

Module 1 – About us

Who are we?

- We are the Scottish Intercollegiate Guidelines Network (SIGN).
- Our goal is to make healthcare better for people in Scotland by ensuring consistent, evidence-based guidelines for treating them.
- We work with health and social care professionals, third sector organisations, the public and people with lived experience.
- Our guidelines are there to help professionals and people living with conditions make decisions about treatment. We want to make sure that everyone can understand them, so we also create plain language versions. Making decisions together is known as [Realistic Medicine](#). It puts you at the centre of decisions made about your care.

SIGN Council

- SIGN Council members make operational decisions for how SIGN functions.
- Members of SIGN Council are chosen by their Royal College or another professional group. They represent different specialties and talk to other experts in their field.
- Some members of SIGN Council help with the development of guidelines. They might join advisory groups or help with editorial review.
- We also have public partners (volunteers) from Healthcare Improvement Scotland who represent people with lived experience and the public. They also sit on the Public Involvement Advisory Group (PIAG) where they help shape our work.

SIGN Executive

- This is the name for the team of staff within the Evidence Directorate of Healthcare Improvement Scotland we employ to run the organisation.
- The staff are responsible for putting SIGN Council's decisions into practice.
- The staff carry out the guideline programme on time and in line with SIGN's budget.
- The SIGN team works closely with other parts of Healthcare Improvement Scotland (HIS) and keeps to HIS policies and procedures.

What are our guidelines for?

We want to make sure that everyone in Scotland gets the best health care, so our guidelines recommend the best treatments backed by evidence. So, we write guidelines to:

- help professionals, the public and people with lived experience understand medical evidence so they can use it to make decisions about a person's care
- help people to get the best care available, no matter where they live
- help to improve the quality of health and social care across Scotland.

What are our guidelines based on?

Our guidelines are based on the most up-to-date scientific evidence. We analyse the available research evidence for the best way to diagnose, treat and care for people. If no research has been done, health and social care professionals can use their experience and judgement to suggest treatments. They will highlight this as an area where more research is needed.

More information on research and we use it to develop guidelines can be found in module 3.

Who decides which guidelines are needed?

Anyone in Scotland can suggest a topic for a guideline. We welcome suggestions.

To suggest a guideline topic you can visit our website and fill out our [support request form](#). We review these suggestions through a process at Healthcare Improvement Scotland. If you suggest a topic our Patient Involvement Advisor and SIGN Public Partners can help you to complete the application. We also ask healthcare professionals to share their thoughts on the suggestions.

We choose a topic if we know that different hospitals or professionals offer different tests and treatments for the same problem. We also choose topics when we're not sure which treatments work best for certain conditions.

Before we start producing a guideline, we make sure there's enough evidence to support it. Our team looks at lots of scientific research to find the best information. This ensures that our guidelines are trustworthy. Once a topic is approved, we decide what it will and won't cover. This helps keep our guidelines focused and helpful.

How do we decide what the guideline will cover (scope)?

We decide what our guideline will focus on based on the topic suggestion and any research we've done. We also listen to people and engage with people who have personal experience with the topic.

Consulting third sector organisations

We invite organisations and charities that represent people with lived experience to tell us about the issues (including inequality issues) they think the guideline should deal with, and their reasons for making these suggestions. They might share stories from their members or information from surveys.

Consulting the SIGN Patient and Public Involvement Network

We also ask members of the [SIGN Patient and Public Involvement Network](#) for their input. Many of them have firsthand experience with the topics our guidelines cover. They share what they think is important.

Consulting people with lived experience

Sometimes our literature searches find a lot of evidence, but we don't have enough feedback from organisations that represent people with lived experience. In these situations, we may consider other ways of getting information. We may talk to people with lived experience through focus groups or by attending support group meetings. This helps us make sure our guidelines reflect real needs and concerns.

Engaging with people through social media

We use social media to ask people what they think our guideline should cover.

We gather all the information from the methods we've used and share it with the guideline development group at their first meeting. They use this information to decide what questions the guideline should try to answer.

The guideline group doesn't have to include every issue raised by people with lived experience but they must explain why if they decide not to include something.

We also do an Equality Impact Assessment (EQIA) as part of planning the guideline. This makes sure we consider how our recommendations might affect different groups of people. We want to make sure our guidelines don't harm anyone because of their race, gender or other protected characteristics.

Who funds the guideline development process?

Healthcare Improvement Scotland is funded by the Scottish Government. This money helps with:

- paying the staff of the SIGN Executive
- covering costs like library fees and meeting expenses for guideline development groups
- supporting the consultation process
- paying for printing and sharing of plain language versions of guidelines.

People who work on SIGN guideline development groups don't get paid. But independent practitioners can claim locum payments and travel costs. Lived experience representatives can also get travel, food, child care and other expenses to attend meetings. You can find more details on how to claim expenses in the Volunteer guide.

Do you look at how your recommendations can affect NHS resources?

The NHS doesn't have a lot of money to spend, and things keep getting more expensive. So, it's important to think about whether the benefits of a treatment are worth the cost.

We look at information about costs and benefits in special databases. A Health Economist helps with this. They study how much treatments cost and how well they work. We use this information to decide what to recommend.

If the guideline group suggests something that might cost a lot or change how a service works, the Health Economist can work out how much it might cost.

Do the quiz

To complete this module, take a few minutes to do the end-of-module quiz. It's a quick way to make sure you've learned everything you need.