussion of how the guideline could be promoted and JK agreed to take this to the SIGN Executive for discussion of if and how SIGN could help.	
6.	**Strategic Business**	
6.1	Strategy group update	
	JB thanked the new short-term members for their contributions at the two recent meetings, noted that AdB and GC had stepped down and that new members were needed. DH reminded members that deputies can be full members of Strategy Group and GPAG. JK noted that Strategy Group and GPAG each have a half-day meeting, in Edinburgh or Glasgow, three times a year, approximately 2-3 weeks before SIGN Council and that teleconferencing was available. JB commented that having SIGN team members on the group was really helpful because it made members aware of the practicalities of strategic decisions and their potential impact on the day-to-day work of the SIGN team. JB would like to continue this approach and sought SIGN Council approval for this change to the Terms of Reference. Members approved this change.	**RJ**

	JB highlighted some of the issues discussed at recent meetings including: • use of mixed methods approaches in guidelines – pilot work in epilepsy in children • how to critically appraise different types of evidence, eg qualitative, and how to balance different types of evidence when making recommendations • the need to make better and more visible use of patient search results in guidelines.	
6.2	Stakeholder feedback action plan	
	Megan Lanigan (ML) reminded members that a summary of stakeholder feedback was circulated in April and was also discussed at the April WebEx and at the two recent Strategy Group meetings. The circulated draft Action Plan is based on these discussions. ML noted that the focus of today's meeting was the Action Plan and not the feedback itself. The outputs from this work will be a public facing report (the report circulated with the meeting papers is a draft of this) and a separate Action Plan. ML reminded members that there was a lot of positive feedback from stakeholders on the work SIGN currently do and that the changes that respondents suggested were mostly things that SIGN were already aware could be improved. This should provide confidence in what we do. Some of the feedback was conflicting, reflecting different views amongst stakeholders and supporting different views within SIGN. It is important to remember that it is not possible to meet all the needs of all stakeholders. The focus of the Action Plan is what needs to be changed, but ML commented that only a small number of respondents thought changes were needed; in most cases these are already being addressed through SIGN projects. ML also commented that the SIGN team was currently at capacity in terms of workload so would be unable to take on new work at this time. JK took members through the Action Plan, concentrating on the 'What we will do' column. ML commented that items in italics were those she felt required more work and/or decision to be taken. *i) Accessibility* SJ stated that discrepancies in the size of Quick Reference Guides (QRGs) needed to be addressed as some were too long. ML replied that as this did not come up in the stakeholder feedback it was not covered by the Action Plan. It was however noted that this was important and it will be added to the broader list of actions SIGN need to consider. ST commented that the future is not with hard copies of guidelines as they are expensive to produce and distribute and couldn't be kept up-to-date. It was agreed that printable copies should always be available (eg, pdf on the website) rather than printed copies. *ii) Different methodologies* Members were happy with current progress.	**ML**

	iii) Keeping guidelines up-to-date Members had no comments. ML commented that this was the issue most often raised by stakeholders and often discussed within the SIGN team. RJ stated that how SIGN decides which guidelines should be kept up-to-date and how to prioritise this were issues as not all guidelines become out-of-date at the same rate and the need in the NHS varies. The current pilot project looking at scoping guidelines after three years to assess whether an update was needed could identify which aspects of a guideline were out-of-date but not which guideline it is important to update. RJ stated that ideas on how to do this were always welcome. IC commented that she was unclear what the current process was and MM asked if there was any disclaimer in the guidelines about keeping them up-to-date and that comments were welcome on what needed to be updated. RJ replied that the small change (refresh) process addressed this but that there were concerns with using this approach for older guidelines, eg more than five years old, as it was difficult to know if other things apart from the issue/s raised by the proposer were also out-of-date. JK noted that this was an issue for GPAG to take forward. *iv) Increasing awareness* JK noted that SIGN was working with the HIS communications team on how best to do this. There would be no 25th birthday event but rather a targeted information campaign running later this year and beginning after G-I-N 2018. *v) Consider a different product* JK's view is that Robbie's idea is for some form of evidence-based advice aimed at a policy and management audience rather than clinicians. Although some members felt that this was outwith SIGNs remit JK and ST were clear that this idea will have to be explored but that clarification of what is being asked is needed beforehand. *vi) Support implementation* This is not directly SIGN's role, a point acknowledged by stakeholders. LC commented that for chronic pain it took five years to take forward despite having Scottish Government support. ML reminded members that taking on a greater role in implementation would mean the SIGN team not doing something else, which in practice would, currently, mean producing fewer guidelines. IC commented that underpinning standards with guidelines would address this; ST pointed out that this could only be an option for a few guidelines where development of the two coincided. PM noted that NICE have benchmarking work that continues for six months after a guideline is published which encourages change from the bottom up using a QI approach. ST commented that better links were needed with the ihub to support this kind of approach. DSt noted that	**GPAG**

	NICE produce guidelines, then linked standards, then check implementation with clinicians. JK responded that SIGN do not produce standards. RM commented that implementation was the NHS boards' responsibility and asked how HBs implement guidelines and whether Executives were held to account. ML responded that some stakeholders said the current approach was piecemeal and that they did not know about all the guidelines that are out there or which recommendations it was most important to implement. ST replied that the Key Recommendations in each guideline addressed this last point. EC stated that, in her view as an NHS board member, boards rely on clinician buy-in. Each board will have its own arrangements, and governance structures will highlight the guidelines, but nothing will happen without a local champion. *vii) Topic proposal and selection* JK stated that there is a commitment from SIGN to review this. RM commented that GPAG has tried to look across HIS for support for a dementia guideline. *viii) Collaborative working* No comments from members. *ix) Timely production of guidelines* JK noted that SIGN needs to steer its way through the conflicting views on this. *x) Understanding the impact of guidelines* ML noted that this was not part of the stakeholder feedback. No comments from members	
7	**Guideline Programme Advisory Group**	
7.1	GPAG Update	
	RM summarised actions from the circulated minutes and reiterated that more members are needed. The national meeting for the delirium guideline is on 21 June and members were asked to help promote this guideline which is of relevance across NHSScotland. Members endorsed the decision to: • reject the blood transfusion proposal • take forward work on FASD in the form of a comment on existing guidance through HIS rather than as a guideline • update the osteoporosis guideline.	

7.2	Future programme	
	There was no discussion of the circulated paper. ST asked that a reason be added as to why the small change request for SIGN 137: Management of lung cancer was rejected	**RJ**
8	**Methodology**	
	There was no discussion of the circulated paper. Issues around use of qualitative evidence were discussed under item 5.	
9.	**SIGN Executive Business**	
9.1	Programme Lead Report	
	Staffing - RJ notified members that Nicola Nelson left SIGN on 8 June and that another temporary replacement for Karen King will now be sought. *G-I-N 2018* - RJ drew members' attention to the list of abstracts from SIGN staff and highlighted the successes. JK commented that SIGN were well represented given their size and thanked HIS for their support. JK notified members that budgetary constraints mean it is not possible for SIGN to provide financial support to SIGN Council members to attend. RO commented that it is remarkable what SIGN achieve given their budget and that externally, people may not be aware of this. JK agreed that at an international level SIGN is remarkably efficient and that HCP input into guidelines is an important factor in this.	
9.2	Guideline development programme	
	RJ noted that the circulated report includes publications since September 2017 and that the webstats relate to the updated SIGN website.	
9.3	Project report	
	RJ drew members' attention to item 10 - SIGN 50 on the circulated paper and informed members that items 12-15 were agreed at the last Strategy Group meeting.	
9.4	Public partner involvement update	
	RJ informed members that Margo Biggs had now left SIGN Council and that Michael Macmillan had replaced her as a public partner representative. RJ commented that the work Karen Graham is doing is still at the forefront of such work within the international guideline community and noted that James Stewart will now be working with her on a half-time basis. RJ and EW drew members' attention to the link with Care Opinion and the opportunity to use patient quotes from their website to illustrate patient information booklets.	
10.	**Update from Healthcare Improvement Scotland**	
	ST noted that Denise Coia demits office in September 2018 and that an advert for a new Chair will go out soon. The Vice Chair will become the interim Chair pending a new appointment.	

11.	**SIGN Council Business**	
11.1	SIGN 25th Anniversary	
	SIGN is working with the HIS Communications team on how best to publicise the work of SIGN and ML and Moray Nairn from SIGN are taking the lead on this. The main focus of activity will be towards the end of the year, after G-I-N 2018.	
11.2	SIGN/BTS and NICE guidelines on asthma	
	JK informed members that following the recent teleconference between SIGN, NICE and BTS that further meetings would be required before any agreement on a way forward could be reached. The SIGN/BTS guideline is well established and well used and given that SIGN is here to serve Scotland we wouldn't want the guideline subsumed into NICE.	
11.3	Membership	
	The need for new members for Strategy Group and GPAG was discussed earlier in the meeting.. Members were asked to check the membership list and add in any missing details for themselves or their nominated deputies. IC noted that Lorna Ford has retired. JK noted that the following members were stepping down and thanked them all for their contributions: • Patrick Chien, RCOG – Chu Lim new rep • Gary Cook, RPS • Andrew de Beaux, RCSE • Patricia Donald, SGPC JK informed members that dentistry, which used to be represented on Council, will now be represented through the RCPSG within which it sits.	
11.4	Events and awareness raising	
	ST asked whether we should reinstate formal reporting to the Academy of Medical Royal Colleges. JK asked members to let RJ know if they knew of any opportunities for members of the delirium guideline development group to speak and/or otherwise promote the guideline.	**JK**
12	**AOB**	
	No items were raised.	
13	**Next Steps and Actions**	
	• ST to link with standards • Copy of LCs presentation to be circulated with link to the guideline • Explore approaches to promoting paediatric chronic pain GL via SIGN • Discuss/agree approaches to identifying/prioritising guidelines for updating • Add reason for rejection of lung cancer proposal to programme list	**ST** **RJ** **RJ/DS** **GPAG** **RJ**
14	**Date of next meeting**	
	10 October 2018, Delta House, Glasgow	