

SIGN 50 Consultation

Comments received from SIGN Council members

All reviewers have submitted declarations of interests.

Invited reviewers			Type of response and declared interests
AB	Tony Byrne	Royal College of Physicians, Edinburgh	NHS Forth Valley local investigator in various multi-centre clinical studies/trials relating to stroke medicine including drug therapy and post-stroke care.
AG	Amanda Gotch	Royal College of Midwives	None
CR	Colin Rae	Royal College of Anaesthetists	None
CRap	Caroline Rapu	Royal College of Nurses	None
JS	Jan Stanier	Allied Health Professions Federation Scotland	<p>University of Strathclyde Doctoral Examiner role - fee not claimed</p> <p>Research role - Supporting local SLT component of multi-centre studies re head and neck cancer care (PRESERVE 'PATHOS' 'PEARL') Ongoing</p> <p>Associate Principal Investigator – PATHOS study. Ongoing</p> <p>University of Glasgow - Honorary Senior Clinical Lecturer, College of Medical, Veterinary and Life Sciences - ongoing</p> <p>Advisory Group – MSA study – University of Strathclyde - ongoing</p> <p>Supporting NHS GGC ENT consultant's proposed project (in relation to the SLT aspects) - laryngectomy valve lifespan project.</p> <p>University of</p>

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			Strathclyde/ ATOS medical - ongoing Contribution to National Guideline on Stroke as part of SIGN Council role - stroke guideline development group. Completed 30.04.2023 HIS Healthcare Standards Development Group - member 2024 - ongoing
RP	Ro Pengelly	Public Partner	Unpaid community researcher at University of Stirling
YM	Yann Maidment	College of General Dentistry	None

Comments			
General	CR	The document looks good to me. Easy to read, clear explanation of process and no typos identified.	Thank you
	TB	Very comprehensive.	Thank you
	AG	<p>Another very specific point from a midwifery perspective, for noting only, is that 'shared decision making' is referred to throughout the document, which is very valid and excellent to see, in midwifery care though we use the term 'informed decision making'.</p> <p>"The phrase 'shared decision making' is often used within healthcare guidance and publications (NMC, 2018; NHS England 2019; NICE, 2022). Use of the word 'shared' suggests that the midwife or health care professional is involved in the decision making along with the woman. It is more accurate to understand that the health professional is involved in supporting the woman to make her own decision by providing her with the information and evidence she needs. When a woman has made her decision, if the midwife has practised according to the Code (NMC, 2018) they are not responsible for that decision."</p> <p>informed-decision-making_0604.pdf</p>	<p>Shared decision making is the term widely used by realistic medicine.</p> <p>Aware that the Royal College of Midwives has a position statement on informed decision making, but none of the other colleges have.</p> <p>Changed to "Informed, shared decision making is key to the practice of realistic medicine, and..." at first mention of shared decision making.in section 1.7</p>
	RP	What a fine document for consultation - well done!!	Thank you
	RP	<p>This draft is well laid out as immediately shown by its comprehensive index, which clearly refers to lived experience.</p> <p>It is good that this draft links to realistic medicine so that readers can see the wording there.</p>	Thank you
	RP	<p>But why does SIGN 50 only mention self-medication and self-help, not self-management, as some patients will much prefer (wherever possible) to be home-based, and self-manage their conditions. This was certainly true when seeing e.g. the asthma guidelines, as some adults will have had their asthma since childhood, so be very up-to-speed with the self-management of their condition over decades. Yes, their self-management may well need to be updated.</p>	<p>In 7.3 changed from self-help to self-management</p> <p>Self-medication in Annex 2 is a real example so cannot change.</p> <p>However, take the point self-management is a better term to use.</p>

	YM	<p>Thanks for the opportunity to comment on this - I can't really add anything to this and would not remove anything.</p> <p>I remember looking at one of the very early versions in the mid 1990s, as part of the literature review for my thesis - it is now about 60% longer (being more comprehensive) and (as far as I can recollect) ...better written (i.e. less jargon and plainer use of language). All for the better.</p>	Thank you
	JS	It is obvious how much work has gone into this, thanks to all involved	Thank you
	JS	Should there be some reference to the growing influence of AI, even just as a comment on current landscape etc?	Thank you. We will discuss at SMT for a future update
	CRap	The document is very comprehensive, and helpful. It demonstrated an in-depth and exemplary process of securing and involving patients and members of the public in guideline development.	Thank you
	CRA	Acronyms – to avoid misinterpretation, recommend setting these out in full the first time used, i.e. RCT, OTC, SoF, GPP, ECRI.	Corrected
1.3	RP	Fine that 1.3 refers to climate change, and associated environmental and social impacts, as these are likely to be mainly adverse impacts.	Thank you
1.5		Discussion at Council (5/3/25) on whether to include carers in statement of intent.	Agreed not to change as was approved by CLO. Will check with CLO subsequently if and how the statement should be changed.
2.2	RP	It was interesting to learn that outsiders could propose a guideline topic.	Good to know the handbook is informative as well as instructive.
2.3	RP	“There is a lack of evidence to guide the choice of criteria and methods for prioritising topics, although the criteria used by guideline development organisations are broadly similar” is an opaque sentence. I was unsure what it meant.	This comes from a systematic review of the evidence. Schunemann HJ, Wiercioch W, Etzeandía I, Falavigna M, Santesso N, Mustafa R, et al. Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise. CMAJ 2014;186(3):E123-42. Discussion at Council (5/3/25) concluded no change needed.

2.3.3	CRA	“There is insufficient evidence to develop and evidence-based product...”	Corrected
2.3.4	RP	Seems to refer to itself.	Agree, should be 2.3.3
3.3	JS	It would have been nice to see a wider range of AHPs shown in the example of a guideline group membership	This is a real example of a guideline development group so reluctant to introduce specialties that were not involved
3.5.1	CRA	“The Chair must be aware of declared interested...”	Corrected
3.5.6	RP	I would have wished something which means 'To ensure that there are open minds to those with lived experience' as I'm afraid even long-in-place public partners still find medics who seem to treat representatives of outsiders' views as tokenism, and window dressing.	Added “ensure the group is open-minded to the contribution of lived-experience representatives”
4.1	CRA	Page 25 – 4.1 - Missing word? “...what will not be covered the clinical guideline...”	Corrected
4.3	TB	Identifying published guidelines (rather than guideline, singular)	Corrected
4.4.2	RP	Health economics is absolutely key for people with lived experience, as such experiences can include (for example): wasteful (and counter-productive) over-medication or 'wrong' prescription by a GP when self-managing at home; and perhaps wariness that diagnostic tests are done as a delaying tactic. And there has to be the economic saving in secondary care facilities, where people wish to be discharged as soon as is safely possible from hospital, so to be independently home-based, self-managing their condition?	Thank you
5	TB	The new section (5) about adopting, adapting or rejecting other guidelines is very helpful.	Thank you
5.2	AG	Page 21 there is what I presume to be a typo, I have highlighted this in yellow in the attached.	Corrected. The recommendations that most closely match the key questions set by the guideline development group and described in the review protocol are prioritised for extraction.
6.4	TB	Hyperlinks to the JBI Manual come up with "Couldn't Show Page", and may need a log in.	Corrected

	JS	The link to the Joanna Briggs pages unfortunately doesn't work	Corrected
6.4.1	TB	First line on page 25, the word "reviews" is missing after "many published systematic..."	Corrected
6.5	CRA	Fig 7-1 - considered judgement form seems to be missing?	Now Annex 2
6.6	TB	Hyperlinks to the JBI Manual come up with "Couldn't Show Page", and may need a log in.	Corrected
7.1.1	TB	Bottom of page 28 - "SoF" what does this mean? - found the abbreviation back in Section 6.4.1 as "summary of findings" (but maybe state that in Section 7.1.1 also?	Removed the abbreviation and stated in full.
7.2.1	TB	Nice to see an explanation behind the working of "should" and "be considered" in Section 7.2.1 - always seems to be a point of debate.	Thank you
9.1	AG	The link for the Web Content Accessibility Guidelines (WCAG) 2.2 is for version 2.1 however this is now version 2.2 (updated Dec 2024)	Simplified the hyperlink to Web Content Accessibility Guidelines accessibility standard to account for future updates.
10	RP	Can there be greater clarity on what literature is for the public to read? Is the aim to make the whole of a SIGN guideline easily read by anyone (so the plain language of section 10)? Or are the public to read, for example, a self-management guide? If so, is any such self-management guide within the guideline or a separate document? See note above: is this plain language for the public, or plain in the sense of being an easy read for NHS staff and those members of the public who have been involved in the SIGN production process?	Added text to para 9.1 3 “While written primarily for health and care professionals, guidelines should be written...plain language and an active voice to make actionable statements. Plain language versions of guidelines for patients and the public are covered in section 10.”
12	AG	There is no 12.5	Corrected
13.2.1	AG	The hyperlink on page 49 does not work	Corrected link to SIGN Council homepage.
	TB	SIGN Council membership, page 49, comes up as File not found. Looking at the URL, the hyperlink is to a PDF file that ends "...20190213-sign-council-members.pdf" but the current membership document has a different URL ending in "...20241011-sign-council-membership-v30.pdf", so it looks like the	Corrected link to SIGN Council homepage.

		<p>membership file has been updated but the hyperlink is still old. As the membership is dynamic, I wonder whether the hyperlink in SIGN 50 should link to the overriding SIGN Council page</p> <p>SIGN Council rather than the specific file which will update more frequently than SIGN 50, or the hyperlink in SIGN 50 needs updated everytime the Council membership document is updated.</p>	
13.2.1	CRap	<p>Membership of SIGN - “SIGN Council members serve a term of office of 3 years and may serve a second term but will only serve a third term in exceptional circumstances.” – The professional organisation should retain the obligation to nominate a member to be their representative on SIGN Council and should be a able to determine their term on the Council.</p> <p>- the link to the SIGN website of the current SIGN Council members appears broken</p>	<p>Corrected to align with SIGN Council Terms of Reference and made reference to the ToR.</p> <p>Corrected link to SIGN Council homepage.</p>
13.4	CRA	<p>Thank you for clarifying that the expenses of other members of SIGN guideline development groups are met by their employing NHS boards, under an agreement with the Scottish Government Health and Social Care Directorate. This is good to know, as our members often ask this when the College seeks to nominate or encourage nurses to participate in guideline development group.</p>	<p>Thank you, good to know information is helpful.</p>
		<p>Link to the reference appears broken: “INVOLVE. Briefing notes for researcher: Involving the public in NHS, public health and social care research. Eastleigh; 2012. [cited 18 September 2019]. Available from url: http://www.invo.org.uk/wp-content/uploads/2012/04/INVOLVEBriefingNotesApr2012.pdf” – PAGE NOT FOUND</p>	<p>References will be checked before publication.</p>