

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting
Wednesday 02 October 2024, virtual (MS Teams), 2.00–3.30pm**

APPROVED MINUTES

Present (35)	
Professor Angela Timoney (AT)	SIGN Chair
Roberta James (RJ)	SIGN Programme Lead
Frances Kerr (FK)	Observer
Linda Gunn (LG)	Patient Representative, HIS
Dr Moray Nairn (MN)	Programme Manager, SIGN
Martin Robertson (MR)	Patient Representative
Dr Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Sheeba Zahir (SZ)	Royal Pharmaceutical Society Deputy
Ro Pengelly (RP)	Patient Representative, HIS
Matthew Smith-Lilley (MS)	British Association for Counselling and Psychotherapy
Fiona Glen (FG)	Associate Director of Evidence, HIS
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh - SIGN Vice-Chair
Dr Babar Akbar (BA)	Royal College of General Practitioners (obs)
Sara Davies (SD)	Scottish Government
Dr Jan Stanier (JS)	AHP Federation
Duncan Service (DS)	Evidence Manager, SIGN
Dr Wendy Maltinsky (WM)	British Psychological Society
Safia Qureshi (SQ)	Director of Evidence and Digital, HIS
Dr Colin Rae (CR)	Royal College of Anaesthetists
Professor Phyo Myint (PM)	Royal College of Physicians of London
Kenneth McLean (KM)	Patient Representative, HIS
Madeleine Tse-Laurence (MT-L)	Programme Manager, SIGN
Dr James Morton (JM)	Royal College of General Practitioner - SIGN Vice Chair
Dr Antonia Torgersen (AT2)	Royal College of Pathologists
Matthias Rohe (MR)	Early Career Professional
Arlene Coulson (AC)	Royal Pharmaceutical Society
Dr Sreebala Sripada (SS)	Royal College of Obstetrics and Gynaecology
Professor Lesley Colvin (LC)	Royal College of Anaesthetists - SIGN Vice-Chair
Debbie Provan (DP)	AHP Federation
Ruth Stark (RS)	Scottish Association of Social Workers
Professor Andrew Seaton (AS)	Guest presenter
Nauman Jadoon (NJ)	Junior Representative
Karen Graham (KG)	Patient Involvement Adviser, SIGN
Marion Pirie (MP)	Project Officer, SIGN
Ross Conway (RC)	Administrative Officer, SIGN (Minutes)
Apologies	

Heather Connolly, Dr Issmael Fergague, Dr Shridevi Gopi-Firth, Ann Gow, Nicola MacKay, Dr Gerard McKay, Jacqueline Thompson, Dr Simon Watson, Amanda Gotch, Katie Hislop, Christopher Pell, Yann Maidment

1.	Welcome and apologies	
	<p>Chair welcomed everyone to the meeting and introduced new attendees. Advised the election of a new Vice-Chair of SIGN Council, James Morton.</p> <p>JM thanked everyone for voting.</p> <p>Chair thanked GL for his time as Vice-Chair.</p>	
2.	Declaration of interests	
	Chair reminded everyone to keep DOI updated.	
3.	SIGN Council business	
	<p>RJ updated Council on the collaborative asthma guideline. Currently working on post-consultation draft. This will be ready to come to Council for sign off on 29.10.24. Will also go to British Thoracic Society Council and NICE. Embargoed draft should be available 13.11.24.</p> <p>Chair did not foresee any problems with sign off and advised that she and RJ met with Tom Fardon who is the respiratory lead for Scotland to discuss implementation. The Chair stated that there will be work to do to raise awareness.</p> <p>Chair introduced MP who shared latest version of CPD certificate and asked for any suggestions for improvements.</p> <p>AB asked about the 50 hours of CPD on the certificate. Concerned that this is the whole year's CPD. Hopefully this won't put people off being involved in Guideline development.</p> <p>Chair suggested we look back at this and see if there are any unintended consequences.</p> <p>Council agreed the new Certificate.</p>	
4.	Presentation by Professor Andrew Seaton, Chair of SAPG	
	<p>AS shared presentation. To be included with minutes.</p> <p>Chair thanked AS for presentation and invited questions.</p>	MP

	<p>AT2 asked about evidence of antibiotics not being prescribed being detrimental to the patient.</p> <p>AS advised that this isn't normally seen outside of the medical-legal sphere. Thinks if we follow that philosophy then we will overuse antibiotics. Scandinavian countries have been practicing stewardship longer than us and the don't find this an issue. The public there have a different attitude to antibiotics, and they don't seek them out as much.</p> <p>BA asked about primary care subgroups. As it is capacity dependent, can anything be done to bolster capacity? Added that the bulk of antibiotic prescribing is done by out-of-hours care rather than daytime primary care.</p> <p>JM asked about international collaborations in antimicrobial prescribing. France and Spain are much worse for example than the UK. Also queried the increase in prescribing for respiratory and urinary tract infections since COVID.</p> <p>AS advised that for the number of urine infections prescribing is not going up. While there aren't any official international collaborations, there is an informal collaboration with Ghana. Also have had people from Georgia, Denmark, Norway, and Brazil visit, but no formal collaborations. There is interest in this, and the meeting in New York recently showed this.</p> <p>WM asked about the extent of incorporating behavioural science and health psychologists.</p> <p>AS advised that they are engaged with clinical psychology and behaviour chain experts as part of the Ghana collaborative. This is also part of the UK National Action Plan.</p> <p>FK added that as this is on the National Action Plan, it will be focused on. SAPG is looking to see what else can be done to support colleagues via behaviour change interventions and the implementation phase.</p> <p>AS reiterated the invites for the SAPG event on 15.11.24.</p>	
<p>5.</p>	<p>Update from Evidence Directorate</p>	
	<p>SQ provided update on Evidence Directorate. Advised that the profile of the work SIGN is doing is extremely high across the organisation. Guidelines on dementia and type 1 diabetes were received positively within the organisation. Funding for RDS is confirmed until the end of the financial year. The HIS Board has approved the business case for submission to Scottish Government seeking permanent funding.</p>	

	<p>The organisation is being asked to make savings, and this is affecting things like travel and recruitment. There isn't a freeze on recruitment, but it's currently difficult.</p> <p>SQ wants to explore how to make more use of Council members skills and offer opportunities. For example, horizon scanning for Scottish Health Technologies Group. As Director of Evidence and Digital, has been asked to chair the Scottish Strategic Network for Diagnostics Steering Group. There is already a call for clearer guidance on when and where to use diagnostic services, so Council may want to think about its potential role in this. Also wants to think about sharing intelligence across the organisation, for example capturing real-time challenges from GDG discussions.</p> <p>Chair thanked SQ for the update and invited questions.</p> <p>LC asked about the plan if funding for RDS is not extended or made permanent. This will have implications for SIGN guidelines. SQ agreed that it will impact guidelines so is working on a plan B. Currently trying to persuade Scottish Government to give some interim funding. Chair thinks that it is of concern to SIGN Council if this funding was not extended as it has implications for publications etc.</p> <p>SQ advised that she might come back to Council to formally ask for a statement of support. Council agreed to this.</p>	
6.	SIGN Executive business	
	<p>FG shared presentation as an update on executive business. To be included with minutes.</p> <p>Chair thanked FG for presentation and invited questions.</p> <p>SS asked about AI tech and whether there any workshops around this and how to get more information.</p> <p>FG advised that this is just being rolled out now and HIS is having its own workshops on it. This could be included in the methodological forum as well to make sure there is space to talk about it. There is a lot of interest in the directorate about it.</p> <p>Chair advised to look out for the methodological workshops and attend if possible.</p> <p>MR asked about scoping and how it ties in with methodology. Has concerns on the level of evidence we use potentially harming the SIGN brand.</p> <p>FG would like to pick this point up and discuss further.</p>	MP

	<p>Chair invited RJ to provide and update on the guideline development programme.</p> <p>RJ presented the current guideline programme. Diabetes in pregnancy plain language version is publishing this week and a Type 2 diabetes plain language version publishing later this month.</p> <p>We are working with the Scottish Palliative Care Group to try and make the process more robust. The guideline updates are heavily based on expert opinion as evidence is scarce.</p> <p>There is a refresh of the migraine guideline to cover new MHRA advice and a few paused guidelines.</p> <p>RJ invited MN to speak on the consultation process for the chronic pain guideline</p> <p>MN explained the modular approach to the chronic pain guideline. One of the aims is to publish units as they become available rather than waiting for the entire guideline to be finished. This means that there will be multiple consultations. The group felt that having so many in such a short time might be challenging so we are asking Council to encourage people to complete these when they come out as the chunks contain different topics that are all equally important to get feedback on.</p> <p>MS asked RJ about the depression guideline and what stage recruitment is for the development group.</p> <p>RJ advised that this is at scoping stage and after this is complete, we will be looking to recruit the group.</p> <p>Chair asked the group to bear with us as the meeting is running on and invited RJ to speak on the issues around priority programme prioritisation.</p> <p>RJ advised that the build-up of topics during the pandemic has made it necessary to find a way to prioritise them. Chair and RJ described the process used which adopted a system from NICE.</p> <p>RJ mentioned the idea of scoping in batches and how this could be helpful as we prioritise work.</p> <p>Chair clarified that SMT meet once a month and had used the prioritisation process to reach the prioritised list.</p> <p>DP asked about the process of prioritisation. Is this going to be an iterative process? Will new guideline topics go to the back of the queue, or will they be assessed and prioritised?</p>	
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	<p>RJ advised that it is iterative, and topics will go up and down the list depending on various factors.</p>	
<p>7.</p>	<p>Patient Involvement</p>	
	<p>KG provided an update on patient involvement. Have been working with SIGN team to explore ways of working with third-sector organisations when using both standard and adaptation methodology. Recognised the need to have more engagement with third sector in comparison to what we do presently, where we only have two reps on the guideline group and a topic engagement form at the start of the process.</p> <p>Each group is different, but we want to make sure we have a wider range of perspectives during the process. Currently engaging too late and want to do this at scoping stage.</p> <p>Would like to bring a paper to Council in December with an approach outlined for discussion and approval.</p> <p>Second item is public partner recruitment. Currently have very few public partners involved with Council at present. Have collaborated with Community Engagement and will be recruiting public partners to SIGN, SAPG, and SMC. This will be good as it will mean more representation on SIGN Council.</p> <p>KG advised that KM is coming to the end of his term of office in March 2025 so it is good that we are recruiting before this so KM can be involved in induction and handover.</p> <p>KG invited KM to speak on PIAG work.</p> <p>KM gave update on September's PIAG meeting and the work being done. Explained the SIGN 100 online training materials were published in September 2024. This is for new public partners and lived experience reps. Mentioned that members have been involved in external work. MR has been working on editorial review for type 2 diabetes and met recently with Alzheimer's Scotland.</p> <p>KM advised that the PIAG want to invite members of SIGN Council to a future meeting to share their views on what they get out of SIGN guidelines and what public involvement means to them. Will ask MP to circulate invite to members and hope to see some at a meeting.</p> <p>Chair hopes that members will take up this opportunity.</p> <p>MR mentioned the third-sector groups and the need to be aware of biases. Some groups are swayed by other factors.</p>	

	Chair agrees that this could be an issue and that it is important to ensure interests are declared.	
8.	Minutes of previous meeting	
	<p>Chair noted that it has been mentioned that meetings could be 2 hours going forward. Will test this in the next meeting as 2-hour meetings can be tiring for people. Asked for feedback on previous minutes.</p> <p>MR suggested that he and Nauman should be “early career professionals”.</p> <p>Chair advised that this is something that is being looked at with the incoming Vice-Chair and there will likely be a meeting about this.</p>	
9.	AOCB	
	<p>Chair shared three key points from the meeting.</p> <ul style="list-style-type: none"> • Want to recognise incoming Vice-Chair, James Morton • Welcoming the publication of BTS, NICE and SIGN Asthma guideline in November 2024 • Keeping on track with our goal of 35 in 5 	
10.	DATES AND FORMAT OF FUTURE MEETINGS	
	<p>Wednesday 11 December 2–3.30pm. Hybrid. MS teams and Conference Room, Delta House</p> <p>2025 meeting dates Wednesday 05 March - virtual Wednesday 11 June - in person Wednesday 24 September - virtual Wednesday 03 December - hybrid</p>	
11.	CLOSE	