

3 Selection of guideline topics

3.1 THE SIGN PROGRAMME

The experience of SIGN and other guideline developers has shown that selection of appropriate topics for guideline development is crucial. Guidelines should address a specific health care 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.

SIGN has limited resources for guideline development. As a result it is important to identify topics which are most amenable to guideline development. Likewise, when a published guideline is due for review it must be judged against potential new topics for inclusion in SIGN's programme.

3.2 CRITERIA FOR SELECTION OF TOPICS

Guideline topics selected for inclusion in the SIGN programme are chosen on the basis of the burden of disease, the existence of variation in practice, and the potential to improve outcome. The following criteria are considered by SIGN in selecting and prioritising topics for guideline development:

- Areas of clinical uncertainty as evidenced by wide variation in practice or outcomes.
- Conditions where effective treatment is proven and where mortality or morbidity can be reduced.
- Iatrogenic diseases or interventions carrying significant risks.
- Clinical priority areas for the NHS in Scotland: presently these are coronary heart disease and stroke, cancer, and mental health. The strategic aims of the NHS in Scotland are also considered. These are improving health and tackling inequalities, especially with regard to children and young people, developing primary and community care and reshaping hospital services.
- The perceived need for the guideline, as indicated by a network of relevant stakeholders.

Details of the SIGN guideline programme are given at Annex B. For updated information, see the SIGN website.

3.3 TOPIC SELECTION PROCESS

Any group or individual may propose a guideline topic to SIGN. In addition, SIGN has established six specialty subgroups (cancer, cardiovascular disease and general medicine, mental health and learning disabilities, primary care, surgery, women's and children's health) which use established clinical networks to identify a "wish-list" of guideline topics for which health care practitioners agree there is a need. For example, following consultation with the Royal College of General Practitioners, the British Medical Association's Scottish General Practitioners Committee and several Local Health Care Cooperatives, the primary care specialty subgroup identified osteoporosis and otitis media as the two subjects in which general practitioners would find a guideline most useful. Once they were shown to meet the selection criteria, both topics were accepted into the guideline development programme by SIGN Council.

The Guideline Programme Advisory Group oversees the progress of the specialty subgroups and ensures that there is appropriate communication and interaction between the specialty subgroups, as most topics are relevant to more than one specialty. The group also has representatives from NHS Quality Improvement Scotland. This should ensure that, wherever possible, SIGN's programme and the programmes of clinical standards and health technology appraisals will be complementary. The Guideline Programme Advisory Group will also consider the work programme of other guideline developers, in particular guidelines that have been commissioned by NICE (the National Institute for Clinical Excellence) in England & Wales, to avoid potential duplication of effort.

Specialty subgroups submit their prioritised lists of potential guideline topics to the Guideline Programme Advisory Group, who will then select a number of topics to be worked up into detailed proposals for discussion and prioritisation at an annual topic selection meeting of SIGN Council. The Guideline Programme Advisory Group uses a suitability screen tool to assist in the process of prioritisation. This tool identifies the extent to which the proposal fulfils the criteria listed in section 3.2 but also probes whether the benefits that were likely to accrue from a successful implementation of the guideline recommendations would outweigh the efforts required to develop it.

SIGN Council undertakes the final stage in the process of topic selection. SIGN Council dedicates one meeting each year to the prioritisation of guideline topics which have been accepted as suitable candidates for the SIGN guideline development programme. At this meeting the Council is presented with fully worked up guideline proposals and sorts these into a ranked list from which the new and review topics for the following financial year will be drawn. To assist with this process, a modified version of the suitability screen tool used by the Guideline Programme Advisory Group is adopted. Topics ranked highest are included in SIGN's proposed programme. Proposals which are not ranked sufficiently highly to be accepted on to the programme will be reconsidered at the next topic prioritisation meeting alongside new and review topics. If the proposal still receives a low ranking on its second reading it will be returned to the SIGN specialty subgroup for reconsideration or revision.

The resulting topics for guideline development form the proposed SIGN programme. This is forwarded to NHS Quality Improvement Scotland for approval for funding.

3.4 APPLICATION PROCEDURE

When a group or individual proposes a guideline topic to SIGN, their suggestion is discussed initially with the Guideline Programme Advisory Group. If this group agrees that the proposed topic has the potential to meet the selection criteria, it is allocated to the most appropriate specialty subgroup.

As part of the preparatory work done before a guideline proposal is submitted to the Guideline Programme Advisory Group to be considered for inclusion in the programme, a scoping search is carried out. This is a very broad search of the literature relevant to the condition that is to be the topic of the guideline. No attempt is made to focus on specific questions at this stage. The intention is only to establish the general extent of the literature in the clinical area to see if there is likely to be sufficient good quality evidence to make an evidence based guideline feasible.

Searches are restricted to systematic reviews produced by the Cochrane Collaboration or covered by the Database of Abstracts of Reviews of Effectiveness (DARE) (www.york.ac.uk/inst/crd/darehp.htm) and randomised controlled trials (RCTs) identified from either Embase or Medline during the previous three years. In exceptional cases where RCT evidence is likely to be limited for ethical or practical reasons, the search may be extended to cover observational studies.

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At this stage a check is also made to see if any other good quality guidelines have been produced on the subject by searching the following Web sites:

- Guidelines International Network (www.g-i-n.net)
- National Electronic Library for Health Guidelines finder (www.nelh.nhs.uk)
- National Guideline Clearinghouse (www.guideline.gov)
- National Institute for Clinical Excellence (www.nice.org.uk)

The specialty subgroup use their multidisciplinary clinical networks to judge whether there is general agreement on the need for a guideline in this area and to determine the broad scope of the guideline. Once this has been established the specialty subgroup work with the original proposer on the preparation of a formal proposal to SIGN Council.

SIGN's standard guideline application form requests the following information:

- (1) A summary of the clinical problems and outcomes to be addressed.
- (2) Details of the group(s) or institution(s) supporting the proposal.
- (3) A brief background to the clinical topic which will be addressed by the proposed guideline.
- (4) Evidence of variation in practice in the management of the condition.
- (5) An indication of the benefits likely to arise from the development and successful implementation of the guideline.
- (6) A definition of the patient group to which the guideline will apply.
- (7) A definition of the aspects of management of the clinical condition which the proposed guideline will address and an indication as to whether the guideline will apply to primary or secondary care, or both.
- (8) An indication of the health care professionals potentially involved in developing the guideline.
- (9) An indication of the size and strength of the evidence base which is available to support recommendations on effective practice, citing key supporting papers.
- (10) Details of any existing guidelines or systematic reviews in the field.

The procedure for selection of SIGN guideline topics is illustrated in figure 3.1. The application form to request consideration by SIGN of a specific guideline topic and the full guideline proposal form are available from the SIGN Executive or can be downloaded from the SIGN website.

Figure 3.1
SELECTION OF TOPICS FOR SIGN GUIDELINE DEVELOPMENT

