

Scottish Intercollegiate Guidelines Network (SIGN) Council meeting

Wednesday 12 June 2024, Delta House, 2.00–3.30pm

APPROVED MINUTES

Present	
Professor Angela Timoney (AT)	SIGN Chair
Mr Alan Bigham (AB)	Programme Manager, SIGN
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Mr Ross Conway (RC)	Administrative Officer, SIGN
Dr Issmael Fergague (IF)	Royal College of General Practitioners
Ms Fiona Glen (FG)	Associate Director of Evidence and Digital/Head of Research and Information Service, Healthcare Improvement Scotland
Ms Amanda Gotch (AG)	Consultant Midwife, Obstetrics
Mrs Karen Graham (KG)	Patient Involvement Officer, SIGN
Dr Roberta James (RJ)	Programme Lead, SIGN
Mrs Aimie Littleallan (AL)	Project Officer, SIGN
Mr Yann Maidment (YM)	College of General Dentistry
Mr Kenneth McLean (KM)	Patient Representative
Dr James Morton (JM)	Royal College of General Practitioners
Ms Rosemary Pengelly (RP)	Patient Representative
Ms Debbie Provan (DP)	AHP Federation
Dr Colin Rae (CR)	Royal College of Anaesthetists
Mr Martin Robertson (MR)	Patient Representative
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr Sreebala Sripada (SS)	Royal College of Obstetrics and Gynaecology
Ms Ruth Stark (RS)	Scottish Association of Social Workers
Ms Jacqueline Thompson (JT)	Royal College of Nursing (job share)
Dr Antonia Torgersen (ATo)	Royal College of Pathologists
Dr Safia Qureshi (SQ)	Director of Evidence and Digital, Healthcare Improvement Scotland
In attendance	
Mrs Kirsty Littleallan (KL)	Executive Secretary to SIGN Council
Mr Edmund McKay (EM)	Senior Strategic Planning Advisor, SIGN
Apologies	
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 Tony Byrne (TB)	Royal College of Physicians of Edinburgh
Mr Line Caes (LCa)	Associate Professor, Division of Psychology, Faculty of Natural Sciences, University of Stirling
Dr Sara Davies (SD)	Scottish Government
Ms Halima Durrani (HD)	Patient Representative

Mrs Ann Gow (AGo)	Director of Nursing and Systems Improvement, Healthcare Improvement Scotland
Ms Katie Hislop (KH)	Sponsorship, Scottish Government
Dr Nauman M Jadoon (NJ)	Junior Representative
Ms Wendy Maltinsky (WM)	Royal College of Midwives
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Dr Christopher Pell (CP)	Royal College of Psychiatrists
Dr Matthias Rohe (MRo)	Early Career Professional
Dr Jan Stanier (JSt)	AHP Federation
Mr Matthew Smith-Lilley (MSL)	British Association for Counselling and Psychotherapy
Ms Sheeba Zahir (SZ)	Royal Pharmaceutical Society Deputy

1.	WELCOME AND APOLOGIES	
	<p>AT welcomed everyone to the in-person meeting of SIGN Council. It is noted that those attending virtually are doing so because of clinical commitments or health reasons. Those attending their first meeting of SIGN Council;</p> <p>Ro Pengelly, Public Partner observing SIGN Council;</p> <p>Aimie Littleallan, PO, SIGN</p> <p>Edmund McKay, Senior Strategic Planning Advisor, SIGN</p> <p>Alan Bigham, PM, SIGN</p>	
2.	DECLARATION OF INTERESTS	
	<p>Members were reminded to return outstanding declarations of interest. Any updates to declarations should be made known too.</p> <p>Action: members of Council with outstanding or updates to declarations of interest are to send them to KL.</p>	ALL
3.	SIGN COUNCIL BUSINESS	
	<p>Vice-chair term of office and process for selecting a replacement</p> <p>GL is completing his term of office as Vice-chair in October 2024. This term includes an extra year for which the Chair expressed her gratitude. LC has another term of office remaining as Vice-chair. Only members of SIGN Council can be nominated for the position of Vice-chair. Members of Council can either self-nominate or nominate another Council member for position of Vice-chair. Council members should speak to their Council colleagues before they nominate them.</p>	

	<p>Nominated and self-nominated members are asked to submit a paragraph describing what they would hope to bring to the role and what they would like to do for SIGN Council in the Vice-chair position. If there is only one nomination for the post, that nominee would become Vice-chair. If there is more than one nomination, an election will be held electronically. All nominations are to be submitted by Monday 1 July 2024. Council members will be made aware if an election is to take place and when. GL will demit office at the Wednesday 2 October meeting of Council, and the new Vice-chair would take office then.</p> <p>AT asks that all eligible members of Council consider taking on the Vice-chair position as she considers it a fulfilling thing to do. The position allows you to be more involved with SIGN and the Evidence Directorate. The Vice-chair attends the monthly SIGN Senior Management Team meetings as well as taking on a piece of work for SIGN that is of interest to them. LC is focused on widening the reach of SIGN guidelines and this is being implemented through the chronic pain guideline. GL had an interest in the early career practitioners, which is still a gap in Council. Other ideas Vice-chair projects are welcome and can be included in nomination statements.</p> <p>Action: Interested SIGN Council members are to submit a self-nomination or nominate another Council member for the Vice-chair position.</p> <p>Draft future programme This item is to be discussed under SIGN Executive business.</p>	<p>ALL</p>
<p>4.</p>	<p>PATIENT INVOLVEMENT</p>	
	<p>Patient and Public Involvement highlights</p> <p>Maureen Huggins has stepped down from the Healthcare Improvement Scotland (HIS) public partner role to focus on other volunteering roles. Maureen has been involved with SIGN Council for many years and has contributed to guidelines and plain language versions of guidelines. We are grateful for Maureen’s input to SIGN’s work.</p> <p>Ro Pengelly has joined SIGN Council. Ro is currently involved with a range of projects within HIS and has recently committed to the Scottish Palliative Care Guidelines work.</p> <p>At the May meeting of the Public Involvement Advisory Group (PIAG), how to improve the functions of the group to make them more meaningful was discussed. It has been suggested that the PIAG would be the main public partner role for SIGN, with input to SIGN Council being one of the functions of this group. It will be</p>	

	<p>discussed at the September meeting and the outcome of the discussions reported back to Council.</p> <p>A presentation was given to the Greater Glasgow and Clyde (GCC) Psychology Research Group on 14 May 2024. The subject of the presentation was 'Voices that matter: Including lived experience in SIGN guidelines'. There was a lot of interest in the public involvement work in involving people with lived experience in SIGN guidelines and delegate feedback positive.</p> <p>Artificial Intelligence (AI) has been trialled for the first draft of two plain language versions of guidelines. ChatGPT has been used for the diabetes in pregnancy booklet and the type 2 diabetes booklet, which is out for consultation, closing on Monday 24 June. ChatGPT has translated recommendations and provided the narrative in plain language, a process group members previously spent a lot of time on. The process is much faster than manual translation of information from the guidelines. The experience so far has been a positive one. A formal evaluation will take place on the use of AI in producing plain language versions of guidelines. Feedback will be presented to SIGN Council. The hope is to give a webinar to HIS on the process followed in the small test of change, and this would be shared more widely ensuring consistency across the system.</p> <p>Clear instructions had to be given to ChatGPT to allow it to do what was expected of it. With these instructions it was able to recognise recommendations had the R symbol, good practice points had the tick and then give a summary of the text. Once the first draft was ready, the group could look at it and assess what was being kept and what was being rejected.</p> <p>Action: A presentation is to be given to SIGN Council on the use of AI in the production of plain language versions of guidelines at a future meeting.</p>	<p>KG</p>
<p>5.</p>	<p>UPDATE FROM EVIDENCE DIRECTORATE</p>	
	<p>The Evidence and Digital directorate is on track to make its savings target, which Council members were made aware of at the March meeting. The challenge will become harder as the year progresses, and RJ and FG were thanked for their management of the budget.</p> <p>A meeting took place after the SIGN@30 September event with the Chief Medical Officer (CMO). This was to discuss the future direction of SIGN and to make sure there was support from the CMO for the future. SQ has been invited to attend the first meeting of the new CMO Advisory group. A presentation was given on SIGN and its future plans, which was well received.</p>	

<p>The Right Decision Service came into the directorate last year and a paper on it was presented to the Quality and Performance Committee (QPC). This was to give an update on the progress of the RDS. The QPC are happy with how the RDS has transitioned into the directorate and how it fits with the work. There is skill sharing from the RDS team across the directorate, including with members of the Research and Information Service, where the RDS team sits. More of the Evidence and Digital directorate products are being translated into the RDS.</p> <p>The directorate have been supporting teams from the University of Glasgow and Aberdeen University in their bids for funding in the research around the role of guidelines and evidence in sustainability in health. These types of collaborations are being used to extend our influence and becoming further involved in emerging areas.</p> <p>The financial challenges across the organisation are high, with reorganisation taking place in other Directorates. The impact of this on Evidence staff is being kept in mind and staff are being supported where needed.</p> <p>Council members wished for clarification on the circumstances around the cancellation and then restarting of the chronic pain guideline. Initially it was a HIS decision around resources, both financial and staff. It is recognised however that there is wide support for this guideline and the update and there has been a reconfiguration of resources to enable it to restart. On a more positive note, this has highlighted the importance and value the SIGN work brings to clinicians policy makers and others.</p> <p>The RCM and RCN members had not been made aware that a version of the perinatal guidance for healthcare professionals and for women and birthing parents would be made available through the RDS platform. It has been clarified that the toolkit for women and birthing parents is an alternative to the patient booklet.</p> <p>Action: The Heads of Midwifery in each health board are to be written to, to advise them that the perinatal mood disorders guideline, toolkit and the women and birthing parents toolkit on the RDS are available for use.</p> <p>Action: RCM rep to give SIGN the contacts to allow AT's message to be sent to them.</p> <p>The Evidence and Digital directorate have contact with the Centre for Sustainable Delivery through various working groups and projects. This is inclusive of cancer referral guidance. It has been suggested by</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>AT</p> <p>AG</p>
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	KM that we use his involvement in the Scottish Referral Guidelines group to strengthen the connection with the group.	
6.	SIGN EXECUTIVE BUSINESS	
	<p>Presentation Progress of the BTS/NICE/SIGN asthma guideline, discuss key points for consideration during consultation and the collaboration in general</p> <p>AT presented to Council on the progress of the BTS/NICE/SIGN asthma collaboration. The British Thoracic Society (BTS), the National Institute for Health and Care Excellence (NICE) and SIGN agreed in 2019 to work together to produce future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children. The guideline aims;</p> <ul style="list-style-type: none"> • to support healthcare professionals in making accurate diagnoses and providing clinically and cost-effective treatments to control the condition and prevent acute asthma attacks • promote good practice and include recommendations in areas where differences in guidance had previously existed between the organisations <p>The guideline will form part of a broader set of guidance and materials, produced by BTS, SIGN and NICE, on diagnosing and managing asthma throughout an individual’s lifetime – a new ‘asthma pathway’.</p> <p>The consultation for the collaboration is to run from 18 June until 30 July. A communication will be sent to Council members about the consultation and the ask of them. There is a particular focus for sending it to as many people in general practice as possible to get their views as the new guidance has implications for primary care.</p> <p>Action: An email is to be circulated to Council members to tell them what is needed from them at the consultation stage and how to take part.</p> <p>Action: Council members are asked to copy SIGN into direct responses.</p> <p>To ensure that the guideline produced is a true collaboration between BTS/NICE/SIGN further input is needed at this point. The guideline will contain links to resources and legislation which may not have a Scottish equivalent or may not apply in Scotland. Some Council members will be asked by RJ to look at these in relation to the Scottish context to make sure they apply. The published guideline will be available through the RDS.</p>	<p>AB/KL</p> <p>ALL</p>

<p>There will be an embargoed release on 13 November with publication on 27 November. It will be launched at the BTS winter meeting 27-29 November.</p> <p>The collaboration with NICE and BTS is a step toward further collaborations and reflects the strategic direction. The NICE and BTS collaboration has been a continued learning experience. Since initiating this work in 2019 with a framework agreement, SIGN have developed a Memorandum of Understanding (MoU) to use with collaborating partners.</p> <p>There is a desire to better use the resources of GIN for promotion, collaboration, and discussion, for example GIN Connect, which is like LinkedIn. There is a current push on centralised investment from those who produce evidence synthesis and systematic reviews from various organisations. The same evidence is being sifted through by guideline organisations. There is a need to think about what SIGN can offer the international guideline community as well as being the guideline agency for Scotland. The need to have guidelines more “upstream”, addressing areas such as prevention as well as addressing clinical management was discussed by Council members, with support from the Exec team.</p> <p>Action: The topic of prevention is to be considered at a future meeting.</p> <p>Update on the guideline development programme Since the last meeting of Council, the following guidelines have been published. SIGN 170 Optimising glycaemic control of type 1 diabetes on the RDS platform. This guideline is one of the pilots of adaption methodology. SIGN 171 Management of diabetes in pregnancy, which had been started before the pandemic. Thanks were given to Council members for their intervention in the final stages of the guideline production to help it get published. The first round of updated guidance for the Scottish Palliative Care work has been published on RDS. These are syringe pumps and several patient leaflets. There is further work underway. The perinatal mood disorder toolkit: Advice for women and birthing parents was published on RDS and has had a lot of media attention. The third of the adapted guidelines, prevention and remission of type 2 diabetes has been to consultation . The management of chronic pain is in development.</p> <p>With the resource and budget constraints, Council was made aware that their input is needed to help decide on the focus for SIGN once the work underway is finishing or finished. Other guidelines which</p>	<p>AT/RJ</p>
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<p>were on programme have been paused. The 2024–2025 programme must capture what is clinically needed. The refresh of the guideline on epilepsy in children is likely to be on the programme because the MHRA update to valproate use advice as it is a safety issue.</p> <p>Guidance on smoking and vaping is a suggestion for future work and links to the prevention agenda.</p> <p>How members of the clinical community and patients find out about published guidelines was questioned. Council members are unsure how the information is disseminated throughout the community. At guideline or booklet publication, SIGN disseminates the information to contacts in each health board to make them aware of it. There is an ongoing project in the SIGN team looking at who we contact about publications and how this information is then cascaded. The website is kept up to date and information is sent out through social media. An option for secondary care is to write to specific consultants at each health board, detailing what is being publish and what is expected of them at publication.</p>	
<p>Action: further discussion is to take place on how best to communicate publications to the boards and primary care.</p> <p>The loss of the national open meeting is now having an effect. They were perfect for cascading information about a new publication throughout the community. All levels of staff could attend and then pass on the information about the publication.</p>	SMT/ALL
<p>Action: the impact of the loss of the national open meetings on SIGN is to be raised with the HIS Executive team.</p> <p>There is an existing issue around how to make sure SIGN guidelines appear where people search for a topic we have a guideline on. The dementia guideline has three publications coming out in Age and Ageing. RCGP reps summarise what has been discussed at Council relevant to GPs. This is sent to the heads of RCGP who decide what will be disseminated to RCGP members. A similar process is followed by RCN and RPS.</p>	SQ
<p>The summary of SIGN Council meetings, with key points and asks of members worked in the past and it has been suggested this could be produced again. What else is happening in the evidence directorate could be included.</p> <p>Action: the creation of a 3-poin summary and asks from SIGN Council meetings alongside issues of importance from across the Evidence and Digital Directorate is to be reinstated.</p>	SMT

	<p>The wider environment of health and its impact is clear in the work which social workers carry out in the community.</p> <p>Action: the interaction with health and social care partnerships is to be looked at and consideration of how to raise awareness in HSCPs and IJBs.</p> <p>Update on progress with “35 in 5”</p> <p>Nine pieces of guidance have been published since November 2022, when the goal of 35 in 5 was agreed.</p> <table border="1" data-bbox="300 757 1179 1688"> <thead> <tr> <th>Publications</th> <th>Publication date</th> </tr> </thead> <tbody> <tr> <td>SIGN 171: Management of diabetes in pregnancy</td> <td>May 2024</td> </tr> <tr> <td>Scottish palliative care guidelines – Syringe pumps</td> <td>Apr 2024</td> </tr> <tr> <td>SIGN170: Optimising glycaemic control in people with type 1 diabetes</td> <td>Mar 2024</td> </tr> <tr> <td>SIGN 169: Perinatal mental health conditions</td> <td>Dec 2023</td> </tr> <tr> <td>SIGN 168: Assessment, diagnosis, care and support for people with dementia and their carers</td> <td>Nov 2023</td> </tr> <tr> <td>SIGN 146: Cutaneous melanoma (update)</td> <td>Aug 2023</td> </tr> <tr> <td>SIGN 167: Care of deteriorating patients</td> <td>Jun 2023</td> </tr> <tr> <td>SIGN 166: National clinical guideline for stroke for the UK and Ireland</td> <td>Apr 2023</td> </tr> <tr> <td>SIGN 156: Pharmacological management of migraine (update)</td> <td>Mar 2023</td> </tr> </tbody> </table>	Publications	Publication date	SIGN 171: Management of diabetes in pregnancy	May 2024	Scottish palliative care guidelines – Syringe pumps	Apr 2024	SIGN170: Optimising glycaemic control in people with type 1 diabetes	Mar 2024	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	AT
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7.	METHODOLOGY																					
	<p>Update on the improvement progress</p> <p>At the June 2023 meeting of Council it was agreed progress on the pilots of adaption methodology would be brought back to Council in June 2024.</p> <p>Three guidelines have been developed by adapting recommendations from other organisations. The approaches for</p>																					

	<p>two of these guidelines “SIGN169; Perinatal mental health conditions” and “SIGN 170: Optimising glycaemic control in people with type 1 diabetes” were presented to Council in June 2023 and the guidelines were published in December 2023 and March 2024 respectively. The third guideline “Prevention and remission of type 2 diabetes” will publish in August 2024. A series of workshops has mapped out the processes used to develop these guidelines and work is ongoing to:</p> <ul style="list-style-type: none"> • finalise the adaptation methodology • define roles and responsibilities of members of the SIGN team, colleagues in the directorate who work on guideline development and external stakeholders • set timeframes for each stage of development. <p>The process mapping work for the methodologies and overall SIGN guideline process is being worked on and will be reported to Council at either the October 2024 or December 2024 meeting. SIGN will be doing more adoption or adaption guidelines, as well as continuing with the standard SIGN process.</p> <p>Action: An update on the progress of this work will come to SIGN Council in October</p>	<p>RJ/DS</p>
<p>8.</p>	<p>MINUTES of the meeting held on 6 March</p>	
	<p>The minutes from the meeting held on 6 March have been agreed as accurate by SIGN Council.</p> <p>Action: the approved minutes are to be uploaded to the SIGN website.</p> <p>Action point register CPD certificates will be sent for the any guidelines which have been published recently. The landing page for recruitment of guideline group members is live and in use. Adaption and adoption of guidelines has been presented to Council</p> <p>Action: the CPD certificates have been actioned and are available for recently published guidelines.</p> <p>Action: the actions listed above are to be closed on the action point register.</p>	<p>KL</p> <p>KL</p> <p>KL</p>
<p>9.</p>	<p>THREE KEY POINTS FROM THE MEETING</p>	
	<p>1. Council is pleased with the progress of the asthma guideline. Members of Council and other Royal Colleges are</p>	

	<p>encouraged to respond to the asthma consultation, which is open from 18 July until 30 July.</p> <ol style="list-style-type: none"> 2. Nominations for the Vice-chair position are to be submitted to Roberta and Angela by Monday 1 July 3. ChatGPT is being piloted in producing the first draft of patient booklets. 	
10.	DATES AND FORMAT OF FUTURE MEETINGS	
	<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.	