PE1619/U
Cabinet Secretary for Health and Sport submission of 14 February 2019

In my letter to you, dated 30 January 2019, I undertook to provide additional information about the Scottish Intercollegiate Guidelines Network (SIGN).

At Annex A you will find a paper provided by SIGN about their ways of working and the position about diabetes guidelines.

ANNEX A

Who is SIGN?

The Scottish Intercollegiate Guidelines Network (SIGN) was established in 1993 by the Academy of Royal Colleges and their Faculties in Scotland to develop evidence based clinical guidelines for NHS Scotland. SIGN is part of the Healthcare Improvement Scotland (HIS) Evidence Directorate.

What are clinical practice guidelines?

Clinical guidelines are aimed at aiding the translation of new knowledge into action and are intended to:

- help health and social care professionals and patients understand medical evidence and use it to make decisions about healthcare
- reduce unwarranted variations in practice and make sure patients get the best care available, no matter where they live
- improve healthcare across Scotland by focusing on patient-important outcomes.

SIGN guidelines are intended as an aid to clinical judgement not to replace it. All SIGN guidelines carry statement of intent to emphasise that the ultimate decision about a particular clinical procedure or treatment will always depend on each individual patient's condition, circumstances and wishes, and the clinical judgement of the healthcare team.

How are guidelines developed?

SIGN guidelines are developed using an explicit methodology based on three core principles:

- Development is carried out by multidisciplinary, nationally representative groups
- A systematic review is conducted to identify and critically appraise the evidence
- Recommendations are explicitly linked to the supporting evidence.

Patients and carers are involved in all aspects of SIGN's work and feed their views into the guideline development process as members of the guideline groups and as lay reviewers. Further stakeholder involvement is through open consultation and expert peer review.

The process of developing a full guideline takes around two years. A detailed description of our methodology is given in SIGN 50: A guideline developer's handbook.

What has changed?

SIGN needs to ensure that we are using our resources well while still meeting the needs of our stakeholders. In March 2018 we published an action plan based the results of a wide feedback exercise. Key themes that we are tackling are: improving the way topics are proposed and selected; keeping guidelines up to date; more collaborative working within HIS and considering different methodologies or a different product that addresses an urgent, topical issue in a timely, evidence based way.

Who decides on guideline topics?

Producing evidence-based clinical practice guidelines is a time and resource intensive process. To make best use of these resources, guidelines should address a specific healthcare need and there should be an expectation that change is possible and desirable and that, if the guidelines are followed, there is potential to improve the quality of care and/or patient outcomes. There must also be robust evidence of effective practice on which to base guideline recommendations.

Developing a broad scope guideline is resource heavy and time consuming. We ask proposers to consider carefully where recommendations would have most impact, for example where there is unwarranted variation. In this way we can develop a focused guideline addressing important but challenging areas where uncertainty exists or the evidence requires careful evaluation.

How are guidelines kept up to date?

As medicine continues to develop and new options for treatment become available, guidelines inevitably fall behind current best practice. They must therefore be kept under review and updated when necessary. SIGN has a broad portfolio of guidelines and limited resources, so it is essential to prioritise which guidelines need updated. A scoping and consultation exercise is carried out three years after publication and guidelines are either revalidated, refreshed or prioritised for an update. If stakeholders make us aware of new evidence we will consider refreshing a recent guideline. If, however, the guideline is over 3 years old we would ask for a proposal for a new guideline rather than extensively update an old guideline. Guidelines that are over 10 years old are withdrawn. Without a full review of the evidence it is not possible to be certain that these guidelines remain relevant and safe.

The Guideline Programme Advisory Group, a subgroup of SIGN Council, prioritises proposals for new guidelines or updates of existing guidelines against agreed criteria while considering the work programmes of other parts of HIS, as well as other guideline developers, to avoid potential duplication of effort.

What prompts a refresh?

New evidence that substantially changes a recommendation in the guideline or a specific issue such as a new drug therapy giving rise to a new question would prompt a refresh. Within HIS we working closely with the Scottish Antimicrobial Prescribing Group, Scottish Health Technologies Group and Scottish Medicines Consortium to update guideline to take account of new advice and changes to policy. For example SIGN guideline 135 on management of epithelial ovarian cancer (published 2013) was refreshed in June and October 2018 to incorporate SMC advice and a request from SAPG to update SIGN 88 on management of suspected bacterial urinary tract infection

in adults (published 2006) led to a refresh in 2012. A further request has led to a new guideline on the topic being developed.

SIGN work on diabetes

The Scottish Diabetes Group has submitted proposals for three new focused guidelines on glycaemic control in people with type 1 diabetes, diabetes in pregnancy and prevention and early recognition and treatment of type 2 diabetes. All three will be developed 2019/20.

Ongoing development work

The HIS Evidence Directorate is committed to ensuring that its work supports and more closely aligns to wider HIS and national priorities. As part of this, a new rapid review process is being introduced that will allow fast turnaround of a high level topic exploration which may result in several different further outputs depending on the requesters need including a rapid review of the evidence, with different degree of stakeholder input, a rapid review with recommendation, an environmental scan or a core output such as SIGN guideline; SHTG evidence note or set of indicators.