

**Scottish Intercollegiate Guidelines Network Council meeting  
 Wednesday 8 June 2016 10.30am – 1pm, Healthcare Improvement Scotland Boardroom,  
 Gyle Square, 1 Gyle Crescent, Edinburgh, EH12 9EB**

**CONFIRMED**

**Present**

Professor John Kinsella (JK)  
 Dr Jenny Bennison (JB)  
 Mrs Margo Biggs (MB)  
 Dr Patrick Chien (PC) (deputy)  
 Ms Iris Clarke (IC)  
 Dr Lesley Colvin (LC)  
 Mr Gary Cook (GC)  
 Ms Sara Davies (SD)  
 Dr Ellie Dow (ED) (deputy)  
 Mr Andrew de Beaux (AdB)  
 Dr Tricia Donald (TD)  
 Ms Lorna Forde (LF) (deputy)  
 Ms Alison Gray (AG)  
 Dr Andrew Hall (AH)  
 Dr Roberta James (RJ)  
 Dr Graham McKillop (GM) (deputy)  
 Mr Kenneth Mclean (KM)  
 Ms Jane Munro (JM)  
 Professor Ronan O'Carroll (RO'C)  
 Ms Caroline Rapu MBA (CR)  
 Mr Duncan Service (DS)  
 Dr Lydia Simpson (LS)  
 Dr David Stephens (DS)  
 Dr Sara Twaddle (ST)  
 Professor David Wilson (DW)

SIGN Chair  
 Royal College of General Practitioners – SIGN Vice Chair  
 Lay Representative  
 Royal College of Obstetricians and Gynaecologists  
 Allied Health Professionals  
 Royal College of Anaesthetists  
 Royal Pharmaceutical Society  
 Public Health Consultant, Scottish Government  
 Royal College of Pathologists  
 Royal College of Surgeons of Edinburgh  
 Scottish General Practice Committee  
 Allied Health Professionals  
 Allied Health Professionals  
 Royal College of Physicians and Surgeons Glasgow  
 Programme Lead SIGN (left 1030am)  
 Faculty of Clinical Radiology  
 Lay Representative  
 Royal College of Midwives  
 British Psychological Society  
 Royal College of Nursing  
 Evidence Manager, SIGN  
 Junior Representatives  
 Royal College of General Practitioners  
 Healthcare Improvement Scotland  
 Royal College of Paediatrics and Child Health

**In Attendance**

Ms Karen King Executive Secretary to SIGN Council

**Observers**

Mrs Beatrice Cant SIGN Executive  
 Ms Lynsey Emberson Student of Leeds University  
 Mrs Ailsa Stein SIGN Executive

**Apologies**

Dr Daniel Beckett Royal College of Physicians of Edinburgh  
 Ms Suzanne Clark Lay Representative  
 Dr Denise Coia Observer  
 Mr Ian Colquhoun Royal College of Physicians and Surgeons of Glasgow  
 Dr Emilia Crighton Faculty of Public Health Medicine  
 Mr Mike Gavin Royal College of Ophthalmologists  
 Dr Andrew Hall Faculties of Dental Surgery (Edinburgh and Glasgow)  
 Ms Trisha Hall Scottish Association of Social Workers  
 Dr Richard Herriot Royal College of Pathologists  
 Mr David Hewitson Scottish Association of Social Workers  
 Professor Gregory Lip Royal College of Physicians of Edinburgh  
 Dr Rajan Madhok Royal College of Physicians and Surgeons Glasgow  
 Professor Phyo Myint Royal College of Physicians London  
 Dr Werner Pretorius Royals College of Psychiatrists

Dr Colin Rae  
 Dr Karen Ritchie  
 Dr Brian Robson  
 Ms Nancy Rowland  
 Ms Eileen Wallace

Royal College of Anaesthetists  
 HIS - Head of Knowledge and Information  
 HIS – Executive Clinical Director  
 British Association for Counselling and Psychotherapy  
 Lay Representative

Item #	Item	Action
<b>1.</b>	<b>WELCOME AND APOLOGIES</b>	
	JK welcomed everyone to the meeting in particular. He welcomed Kenneth McLean who is taking over from Helen Tyrrell as a Lay Representative on SIGN Council. Apologies were reported as above.	
<b>2.</b>	<b>REGISTER OF INTERESTS</b>	
	JK advised that when registering interests, the primary job of members should be completed in the first column. The register of interest is going to be managed as a live document, reviewed by SIGN SMT on a regular basis. Any queries concerning declaration of interests should be sent to SIGN SMT.	<b>All</b>
<b>3.</b>	<b>MINUTES OF MEETING HELD ON 10 February 2016, including attendance register</b>	
	<p>The minutes of the February meeting of SIGN Council were accepted subject to the following amendment:</p> <ul style="list-style-type: none"> <li>Page 5, Item 7, Update from Healthcare Improvement Scotland (HIS), paragraph 1, line 5 – “Care Inspectorate”</li> <li>Page 8, Item 11.2, Update on DECIDE project, line 1 BMC – “BioMed Central”</li> </ul> <p>JK reminded Members of Council that after non-attendance at 3 consecutive meetings:</p> <ul style="list-style-type: none"> <li>a letter will be sent to asking if the member is still available to represent their organisation,</li> <li>an approach would be made to the organisation for an alternative representative</li> <li>if unable to attend, a Member of Council should send a deputy. Each Members of Council should have provided the name of a deputy to SIGN.</li> </ul>	<b>KK</b>
		<b>All</b>
<b>4.</b>	<b>REVIEW OF ACTION POINT REGISTER</b>	
	All action points had been addressed or were included on the agenda.	
<b>5.</b>	<b>MATTERS ARISING</b>	
5.1	Dealt with as an individual matter at item 7.4	
5.2	Feedback on Accreditation committee	<b>DS</b>
	<p>DS advised that this matter can now be closed. There were only minor issues with SIGN 50 and these have all now been resolved and SIGN received reaccreditation.</p> <p>JK added that commentary, feedback and changes are now a bigger focus within SIGN and that it is more proactive on whether guidelines need no changes, a refresh or should be put out for scoping etc. SIGN 50 has been updated to reflect this.</p>	
5.3	Managing declaration of interests	
	In addition to the previous discussion at item 2. on the agenda, JK advised that no decision had yet been made on whether, in the case of monetary declarations, the exact amount needs to be declared, or if providing information	

	the value falls within a specific range is sufficient. SIGN SMT are looking at the current practice within other organisations.	
5.4	NICE horizon scan	
	RJ had to leave the meeting on an urgent matter, so was unable to advise on this item.  SD informed Council that a spreadsheet is sent monthly, by SIGN, providing information on the work being done by SIGN and NICE. She asked if it was possible for similar information to be provided by all of HIS. ST said that, initially, the Evidence directorate could do this.	
5.5	Information pack for new recruits	
	There is a list of documents held on the SIGN Council website. However, the website is password protected and can only be viewed by Members of SIGN Council and their Deputies. ST agreed that information could be circulated to as broad an audience as possible.	<b>ST</b>
<b>6.</b>	<b>SIGN COUNCIL BUSINESS</b>	
6.1	Membership (including committees)	
	JK advised that some committees are still short of the numbers required to do their work properly, for example, GPAG and Strategy. The commitment required to be on these committees is to attend 3 meetings a year, with a minimal additional workload, as decisions are made through discussions at the meetings. Interested SIGN Council Members and Deputies should contact SIGN.	<b>All JK</b>
6.2	Declaration of interests (DoI)	
	All discussion on this item was completed at agenda items 2. and 5.3.	
6.3	Events and awareness raising	
	JK reminded members to advise KK of any events at which SIGN can have a stand or display materials, with minimal cost. Members were encouraged to maximise any opportunity at relevant meetings to highlight appropriate guidelines, by presenting a poster or giving a verbal presentation.	<b>All</b>
6.4	Terms of Reference	
	Council agreed changes at the February meeting. This item can be removed from the agenda.	
6.5	What should SIGN Council members bring to SIGN?	
	Council discussed what they thought Members brought to SIGN Council and what they took away. Comments included: <ul style="list-style-type: none"> <li>• diversity of opinion and ways of working</li> <li>• an opportunity to represent the view of their college</li> <li>• to get involved in the work SIGN does and feedback to colleagues</li> <li>• raise awareness within SIGN of issues and changes happening in their area</li> <li>• can seek guidance from other Council members</li> <li>• remind people that patients are the focus of the work that SIGN does</li> <li>• promote the patient versions of the guideline as a tool to engage in a 2-way conversation</li> <li>• to be given the opportunity to bring both a personal view and organisational view,</li> <li>• the benefit of using a number of opinions to reach clarification on issues</li> </ul>	

	<p>arising</p> <ul style="list-style-type: none"> <li>• the promotion of SIGN to all the organisations represented and not the other way round</li> <li>• get involved in SIGN committees and have more time to discuss the current programme and influence decisions</li> <li>• take on the responsibility for decision making and reducing reputational risk</li> </ul> <p>In response to the comments, JK added that the diversity of the group is extremely useful, providing a good representation of differing views. Council Members have a fundamental role in the developing of guidelines, which could be enhance by improved attendance.</p>	
<b>7.</b>	<b>STRATEGIC BUSINESS</b>	
7.1	SIGN Council action plan	
	JK highlighted that this is the most useful paper to read prior to attending SIGN Council, as it outlines the progress of work within SIGN. Any comments or queries should be fed back to RJ.	<b>All</b>
7.2	Guidelines International Network (G-I-N) conference 2018	
	<p>The G-I-N conference in Manchester in 2018 and SIGN and NICE have developed a proposal to co-host the event. There will be no financial responsibility for SIGN, or profit making. The event will be hosted as an equal partnership. 2018 is the year of SIGN's 25<sup>th</sup> anniversary.</p> <p>Suggestions offered for a potential theme were:</p> <ul style="list-style-type: none"> <li>• education, and where guidelines fit into education</li> <li>• realistic medicine – facing up to choice</li> </ul> <p>If letters of support are received from various colleges, it means the conference will be opened up to a broader range of attendees.</p> <p>Templates of letters of support will be available to Members who would like them.</p>	<b>ST</b>
7.3	Guidelines in the era of realistic medicine	
	<p>This paper represents the personal opinion of JK and is backed up by RJ. It is currently at peer review.</p> <p>Points raised in discussion were the difficulties in producing a guideline that has a range of difference options for discussion between GP and patient. It was helpful to know in identifying the volumes of work done by limited resources, in a positive way.</p> <p>An adjustment was suggested for page 4, that the paper should read “...variation <u>cannot</u>..”</p> <p>The point was raised that there could be an opportunity for GMC and other groups to broaden the variety of people involved in guideline development groups.</p>	<b>JK</b> <b>RJ</b>
7.4	Dissemination in general practice	
	<p>DSt gave a presentation on dissemination in general practice.</p> <p>Comments from Council recognised that these challenges also apply to other clinical groups. SIGN need to start making better use of social media to help with disseminating information, with more frequent use of Twitter and a SIGN</p>	<b>DSt</b>

	Facebook page. SIGN have already started making improvements by re-designing the SIGN website and using Guidelines in Progress.	
<b>8.</b>	<b>UPDATE FROM HEALTHCARE IMPROVEMENT SCOTLAND (HIS)</b>	
	ST handed out information on the new <i>iHub</i> (Information Hub) and a leaflet on the principles of National Care Standards.  The circulated Primary Care Strategy has been changed dramatically and a streamlined strategy will be available at a later date. ST will produce a written report following Council.	<b>ST</b>
<b>9.</b>	<b>SIGN EXECUTIVE BUSINESS</b>	
9.1	SIGN 145 Assessment, diagnosis and interventions for autism spectrum disorder (ASD)	
	JK thanked Dr Iain McClure, Consultant Child and Adolescent Psychiatrist, Royal Hospital for Sick Children, Edinburgh, for attending to present on the new SIGN guideline on ASD guideline.  Council Members found it beneficial to learn of the challenges in producing a guideline with limited evidence and the possibility of increased publicity due to differing opinions on the treatment of ASD. In future, there will be more presentations of this type.	
9.2	Programme Lead report	
	In the absence of RJ, Members were asked for any comments to be made on <a href="#">sign-06/16-9.2</a> . None were received.	
9.3	Guideline development programme	
	In the absence of RJ, Members were asked for any comments to be made on <a href="#">sign-06/16-9.3</a> . None were received.	
9.4	Patient Involvement update	
	Karen Graham continues to be extremely busy with the patient versions of guidelines and option are being looked into to find short- and long-term solutions to provide help.  As previously minuted, Helen Tyrrell has resigned from SIGN Council and her replacement as Lay Representative is Kenneth McLean. JK to write a letter of thanks to Helen for all the work she has done as a SIGN Council Member.	<b>JK</b>
9.5	SIGN website update	
	In the absence of the RJ, DS provided a quick overview of the new SIGN website. This should be ready for launch by the next SIGN Council in September.	<b>DS</b>
<b>10.</b>	<b>GUIDELINE PROGRAMME ADVISORY GROUP (GPAG)</b>	
10.1	GPAG update	
	In the absence of the Chair, and RJ, JK reported that additional meetings between SIGN and proposers, in the initial stages, have helped in identifying what the proposers see as a realistic response to their proposal. Face-to-face meetings have saved approximately four months working time.	<b>JK</b>
10.2	Future programme	

	When a guideline is 10 years old, the decision was reached that it will be withdrawn from the website and the proposer would be approached to reach an agreement on how to proceed.	
<b>11.</b>	<b>STRATEGY</b>	
11.1	Strategy group update	
	JB briefed Members on the discussions that had taken place at the Strategy group meeting on risk assessment models and “choosing wisely” and clinicians need to be mindful of over treatment. There is a shift towards the patient being more involved in the decision-making for their treatment.	
	Statement of Intent	
	The revised statement of intent was approved. This item can be removed from the agenda.	
<b>12.</b>	<b>METHODOLOGY</b>	
12.1	Methodology update	
	DS provided a methodology update highlighting in particular that the BTS accreditation. He attended the first meeting of GRADE, which involved useful discussion, although the tools are not for use on a daily basis. Two papers were published on DECIDE.	
<b>13.</b>	<b>HEALTHCARE PROFESSIONALS IN TRAINING (HCPiT) GROUP</b>	
13.1	Healthcare professionals in Training Group update	
	ST advised that this group will be reconvened as an early career group across HIS, with Evidence leading the way. She will report on progress at the next meeting.	<b>ST</b>
<b>14.</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business.	
<b>15.</b>	<b>DATES OF NEXT MEETINGS</b> 10am for 10.30 to 1pm followed by a light lunch. Wednesday <b>21 September 2016</b> , Meeting rooms 6a and 6b, Delta House, Glasgow 10am – 1pm	