

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting
Wednesday 06 March, Virtual (MS Teams), 2.00–3.30pm**

APPROVED MINUTES

Present	
Professor Angela Timoney (AT)	SIGN Chair
Arlene Coulson (AC)	Royal Pharmaceutical Society
Dr Roberta James (RJ)	SIGN Programme Lead
Kenneth McLean (KM)	Patient Representative
Dr James Morton (JM)	Royal College of General Practitioners
Debbie Provan (DP)	AHP Federation
Ruth Stark (RS)	Scottish Association of Social Workers
Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Dr Sreebala Sripada (SS)	Royal College of Obstetrics and Gynaecology
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 Sara Davies (SD)	Scottish Government
Karen Graham (KG)	Patient Involvement Officer, SIGN
Yann Maidment (YM)	College of General Dentistry
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Alan Bigham (ABi)	Programme Manager, SIGN
Nauman M Jadoon (NJ)	Junior Representative
Matthew Smith-Lilley (MSL)	British Association for Counselling and Psychotherapy
Dr Jan Stanier (JSt)	AHP Federation
Sheeba Zahir (SZ)	Royal Pharmaceutical Society Deputy
Amanda Gotch (AG)	Consultant Midwife, Obstetrics
Duncan Service (DS)	Evidence Manager, SIGN
Fiona Glen (FG)	Associate Director of Evidence/Head of RIS
Matthias Rohe (MRo)	Early Career Professional
Line Caes (LineC)	Associate Professor, Division of Psychology, Faculty of Natural Sciences, University of Stirling
Rhona Davies (RD)	Observer
Linda Gunn (LG)	Observer
Martin Robertson (MR)	Patient Representative
Anju Susan Babu	Administrative Officer, SIGN

Apologies: Dr. Babar Akbar, Dr. Colin Rae, Halima Durrani, Shridevi Gopi-Firth, Maureen Huggin, SG HIS Sponsorship Team

1.	WELCOME AND APOLOGIES	
	AT welcomed everyone to the virtual meeting of SIGN Council. Apologies received were mentioned as above.	
2.	DECLARATION OF INTERESTS	
	AT thanked all who had filled out the declaration of interest forms and confirmed that a good response was received. AT welcomed Fiona Glen, the new Deputy Director of Evidence within Healthcare Improvement Scotland to the SIGN Council. Fiona acknowledged the welcome and introduced herself to the group.	
3.	MATTERS ARISING	
	AT requested everyone to participate in the survey on the dementia guideline from Alan Bigham as responses have been poor until now. <u>Implementation of CPD for guideline development group members</u> AT gave a recap of the points discussed in the last SIGN Council meeting and updated the group on the recent developments. CPD will have three levels - standard guideline development in terms of full clinical guideline, abbreviated or rapid process and finally, minor updates of existing guidelines and those determined to have different number of hours. A standard guideline will be 150 hours, rapid/ abbreviated guideline would be 100 hours and an update to existing guidelines with just a few key questions would be 50 hours. AT asked if the group was content with this proposed approach. The group agreed and she suggested that they introduce this for now and review it in a year or 18 months. AT also confirmed that the development of the internal process for the CPD certificates is in progress, and she will report back once it is established.	
4.	SIGN COUNCIL BUSINESS	
	<u>Update on delays to the guideline on diabetes in pregnancy and discussion of steps taken to help move the guideline to publication.</u> AT updated that the Editors got the guideline on diabetes in pregnancy for editorial review on the 4 th of March. AT felt it would be worthwhile to discuss the guideline and the	

	<p>challenges associated with it and to get the perspective from the group in terms of learnings for the SIGN council.</p> <p>The development of this guideline began in 2019 and has taken 5 years to go to editorial review. Some of the challenges have been about the clinical engagement and the challenges going on in the service as well. AT asked for the group's thoughts and perspectives on where the challenges have been and why the delays have occurred.</p> <p>Some of the suggestions were:</p> <p>AG - To get feedback from guideline development group members about their experience.</p> <p>LC – CPD will be helpful for people who hope to have job planning discussions with their clinical leads. Gregor Smith and others to remind health boards of the importance of releasing clinical staff to take part in the guideline development process.</p> <p>MRO – To think of how this can be done practically such as the need for a letter to the health board or methodology support when certain milestones are slipping.</p> <p>AT – SMT and Vice-chairs suggested that the guideline development group Chairs from different guidelines to meet and share experiences and learn from each other.</p> <p>RS – Suggested to think of it in terms of the context of COVID and its consequences.</p> <p>MR – To have a disclaimer indicating delays were caused due to COVID as a reminder to the public.</p> <p>JM – Also suggested the practical aspects such as dates of meetings and delineations of responsibility being clear at the outset itself.</p> <p>GL – To streamline the process to ensure engagement such as having a single repository for versions of the guideline instead of having multiple versions being sent via emails.</p> <p>FG - To rethink the way we engage with people now that we have moved to a more virtual approach and when the guideline is just not good enough to continue with.</p> <p>KM – Collaboration should be incorporated in the guideline development process and good communication with the reviewers is paramount to get the guideline published.</p> <p>JSt – To have an agreed structure and agreed expectations at the outset, flagging up the methodology and the emphasis on quality and the reasoning why it takes long longer to do.</p> <p>AT concluded that these ideas and thoughts will feed into the evolving thoughts about how SIGN would best do the guidelines for the future. Feedback will also be obtained from guideline development group members as well.</p>	
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5.	PATIENT INVOLVEMENT	
	<p><u>Patient and Public Involvement highlights</u></p> <p>KG wanted to make Council aware that she has become Chair of the Guidelines International Network (GIN) Public Working Group. The group is made up of guideline developers, methodologist academics and public partners who can work together and share knowledge, methods, approaches and expert knowledge. It gives access to some of the latest research being done as well.</p> <p><u>Update on current issues and developments</u></p> <p>KG presented her paper on patient involvement updates.</p> <ol style="list-style-type: none"> 1. Capturing the lived experience perspective earlier in the guideline development process. 2. Using Artificial Intelligence (AI) to develop plain language/patient versions of guidelines. 3. Public Involvement Advisory Group (PIAG) to implement a rotating chair. <p>KG concluded and mentioned she was open to questions. JM asked if the standard operating procedure would include clinician checking patient and plain language versions before publishing. KG confirmed that guidelines will not published until clinicians from the guideline group have checked it. Only the first step of initial translation will be done by AI. MRo suggested that there should be a review date for Chat GPT as there is a lot of change and movement with regards to different applications. KG confirmed it will be reviewed.</p> <p>MR gave updates on patient and public involvement activities. For the dementia strategy a two-year development guide was produced the previous month, and the NHS has two areas including the Brain Health Scotland Clinic at Aberdeen. MR is trying to get accurate diagnosis figures for dementia and will be looking at quality of post-diagnosis. The percentage of dementia figures is lower in Scotland as compared to England. MR is on the key core indicators group and their focus was on HIS with no thought for what the public would want. MR pointed this out and now there will be a focus group to look at the indicators with a Delphi study being finished.</p>	
6.	UPDATE FROM EVIDENCE DIRECTORATE	

	<p>FG gave an update on her observations about the organization since she joined and how it fits in the context of guidelines. She explained that the shortage of funding at the NHS and health and care services in general will impact HIS and the Evidence Directorate. Significant efficiencies and savings will have to be made next year. The work will have to be chosen strategically and resources used efficiently. FGs aim is to work with the team and review what we have on the books, the national priorities for Scotland and how to use information that has been put together by other people and translate that more into a national context for Scotland. What can be feasibly achieved and how we can innovate to make things faster and more efficient over time.</p> <p>She congratulated KG for the Diabetes and pregnancy guideline and appreciated her work on driving patient involvement over the years.</p>	
7.	SIGN EXECUTIVE BUSINESS	
	<p><u>Update on the guideline development programme, on progress with “35 in 5” and Update on plans for workshop to reflect on SIGN@30 goals and achievements</u></p> <p>RJ presented updates on the guideline development programme.</p> <p>SIGN 169: Perinatal mental health conditions published on 18 December 2023. SIGN 158: British guideline on the management of asthma scoping summary published 13 February 2024.</p> <p>35 in 5 progress Publications SIGN 169: Perinatal mental health conditions - Dec 2023 SIGN 168: Assessment, diagnosis, care and support for people with dementia and their carers - Nov 2023 SIGN 146: Cutaneous melanoma (update) - Aug 2023 SIGN 167: Care of deteriorating patients - Jun 2023 SIGN 166: National clinical guideline for stroke for the UK and Ireland - Apr 2023 SIGN 156: Pharmacological management of migraine (update) - Mar 2023</p> <p>DP asked about exploiting opportunities to develop guidelines in partnerships with other organizations such as NICE. RJ confirmed that she has a quarterly catch up with Jonathan Bengner who heads guidelines at NICE and the asthma guideline with NICE is a good opportunity. SIGN is also collaborating with NHS Research Scotland to get interested early career researchers involved in the chronic pain guideline. RJ has also been in talks with colleagues</p>	

	<p>at Public Health Scotland (PHS) about working together with them.</p> <p>AT concluded that collaboration is going to be one of the words for the future. AT wanted to make the Council aware that SIGN would like to get the guidelines published. The guideline development group members of the most recent dementia guideline have worked very closely with age and ageing and are going to publish two papers. It is good to get guidelines published in academic journals as well to reach a wider audience.</p>	
8.	METHODOLOGY	
	<p><u>Discuss and agree new ways of working for the SIGN methodology group</u></p> <p>DS presented his paper on the SIGN Methodology group.</p> <p>The proposed plan for methodology meetings is: February Discussion of conference abstracts April SIGN 50 revision and implementation June Adaptation processes/ methods and evaluation August Patient Involvement October Equality and sustainability December Learning and implications from conferences</p> <p>AT commented that SIGN Council can now see the plan for the methodology meetings over the next year, February discussion of conference abstracts for the global evidence summit, which includes GIN and others at the meeting in Prague. The abstract that was agreed to be submitted has proceeded well.</p> <p><u>Discuss the publication of SIGN 50</u></p> <p>RJ thanked everyone who took part in the consultation on sign 50. There is a slight delay to get the introduction and some other bits more up to date and to make it more accessible. RJ is happy to receive any further feedback on it.</p>	
9.	MINUTES of the meeting held on 13 December	
	<p>AT asked if all were happy to approve the minutes of the last SIGN Council meeting held on 13th December 2023. The group approved it.</p> <p>Action points from the previous meeting were updated as per feedback from the group.</p>	
10.	DATES AND FORMAT OF FUTURE MEETINGS	
	<p>12 June, 2-3.30 In person. Venue – Conference Rooms 1 & 2, 8th Floor, Delta House</p>	

	<p>2 October 2-3.30 Virtual</p> <p>1 December 2-3.30 Hybrid. Venue - Conference Room 2, 8th Floor, Delta House</p>	
11.	CLOSE	
	AT closed the meeting after thanking everyone.	