

APPROVED MINUTES

Scottish Intercollegiate Guidelines Network (SIGN) Council meeting Wednesday 6 April, Teams (2.00 – 3.30pm)

Present	
Professor Angela Timoney (AT)	SIGN Chair
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Ms Heather Connolly (HC)	British Psychological Society
Dr Sara Davies (SD)	Scottish Government
Ms Naomi Gregg (NG)	Scottish Government
Ms Maureen Huggins (MH)	Patient Representative
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Tosin Jegede	Royal College of Nursing
Mr Georgios Kontorinis (GK)	Royal College of Physicians and Surgeons of Glasgow
Dr Alan MacDonald (AMac)	Royal College of Physicians and Surgeons of Glasgow
Yann Maidment	College of General Dentistry
Mr Kenneth McLean (KM)	Patient Representative
Mr James McTaggart (JM)	British Psychological Society (Scotland)
Dr Jane Morris (JMo)	Consultant Psychiatrist, Royal Cornhill Hospital
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Dr Matthias Rohe (MR)	Early Career Professional
Dr Jan Stanier (JSt)	Allied Health Professional
Dr David Stephens (DSt)	Royal College of General Practitioners
Dr Colin Rae (CR)	Royal College of Anaesthetists
Dr Matthias Rohe (MR)	Early Career Professional
Pauline Warsop (PW)	Patient Representative
In attendance	
Mrs Kirsty Littleallan (KL)	Executive Secretary to SIGN Council
Observers	
Ms Gaynor Rattray (GR)	Guideline Co-ordinator
Mrs Ailsa Stein (AS)	Programme Manager, SIGN
Ms Madeleine Tse-Laurence	Programme Manager, SIGN
Kapila Wickramanayake	
Apologies	
Professor Lesley Colvin (LC)	Royal College of Anaesthetists – SIGN Vice-Chair
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh– SIGN Vice- Chair
Dr Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Emilia Crighton (EC)	Faculty of Public Health Medicine
Ann Gow (AGo)	Director of NMAHP, HIS
Michelle Kennedy (MK)	Allied Health Professional
Dr Rajan Madhok	Royal College of Physicians and Surgeons of Glasgow
Dr Marie Mathers (MM)	Royal College of Pathologists



Clare Morrison (CM)	Royal Pharmaceutical Society
Mr Steve Mulligan (SM)	British Association for Counselling and Psychotherapy
Professor Phyo Kyaw Myint	Royal College of Physicians of London
(PM)	
Ms Maureen McSherry (MMc)	Royal College of Midwives
Dr Safia Qureshi (SQ)	Director of Evidence, HIS
Sarah Ramsay (SR)	Royal College of Anaesthetists
Mr Duncan Service (DS)	Evidence Manager, SIGN
Professor Steve Turner (ST)	Academy of Colleges
Dr Simon Watson (SW)	Medical Director, Healthcare Improvement Scotland
Laura Wilson	Royal Pharmaceutical Society

1.	Welcome and apologies	
	AT welcomed Council members to the April SIGN Council business meeting, noted apologies and introduced observers to the meeting. AT went through the agenda, introducing each section and laying out expectations for the meeting. Council members were reminded that SIGN are looking for volunteers for the Diabetes in Pregnancy guideline. If they are interested or know of a colleague who may be, they are to contact Moray Nairn directly.	ALL
2.	Register of Interests	
	AT re-iterated the importance of these being completed and if anyone has changes to their declarations to let KL know.	ALL/KL
	There were no new declarations of interest.	
	AT let Council know there has been a four nations approach to try and look at ways in which we can simplify DOIs. The proposal is that they would be collected once in a central location and updated on an annual basis. This is of particular relevance for doctors. AT is representing Scotland on the advisory group. Ken Donaldson, medical director in Dumfries and Galloway, is also on the group. The timescales to roll out this piece of work is summer 2022.	
3.	SIGN COUNCIL BUSINESS	
	SIGN Standing Orders	
	RJ let Council know the standing orders have been updated as per the changes agreed at the previous business meeting. They have been shared with Council for information.	
	The areas which were updated are: • How we recruit; four nominations are requested now from Colleges/organisations. SIGN SMT decide who best to	



appoint based on current geographical representation. The pool has also been widened to include those who have been members of guideline groups to ask to be nominated via their organisation.

- The subgroups which sit under SIGN Council have been changed. The Strategy group has been removed as it had become a duplication of SIGN SMT. The Guideline Programme Advisory Group has been superseded by the Evidence Work Programme Committee. References to these groups have been removed from the Standing Orders.
- The reimbursement of Council members has been updated in line with how we reimburse those who sit on the guideline development groups. GPs, dentists, and others practicing in primary care, public partners and patient representatives will be reimbursed for expenses and for locum loss of earnings the same way as we do for guideline development groups. Other members of Council are to be released by their boards as per the guideline development groups.
- After action reviews have taken place about the eating disorders guideline development process. A key area is the editorial stage, where SIGN Council members can be asked to comment on the editorial draft of a guideline. Annex 5 details the responsibilities of Council members at this stage. AT highlighted the variable input so far from SIGN Council members at editorial stage. The PMs are available to support council members for what they need to do at the editorial stage.

4. STRATEGIC BUSINESS

4.1 CMO letter

There is strong endorsement in the CMO letter about the work SIGN does. The letter to be sent in spring time has been written, and is with SG for sign off. AT expects it will be sent out soon. NG liaised with the CMO last week, and the CMO happy with the letter, with minor changes. The timing of when the letter is to be sent is still being decided. The letter encourages boards to release staff for SIGN work. The CMO is wary of the timing with the ongoing clinical pressures. AT is aware of the issues at the moment in guideline groups and those involved do not want to give up their input to guideline groups. AMac reminded us involvement is something that should be done as part of people's contracts, done in SPPA time. AT alluded to the SIGN research showing people do the work in their own time

CR highlighted that staff are still under clinical pressures and may not have the time to dedicate to guideline group work. DSt reiterated that these pressures are being felt in Primary Care, and it may not be until the summer that pressures lessen. It was agreed among members that burnout is being felt across all



5.	levels of healthcare. MR reminded us that trainees should also have exposure the guideline development group process. This may allow it to become more easily inbuilt into their clinical time. GK suggested that we target interested people and pay them to work on guidelines. MR agreed that we could bring in trainees The comments from Council members will be taken on board and fed back to the CMO office. 4.2 SIGN Strategy There has been a delay in the strategy going to the executive team. AT is meeting with SW at the end of April to progress. AT will report back to SIGN Council at the June meeting. UPDATE FROM HIS EVIDENCE	NG
	RJ gave an update on SQ's behalf. The next work programme committee (WPC) is taking place on 19 May. All six CHD guidelines to be taken to the WPC, with advice to be sought about how best to update these. SIGN 154: Pharmacological management of glycaemic control in people with type 2 diabetes also going to WPC at the 3 year scope stage. The results from the WPC will be taken to the next SIGN Council business meeting. Evidence SMT new starts are Fran Kerr as the SAPG lead, who had been working previously as the interim lead and was successful in appointment to the lead role. Gareth Hill has been appointed as Head of Knowledge Management Services and	
	Deputy Director. SMC is 20 years old. SIGN will be 30 years old next year and the timeline should be updated to reflect further achievements. In HIS news, Maree Todd, Minister for Public Health, Women's Health and Sport attended the all staff huddle. She spoke highly of the evidence directorate, and of SIGN. A letter was sent to RP to address all of the questions staff asked at the huddle. The HIS organisational strategy is at the HIS board. It will then be presented in draft to staff at a huddle. The draft will be circulated to the organisation for consultation. It will come to SIGN Council as stakeholders.	KL to circulate MT letter to SC
6.	PRESENTATION: SIGN 164: Eating disorders	
	JM presented the work relating to the guideline on eating disorders. The presentation will be sent to SIGN Council members with the draft minutes.	KL
7.	SIGN EXECUTIVE BUSINESS	
	7.1 PPI	



RJ spoke on KG's behalf and highlighted the eating disorders playbook which was published 27 February. The storyline of the video is based on the lived experiences of two young women with eating disorders and alongside a series of animations are available on the SIGN website. This was a new approach for SIGN and something to consider in future. AT thanked KG on her work on the playbook for eating disorders.

KG is interviewing patient representatives for SIGN Council. RC is the new admin officer helping KG with the PPI work.

7.2 update on progress, discussion and agreement in managing guidelines over 7-years old

AT spoke to SIGN Council members about the paper on managing guidelines over 7-years old and what discussion took place at SIGN SMT. It is the responsibility of registered professionals to ensure that they use the appropriate guidance for what they do in practice. It was proposed to Council members that the current scoping process to validate or update guidelines at three years after publication is to continue. Once guidelines become older than 3 years they will not be risk assessed. This is because of the workload and costs involved. Carrying out the risk assessment of older guidelines would prevent the programme managers from producing new guidelines. It would be made clear to people how to contact SIGN if they find the contents of guidelines out of date. Guidelines would no longer be withdrawn, it would be made clear when the guideline was last updated, and how old it is. Individual people would have to make the decision about whether that guidance was sufficient to help them in their practice. The guideline archive would be reinstated. There was discussion around not being able to develop guidelines on every topic and whether we should signpost people to NICE guidelines if there is no SIGN guideline AT confirmed to council members if the evidence in the recommendations is longer valid, the guideline would be out of date. AT agreed the points below with council members:

- The issue is about the age of the guidelines
- We will have a process in place (internal or external) to ensure we know when a guideline becomes unsafe
- The new process would be made clear to clinical professionals and the lay person on the SIGN website

Council members accepted the proposal with the above actions to be take into account.

7.3 current methodological issues

RJ presented the methodology report in the absence of DS. It highlights the next GIN conference in September in Toronto, our potential partnership with Cochrane, the EPPI reviewer progress and the toolkit from Bruce Guthrie. MR works in public health and is interested in the testing of the toolkit.

RJ to speak to MH offline about the BG toolkit

7.4 guidelines currently in development

SMT/Executive



	AT took council members through key points in the guideline programme report. SIGN 165: Position statement— use of longacting injectable buprenorphine for opioid substitution therapy published 6 April. AT thanked MN, LA and the rest of the SIGN team who worked on this robust, innovative piece of work. Council members were taken through what is ongoing and upcoming on the SIGN programme. RJ noted that it is not business as usual yet for SIGN as the team is still supporting the clinical cell.	
	7.5 topic proposals RJ highlighted the current proposals which are with SIGN which are waiting to be started.	
8.	MINUTES	
	AT ran through minutes from previous meeting (6 December) – Naomi Gregg to be added as an attendee. No further changes and minutes were accepted. Action points from 6 December The meeting with RCGP has taken place and a SIGN/RCGP compact may be created. The terms of reference have been updated. All actions from page two onwards on the action point register are either ongoing or complete.	KL to amend the minutes
9.	DATES AND FORMAT OF FUTURE MEETINGS	
	June meeting will be a hybrid meeting. AT encourages those who can attend in person, to do so. SIGN Council members to let SIGN Exec know if they plan to attend in person. 15 June (2pm – 3.30pm) – development session	ALL