**APPROVED MINUTES**

**Scottish Intercollegiate Guidelines Network (SIGN) Council development day meeting**
**Tuesday 27 April 2021, 10.30am – 12 noon**
**Teams**

| **Present** | |
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| Professor Angela Timoney (AT) | SIGN Chair |
| Professor Gregory Lip (GL) | Royal College of Physicians of Edinburgh– SIGN Vice-Chair |
| Professor Lesley Colvin (LC) | Royal College of Anaesthetists – SIGN Vice-Chair |
| Dr Anthony Byrne (AB) | Royal College of Physicians of Edinburgh |
| Ms Arlene Coulson (AC) | Royal Pharmaceutical Society |
| Ms Maureen Huggins (MH) | Patient Representative |
| Dr Nauman Jadoon (NJ) | Early Career Professional |
| Dr Roberta James (RJ) | SIGN Programme Lead |
| Dr Scott Jamieson (SJ) | Royal College of General Practitioners (deputy) |
| Ms Michelle Kennedy (MK) | AHP, Physiotherapy (deputy) |
| Dr Chu Chin Lim (CCL) | Royal College of Obstetricians and Gynaecologists |
| Dr Alan MacDonald (AMac) | Royal College of Physicians and Surgeons of Glasgow |
| Mr Michael MacMillan (MMcM) | Patient Representative |
| Mr Kenneth McLean (KM) | Patient Representative |
| Ms Maureen McSherry (MMc) | Royal College of Midwives |
| Mr James McTaggart | British Psychological Society (Scotland) |
| Mr Steve Mulligan (SM) | British Association for Counselling and Psychotherapy |
| Dr Safia Qureshi (SQ) | Director of Evidence, HIS |
| Dr Matthias Rohe (MR) | Early Career Professional |
| Mr Duncan Service (DS) | Evidence Manager, SIGN |
| Ms Jan Stanier (JS) | AHP, Speech and Language Therapy |
| Dr David Stephens (DSt) | Royal College of General Practitioners |
| Ms Jacqueline Thompson (JT) | Royal College of Nursing (deputy) |
| **In attendance** | |
| Miss Gaynor Rattray (GR) | Temp Executive Secretary to SIGN Council (Minutes) |
| Ms Molly Dobson (MD) | SIGN Project Officer (observer) |
| Mrs Kirsty Littleallan (KL) | SIGN Project Officer |
| **Apologies** | |
| Mr Mohammed Asif (MA) | Royal College of Surgeons of Edinburgh |
| Dr Sara Davies (SD) | Scottish Government |
| Dr Diane Dixon (DD) | British Psychological Society |
| Ann Gow (AGo) | Director of NMAHP, HIS |
| Mr Georgios Kontorinis (GK) | Royal College of Physicians and Surgeons of Glasgow |
| Dr Vivienne MacLaren (VMac) | Faculty of Clinical Oncology |
| Professor Phyo Kyaw Myint (PM) | Royal College of Physicians of London |
| Dr Jane Morris (JM) | Royal College of Psychiatrists |

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| Dr Alan Ogg (AO) | Faculty of Clinical Radiology |
| Ms Jo Savege (JS) | Scottish Association of Social Workers |
| Mr Andrew Thomson (ATh) | Scottish General Practitioners Committee of the BMA |
| Professor David Wilson (DW) | Royal College of Paediatrics and Child Health |

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| **1.** | **Welcome and apologies** | |
| | AT welcomed members of Council to the development day, and thanked everyone for their attendance and comments posted on the jam board prior to the meeting. The new AHP representatives were also thanked.<br><br>AT explained the background to this development session. AT/RJ met with Gregor Smith (CMO) and the Scottish Government SIGN Sponsor Division. The next steps are to work with SG colleagues and send letter from CMO reminding boards and clinicians of the primacy of SIGN guidelines.<br><br>The focus now is the challenges for the future, both current and post COVID era.<br><br>Reminded that the purpose of today is to discuss our strategic direction for the next few years. | **ALL/AT** |
| **2.** | **Introduction to the session** | |
| | LC and GL gave presentations on the proceedings for the day (presentations attached).<br>LC – work stream 1 – Widening reach of SIGN guideline and work stream 2 – Developing Early Carer Practitioners' Group<br><br>GL – work stream 3 – Developing SIGN Council members input and work stream 4 – Work with SIGN and Evidence Directorate to take forward SIGN methodology | **LC/GL** |
| **3.** | **Work streams** | |
| | **Group 4 - New Work:**<br><br>Discuss and agree Topic proposals for next 1-3 years for submission to Evidence Directorate topic group<br><br>Try to establish principles of how Council can inform process<br><br>**Themes:**<br><br>Process for establishing themes and priorities<br><br>Re-hab/ multi-disciplinary approach? | |

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| | Context of HIS: re-mobilisation plan – 7 areas to 2022:<br><br>Safety<br><br>Older People<br><br>Mental Health<br><br>Urgent Care…<br><br>SIGN has unique process of guideline development<br><br>Trying not to duplicate what NICE is doing<br><br>Opportunities to collaborate with other organisations<br><br>Where can SIGN makes most difference?<br><br>Priorities? But whose? SG/HIS/Multi-professional representation from professionals all over Scotland?<br><br>Separate roll for SIGN Council to identify priorities?<br><br>**Issue on delivery of care:**<br><br>Guidance very broad in the past – should this be more granular?<br><br>Define principles of what topics should be taken on to fulfil an unmet need.<br><br>Need to have a balance of all that has gone before e.g. cardiovascular and taking on new topic areas. Consider what other guideline developers are doing to fill in the gap – do we need to let other topic areas which are due for refresh are posed?<br><br>We want new guidelines where SIGN is most able to make a difference<br><br>SIGN council (proxy for patients?) need to be more proactive in terms of coming forward with topic areas rather than passively accepting proposals<br><br>Type of evidence we consider – consideration of more qualitative evidence<br><br>SIGN is about clinical evidence<br><br>Considerations on types of evidence – issue of evidence relating to different age groups eg older people<br><br>Are these methodology issues? | |

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| | Realistic medicine – how we deliver healthcare especially in long term conditions – reviews.<br><br>**Emerging Themes:**<br><br>What should we NOT do<br><br>Process & Pracitise – evidence?<br><br>Methodology & use of more qualitative research<br><br>Where can SIGN make the difference?<br><br>Long term conditions<br><br>Public Health – role for new public health body PHS?<br><br>Can SIGN make recommendations of service change?<br><br>Use Council to influence the rest of the work the Evidence Directorate?<br><br>Use other guidelines and give them a Scottish perspective?<br><br>More pragmatic to suggest clinicians use the guidelines in the context of their practise. | |
| **4.** | **Feedback/key points** | |
| | **Workstream 1 - Widening reach of SIGN**<br><br>Good quality guidelines but a gap between production and dissemination of guidelines and impact. Need to work with what resource we have, try and work a way without additional resource.<br><br>**Primary care.**<br>Working with other bodies.<br>There's a lot of info on the Jamboard.<br><br>Matthias – closer link between lay people and professional bodies, need ownership of the guideline.<br><br>Knowing the audience when it comes to patients and information for them. How information is received by them. Need informed conversation.<br><br>Early career practitioners, represent much wider group and source them like we do SIGN Council members.<br><br>**Work stream 2 - Developing Early Career Practitioners' Group** | |

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| | Challenges when representing professional body, guideline needs to be relevant to the professional body.<br><br>AHP multiple professions among AHPs, might need more representation here within SIGN Council.<br><br>Target key people within your professional body for representatives.<br><br>Give an example of good practice, what would be a good guideline for them to follow.<br><br>**Work stream 3**<br>SIGN GD work that has been paused on programme /restart in programme<br><br>Hard to look at the programme without having a COVID lens on it.<br><br>Brief overview of guidelines nearing publication check if COVID has influence.<br><br>Paused work – change in priorities because of COVID?<br><br>Welcome rapid guidelines but wonder when rapid guideline should stop.<br>Shift to online consultations, particularly in primary care. Shift to higher use of antimicrobial use.<br><br>SIGN team and making assumptions but group 3, if people have a will they will find a way.<br><br>**Work stream 4**<br>Topic prop for next 1-3 years to evidence topic proposals<br>HIS remobilisation plan needs to be taken into this.<br><br>SIGN unique process for guideline development and shouldn't duplicate e.g. NICE BUT should collaborate where needed.<br>Which priorities do we consider? HIS, SG etc.<br><br>Separate role of Council to identify priorities. Council members should be more proactive in coming forward with topic areas.<br><br>Should guidelines be produced based on delivery of care?<br><br>How do we define principles of what topics should be taken on. Balance between what has happened before in guideline development and capacity within SIGN. Use guideline developed by other developers and amending it to the Scottish context.<br><br>SIGN Council are a proxy for patients. Need to be more proactive in coming forward with topics to be considered. | |

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| | Type of evidence which we should consider. Qualitative vs quantitative evidence. Qualitative being considered more in SIGN.<br><br>High level look at the issues taken. New workstream is about where SIGN can make a difference. SIGN Council well placed to drive priorities and to work with the HIS priorities.<br><br>What should we/SIGN be doing or not.<br><br>**Work stream 4**<br>Experts in field who are members of guideline group, which is good. Strength in SIGN guidelines.<br><br>Review of high quality evidence is also a strength and gives credibility internationally as well as nationally.<br><br>How can we make it more person centred? Shared decision making with the patient.<br><br>SIGN is an evidence based approached to guideline production. Council is multidisciplinary | |
| **5.** | **Summary and next steps** | |
| | **Next steps:**<br>Look at what's come in.<br><br>Greenlight for Lesley and Greg to move with what they proposed.<br><br>Current work programme and future programme to be looked at.<br><br>AHP federation. We need to work to represent AHPs as best we can.<br><br>Paper to SIGN Council at June meeting about what was discussed today and current and future will be discussed at next development meeting. | |
| **6.** | **DATES OF FUTURE MEETINGS** | |
| | Next meeting will be held Monday 21 June (1.30pm-3pm) Teams | |