

## APPROVED MINUTES

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting  
Monday 6 December, Teams (11am – 12.30pm)  
Teams**

<b>Present</b>	
Professor Angela Timoney (AT)	SIGN Chair
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 Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Ms Naomi Gregg (NG)	Scottish Government
Ms Maureen Huggins (MH)	Patient Representative
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Mr Georgios Kontorinis (GK)	Royal College of Physicians and Surgeons of Glasgow
Dr Chu Chin Lim (CCL)	Royal College of Obstetricians and Gynaecologists
Dr Alan MacDonald (AMac)	Royal College of Physicians and Surgeons of Glasgow
Mr Kenneth McLean (KM)	Patient Representative
Ms Maureen McSherry (MMc)	Royal College of Midwives
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
Dr Jan Stanier (JSt)	Allied Health Professional
Dr David Stephens (DSt)	Royal College of General Practitioners
Ms Jacqueline Thompson (JT)	Royal College of Nursing
Pauline Warsop (PW)	Patient Representative
<b>In attendance</b>	
Ms Gaynor Rattray (GR)	Temp Executive Secretary to SIGN Council
<b>Observers</b>	
Lola Adewale (LA)	Programme Manager, SIGN
Marit Boot (MB)	Programme Manager, SIGN
Karen Graham (KG) - presenting	Patient Involvement Officer, SIGN
Moray Nairn (MN)	Programme Manager, SIGN
Donald Nicolson (DN)	Health Services Researcher, SIGN
Zoe Seatter (ZS)	Project Officer, SIGN
<b>Apologies</b>	
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Emilia Crichton (EC)	Faculty of Public Health Medicine
Dr Diane Dixon (DD)	British Psychological Society
Ann Gow (AGo)	Director of NMAHP, HIS
Dr Sara Davies (SD)	Scottish Government
Michelle Kennedy (MK)	Allied Health Professional

Mr James McTaggart (JM)	British Psychological Society (Scotland)
Dr Marie Mathers (MM)	Royal College of Pathologists
Dr Jane Morris (JM)	Royal College of Psychiatrists
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Sarah Ramsay (SR)	Royal College of Anaesthetists
Dr Colin Rae (CR)	Royal College of Anaesthetists
Mr Andrew Thomson (ATh)	Scottish General Practitioners Committee of the BMA
Professor Steve Turner (ST)	Academy of Colleges
Dr Simon Watson (SW)	Medical Director, Healthcare Improvement Scotland

<b>1.</b>	<b>Welcome and apologies</b>	
	<p>AT welcomed Council members, noted apologies and introduced observers to the meeting.</p> <p>AT went through the agenda, introducing each section and laying out expectations for the meeting.</p>	
<b>2.</b>	<b>Register of Interests</b>	
	<p>AT re-iterated the importance of these being completed. GR to send register to group with minutes.</p> <p>There were no new declarations of interest.</p>	<b>ALL/GR</b>
<b>3.</b>	<b>SIGN COUNCIL BUSINESS</b>	
	<p><u>SIGN Standing Orders</u>            These were discussed at the SIGN SMT meeting on 15 September and are now with SIGN Council for sign off. Roberta fed back on the following changes:</p> <ul style="list-style-type: none"> <li>• How we recruit</li> <li>• Changes to working groups (sitting underneath SIGN Council) and how we move forward with these</li> </ul> <p>Council were asked for comments on specific changes:</p> <ul style="list-style-type: none"> <li>• 3.4 – How we take on new topics</li> <li>• 3.7.6 – How we reimburse members</li> <li>• 4 - Streamlining of SMT/SIGN Strategy group</li> <li>• 4.2.3 – Taking away Programme Advisory group</li> </ul> <p>DSt raised concerns on how organisations who provide patient representatives were reimbursed, whether they were funded themselves to provide reps for SIGN Council? RJ explained that SIGN fund these individuals/organisations for members attending SIGN Council (in line with SIGN GDG practice).</p>	<b>Council members accepted the revised changes to the Standing Orders</b>

4.	<b>STRATEGIC BUSINESS</b>	
	<p><u>CMO letter</u> This letter was issued 2 November, 2021, and was referred to at the last development session.</p> <p>AT explained that after discussion it was agreed that due to pressures in the service at the current time, a less formal letter at this stage stating our position and the primacy of SIGN guidelines be sent out now with a broader follow up letter being sent in Spring 2022.</p> <p>It was suggested that more work needed to be done on the introduction section of the letter.</p> <p>The issue of the differences on the Chronic Pain guidance from NICE and the SIGN guidance were raised</p> <p>Concern was expressed about the wording of the letter, needs to be engaging with all Healthcare professionals.</p> <p><u>4.2 SIGN Strategy</u> Previously presented this at the last development meeting. AT thanked members who had provided feedback on this. This has also been presented to and discussed with the SIGN team which has resulted in a few changes being made:</p> <ul style="list-style-type: none"> <li>• Importance of patient and carer perspective</li> </ul> <p>AT presented the updated strategy for sign off from Council before taking it to DMT and QPC.</p> <p>Issues raised were:</p> <ul style="list-style-type: none"> <li>• Need for impact and measurement – needs further discussion</li> <li>• Valued teams/working in partnership (strengthening relationships with patient, carers and patient groups)</li> <li>• Technology – use of apps, decision aids, etc</li> </ul> <p><u>4.3 Update on workstreams</u> LC updated on Widening the reach of SIGN. LC has approached NHS Research Scotland re. linking in with the various speciality networks. LC has submitted a short paper to their SMT meeting and they are interested in principal. LC will take this forward.</p> <p>We require 6-8 people for this group and LC asked Council to volunteer to take part in this. If there are no volunteers it was agreed that LC will go ahead and invite individuals.</p> <p>Only issue raised was re. co-publication, LC advised that this would be taken forward.</p> <p>GL updated on Methodology and SIGN 50. GL advised that we need volunteers to join this group, again, 6-8 would be the</p>	<p><b>SQ agreed – need to discuss broader work around this letter.</b></p> <p><b>SQ/AT to discuss/revise.</b></p> <p><b>Council agreed this to go forward.</b></p> <p><b>LC/GR to send invites and arrange group meeting.</b></p>

	<p>preference – especially for the early career colleagues (a separate meeting is needed for this group).</p> <p>GL met Andy Elder, RCPE, and has agreed to having a regular slot on their development meeting agendas to update on SIGN matters.</p> <p>With regard to SIGN 50/methodology GL advised that we also need nominations for a separate workstream. RJ updated that we don't have many nominations and encourage Council members to let us know if they are interested.</p>	<p><b>GL to take this forward.</b></p>
<p><b>5.</b></p>	<p><b>UPDATE FROM EVIDENCE DIRECTORATE</b></p>	
	<p>SQ gave an update on practicalities. The plan is for HIS staff to move back into office working from 17 January, 2022, subject to rules in the next few weeks. There will be a 6 month period around test of change for the ways of working for staff (working from home, office or the hybrid model).</p> <p>SQ, RJ and SMC rep gave presentation to the Realistic Medicines Leads which went well. Following on from this meeting there has been communication with the new Clinical Lead for Clinical Governance and QI for NSS – a follow up meeting has been requested to start to explore real world data.</p> <p>SQ also advised that we've been asked by the Deputy CMO on how we can continue our ongoing support for clinical cell work post COVID, and how they can learn from SIGN.</p> <p>SQ and RJ have been invited to sit on the NICE transformational board and have attended a couple of meetings to be involved in their plans for digital and living guidelines.</p> <p>DS, SQ, RJ had very positive meeting with Cochrane re. potential collaboration.</p> <p>SQ working with new Head of Communications on a paper for improving the HIS website. Plans to make transformational changes to both HIS &amp; SIGN websites.</p> <p>AT raised the point of face-to-face meetings for Council on return to office working. SQ advised that from 17 January we can meet but following whatever current guidance is. Agreed that hybrid meetings were possibly the way forward.</p> <p><u>5.2 Report from Work Programme Committee</u></p> <p>AT presented the paper. The WPC has met twice now and the issues are prioritising new guidelines and incorporating guidelines already on the current work programme.</p>	<p><b>Collaborative working to be taken forward with them.</b></p> <p><b>SQ to keep Council informed.</b></p> <p><b>SIGN to look at the tools used by Cochrane.</b></p> <p><b>GR to look at possibilities of hybrid meeting in Delta House from March 2022.</b></p> <p><b>WPC paper attached.</b></p>

	<p>Guidelines covering both type 1 &amp; type 2 diabetes have been paused. There are pressures to get these started but SIGN have no resources at present. Issues also surrounding deteriorating patients guideline.</p> <p>SQ reported that we were challenged by HIS Chief Exec re. the work taken on was what was needed and making a difference. A system for joining up pieces of work over the Evidence Directorate has been introduced to help with this, ie, SIGN/SHTG. Role for SIGN Council to help review and shape this process.</p> <p>RJ reported the 2 things pertinent to SIGN are the 3 year scoping and keeping guidelines up-to-date.</p> <p>GK expressed concern over withdrawn/no updated guidelines and no SIGN resources. RJ advised that SIGN team were looking at priorities (due to COVID work being carried out). SIGN is looking at an approach that instead of using the evidence base to decide on updates would use a risk based approach instead. There is a role for SIGN Council to help with this.</p> <p>MH raised the 'pointing' system re. prioritising guidelines and the HIS priorities. Should clinical priority take over from HIS priority. SQ that HIS priorities are so wide that this wouldn't be a problem for any guideline with a strong clinical need.</p>	<p><b>Work to be done through SIGN SMT.</b></p> <p><b>Look for SIGN Council volunteers.</b></p> <p><b>Council to look at progress with this in future.</b></p>
<p><b>6.</b></p>	<p><b>SIGN EXECUTIVE BUSINESS</b></p>	
	<p>RJ reported back on issues:</p> <p><u>Guidelines in development</u> Key for colour coding is: Green – working collaboration Pink – working with Scottish Government Blue – commissions over and above SIGN core work</p> <p>RJ advised on the progress of a couple of the paused guidelines:</p> <p>Diabetes in Pregnancy – tentatively getting ready to restart. Deteriorating patients – work has been restarted on this guideline to take it forward. Lola Adewale (SIGN Programme Manager) will be working on the guideline with colleagues from HIS. RJ/LA to advise Jacqueline Thompson on scope for this guideline re. care in the community/inpatients</p> <p>Raised the issue of how we prioritise small updates to existing guidelines and new guidelines accepted onto the programme.</p> <p>Council asked when work on the Depression guideline would be expected to start – RJ advised this would most likely be sometime in 2022.</p>	<p><b>Paper attached.</b></p> <p><b>RJ/LA to advise JT on scope for this guideline.</b></p>

	<p><u>Topic Proposals</u></p> <p>RJ stated that going forward these will be discussed at the work programme committee meetings. Made Council aware that we are addressing the issues re. guidelines over 3 years old. The extensive list of guidelines over 7 years old need to be looked at properly (risk assessment) before being withdrawn.</p> <p><u>Methodology Report</u></p> <p>Paper was attached with agenda prior to meeting and there were no further updates at this point.</p> <p><u>Public Partner Involvement</u></p> <p>KG reported on the need to recruit another public partner to join SIGN Council and the need to increase our diversity for this. We are now looking for 6 members instead of the 4 we currently have. Working with Community Engagement directorate for this process.</p> <p>KG informed Council that work on the Long-COVID patient app. Work on this is almost complete and will be published at the end of December.</p> <p>Work is also underway on a digital playlist for the SIGN Eating Disorders patient booklet – being able to share recommendations and content by video for children and young people.</p> <p>AT reminded Council that the SIGN Eating Disorders guideline will be published and available on 27 January, 2022.</p>	<p><b>RJ to update Council on progress with this</b></p> <p><b>KG to liaise with LC re. evaluation work</b></p>
7.	<b>MINUTES</b>	
	<p>AT ran through minutes from previous meeting (6 October) – changes to be made to made to MR name and job title.</p> <p>Naomi Gregg to be added as an attendee.</p> <p>No further changes and minutes were accepted.</p> <p><u>Action points from 6 October</u></p> <p>DOIs – ongoing. All other items addressed/ongoing</p>	<p><b>GR to amend previous minutes.</b></p> <p><b>RJ to change guideline sponsorship.</b></p>
8.	<b>NEXT STEPS</b>	
	<p>Work to be done on 3 &amp; 7 year guidelines (risk assessment)</p> <p>Discussion and work to be started on the format of Council meetings for 2022.</p>	

	Nominating/finalising workstreams membership.	
<b>9.</b>	<b>AOCB</b>	
	Equality and Diversity issues were highlighted. SQ advised that we will be addressing characteristics of research population and covering populations that aren't really covered by evidence. Working with our Equality and Diversity officer in HIS regarding this and language that we use.	
<b>12.</b>	<b>DATES OF FUTURE MEETINGS</b>	
	23 February, 2022 (2pm – 3.30pm) – development session 6 April (2pm – 3.30pm) – business meeting 15 June (2pm – 3.30pm) – development session	