



## APPROVED MINUTES

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting**  
**Wednesday 5 June 2019, 10.30 am -1.00 pm**  
**Healthcare Improvement Scotland, Glasgow**

Professor John Kinsella (JK)	SIGN Chair
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice-Chair
Dr Mary Anne Burrow (MAB)	Scottish General Practitioners Committee of the BMA
Professor Lesley Colvin (LC)	Royal College of Anaesthetists
Ms Alison Gray (AG)	Allied Health Professionals
Mr David Hewitson (DH)	Scottish Association of Social Workers (by telephone)
Maureen Huggins (MH)	Patient Representative
Dr Roberta James (RJ)	SIGN Programme Lead
Dr Chu Chin Lim (CCL)	Royal College of Obstetricians and Gynaecologists
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh (by telephone)
Dr Vivienne MacLaren (VM)	Faculty of Clinical Oncology
Dr Rajan Madhok (RM)	Royal College of Physicians and Surgeons Glasgow
Mr Kenneth McLean (KM)	Lay representative (by telephone)
Ms Jane Morris (JM)	Royal College of Psychiatrists
Professor Ronan O'Carroll (RO)	British Psychological Society (by telephone)
Ms Caroline Rapu (CR)	Royal College of Nursing
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr David Stephens (DSt)	Royal College of General Practitioners
Ms Jacqueline Thompson (JT)	Royal College of Nursing (by telephone)
Mr Alan Timmins (ATi)	Royal Pharmaceutical Society (deputy)
Ms Pauline Warsop (PW)	Public Partner
<b>In attendance</b>	
Ms Elene Ioannou (EI)	Executive Secretary to SIGN Council (Minutes)
<b>Observers</b>	
Dr Zoë Dunhill (ZD)	Chair Performance, Clinical Care & Governance Committee, Healthcare Improvement Scotland
Dr Karen Ritchie (KR)	Healthcare Improvement Scotland
Professor Phyo Kyaw Myint (PKM)	Royal College of Physicians of London (by telephone)
Professor Angela Timoney (AT)	Incoming Chair of SIGN Council

<b>Apologies</b>	
Grant Baxter (GB)	Faculty of Clinical Radiology
Ms Iris Clarke (IC)	Allied Health Professionals
Dr Emilia Crighton (EC)	Faculty of Public Health Medicine
Dr Sara Davies (SD)	Scottish Government
Mr Andrew de Beaux (AdB)	Royal College of Surgeons of Edinburgh (deputy)
Mr Euan Dickson (ED)	Royal College of Physicians and Surgeons of Glasgow
Mr Mike Gavin (MG)	Royal College of Ophthalmologists
Dr Scott Jamieson (SJ)	Royal College of General Practitioners (deputy)
Dr Richard Herriot (RH)	Royal College of Pathologists
Dr Donald MacGregor (DM)	Academy of Colleges
Michael Macmillan (MM)	Public partner
Ms Maureen McSherry (MMc)	Royal College of Midwives
Miss Felicity Mehendale (FM)	Royal College of Surgeons of England
Mr Steve Mulligan (SM)	British Association for Counselling and Psychotherapy
Dr John O'Dowd (JOD)	Faculty of Public Health Medicine
Mrs Margaret Ryan (MR)	Royal Pharmaceutical Society
Dr Lydia Simpson (LS)	Junior Representative
Professor David Wilson (DW)	Royal College of Paediatrics and Child Health

<b>1.</b>	<b>Welcome and apologies</b>	
	<p>The Chair welcomed Council members and observers to the meeting. JK introduced and welcomed to the meeting:</p> <ul style="list-style-type: none"> <li>• new members: <ul style="list-style-type: none"> <li>○ Pauline Warsop (Public Partner)</li> <li>○ Maureen Huggins (Patient Representative)</li> </ul> </li> <li>• observers: <ul style="list-style-type: none"> <li>○ Angela Timoney (will be the new Chair of SIGN Council)</li> <li>○ Zoë Dunhill (Chair of the Performance, Clinical Care &amp; Governance Committee)</li> </ul> </li> </ul> <p>Apologies were noted as above.</p>	
<b>2.</b>	<b>Workshop and feedback</b>	
	<p>Roberta James was invited to run the workshop. Members worked in four groups with a fifth group via teleconference co-ordinated by RJ.</p> <p>Workshop aim: to discuss the role of SIGN Council.</p> <ul style="list-style-type: none"> <li>• How does SIGN Council lead and support the SIGN team to achieve their aim of providing evidence-based guidelines for NHS Scotland?</li> <li>• What do we do well and what could we do differently?</li> </ul> <p>The workshop ran for approximately one hour. After a short break each group gave feedback on the key points of their group discussions.</p> <p>Discussions and feedback will be collated and circulated to Council.</p>	<b>RJ</b>

<b>5.</b>	<b>Register of Interests</b>	
	<p>The Register of Interests was circulated to members during the meeting. JK reminded members to update their 2019/2020 Declarations of Interest with any changes and to sign it, or if they had not completed a Declaration of Interests they should do so before leaving the meeting today. Named forms were available. <b>JK emphasised the importance of declaring and updating all interests however small or trivial as the subtle influences were important.</b></p> <p>JK explained that SIGN now mirror the form used by NHS England to record Declarations of Interest. JK acknowledged that the DOI process wasn't ideal. He emphasised that reporting declarations of interest cuts across all of an individual's interests. The declaration requirements are not intended to be punitive or challenging and it's not for the purposes of fraud, rather it's to highlight the subtle but important influences other activities or interests may have.</p>	
<b>6.</b>	<b>Minutes of the previous meeting</b>	
	<p>The minutes of the previous meeting held on Wednesday 13 February 2019 were accepted as accurate. There didn't appear to be any amendments, however members should highlight anything that does require amendment prior to agreeing them.</p> <p>The minutes will be available on the SIGN Council and SIGN website.</p>	<b>Exec. Sec.</b>
<b>7.</b>	<b>Action Point Register</b>	
	<p>JK noted attached Action Point Register for information.</p> <p>JK and RJ noted that a meeting with the Academy of Medical Royal Colleges had not yet happened – the new chair, AT will action this. Action to be completed Summer 2019.</p> <p>The summary of board meetings have been circulated recently by AL.</p>	<b>AT/RJ</b>
<b>8.</b>	<b>Strategic Business</b>	
8.1	Strategy group update	
	<p>JB reported that the update to the terms of reference for the Strategy Group were a work in progress. JB summarised how Strategy Group will change in line with SIGN Council. Rather than SIGN Council ratifying decisions it should be a two-way relationship.</p> <p>RJ reported that at the recent Strategy Group meeting the agreement with and the conduct of MGP (Guidelines in Practice, one of several MGP products using SIGN material) was discussed. The way in which MGP are presenting SIGN guideline material is not acceptable. Strategy Group have decided that the agreement should be renegotiated. RJ is using a template from the Knowledge Management Team in HIS to create a new agreement on how SIGN materials can be used.</p>	<b>RJ/JB</b>  <b>RJ</b>

	<p>In a brief discussion that followed:</p> <p>DSt – stated that no commercial advertising should be associated with or placed beside SIGN guideline information.</p> <p>JB – we must consider if we should withdraw our permission based on the advertising.</p> <p>JK – pointed out that even highly prestigious journals have some advertising alongside journal articles these days.</p> <p>AT – SMC have had issues like this with commercial organisations that they work with. SMC are very clear about the rules and the clarity of the rules set to ensure that commercial organisations work within the SMC rules.</p> <p>JB – pointed out that these events show just how much the landscape has changed over the past three years since the agreement was first signed with MGP.</p>	
<b>9</b>	<b>SIGN EXECUTIVE BUSINESS</b>	
9.1	Guideline development programme	
	<p>RJ updated Council members on the guideline development programme.</p> <p>Publication of patient booklets - timelines were added to the guideline development programme report.</p> <p>New guidelines brought onto the programme - Diabetes in pregnancy, Eating disorders, Dementia. The latest Asthma update is due in autumn including the latest patient booklet.</p> <p>Dementia – the new guideline content will not overlap with the information provided by the Focus on Dementia work HIS. The recruitment process for guideline group membership will follow the usual process and will be starting after publication of the Asthma update.</p> <p>DSt asked how much social care will be included in the dementia guideline. Information on which social interventions for dementia do and don't work would be very useful. DS explained that the guidelines in France have withdrawn pharmaceutical advice as evidence has shown that it doesn't work.</p> <p>RJ has been in touch with Michelle Millar in the Focus on Dementia team and discussed the guideline covering pharmaceutical and non-pharmaceutical interventions. Other aspects such as environment and service provision are covered by Focus on Dementia.</p> <p>Delirium – the Communications team in HIS worked really well to support the programme manager, Ailsa Stein to make a success of the publication launch for the guideline on World Delirium Day. Ailsa Stein is still working on the Delirium guideline dissemination, this has a knock-on effect for starting the next new guideline. Guideline dissemination and evaluating implementation is ongoing after the publication date, the benefit and risks of this are being considered.</p>	

9.2	Project report	
	<p>RJ updated Council on the projects that have fallen out of the Action Plan which was set out to address themes from the stakeholder feedback survey. The SIGN team and Strategy Group prioritised the non-guideline projects.</p> <p>JK – there are now start and end dates on these non-guideline projects so that they are not open ended and do not go on for too long.</p> <p>There was no further discussion of the circulated paper.</p>	
9.3	Public partner involvement	
	<p>RJ updated members in Karen Graham's absence.</p> <p>Epilepsy in children – peer review has been done. Patient quotes in the body of the guideline help to set the scene for each section of the guideline; while information to be shared with patients and carers is highlighted. The collaboration with and input provided by The Joanna Briggs Institute team at Robert Gordon has been considerable and invaluable. KG will continue to evaluate how this guideline is received.</p> <p>DS explained that SIGN will wait to see how Epilepsy in children is received before deciding if this process is worthwhile and realistic to replicate considering the amount of work The Joanna Briggs Institute had put in to this guideline for SIGN. How this is going to impact on SIGN methodology and how to incorporate the use of other evidence and other bodies is very leading edge.</p> <p>MAB queried how patient comments are genuinely evidence based and represent patient experience and views.</p> <p>RJ explained that KG did a lot of work with patient groups at meetings and that by asking the right questions this ensured that responses were not only opinion being stimulated, rather it was the patients' point of view being reflected. This is still a method in process and KG was continuing to develop how this is done.</p> <p>RJ reported that KG had recruited the new patient representative members of SIGN Council, Pauline Warsop and Maureen Huggins. However, KG will not be recruiting any further volunteers due to a lack of the range of support needed to help raise awareness. SIGN cannot support this adequately to make it successful for the volunteers or for SIGN.</p>	
9.4	Methodology	
	<p>DS updated Council members.</p> <p>Asthma – JK explained this is in the form of a living guideline and involvement has been UK-wide; it is not only Scotland involved. A number of NICE products emerging with regard to asthma and the tension that this is causing for healthcare professionals has been a topic of discussion with NICE. There are some sticking points regarding methodology that are difficult to agree on. The upcoming meeting in Manchester on Friday 14 June 2019 will discuss a single national guideline. There is a need to take all of the best parts from NICE's approach and the SIGN/BTS approach. NICE is very keen on collaboration. There is real need for collaboration</p>	

	<p>based on budgets and costs for both NICE and SIGN. We are approaching the discussion with NICE and the challenging areas in an amicable and constructive way.</p> <p>DSt asked if it would help SIGN if SIGN Council endorsed what JK and RJ are taking on with regard to discussions with NICE.</p> <p>RJ will circulate the joint terms of framework that BTS helped to establish for collaborating with NICE.</p>	<b>RJ</b>
9.5	Programme Lead report	
	<p>RJ reported on changes in staffing. Karen King did not return from secondment and has resigned from Healthcare Improvement Scotland. Aimie Little has moved on to a project officer role. Elene Ioannou has been extended as a temporary project officer until the end of June.</p> <p>JK commented on behalf of all Council members that the hyperlinks (to articles in the press) placed in the SIGN Council meeting documents by RJ on the response to the newly published Delirium guideline were very useful.</p> <p>RJ acknowledged that it helped to know what Council members would like to see in the reports.</p>	
<b>10</b>	<b>GUIDELINE PROGRAMME ADVISORY GROUP</b>	
10.1	GPAG Update	
	<p>RM reported that GPAG have accepted Type1 and Type2 diabetes proposals from the Scottish Diabetes Network. These will reduce inequalities of care for Type1 and Type2 diabetes. There is a hope that these guidelines will help change what is currently happening in the country and will hopefully have the potential to achieve real change. Helping to reverse Type2 diabetes with the right interventions and information is very important.</p> <p>MAB declared an interest in the prevention of Type2 diabetes as this was becoming normalised and future generations of doctors would be spending a lot of time with patients with Type2 diabetes.</p> <p>A third guideline has been accepted; this topic on Prophylactic antibiotics during surgery was processed very rapidly. Further discussion at Evidence Directorate level will confirm how best SIGN and Scottish Antimicrobial Prescribing Group can work together to proceed with the proposal.</p>	
10.2	Future programme	
	<p>JK and RJ have met the proposers of two new guidelines, on peripheral arterial disease and on venous thromboembolism; both will come back with improved proposals.</p> <p>RJ reported that there is ongoing discussion regarding what to do with older guidelines.</p> <ul style="list-style-type: none"> <li>• 3-year old guidelines - the review process is intense and involves approximately 6 months of work and the final decision taken may be not to change anything. While this is a recognition of robustness at the same time the effort and cost is excessive. It is important to review how this process is done.</li> </ul>	

	<ul style="list-style-type: none"> <li>10-year old guidelines – it was previously decided to withdraw topics at 10 years as many are no longer up to date or safe. SIGN wanted to have a process that informed the public and community that 10-year old guidelines were due to be withdrawn. A pilot will start, informing stakeholders of the guideline's imminent withdrawal. This should provide an opportunity before withdrawal for anyone to state why the guideline is still useful and relevant. The aim will be to illicit a new proposal on the topic.</li> </ul> <p>Another After Action Review will be done to decide the best way forward for the time involved in reviewing old guidelines.</p>	
<b>11.</b>	<b>Update from Healthcare Improvement Scotland</b>	
	<p>KR is the acting Director of Evidence until Safia Qureshi starts on 1st July 2019.</p> <p>The new director of Scottish Health Council, Lynsey Cleland replaces Richard Norris.</p> <p>Medical Director Brian Robson has left the organisation and HIS will shortly be advertising the role, any SIGN Council members interested in an interim post until a new appointment is made should let themselves be known.</p> <p>KR addressed a request on behalf of Standards and Indicators.</p> <p>Sometime ago ST came to SIGN Council to ask about standards. HIS have a portfolio of standards, and like SIGN some go out of date. Consideration needs to be given to whether the items should be updated or retired and if they still have any value. The standards team would like to consider a similar process to the recent process that SIGN used to assist the decision by going out to stakeholders with five questions. They have devised a scoring system and will provide a narrative around the 5 questions on the questionnaire. There are eight sets of standards that need to be considered for review.</p> <p>KR hopes that SIGN Council would provide the expertise and information to decide what to update and what to retire.</p> <p>JK asked SIGN Council members if they would agree to this. SIGN Council confirmed that they agreed.</p>	<b>KR</b>
<b>12.</b>	<b>SIGN Council Business</b>	
12.1	Incoming Chair	
	The incoming new Chair of SIGN Council, Angela Timoney (AT) introduced herself stating how pleased she was to be joining SIGN Council due to the recognition SIGN has across the world. The workshop had been a fantastic introductory experience and an opportunity to get to know some of the other Council members.	
12.2	Membership	
	JK again reminded Council that members and deputies were lacking for a number of SIGN Council posts – please try to fill these.	<b>All</b>
	If Council members become aware of the need for new SIGN guideline topics please make these known – we are keen to get a list of these.	<b>All</b>

12.3	Events and awareness raising	
	If Council members were aware of any relevant events where guideline members can represent the guidelines to a wider audience please make these known – we are keen to get a list of these.	<b>All</b>
<b>13</b>	<b>AOB</b>	
	<p>RJ thanked JK for six years of excellent guidance and the tremendous amount of both large and small changes that he has helped guide SIGN through.</p> <p>JK thanked everyone and the support that they had given and the positive endorsement twice around from members who elected him to be chairman. JK praised RJ for leading such a small team to create such excellent guidelines. The existence of SIGN Council helps to keep the guidelines honest, while the change manager employed has helped move SIGN on.</p>	
<b>14</b>	<b>Next Steps and Actions</b>	
	<ul style="list-style-type: none"> <li>• RJ to circulate collated feedback from workshop</li> <li>• AT and RJ to approach Academy of Medical Royal Colleges</li> <li>• RJ to circulate framework for SIGN/BTS/NICE asthma collaboration</li> </ul>	
<b>15</b>	<b>Date of next meeting</b>	
	Wed 13 November 2019, Boardroom, Gyle Square, Edinburgh EH12 9EB	