

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting  
Wednesday 24 August, Teams (2.00 – 3.30pm)**

**APPROVED MINUTES**

<b>Present</b>	
Professor Angela Timoney (AT)	SIGN Chair
Professor Lesley Colvin (LC)	Royal College of Anaesthetists – SIGN Vice-Chair
Mr Mohammed Asif (MA)	Royal College of Surgeons Edinburgh
Dr Anthony Byrne (AB)	Royal College of Physicians of Edinburgh
Ms Heather Connolly (HC)	British Psychological Society
Ms Arlene Coulson (AC)	Royal Pharmaceutical Society
Dr Sara Davies (SD)	Scottish Government
Ms Halima Durrani (HD)	Patient Representative
Mrs Karen Graham (KG)	Patient Involvement Officer, SIGN
Ms Naomi Gregg (NG)	Scottish Government
Dr Nauman Jadoon (NJ)	Early Career Professional
Dr Roberta James (RJ)	SIGN Programme Lead
Tosin Jegede (TJ)	Royal College of Nursing (job share)
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 Yann Maidment (YM)	College of General Dentistry
Mr Alex McEwan (AMc)	Scottish Government
Ms Alice McInnes (AMcI)	Royal College of Midwives
Mr Kenneth McLean (KM)	Patient Representative
Dr Moray Nairn (MN)	Programme Manager, SIGN
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Ms Debbie Provan (DP)	Allied Health Professional, Dietetics
Dr Safia Qureshi (SQ)	Director of Evidence, Healthcare Improvement Scotland (HIS)
Mr Martin Robertson (MRo)	Patient Representative
Dr Matthias Rohe (MR)	Early Career Professional
Dr James Morton (JMo)	Royal College of General Practitioners
Dr Matthias Rohe (MR)	Early Career Professional
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr Jan Stanier (JSt)	Allied Health Professional, Speech and Language Therapy
Dr David Stephens (DSt)	Royal College of General Practitioners
Mr David Strang (DStr)	Patient Representative
Ms Jacqueline Thompson	Royal College of Nursing (job share)oh
Pauline Warsop (PW)	Patient Representative
<b>In attendance</b>	
Mrs Kirsty Littleallan (KL)	Executive Secretary to SIGN Council
<b>Observers</b>	
Mrs Lola Adewale (LA)	Programme Manager, SIGN

Mr Ross Conway (RC)	Administrative Officer, SIGN
Mrs Sarah Florida-James (SFJ)	Programme Manager, SIGN
Ms Amelia Green (AGr)	Work shadow student, St Andrews University
Ms Ailsa Halliday (AH)	Project Officer, SIGN
Dr Gareth Hill (GH)	Head of Research and Information Service
Professor Phyo Kyaw Myint (PM)	Royal College of Physicians of London
Mrs Ailsa Stein (AS)	Programme Manager, SIGN
Ms Madeleine Tse-Laurence (MTL)	Programme Manager, SIGN
<b>Apologies</b>	
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh– SIGN Vice-Chair
Ms Donna Brough (DB)	Royal College of Midwives
Ms Katie Colville (KC)	Royal College of Midwives
Dr Emilia Crighton (EC)	Faculty of Public Health Medicine
Ann Gow (AGo)	Director of NMAHP, Healthcare Improvement Scotland (HIS)
Ms Maureen Huggins (MH)	Patient Representative
Dr Ross Junkin (RJ)	Royal College of Anaesthetists
Michelle Kennedy (MK)	Allied Health Professional, Physiotherapy
Mr Steve Mannion (SM)	Royal College of Physicians and Surgeons of Glasgow
Dr Marie Mathers (MM)	Royal College of Pathologists
Mr Steve Mulligan (SMu)	British Association for Counselling and Psychotherapy
Dr Colin Rae (CR)	Royal College of Anaesthetists
Professor Steve Turner (ST)	Academy of Colleges
Dr Hester Ward (HW)	Faculty of Public Health Medicine
Dr Simon Watson (SW)	Medical Director, Healthcare Improvement Scotland

<b>1.</b>	<b>Welcome and apologies</b>	
	<p>AT welcomed Council members to the August SIGN Council business meeting. Departing and new members of Council were acknowledged.</p> <p>The three new Public Partners who have joined SIGN Council.          Martin Robertson          Halima Durrani          David Strang</p> <p>Alice McInnes from the Royal College of Midwives was thanked for her contribution to Council ahead of starting maternity leave. Donna Brough was welcomed to Council as they will be covering the RCM representative post during maternity leave. Debbie Provan is an Allied Health Professional representative and is a dietician. Gareth Hill, head of the Research and Information Service (RIS) and SQ's deputy.</p>	

	Observers were introduced to the meeting and apologies noted as above.	
<b>2.</b>	<b>Register of Interests</b>	
	AT reiterated the importance of these being completed and if anyone has DOI forms outstanding or changes to their declarations to let KL know.	<b>ALL/KL</b>
<b>3.</b>	<b>SIGN COUNCIL BUSINESS</b>	
	<p><u>Update from the Chair</u> The second letter from the CMO regarding the work of SIGN was sent out in June. The CMO is keen to promote the work of SIGN. It is planned for there to be a series of regular letters from the CMO to make the service aware of the work that we do. It encourages clinicians to engage in our work.</p> <p>An editorial was requested by the Royal College of Physicians in Edinburgh for the RCPE journal and was written by Marit Boot. It looked at some of the issues around the pandemic and what SIGN did in response. <a href="#">SIGNs of COVID-19: Is evidence contagious?</a></p> <p>We have been working with the Royal College of General Practitioners to produce a compact. It is a chance for the RCGP to let their members know the benefits of working with SIGN either being a SIGN Council representative or as part of a guideline development group. The compact is in its final stages of production and the aim is for it to publish at the end of September. <a href="#">Royal College of General Practitioners compact.</a></p> <p>SIGN will be present at the Guidelines International Network (GIN) conference in Toronto in September. This is a valuable opportunity to link with colleagues from the UK and internationally. There are common issues and it is a chance to share our work and learn from other guideline groups.</p> <p>The work of the Clinical Cell and the input of SIGN was addressed in a letter from the CMO in July. It recognised and thanked those involved from SIGN and the Evidence Directorate. The Clinical Cell has now been stood down.</p> <p>KM raised the idea from a GIN public perspective of collaboration with partners whose primary language is not English. This would widen the reach of guidelines. AT agreed this a common ask through GIN and SG. There are other issues in guideline development. Sustainability within guidelines is a strongly emerging theme and reflects discussions in SIGN Council..</p> <p><u>SIGN at 30</u> SIGN will be 30 in 2023. It is a time for celebration as well as reflection. Work is to begin internally on what it means for SIGN at 30, and how to future proof SIGN. The challenge is meeting the needs of clinicians and patients/public in Scotland.</p>	

4.	<b>UPDATE FROM HIS EVIDENCE</b>	
	<p>SQ made Council aware of the challenges faced by the Evidence Directorate and Healthcare Improvement Scotland (HIS), especially the challenge around capacity to deliver what we are being asked to. Core budgets will not meet pays costs and., Directors in HIS have been asked to review work against priorities and service needs. The organisation is being asked to implement learning from adapting to support the needs of the service during service during COVID-19. It was indicated that there will be a period of difficulty but the organisation has adapted to a similar situation before but it gives us the opportunity to provide the service with something different.</p> <p>The HIS web estate, of which the SIGN website is part, is being redeveloped, which the SIGN website is a part of. The idea is to ensure we have functional websites that meet our needs and those of our users. It will not cause loss of identity. AT, RJ, the SIGN team and SIGN Council will be consulted about the website. There are ongoing discussions about the Right Decision Service, currently run by Digital Health &amp; Care Innovation Centre (DHI), being run by HIS. Upcoming developments are to ensure efficiency.</p> <p>AT recommended Council members look up the work SIGN have completed so far with DHI as it is something they should support.</p> <p>DSt suggested a standing review group to keep guidelines up to date. Each guideline would be continually refreshed every one to two years, which would save guidelines being lost. A second suggestion was is for the information produced by SIGN to be readily available in digital form for a GP to access in practice. It would better support conversations with patients. SQ agreed that this suggestion would fit in with the RDS work.</p>	
5.	<b>PRESENTATION: <i>Public involvement development</i></b>	
	<p>KG presented the public involvement development work. The current public partners felt they could be contributing more to SIGN Council in their roles, key points discussed were:</p> <ul style="list-style-type: none"> <li>• Strengthen the patient voice in the patient version of guidelines as well as influencing the development of the guidelines.</li> <li>• Increase the diversity of SIGN public partners to broaden perspectives.</li> <li>• The Public Involvement Advisory Group (PIAG) has been created and will link in with SIGN Council. It enables the public partner members of Council to engage.</li> <li>• Members of PIAG will engage with their own networks to raise awareness of SIGN and opportunities and provide updates to SIGN Council. They will act as buddies and support people with lived experience on SIGN guideline groups.</li> <li>• Recent recruitment of public partners was through Volunteer Scotland. The SIGN methodology agreed that future recruitment of people with lived experience/lay</li> </ul>	

	<p>views for SIGN guideline development would take place through Volunteer Scotland.</p> <p>KG had the new public partners introduce themselves to SIGN Council.</p>	
6.	<p><b>PRESENTATION:</b> <i>SIGN 165: Position statement: Long-acting injectable buprenorphine for opioid substitution therapy</i></p> <p>MN presented the work relating to the position statement for Long-acting injectable buprenorphine.</p> <ul style="list-style-type: none"> <li>• SIGN successfully designed, developed and delivered a new rapid national product in response to a commission from Scottish Government, within the requested timescale.</li> <li>• Since the publication of SIGN 165, HIS has received additional requests to develop “national position statements” on further topics.</li> <li>• Resources to complete this work were channelled away from the existing work programmes of SIGN and other parts of HIS. Future requests require to be managed through the usual prioritisation channels.</li> </ul> <p>The use of the modified Delphi technique to produce the position statement was welcomed by Council members.</p>	
7.	<p><b>SIGN EXECUTIVE BUSINESS</b></p> <p><u>7.1 current methodological issues</u> DS ran through the methodology highlight report. It notes SIGN having three submissions accepted at the GIN conference in Toronto, the review of the UK GRADE Network and the pilot of the use of EPPI reviewer for the update to the melanoma guideline.</p> <p><u>7.2 guidelines currently in development</u> RJ took Council members through which guidelines are currently in development, which are being developed in collaboration and which guidelines are delayed or yet to start.</p> <ul style="list-style-type: none"> <li>• dementia, diabetes in pregnancy, gestational diabetes screening are collaborations with HIS colleagues</li> <li>• polypharmacy guideline is a collaboration with Scottish Government</li> <li>• stroke is a collaboration between SIGN and RCP</li> <li>• asthma and leg ulcer are collaborations with NICE.</li> </ul> <p>The groups are being set up for type 1 diabetes, prevention of type 2 diabetes and perinatal mood disorders. The programme is still not running business as usual and is subject to delays.</p> <p><u>7.3 topic proposals</u> RJ highlighted the current proposals; two small change requests for SIGN 136 Management of chronic pain. The status of the current guidelines in publication were noted.</p> <p><u>7.4 PPI update</u> KG spoke to Council members about the recent activity in PPI work. This included Public Partner representation on SIGN</p>	

	<p>Council and new PIAG. They also covered the use of social media when engaging with patients and the public. It has been decided to close down the patient and public involvement Facebook page on 31 August 2022 and concentrate on engagement through the SIGN Twitter account. There is ongoing work in the collection of feedback to improve the experience of patients and the public participating on SIGN guideline groups. The target for implementation of improvements is the end of September 2022.</p>	
<b>8.</b>	<b>MINUTES</b>	
	<p>AT ran through minutes from the previous two meetings of SIGN Council (4 April and 15 June). The April minutes are to be corrected, page 3, section 4.1 SPH activity is to be amended to SPPA activity.</p> <p>The approved minutes will made available on the SIGN website.</p> <p><u>Action point register</u> A number of actions are ongoing but attention was drawn to the methodology workstream. It has been paused while the SIGN standard operating procedures (SOPs) are updated as they feed into the methodology.</p> <p>All other actions are either ongoing or complete.</p>	<p><b>KL</b></p> <p><b>KL</b></p>
<b>9.</b>	<b>NEXT STEPS</b>	
	<p>The development session in October will focus on SIGN at 30. The 14 December meeting will be an in-person business meeting. The venue is to be confirmed.</p>	
<b>10.</b>	<b>DATES AND FORMAT OF FUTURE MEETINGS</b>	
	<p>Development meeting, 26 October, MS teams Business meeting, 14 December, in person</p>	