

Scottish Intercollegiate Guidelines Network (SIGN) Council Meeting

Wednesday 11 December 2024, 2-4pm (hybrid)

MINUTES

Present	
Dr Babar Akbar (BA)	Royal College of General Practitioners
Dr Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Dr Line Caes (LCa)	British Psychological Society
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Dr Sara Davies (SD)	Scottish Government
Dr Issmael Fergague (IF)	Royal College of General Practitioners
Ms Amanda Gotch (AG)	Royal College of Midwives (<i>job share</i>)
Mrs Karen Graham (KG)	Patient Involvement Officer, SIGN
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Professor Gerard McKay (GMcK)	Royal College of Physicians and Surgeons of Glasgow
Mr Yann Maidment (YM)	College of General Dentistry
Dr Wendy Maltinsky (WM)	British Psychological Society
Mr Kenneth McLean (KM)	Patient Representative
Dr James Morton (JMo)	Royal College of General Practitioners - SIGN Vice-Chair
Mr Steve Mulligan (SMu)	British Association for Counselling and Psychotherapy
Mrs Ro Pengelly (RP)	Patient Representative
Dr Safia Qureshi (SQ)	Director of Evidence, Healthcare Improvement Scotland
Ms Caroline Rapu (CR)	Royal College of Nursing (<i>job share</i>)
Mr Martin Robertson (MRo)	Patient Representative
Mr Duncan Service (DS)	Evidence Manager, SIGN
Mr Matthew Smith-Lilley (MS-L)	British Association for Counselling and Psychotherapy
Dr Jan Stanier (JSt)	Allied Health Professional, Speech and Language Therapy
Ms Ruth Stark (RS)	Scottish Association of Social Workers
Professor Angela Timoney (Chair)	SIGN Chair
Ms Sheeba Zahir (SZ)	Royal Pharmaceutical Society
In attendance	
Ms Marion Pirie (MP)	Project Officer, SIGN
Mr Ross Conway (RC)	Administrative Officer, SIGN
Guest speakers	
Dr Fiona Wardell (FW)	Standards and Indicators Team Lead, Healthcare Improvement Scotland

Dr Paul Baughan (PB)	Lead GP, Primary Care Team, Healthcare Improvement Scotland
Observers	
Mr James Boyce (JB)	Scottish Government
Dr Jill Fowlie (JF)	Royal College of General Practitioners
Ms Linda Gunn (LG)	Patient Representative
Dr Gorkem Hamali (GH)	Royal College of General Practitioners
Dr David Strang (DS)	ARHAI Scotland / NSS Assure
Apologies	
Dr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Dr Andrew Barclay (AB)	Royal College of Paediatrics and Child Health
Professor Lesley Colvin (LC)	Royal College of Anaesthetists – SIGN Vice-Chair
Dr Susan Chapman (SC)	Royal College of Anaesthetists (<i>deputy</i>)
Dr Heather Connelly (HC)	British Psychological Society
Ms Halima Durrani (HD)	Patient Representative
Dr Shridevi Gopi-Firth (SG-F)	Royal College of Psychiatrists
Ms Katie Hislop (KH)	Scottish Government
Mrs Ann Gow (AGo)	Director of Nursing, Midwifery and Allied Health Professionals (NMAHP), Healthcare Improvement Scotland
Mr Georgios Kontorinis (GK)	Royal College of Physicians and Surgeons of Glasgow (<i>deputy</i>)
Dr Vivienne MacLaren (MaCL)	Royal College of Radiologists - oncology
Ms Nicola MacKay (NMack)	Royal College of Midwives (<i>job share</i>)
Dr Graham McKillop (GMck)	Royal College of Radiologists Faculty of Clinical (<i>deputy</i>)
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Dr Christopher Pell (CP)	Royal College of Psychiatrists
Ms Debbie Provan (DP)	Allied Health Professional, Dietetics
Ms Martha Quinn (MQ)	Royal College of Physicians and Surgeons of Glasgow
Dr Colin Rae (CR)	Royal College of Anaesthetists
Dr Ainharan Raveendran (ARa)	Royal College of Obstetrics and Gynaecology (<i>deputy</i>)
Dr Matthias Rohe (MR)	Early Career Professional
Dr Sreebala Sripada (SS)	Royal College of Obstetrics and Gynaecology
Ms Jacqueline Thompson (JT)	Royal College of Nursing (<i>job share</i>)
Dr Antonia Torgersen (AT)	Royal College of Pathologists
Professor Steve Turner (ST)	Academy of Colleges
Dr Simon Watson (SW)	Medical Director, Healthcare Improvement Scotland

1.	WELCOME AND APOLOGIES	
	<p>The Chair opened the Council meeting by extending a warm welcome to all in attendance in person and online.</p> <p>Membership</p> <ul style="list-style-type: none"> Professor Phyo Kyaw Myint steps down end of December 2024. Chair thanked him for being a fantastic member of SIGN Council. Royal College of Physicians of London has sent out a request for nominees for the vacant post. Dr Susan Chapman has been appointed deputy for the Royal College of Anaesthetists and will deputise for Dr Colin Rae. <p>Observers</p> <ul style="list-style-type: none"> Mr James Boyce, Scottish Government Dr Jill Fowlie, Royal College of General Practitioners Dr Gorkem Hamali, Royal College of General Practitioners David Strang, ARHA Scotland / NSS Assure 	
2.	DECLARATION OF INTERESTS	
	<p>Reminded all of those who are present at meetings or those new to SIGN Council, that they are required to make Declaration of Interests on an annual basis. If there are any new interests to declare since then or any that are relevant to the Agenda, please advise.</p>	All
3.	SIGN COUNCIL BUSINESS	
	<p>SIGN Council Terms of Reference (paper 1)</p> <p>Chair provided a paper on the updated SIGN Council Terms of Reference to be approved.</p> <p>Discussion</p> <ul style="list-style-type: none"> 3.5 Membership arrangements <p>Is there an opportunity to include Nursing, Midwifery and Allied Health Professionals (NMAHP) to be more inclusive of all other Royal Colleges. Chair agreed to update wording to <i>“The Academy nominates no less than two members of SIGN Council. Not less than 30% of SIGN Council shall, at all times, be holders of current medical or dental qualifications who are members of the Royal Medical Colleges or their Faculties and there should be appropriate representation from other clinical professional bodies in Scotland at SIGN Council.”</i></p> <ul style="list-style-type: none"> Annex 3 and 4 “Knowledge” 	

	<p>Recommended “evidence-based medicine” is changed to “evidence-based practice.” Chair agreed.</p> <p>Council approved SIGN Terms of Reference with minor updates.</p> <p>Action: Programme Lead to update SIGN Terms of Reference</p> <p>Dr James Morton, SIGN Vice-Chair</p> <p>Chair invited JM to share his aims. JM confirmed his focus over the next few years is on the sustainability of SIGN:</p> <ul style="list-style-type: none"> • Important to reinforce the SIGN brand and the amazing quality of its guidelines which are recognised nationally and internationally. On discussing with Healthcare Improvement Scotland (HIS) Comms team, they promote them as HIS guidelines. Proposed any future publications are clearly branded SIGN guidelines. • Work more closely with medical and nursing undergraduates, inviting them to observe at meetings, engaging early career practitioners and other specialities. • Looking at the evidence itself and how it has been produced with respect to thinking about climate and sustainability. Also taking into consideration aspects such as the prevention of chronic disease management and the avoidance. <p>Action: SQ agreed to speak with Comms and ensure guidelines are credited as HIS and SIGN when Comms are issuing statements</p>	<p>RJ</p> <p>SQ</p>
4.	PATIENT INVOLVEMENT	
	<p>Using artificial intelligence (AI) in development of plain language versions of SIGN guidelines</p> <p>KG reported the SIGN Public Involvement team piloted AI for plain language versions of guidelines, as the traditional approach is resource intensive. Plain language versions are published after clinical guidelines to avoid extensive revisions that would arise from developing them simultaneously. Future aim if using AI would be to ensure everyone has access to guideline recommendations as soon as they are published.</p> <p>ChatGPT version 3.5 was trialled on Diabetes in Pregnancy and Prevention of Type 2 Diabetes. Traditional approach would take 10 weeks to write, review and agree consultation draft, with Chat GPT process was only 4 weeks. After AI generated the text, group members checked for errors and noted the following: missed content, confusing content, inaccuracies, inconsistencies with language and content not always necessary which required updating.</p>	

	<p>Following the pilot, circulated a survey to clinicians and those with lived experienced. It demonstrated there are benefits in reduced drafting time and generating alternative text quickly. All guideline group members had equal opportunity to contribute to various sections. Also recognised it may lack the creative flair and originality that a human would bring. Acknowledged the need for quality control which requires human oversight to ensure accuracy and appropriateness of the content generated.</p> <p>ChatGPT is not approved for use in HIS although Copilot is. Tested Copilot on Type 2 Diabetes but unfortunately did not produce the same standard. Further discussions are required to determine if there is another suitable platform.</p> <p>Chair thanked KG and confirmed this work was derived from a SIGN guideline created using robust methodology. AI was then used on the first draft of the Plain Language Summary and then reviewed by SIGN.</p> <p>Discussion</p> <ul style="list-style-type: none"> • Have ethical issues been considered and does it align with other guideline developers? • When Diabetes in Pregnancy was published was AI recognised? KG confirmed will include in any future publication if AI is used. • Colleagues in Guidelines International Network (GIN) Africa have also been discussing AI and have developed a Practical Approach to Care Kit (PACK). Shared link. • Has there been any trial on AI to produce voice translations or plain language summaries in multiple languages? SQ confirmed the Scottish Government Racial Health Inequalities Group is undertaking work on translation. <p>SQ recommended that this requires to be written up from an information governance and safety perspective to demonstrate the benefits. Would also be helpful to create an internal learning environment to teach colleagues the technology. Chair asked KG to provide a progress report in 6 months.</p> <p>Action: KG to provide a progress report on using AI at Council meeting in June 2025</p> <p>Enhancing SIGN guidelines through ‘What matters to you?’ (paper 2) KG provided a paper on the proposal for involving patients and public through patient-centred care and “What matters to you” discussion at SIGN. By refreshing the existing Patient and Public Involvement (PPI)</p>	<p>KG</p>
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	<p>Network and working in partnership with members, aim to ensure that guidelines are both relevant and reflective of real-world experiences and needs. Acknowledged there are resource implications and would be additional work for SIGN Public involvement staff.</p> <p>Chair confirmed the proposal has been approved by SIGN Methodology Group and SIGN Senior Management Team before being presented to Council. Council agreed proposals.</p>	
5.	UPDATE FROM EVIDENCE DIRECTORATE	
	<p>Budgets across HIS for 2025 will be flat. There is an ask to be more thoughtful on cross-organisational and collaborative working within HIS. Skills across Directorate are being requested more and more outwith usual work. It's encouraging the skills of SIGN are being recognised, however, in a context of a limited budget and capacity need to ensure a balance.</p>	
6.	PRESENTATION BY STANDARDS AND INDICATORS, HIS	
	<p>Dr Fiona Wardell, Team Lead for Standards and Indicators presented on how standards were developed. Dr Paul Baughan, General Practitioner and a Co-Chair of Ageing and Frailty Standards spoke about his experience in being involved in creating standards. Presentation will be shared with Minutes.</p> <p>Discussion</p> <ul style="list-style-type: none"> Consider how SIGN and S&I work more collaboratively, sharing expertise and sharing resources. How do you evidence if NHS boards are adhering to standards if they are not part of the Scottish National Audit Programme (SNAP). FW acknowledged the majority of standards are not directly linked with inspection activities. In the Right Decision Service (RDS), currently piloting how standards can be used to support internal quality assurance so that boards can demonstrate how they are meeting their standards. Also helpful to have support of Scottish Government colleagues when implementing standards. In terms of stakeholder engagement helpful to have advanced notice which assists in terms of scheduling. Variation across boards should be taken into account and acknowledged when creating standards. PB said it's really important to have national standards, although recognised the implementation will depend on local circumstances. <p>Action: SQ agreed take on board all the feedback and will provide a formal update to Council in June 2024</p>	SQ
7.	METHODOLOGY	

	<p>Evaluation of methods and processes to use published guidelines in SIGN guideline development (<i>paper 3</i>)</p> <p>RJ provided a paper on the newly developed methodologies; adopting and adapting published guidelines. Three guidelines were developed using methodology to adopt recommendations from other high-quality guidelines as a pilot; Perinatal Mental Health, Optimising Glycaemic Control in People with Type 1 Diabetes and Type 2 Diabetes prevention (still in development). On reflection, each of the guidelines was developed using methodology to adopt published recommendations by putting context around them. Perinatal Mental Health was very successful and adopted within under a year. Diabetes guidelines were more complex.</p> <p>Challenge for guideline group members was the short time frame in which to meet and work on the guidelines and given little scope to adapt or amend the recommendations</p> <p>The consensus from these pilots was that these are useful methods, as long as there are suitable guidelines which are up-to-date and will answer the key questions. Next step is to carry out a survey to evaluate the impact of the guidelines on users.</p> <p>SIGN Methodology (<i>paper 4</i>)</p> <p>DS provided a paper on the new methods and processes which will be used to support SIGN to meet its goal of providing more guidelines for more people. This has been encapsulated as “35 in 5.” Also taking into account agencies across the world who are producing guidelines which meet the AGREE II criteria and will avoid duplication of effort and make best use of SIGN resources.</p> <p>There are three agreed methodologies to deliver this ambition:</p> <ul style="list-style-type: none"> • a systematic review of current literature to develop a new or updated guideline • adapting recommendations from good-quality published guidelines with additional searches to contextualise and bring the recommendations up to date • adopting recommendations from good-quality published guidelines with minimal amendment. <p>Asked Council to approve this approach and methodology.</p> <p>Discussion</p>	
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	<ul style="list-style-type: none"> • Thinks this approach is essential in order for SIGN to have a pool of guidelines that people can access through RDS. • Are the conflict of interests checked in other agencies guidelines? Chair confirmed under “Identifying guidelines” (page 3), it lists the process in which guidelines are robustly reviewed to ensure they meet the AGREE II criteria and SIGN 50. • 1.1.28 helpful section, which outlines the process if a recommendation may not be feasible for Scotland. • Will there be a narrative to accompany the adopt/adapt guidelines when published? <p>Chair advised that she is confident SIGN now have a methodology around adopt, adapt, evidence review, although acknowledges still a work in progress. Highly unlikely SIGN will adapt but will be adopting where possible. Council approved methodology.</p>	
8.	SIGN EXECUTIVE BUSINESS	
	<p>Guideline Programme Report for December 2024 (paper 5) RJ provided a paper and highlighted what has been published since the last meeting:</p> <ol style="list-style-type: none"> 1. Diabetes in pregnancy plain language booklet 2. Palliative care: Spiritual care 3. Palliative care: Mouthcare 4. SIGN 244: Asthma pathway 5. SIGN 245: Asthma: diagnosis, monitoring and chronic asthma management (BTS/NICE/SIGN) <p>Chair advised the successful launch of SIGN 245 took place recently and was well received and reminded Council, collaboration is also part of “35 in 5.”</p> <p>Discussion</p> <ul style="list-style-type: none"> • Queried why the SIGN guideline was numbered 245? RJ confirmed SIGN and NICE agreed it should have the same number to avoid confusion. • Palliative care guidelines which were recently out for consultation, the content appears to be medically focused with limited therapeutic approach. Checked to see who the guideline development group (GDG) members were, and the information is unavailable on SIGN website. RJ agreed GDG details should be visible and also need to ensure a multidisciplinary approach. 	

	<p>Action: RJ to ensure GDG members details on Palliative Care Guideline are available on SIGN website and also ensure broader perspective of GDGs.</p> <p>Shared the workplan for 2025/26 and future topics.</p> <p>35 in 5 (paper 6) RJ reported since the agreement was set at beginning of 2023, thirteen guidelines have been published.</p>	RJ
9.	MINUTES	
	<p>The Minutes of the SIGN Council meeting held on 02 October 2024 were accepted as an accurate record.</p> <p>Action points from the previous meeting were updated.</p>	
10.	AGREE KEY POINTS OF MEETING	
	<ol style="list-style-type: none"> 1. Supported enhancing SIGN guidelines through 'What matters to you?' 2. Approval of new SIGN methodology 3. Ensuring SIGN guidelines and brand are recognised when work is being promoted through HIS Comms 4. Future collaborative working with Standards and Indicators 	
11.	DATES AND FORMAT OF FUTURE MEETINGS 2025	
	<p>Wednesday 05 March (virtual)</p> <p>Wednesday 11 June (in person)</p> <p>Wednesday 24 September (virtual)</p> <p>Wednesday 03 December (hybrid)</p>	