

## CONFIRMED MINUTES

**Scottish Intercollegiate Guidelines Network Council meeting  
Wednesday 21 September 2016 10.30am – 1pm  
Healthcare Improvement Scotland, Meeting rooms 6A and 6B, Delta House, 50 West Nile  
Street, Glasgow, G2 1NP**

### Present

Professor John Kinsella (JK)	SIGN Chair
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice Chair
Mr Andrew de Beaux (AdB)	Royal College of Surgeons of Edinburgh
Mrs Margo Biggs (MB)	Lay Representative
Dr Patrick Chien (PC) (deputy)	Royal College of Obstetricians and Gynaecologists
Mr Ian Colquhoun (IC)	Royal College of Physicians and Surgeons of Glasgow
Dr Emilia Crighton (EC)	Faculty of Public Health Medicine
Ms Sara Davies (SD)	Public Health Consultant, Scottish Government
Dr Ellie Dow (ED) (deputy)	Royal College of Pathologists
Ms Sushee Dunn (SDu) (deputy)	Royal College of Physicians Edinburgh
Mr Michael Gavin (MG)	Royal College of Ophthalmologists
Ms Alison Gray (AG)	Allied Health Professionals
Mr David Hewitson (DH)	Scottish Association of Social Workers
Dr Roberta James (RJ)	Programme Lead SIGN
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh ( <i>teleconferencing</i> )
Dr Donald Macgregor (DM)	Academy of Colleges
Dr Rajan Madhok (RM)	Royal College of Physicians and Surgeons Glasgow
Dr Neil Masson (NM)	Royal College of Psychiatrists
Ms Jane Munro (JM)	Royal College of Midwives
Dr Colin Rae (CR)	Royal College of Anaesthetists
Ms Caroline Rapu (CR)	Royal College of Nursing
Ms Nancy Rowland (NR)	British Association for Counselling and Psychotherapy
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr David Stephens (DSt)	Royal College of General Practitioners ( <i>teleconferencing</i> )
Dr Sara Twaddle (ST)	Healthcare Improvement Scotland
Ms Eileen Wallace (EW)	Lay Representative

### In Attendance

Ms Karen King	Executive Secretary to SIGN Council
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### Observers

Mrs Laura Walker	Research Analyst, SIGN Executive (Patient Involvement)
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### Guest Speaker

Dr James Paton	Co-Chair SIGN/BTS Asthma Living Guideline
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### Apologies

Dr Daniel Beckett (DB)	Royal College of Physicians of Edinburgh
Ms Iris Clarke (IC)	Allied Health Professionals
Dr Lesley Colvin (LC)	Royal College of Anaesthetists
Mr Gary Cook (GC)	Royal Pharmaceutical Society
Dr Tricia Donald (TD)	Scottish General Practice Committee
Ms Lorna Forde (LF) (deputy)	Allied Health Professionals
Dr Andrew Hall (AH)	Faculties of Dental Surgery (Edinburgh and Glasgow)
Ms Trisha Hall (TH)	Scottish Association of Social Workers
Dr Richard Herriot (RH)	Royal College of Pathologists

Mr Kenneth Mclean (KM)	Lay Representative
Dr Graham McKillop (GM) (deputy)	Faculty of Clinical Radiology
Professor Ronan O'Carroll (RO'C)	British Psychological Society
Professor Phyo Myint (PM)	Royal College of Physicians London
Dr Werner Pretorius (WP)	Royals College of Psychiatrists
Dr Karen Ritchie (KR)	HIS - Head of Knowledge and Information
Dr Brian Robson (BR)	HIS – Executive Clinical Director
Dr Lydia Simpson (LS)	Junior Representatives (maternity leave)
Professor David Wilson (DW)	Royal College of Paediatrics and Child Health

Item #	Item	Action
<b>1.</b>	<b>WELCOME AND APOLOGIES</b>	
	The Chair welcomed everyone to the meeting in particular those who had not previously attended. Apologies were reported as above.	<b>JK</b>
<b>2.</b>	<b>REGISTER OF INTERESTS</b>	
	The importance of an accurate, and up-to-date, register of interests for Council members and deputies has increased recently. This item will, therefore, be a standing item on the minutes.  KK recently contacted everyone who needs to provide additional information to complete their entry on the register. If there was a request for details of “ <i>specific interventions involved</i> ”, the information needed is the topic of the trial, event or paper etc, for example a specific condition or drug. It is not yet necessary to declare the amount of any monies received.	<b>JK/KK</b>
<b>3.</b>	<b>MINUTES OF MEETING HELD ON 8 JUNE 2016</b>	
	The minutes of the last SIGN Council were accepted as accurate and will be available to view on the SIGN Council website in the near future.	<b>KK</b>
<b>4.</b>	<b>REVIEW OF ACTION POINT REGISTER</b>	
	RJ gave a brief update of the action point register and asked for volunteers to join the GPAG and Strategy groups. There are three meetings a year. Suggestions from members were that it would be useful to hold Strategy and GPAG meetings on the same day and may more use of teleconferencing. Involvement in these groups is open to deputies as well as members.  Work will be done between now and the February meeting to ensure each college/organisation has both a member and a deputy. Members who have not attended 3 consecutive meetings (one year) will be approached to ascertain whether they are able to continue on Council.	<b>RJ/JK/KK</b>
<b>5.</b>	<b>MATTERS ARISING</b>	
5.1	<u><i>NICE horizon scan</i></u> SD receives this at Scottish Government and finds it a useful summary of the work done by NICE/SIGN and Evidence directorate. The document is prepared by SIGN Project Officer and is not, therefore, checked from a clinical perspective. It can be circulated to Council members, but is <u>not for wider dissemination</u> .	<b>RJ</b>
5.2	<u><i>Dissemination through social media</i></u> SIGN Council members and deputies were asked to follow SIGN on Facebook and Twitter, and also to follow SIGN Patient Network on Facebook. RJ encouraged everyone to post comments and retweet	<b>RJ</b>

	<p>information. At present the main information that is posted are SIGN publication dates and when guidelines go to peer review.</p> <p>Twitter: <a href="#">@signguidelines</a>  Facebook: <a href="#">Facebook SIGN Guidelines</a>  <a href="#">Facebook SIGN Patient Network</a>  Youtube <a href="#">Youtube SIGN Guideline</a></p>	
5.3	<p><u><i>HIS Primary Care Strategy</i></u>  The paper for this has not been finalised. This item is carried forward to the next Council meeting.</p>	<b>ST</b>
5.4	<p><u><i>Early career forum</i></u>  The first planning meeting of the early career forum is due to take place the week commencing 26 September 2016. Further information will be available at the next Council meeting.</p>	<b>ST</b>
<b>6.</b>	<b>SIGN COUNCIL BUSINESS</b>	
6.1	<p><u><i>Membership (including committees)</i></u>  There are still a number of outstanding positions for members and deputies. In the first instance, where an organisation still has outstanding positions, members are asked to approach their organisations for nominations.</p> <p>JK finished his first three years as SIGN Chair and agreed, with unanimous support from the HIS board, to continue in this role. All SIGN Council attendees were thanked for their help and continued support.</p> <p>RJ asked for more involvement from members, and deputies, at both Strategy Group and GPAG as currently they sometimes fail to meet quorum. JK added that these meetings were an excellent way for SIGN Council deputies to get more involved.</p> <p>There will be a trial of holding both Strategy Group and GPAG meetings on the same day, with an opportunity for teleconferencing.</p>	<b>All</b>
6.2	<p><u><i>SIGN Vice-Chair</i></u>  JB is approaching the end of her term as SIGN Vice-Chair, and would like to continue in this role. SIGN Council members have four weeks to submit further nominations. If other nominations are received the appointment to the role will be decided by an election. If no nominations received, JB will remain in post.</p>	<b>All</b>
6.3	<p><u><i>Events and awareness raising</i></u>  JK reminded the group on the various different ways the SIGN team and Council members can get involved in events and raising awareness of the work it does. These included:</p> <ul style="list-style-type: none"> <li>• presenting a new guideline at conference</li> <li>• having someone from SIGN give a presentation on methodology etc</li> <li>• SIGN product promotion at events</li> </ul> <p>CR noted that having the nurse compact at the RCN conference in Glasgow created more interest from nurses than there had been at previous events.</p>	<b>All</b>

<b>7.</b>	<b>SIGN/BTS BRITISH GUIDELINE ON THE MANAGEMENT OF ASTHMA</b>	
7.1	<p><u>Presentation</u></p> <p>Dr James Paton, Reader in Paediatric Respiratory Medicine and Co-Chair of the asthma guideline, presented to the group on the development and changes in the new version of the guideline published 21 September, the day of the Council meeting.</p> <p>JK thanked Dr Paton on behalf of Council.</p> <p>After the presentation, there was discussion about how the collaboration between SIGN and BTS had worked.</p> <p>NR suggested that strategy group should identify other stakeholders to partner with SIGN for future guidelines, in a similar way it does on the asthma guideline. This approach would increase the involvement of the main stakeholder in the proposal process and provide enthusiastic and highly committed group members with a high level of knowledge.</p> <p>GL said that there was an opportunity for organisations to learn from each on the different approaches to methodology, to produce guidelines for those healthcare professionals looking after patients and not “super-specialists”.</p> <p>JK agreed that guidelines should be for the larger community, treating the majority of patients and that SIGN were keen to learn from other groups/guidance.</p>	
<b>8.</b>	<b>STRATEGIC BUSINESS</b>	
8.1	<p><u>SIGN Council action plan</u></p> <p>RJ asked members, and deputies, for help. The number of items on the action plan is increasing. SIGN is a small team, equivalent to nine people. It was agreed that SIGN Council needs to change from a reporting forum to a working group, covering new initiatives. For the next meeting, members are asked to think about:</p> <ul style="list-style-type: none"> <li>• strategic direction</li> <li>• objectives and relevance</li> <li>• priorities</li> <li>• make suggestions on evaluation</li> <li>• volunteer to get more involved</li> </ul>	<b>All</b>
8.2	<p><u>Strategy group update</u></p> <p>JB advised that the draft guideline for <i>Risk estimation and the prevention of cardiovascular disease</i> is on SIGN’s website for peer review. There was an issue with the limited amount of testing that had been done for one of the risk assessment tools developed by Glasgow University. The decision was made to publish without including this tool, but referencing it with the option to include it in future.</p> <p>Council members were asked to provide SMT with examples of where SIGN guidelines have made a difference.</p>	<b>All</b>
8.3	<p><u>Guidelines International Network (G-I-N) conference 2018</u></p> <p>The SIGN/NICE combined bid for the 2018 conference in Manchester has been successful, with the official announcement being made on Friday 30 September 2016. RJ thanked all members for arranging the letters of support.</p>	<b>All</b>

	JK invited suggestions for items to be included in the scientific programme to be sent to him.	
<b>9.</b>	<b>UPDATE FROM HEALTHCARE IMPROVEMENT SCOTLAND</b>	
	ST informed the group that SMC and SHTG meetings are held in public, and asked whether SIGN Council should also be public. It would be on a non-participatory basis. Comments should be sent to ST before the next meeting. A proposal will be brought to the February meeting. MB said the meeting would need a dynamic approach if there was public involvement. DSt stated it was important to differentiate between a public meeting and a meeting held in public.	<b>ST/All</b>
<b>10.</b>	<b>SIGN EXECUTIVE BUSINESS</b>	
10.1	<u>Programme Lead report</u> There was nothing further to add to the paper for this item, except to welcome Laura Walker, the new Research Analyst to SIGN.	<b>RJ</b>
10.2	<u>Guideline development programme</u> Since the last Council meeting SIGN have published: <ul style="list-style-type: none"> <li>• ACS patient version</li> <li>• ASD guideline</li> <li>• colorectal cancer minor refresh</li> </ul> The remaining CHD topics are continuing. For the new topics, the first meeting has been held for Foetal Alcohol Spectrum Disorder and the first meeting for Migraine will be held at the beginning of October. At the time of the meeting, the number of hits on the current version of the website was over 10 million. ST suggested that this should be included in the report to HIS Board. AdeB said the figures represent a form of success, and when the numbers of hits for a guideline decrease it could be because it has become normal practice.	<b>RJ</b>
10.3	<u>Patient Involvement update</u> Training of Public Partners and Patient Representatives to be involved in developing patient versions will take place on Thursday 6 October 2016. This will help with the development of future patient versions as the volunteers will work with members of the guideline development groups and free up KG to better support people on groups and develop new initiatives .	<b>KG</b>
10.4	<u>SIGN website update</u> RJ demonstrated the new layout and design of the SIGN website, which has been worked on by RJ, SN and DS. Council agreed the layout was easy to follow and the design was contemporary. SIGN Council members will be asked to test the website before it is officially launched. There was discussion about the steps to be taken to insure the website was still found as a top hit by Google.	<b>RJ</b>
<b>11.</b>	<b>GUIDELINE PROGRAMME ADVISORY GROUP (GPAG)</b>	
11.1	<u>GPAG update</u> RM encouraged proposals to be made by members and their organisations. The proposal form has been changed and work is ongoing to make the process easier. Help from the SIGN team is also available. The website has details of all suggested topics and the stage they are at.	

	<p>JB summarised the minutes from the last GPAG meeting. New members are being sought to join GPAG. The three meetings for 2017 are all on Wednesdays, 1pm-3pm – 18 January, 24 May 2017 and 13 September. This is an ideal opportunity for deputies to have involvement in SIGN work processes.</p> <p>The guidelines <u>Management of oesophageal and gastric cancer</u> and <u>Management of patients with dementia</u> have both been withdrawn as they are over 10 years old. No new proposal for these topics has been received, as at today's date.</p> <p>Proposals for a refresh of the ovarian cancer guideline and a mechanical tool to help with chronic pain will be reviewed at the next meeting.</p>	
11.2	<p><u>Future programme</u></p> <p>The proposers for a delirium guideline attended a GPAG meeting to explain their proposal, which was a successful inclusion to the process. The recommendation from GPAG is to take this topic onto the future programme as it supports work being done elsewhere in HIS. Council agreed that this topic should be added to the programme with higher priority than some other future topics.</p>	
<b>12</b>	<b>METHODOLOGY</b>	
12.1	<p><u>Methodology update</u></p> <p>The NICE accreditation process is under review. DS will get more information at the next meeting.</p> <p>DS is to see a demonstration of tools from Cochrane Innovations to simplify the process for finding recommendations, to see if SIGN can use them.</p>	<b>DS</b>
<b>13</b>	<b>HEALTHCARE PROFESSIONALS IN TRAINING (HCPIT) GROUP</b>	
13.1	Healthcare professionals in Training Group update will be picked up in the early career forum.	
<b>14.</b>	<b>ANY OTHER BUSINESS</b>	
	None.	
<b>15.</b>	<p><b>DATES OF NEXT MEETINGS</b></p> <p>10am for 10.30am-1pm followed by a light lunch.</p> <p>Wednesday <b>8 February 2017</b>, Boardroom, Gyle Square</p>	