

Annual Report

2016/17



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Director's Introduction

I am delighted once again to provide a short introduction to our Annual Report, outlining the activities of Cochrane UK in 2016-2017. The fantastic team here has been as busy as ever, and continues to innovate and develop new ways of promoting evidence-based practice, engaging with our stakeholders and teaching and training a wide variety of people. In particular, I should like to offer my congratulations to Anne Eisinga, our Information Specialist, who was awarded the Chris Silagy Prize in 2016. This is presented to an individual who has made an extraordinary contribution to the work of Cochrane.

Cochrane continues to change and we continue to play a major role in those changes. We are grateful to the National Institute for Health Research (NIHR) in the UK and the Health Research Board in Ireland, who are our major funders. This year, we saw the publication of the NIHR's review into the value of Cochrane for the NHS. We welcome it and are studying its findings carefully. We want our work to have a major impact on people's health and well-being, and for us to be good stewards of the public funds and responsibilities that have been entrusted to us.

Martin Burton, Director

Cochrane: Delivering Strategy 2020

In 2015 Cochrane published Strategy 2020 setting out the aims, objectives and areas of focus for Cochrane for the next five years. Strategy 2020 aims to put evidence at the heart of decision-making all over the world and this year has seen a number of critical initiatives designed to achieve this in 2017 and beyond.

A growing community

In 2016 Cochrane welcomed 2,773 new authors and 67 new editors and the Cochrane Library now has 7133 Cochrane Reviews. The 120 different groups that make up Cochrane have funding support from 112 different organizations, globally worth £15.6 million. The organization also receives royalties from our publishers – Wiley – and this increased 13% to £6.8 million. Additional funding was secured from the Bill & Melinda Gates Foundation with a grant of US\$1.15 million to support the development of Cochrane’s next generation evidence system, with a specific focus on maternal and child health.

This year has also seen an increase in traffic to cochrane.org, up 75% from 2015, to over 10 million visits. Cochrane.org is translated into 14 languages with over two-thirds of the browsers accessing the website being set to a non-English language. Cochrane Library PDF downloads have increased by 43% compared to 2015. The impact factor for the Cochrane Database of Systematic Reviews (CDSR) 2016 is 6.124 (an increase from 6.103), ranking the CDSR at 14 of 154 journals in the Medicine, General & Internal category.

Organizational reform

The organizational reforms delivered in 2016 transformed Cochrane’s governance structure from a group representative model, with one vote for each Cochrane entity, to an individual representative membership model in which each individual member has one direct vote. The Cochrane Steering Group has become the Cochrane Governing Board, led by two Co-chairs. Most of the internal positions on the Board are elected from and by all Cochrane members with a minority of external members being appointed by the Board itself. This reflects recent important changes in the UK charitable sector and allows individuals with key skills and expertise to become Board members (and hence trustees of Cochrane – a UK charity). A new Cochrane Council has been established to provide a forum for representatives of Cochrane’s many different groups and communities to meet and discuss operational and organizational matters and to make sure that the voice of Cochrane Groups is heard by the Board.

Structure and function

Cochrane has been progressively undertaking structure and function reviews of all of its component parts. This year the findings from the Structure and Function of Centres and Branches review were implemented. This saw the creation of new Cochrane Centres, Networks and Associates. The Structure and Function of Review Groups review was initiated by the Governing Board meeting held in Seoul in October 2016. A Project Team was established to review the sustainability of all the groups involved in review production in Cochrane and to make recommendations to the Governing Board. It has been looking particularly at the quality of reviews, as well as the scope of review groups and their efforts at prioritization. A key aim is to ensure that Cochrane reviews are of consistently high quality, on priority topics, that will inform decisions being made by patients, practitioners and other key stakeholders. The team have already reviewed data on the resources, stability, quality and outputs of several of the 51 clinically facing Cochrane Review Groups. They have reported those findings to the Governing Board and the Board have approved an action plan. The project team is also developing plans for a new organizational structure. The plans have broad support from the Cochrane community and will be refined in 2017. The Governing Board will consider the new plans in the autumn of 2017 for implementation in 2017/18, if approved.

Editorial developments

A commitment to quality is at the heart of Strategy 2020. The adoption of the Integrated Quality Strategy in April 2016 provided a framework for consistency of quality, flexibility of editorial processes and more efficient introduction of new and changing methods. This continued commitment to quality was demonstrated in the findings of a cross-sectional study ‘Epidemiology and Reporting Characteristics of Systematic Reviews of Biomedical Research’ (Page et al, 2016). This study found that despite improvements in the reporting quality of non-Cochrane reviews since 2008, Cochrane reviews still outperformed non-Cochrane reviews in the quality

indicators of: searching for published and unpublished studies, assessing harms as well as benefits, evaluating the risk of bias of included studies and reporting conflicts of interest of review authors.

The Cochrane Editorial Unit have invested in technology to improve the environment for contributors conducting reviews with the roll out of the Covidence author tool and the introduction of anti-plagiarism software. The launch of the new look iPad Cochrane Library app also offers users a new way to access Cochrane content. The Editorial Unit have also improved guidance for contributors, with new policies on peer review and scientific misconduct. The Editorial Screening Process continues to provide support to review groups and has been adapted to provide a fast-track service.

A major focus this year has been the Enhanced Cochrane Library Project. The Central Executive Team and Wiley have been working with a third-party technology provider to develop a new Cochrane Library Platform. The aim is to enhance user experience with improvements to search and discovery functions, the display of reviews and the availability of non-English language content. All this is designed to make it easier for users to discover and use Cochrane content in their decision-making. Due to a number of factors there have been some delays in delivery and work will continue throughout 2017.

Priority reviews

In January 2015, the Cochrane Priority Reviews List was launched as a ‘living’ record, reporting Cochrane’s decisions on those titles that are of greatest importance to our stakeholders and are likely to impact significantly on health outcomes worldwide. There are now approximately 250 commissioned titles on the list, with over 160 priority reviews and updates published since the project began. This year alone, 76 reviews and updates were published from the Priority Reviews List, 56 (74%) of these from UK-based groups.

The Cochrane Review Support Programme invites applications for a grant of £5000 towards the cost of conducting a review or update from the Priority Reviews List. Round three was completed in December 2016 with 10 awards offered to deliver 11 Cochrane reviews and updates. The fourth round was launched in March 2017.

Project Transform

Project Transform (Project Transform) aims to improve the way people, processes, and technologies come together to produce Cochrane content, introducing a number of innovations including data-mining techniques to increase the efficiency of study identification. The citizen science platform, Cochrane Crowd (crowd.cochrane.org) was officially launched in 2016. By the end of the year over one million randomized controlled trials (RCTs) had been classified by more than 4200 people, 90% of whom were new contributors to Cochrane.

Cochrane’s Task Exchange (Task Exchange) is a platform designed to connect people who need help with their reviews with people who have the time and expertise to help them. This was also launched recently and together all these innovations are transforming the way in which people engage with Cochrane and how Cochrane Reviews are produced. Other large-scale projects included the successful annotation of all Cochrane Reviews to build a more flexible and powerful ‘linked data’ evidence system and work towards the ‘Living Systematic Review’.

Cochrane UK

Goal One: producing evidence

Cochrane UK Author training

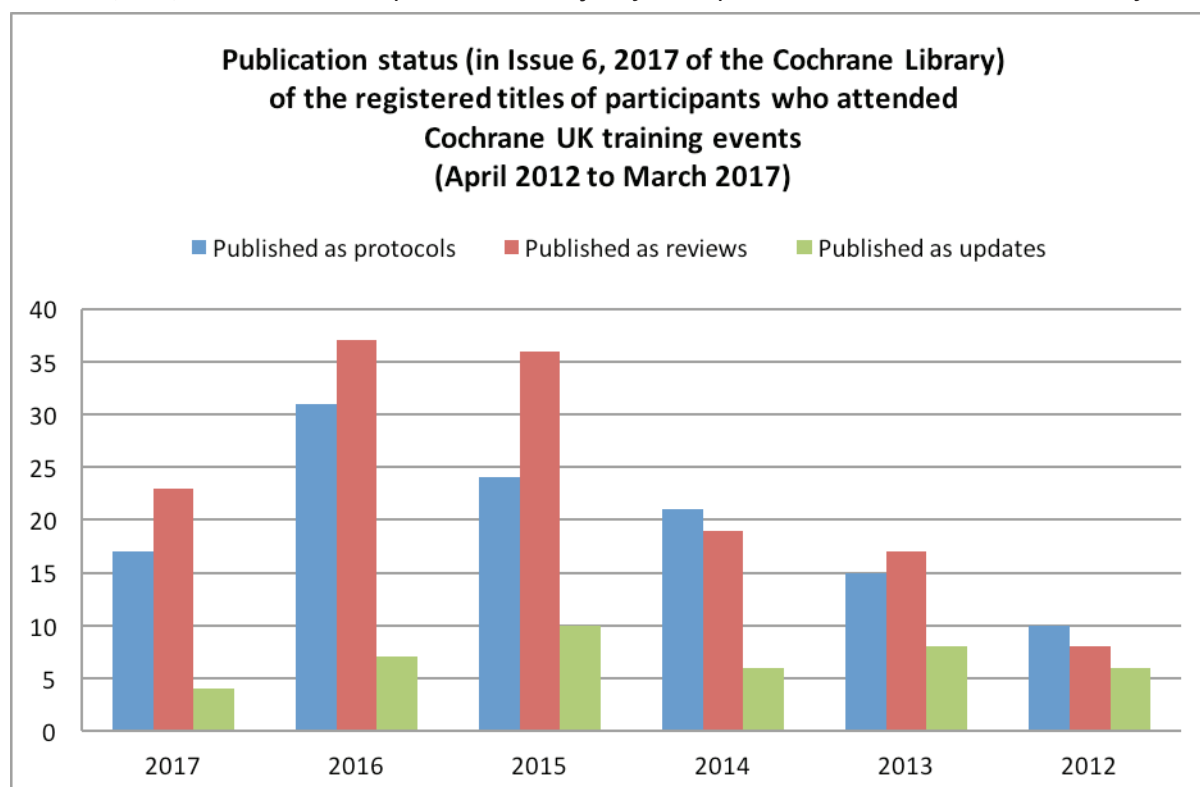
The first goal of the Cochrane 2020 strategy is “To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision making.”

Cochrane UK has supported this strategy by continuing to run training courses for systematic reviewers. The Review Author 1 & 2 (RA1&2) courses cover the identification of the ‘right’ question, and protocol development at the start of the process. Authors return for Review Author 3 & 4 (RA3&4), at a later stage, to learn about data collection and basic synthesis methods as well as newer, more complex methods of analysis, such as Generic Inverse Variance. This year we have revised the materials for the RA1&2 to bring them up to date. We have introduced new examples in RA3, to encourage the authors to work with real data from the outset and updated the materials in RA4 to demonstrate new aspects of Kaplan-Meier plots.

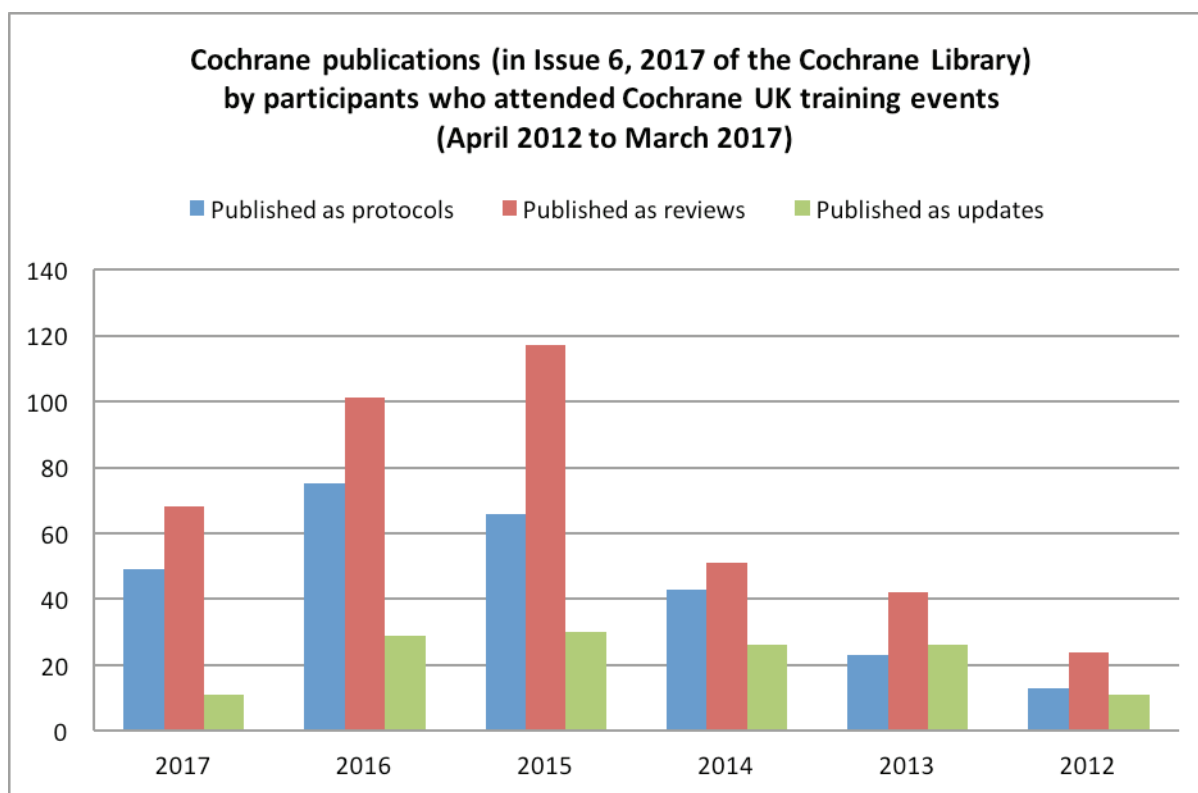
The Review Author training programme is overseen by our Senior Fellow in Cochrane Methods Training, Chris Cates, and is delivered by experienced faculty trainers: Sheena Derry, Anne Marie-Bagnall, Kayleigh Kew, Rebecca Normansell and Rafael Perera. We held 22 individual courses for 225 participants, in Oxford, across the four training modules. We continue to recruit new trainers. We had surprising difficulty in attracting participants to other venues. This had also placed an additional organizational burden on those Cochrane groups outside Oxford that hosted these events. As a result, we have returned to holding the Review Author workshops in Oxford and Dublin.

One measure we use to monitor the output of the Cochrane UK review author training events is to track the review titles registered at the time of attending the training to establish how many achieve publication as a protocol, review or update of a review using a five year period as a data set.

We searched Issue 6, 2017 of the Cochrane Database of Systematic Reviews. During the five year period from April 2012 to March 2017, 494 Cochrane UK training event participants worked on 424 review titles and just under a third are as yet unpublished (n=124). Of the 299 that have been published, 118 (39%) are protocols, and 181 are reviews (61%) of which 41 are updates. The majority have publication dates in the last three years.



We also tracked the participants by searching on their names as authors to determine how many Cochrane publications they have achieved during the five year period of the data set (2012 to 2017). Of the 494 participants who attended Cochrane UK training events between April 2012 and March 2017, just under a third have not yet published (n=159) and 335 have published a total of 269 protocols, 403 reviews and 133 updates, an average of approximately two per person (range: 1 to 36).



The UK GRADE network

The UK GRADE network was established this year and Chris Cates (Cochrane UK) and Toby Lasserson (Senior Editor, Cochrane Editorial Unit), attended a working group meeting at the NICE headquarters in London to represent Cochrane. The first GRADE clinics were held concurrently in London and in Manchester with a presentation from Chris Cates. The clinics were attended by staff from NICE and Cochrane Editors. This helped the group to understand how the GRADE theory worked in practice in NICE assessments and Cochrane reviews. The incorporation of GRADE tables in Cochrane reviews is of increasing importance.

Working with Cochrane Training

We met with Chris Watts, Learning and Support Officer, Cochrane Training to ensure that the Review Author training provided by Cochrane UK is consistent and complementary to the online training developed by Cochrane Training. We have initiated discussions on how to update and integrate training for RevMan Web (the web-based version of Cochrane's review production software) which goes live at the end of 2017, and to include new "Risk of Bias" assessments (the so-called 'RoB 2.0'), which will be introduced shortly after.

Cochrane Ireland Training

During the period covered by this report, Cochrane Ireland has continued to expand its training activities. The Cochrane Ireland two-day training course had 165 participants in Northern Ireland and the Republic of Ireland. A course place was secured by 82% of those who applied, up from 63% in the previous year. The RA1&2 courses were provided to 12 new Cochrane Fellows, the RA3&4 courses to 10 second-year Cochrane Fellows, and the ROBINS-I course (the tool to assess Risk of Bias in non-randomized studies) to 14 Fellows and Trainers (offered for the first time in Ireland). In June 2016, the 11th Annual Cochrane Ireland conference was held at Queen's University Belfast (<http://ireland.cochrane.org/conferences>). At the end of 2016, 14 new Cochrane Fellows were announced, a significant increase from the number awarded the previous year.

Cochrane UK and Ireland Annual Symposium

The Cochrane UK and Ireland Annual Symposium was held in Keble College, Oxford in March 2017 and was attended by 204 participants. The theme was ‘Cochrane: Through the Looking Glass’. As a change to the programme, we provided four special sessions on Day one: these focused on (a) Cochrane Methods, (b) the needs of Editors, (c) a PICO-athon and (d) Dissemination of reviews. There were further training opportunities for attendees at the 16 workshops offered on Day two.

The special session for Editors was particularly well received and was organized in conjunction with Chris Watts, Learning and Development Officer, Cochrane Training and Kerry Dwan, Statistical Editor, Cochrane Editorial Unit (CEU). It provided an opportunity to assess the perceived learning needs of the audience and to demonstrate new online training materials which look at common errors in Cochrane reviews. The participants included managing editors, co-ordinating editors and clinical editors. They enjoyed working together on a real review that had been submitted for editorial approval using the tools provided.

The plenaries on both days were very well received and were given by Tim Harford, Senior Columnist, Financial Times, Professor Tom Walley, Director NIHR HTA and EME Programmes, NIHR, John Newton, Chief Knowledge Officer, Public Health England, Hywel Williams, Professor of Dermato-Epidemiology and Co-Director of the Centre of Evidence based Dermatology, University of Nottingham. The final slot was a media panel session, chaired by our Director, with Reuters Health and Science Correspondent, Kate Kelland, Tom Sheldon, Senior Press Officer, Science Media Centre and our Cochrane communications team, Katie Abbotts and Jo Anthony. The feedback received was very positive, a selection has been included below, and all comments will be used to inform future events.

I found the workshops very helpful especially on the use of the different software to help in conducting systematic reviews. Helps me in networking with other reviewers and researchers.

Anonymous on Symposium feedback form

Good location, good mix of topics in the workshops and seminars, interesting and informative plenaries, excellent food both at Keble and at the gala dinner

Anonymous on Symposium feedback form

Great for networking, extremely interesting plenaries - every one of them, spoilt for choice with workshops which were all delivered to a very high standard. Fresh air on the way for coffee and lunch and a place to sit outside for coffee was a really excellent touch. Excellent organization. The plenaries were really interesting and the panel discussion for the last session was a stroke of genius - very well facilitated by Martin Burton - journalists seem far less scary and Cochrane comms (Jo and Katie and team) are really excellent can really highly recommend them.

Anonymous on Symposium feedback form

Friendly, professional, respectful and well facilitated discussions, diverse content with willingness to embrace a variety of views

Anonymous on Symposium feedback form

I learn a lot about new initiatives such as Cochrane Response and the new Cochrane membership structure

Anonymous on Symposium feedback form

Links with guideline producers

We have established a bi-monthly meeting with colleagues from the National Institute for Health and Care Excellence (NICE). This offers an opportunity to share information with Nichole Taske, Associate Director (Methodology) about Cochrane developments and specific Cochrane projects on outcomes and scoping for suites of reviews. This has equipped us with a better understanding of NICE processes and we are working towards an improved understanding of how guideline production and Cochrane review production can be more closely aligned.

Goal Two: making our evidence accessible

At the Centre, we continue to hold our weekly “Analysis of Review Group Outputs for Dissemination and Promotion” (ARGO) meetings. These meetings include our technical staff as well as clinical input from our Senior Fellows in General Practice, our Cochrane Fellow and staff from the Cochrane Central Editorial Unit. We have the opportunity to see the pre-publication abstracts and discuss the dissemination strategy for each review.

The Cochrane Colloquium provides a good opportunity for some members of the Cochrane UK team to come together with the wider Cochrane community and hear about innovations, challenges and share ideas. This year the 24th Colloquium was held in Seoul, South Korea with the theme ‘Challenges to evidence-based health care and Cochrane’. Cochrane UK shared our work through two workshops: ‘Disseminating Cochrane evidence’ and ‘Using social media for effective communication’, where our Communications and Engagement Officer, Jack Leahy, presented with the Central Executive team. This was also a good opportunity for the UK team to prepare for the Colloquium in Edinburgh 2018, which we shall be organizing.

Blogshots and vlogshots

We continue to produce blogshots to share Cochrane evidence on social media and update these as the reviews are updated. A review may be shared in more than one blogshot, tailored in different ways, for different audiences as part of our ‘Evidence for Everyday’ series.

Many of the blogshots are translated into other languages by other parts of the world by members of the global Cochrane community and some Cochrane Review Groups are now producing their own, using our basic template.

In December 2016, we introduced vlogshots, which are short, moving slide sets, shared in the same way as blogshots but allowing a little more information to be included.

This year we made and shared 213 blogshots (44 updated) and 13 vlogshots. 182 reviews (104 new; 78 updates) were highlighted from 38 Cochrane Review Groups (21 UK based) – also an additional 20 existing blogshots were reposted to coincide with awareness events and for the Evidently Advent series. 45 blogshots were linked to health awareness events/topical news/priorities and 150 blogshots were linked to five evidence series.

Evidently Cochrane

Between 1 April 2016 and 31 March 2017, we published 79 Evidently Cochrane blogs, highlighting 124 reviews from 27 Cochrane Review Groups (16 UK based).

Combining evidence with expertise and experience is a feature of many of our blogs and one which continues to be highly valued by our audiences. Over the past year, we have published 52 guest blogs, written by people with a range of expertise, including educational professionals, healthcare researchers, healthcare practitioners, Cochrane Trainees and Cochrane UK’s Senior Fellows in General Practice. Seven blogs (one of which was also published as a BMJ blog) included a patient or citizen ‘voice’ (including a 17-year-old, and a nine-year-old and his mother). Thirty-five blogs were linked to health awareness events/campaigns, topical news or clinical guidelines (including 14 NICE, 1 SIGN and 2 NICE accredited guidelines). Ten blogs were social media features.

I love the way Cochrane now blends a patient’s take on a situation with reviews of the research into that situation. Very effective.

@BMJPatientEditor

Well this would’ve been useful during my first years of medical studies :) - and it sure is now!

@astrid_ghap

Occasionally blogs are taken up in other media. Five blogs were co-published in BMJ Blogs. Cochrane author Professor Andrew Moore followed his blog Paracetamol: Widely used and largely ineffective with an article for The Conversation. This piece was then re-published on The Daily Mail Online.

I'm going to have to change my chat for post op patients. Can you prescribe "a bit of time" on a drug chart?

@DrAndrewMackay commenting about Andrew Moore's Evidently Cochrane blog on paracetamol

Cochrane Ireland

This year Cochrane Ireland has expanded its impact through social media. The Cochrane Ireland Facebook page (<https://www.facebook.com/cochraneireland>) had just under 100 'likes' in April 2016 and these have gradually increased during this time to where there were almost 160 'likes' in March 2017, an increase of 50%. The majority of engagement with Cochrane Ireland is currently from Ireland itself (119) and the UK (25), but a wide range of others are represented from Canada, USA, New Zealand and Lithuania, Somalia and South Africa.

The number of Cochrane Ireland Twitter followers (@CochraneIreland) have doubled during this period. At the end of 2015 we had 300 followers, and in March 2017 we had 736. In the First Quarter of this period, there were 44 'retweets' and 37 'likes' while in the Fourth Quarter there were 101 'retweets' and 89 'likes'. This again represents a good increase in the reach of Cochrane Ireland's social media.

Special series and social media campaigns

'Evidence for Everyday'

In June 2016, the fourth in our 'Evidence for Everyday' series, Evidence for Everyday Allied Health (#EEAHP), was launched by Chief Allied Health Professions Officer (CAHPO) for England, Suzanne Rastrick, at the CAHPO conference, and this keynote announcement led to engaging conversations with delegates about the work of Cochrane UK.

The series aims to give allied health professionals (AHPs) relevant evidence and resources, in quick and easy formats, through social media. As part of the launch, we published a number of blogs by, and for, AHPs and co-hosted a tweetchat with @WeAHPs ("We Allied Health professionals) about the need for evidence-based practice in this community.

We have continued to feature occasional blogs and tweetchats in this and our other 'Everyday' series, for nurses, midwives and patients/others making health choices, along with blogshots tailored for each audience, and series newsletters.

The Evidence for Everyday Nursing (#EENursing) series has been particularly strong, building on well-established relationships with individual nurses, organizations and communities both on social media and offline. We are successfully engaging nurses in online discussion and attracting guest blogs and commentaries for blogs. We have begun to consult with nurses about the usefulness of the series and how we could improve it. We continue to expand our relationships and work with the #Wecomunities.

In 2016, we completed a year's partnership with The Practising Midwife, an evidence-based midwifery journal, in which Sarah Chapman co-wrote a series of articles with midwife Alys Einion, which were published in both the journal and on Evidently Cochrane. In 2017, we are partnering with The British Journal of Community Nursing, for which Sarah Chapman is writing five articles on Cochrane evidence for clinical practice, which are also being adapted and published on Evidently Cochrane.

Understanding Evidence

In October, we launched an occasional blog series, Understanding Evidence, which explores the key concepts behind critical thinking and evidence-based decision making. For this campaign, Cochrane UK partnered with Students 4 Best Evidence, Cochrane Trainees and Testing Treatments. We launched with a week of blogs, including

blogs from all our partners, cross-posting on all partner websites.

The creation of this series was part of a plan to make stronger connections between Evidently Cochrane and Students 4 Best Evidence, for the benefit of both. Sarah Chapman and Selena Ryan-Vig will be co-presenting a series of talks about both for student health professionals at Oxford Brookes in the coming months.

A great initiative to help us understand the evidence (& so explain it better to patients!) #UnderstandingEvidence

@Laconic_Doc on Twitter

I love @CochraneUK for their #UnderstandingEvidence blogs - find them to see what I mean |

@AnnieCoops "The Problem with Sex" campaign

With Cochrane reviews revealing the lack of relevant and reliable evidence for those experiencing sexual difficulties associated with chronic health conditions and treatments, we wanted to highlight this in one of our social media campaigns, to encourage discussion about it and explore what might be holding back research in this area and what is being done, or could be, to bring about change. We hoped to engage health professionals, researchers and people experiencing sexual problems.

This campaign, which launched in March 2017 threw up some particular challenges, including the sensitive nature of the subject and the lack of high quality evidence, revealed in a number of recent relevant Cochrane reviews.

We worked with various organizations and individuals including: Asthma UK, Sally Crowe (Patient and Public Involvement), Elaine Miller (pelvic physiotherapist), WeCommunities, Cochrane Gynaecological, Neuro-oncology and Orphan Cancer (GNOC), Cochrane Pain Palliative and Supportive Care (PaPaS), and Cochrane Brazil. We produced ten high quality blogs and held a successful multi-disciplinary tweetchat with the WeCommunities.

One of the highlights of the campaign was the opportunity to showcase the work of Cochrane author and nurse, Tracie Miles. Tracie built on a research gap exposed by her review on vaginal dilator therapy. She undertook further research exploring an alternative therapy, in consultation with patients, and this led to changes in practice. She wrote about this in a guest blog.

There was a positive response to the campaign on social media and led to at least two instances of patient information being changed as a result.

The campaign directly resulted in changes being made to patient information at The Royal Free and to information provided at a course for people having cancer treatment at The Maggie's Centre, Oxford:

Last night a course called “Sex and Cancer” started, based at The Maggie’s Centre, Churchill Hospital, Oxford. A series of four, monthly, two hour workshops for cancer patients and their partners. Looking at the issues that arise during cancer diagnosis, treatment and recovery for couples regarding intimacy and sex.

We made an introductory handout and included links to your blogs, and used some of the quotes from your blogs.

Testimony from Eleanor Holloway -The Maggie’s Centre

#theproblemwithsex has been enlightening we’ve committed 2 updating our pt info as a result #teamsleepvent @RoyalFreeNHS

Stephanie Mansell from The Royal Free on Twitter

Brilliant to see the lack of discussion around sex and chronic diseases getting some attention. Shedding light on this topic has huge potential to improve patient care.

Comment from Stephanie on Evidently Cochrane

This is so impressive to see highlighted #theproblemwithsex many professionals struggle to advise myself too

Ollie Minton on Twitter

Evidently Advent

Once again, we used Advent as an opportunity to do something a bit different with the aim of reaching a wide audience. We focused on priorities and the Cochrane Priority Reviews List. We shared 24 reviews from this list through blogshots and vlogshots, some favourite resources and some science book choices from Cochrane UK staff.

Wonderful to have been part of @CochraneUK’s #EvidentlyAdvent gifts :) Thanks very much - lots of resources on our site for all to use!

All WeCommunities accounts on Twitter

Communications and engagement webinars and talks

We have given presentations about our work at Evidence Live 2016; to nurses and midwives at the University of Manchester, Oxford Brookes University and at a Maternity Forum event in Birmingham; and webinars for Knowledge into Action, for Cochrane Training, and for Wiley. We ran a workshop on Creative Communications for NIHR CLAHRC South West Peninsula (PenCLAHRC) researchers at the University of Exeter and held a follow-up tweetchat.

Health and Research Through Social Media (HARTS) initiative <https://hartsofthepossible.wordpress.com>

We are a founding member of a group aiming to drive health research through using social media, a group which includes, along with others, the WeCommunities founders, the Directors of the England Centre for Practice Development, the lead nurses from #whywedoresearch and patient advocate Derek Stewart.

This initiative gives us new opportunities to share Cochrane's work and to continue to develop innovative ways to use social media, working alongside others doing 'cutting-edge' work in this area.

Keeping Well

Cochrane UK continues to write an 'Evidence Matters' article for 'Keeping Well', the quarterly newsletter of the Patient Participation Group at the Nuffield Practice, Witney. Each article features one or more recent Cochrane reviews, summarizing the evidence for those attending this busy practice, or visiting the practice website.

Summary of highlights: UK media activity

This year, we built on our previous successes of developing relationships with the Press media and have secured regular positive mentions of Cochrane in a variety of UK media. We are increasingly mentioned as a trusted source, and Cochrane reviews are used to balance reporting on published health research.

What the media have said about us this year:

Vox: "...they're one of the best sources for unbiased medical information in existence and they should be your first stop before you hit Google or WebMD."

Spectator: "Considered the gold standard in systematic reviews."

The Financial Times: "Regarded as a gold standard for evidence."

The Guardian: "...the gold standard in healthcare evidence."

Dentistry: "In the scientific world, there is no more stringent authority than the Cochrane Collaboration."

Mail Online: "...impartial online resource for assessing the effectiveness of medical products and treatments."

Cochrane UK maintains an up-to-date list of media contacts including active broadcasters, writers and bloggers who produce pieces on health and science. We track the media daily to help us follow journalists' interests and identify news stories that offer an opportunity to share Cochrane evidence via social media.

We work closely with Cochrane's global communications team to assess reviews in terms of popular interest, audience for a review and plans for press release or centrally supported dissemination. For each review, we identify key contacts from the media community, as well as stakeholders (PHE, NIHR) and interested charities and special interest groups and plan how and at what point contact will be made with these individuals and organizations.

Our relationship with the Science Media Centre remains strong and we hold regular press briefings with them when a review is of wide public interest and has strong findings. These events are well attended and provide a good opportunity for relationship building.

A press briefing at the Science Media Centre during September worked extremely well securing extensive coverage on the subject on Vitamin D for the management of asthma. Media hits included BBC Radio 4 Today, BBC Breakfast news, Telegraph, Guardian, Daily Mail, Nursing Times and more.

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NHS choices Your health, your choices

Health A-Z | Live Well | Care and support

Vitamin D 'protects against severe asthma attacks'

Share: Save: Subscribe:

Tuesday September 6 2016

"Vitamin D supplements could halve risk of serious asthma attacks," The Guardian reports. A review of previous data found that vitamin D supplements could have a protective effect against serious [asthma attacks](#) when taken alongside normal [asthma treatment](#).



Vitamin D may help reduce inflammation of the airways

Vitamin D is made in the skin when it's exposed to sunlight. Many people in the UK have low levels of vitamin D, especially during the winter when sunlight is weak. People with low levels of vitamin D seem to be more likely to have asthma attacks. The researchers wanted to pool data to get a clearer picture of whether vitamin D

Vitamin D pill cuts asthma attack threat: Supplements can reduce chance by half in patients

By BEN SPENCER MEDICAL CORRESPONDENT FOR THE DAILY MAIL
PUBLISHED: 01:07, 6 September 2016 | UPDATED: 01:21, 6 September 2016

Share **123** shares **8** View comments

Talking vitamin D supplements can slash the risk of severe asthma attacks by half, experts have found.

Vitamin D pill cuts asthma attack threat: Supplements can reduce chance by half in patients

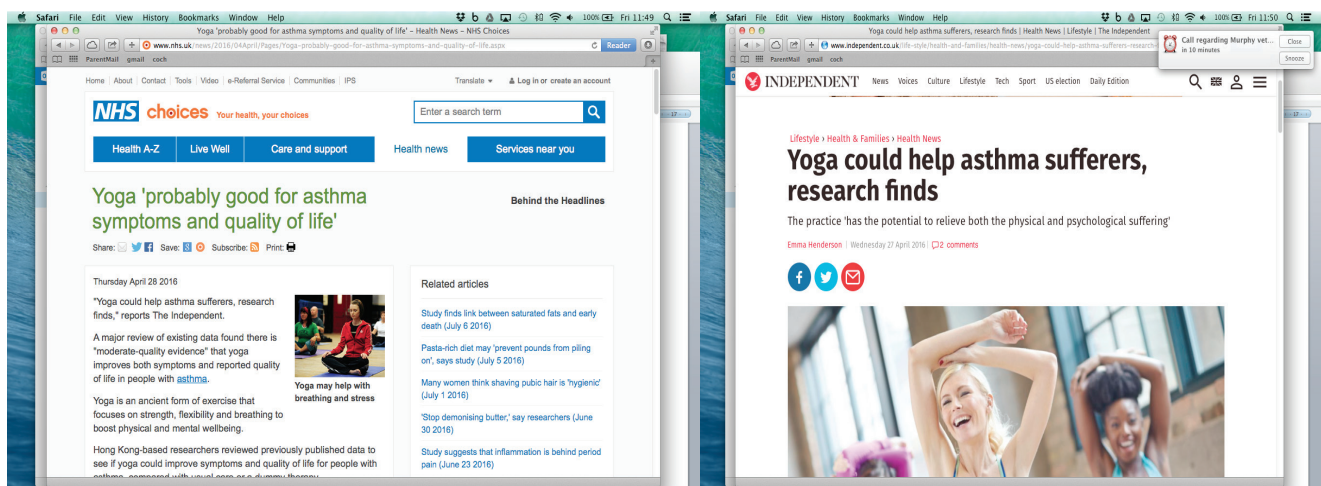
By BEN SPENCER MEDICAL CORRESPONDENT FOR THE DAILY MAIL
PUBLISHED: 01:07, 6 September 2016 | UPDATED: 01:21, 6 September 2016

Share **123** shares **8** View comments

Talking vitamin D supplements can slash the risk of severe asthma attacks by half, experts have found.

Study leader Professor Adrian Martineau, whose work was published in the prestigious Cochrane Library last night, said: 'Asthma is a rising problem in the UK, with one out of 11 people receiving treatment for it every day.'

The Yoga for Asthma review and press release was shared nationally with press contacts receiving significant coverage across many titles, including Daily Mail, BuzzFeed, BMJ, Men's Health and The Guardian.



The left screenshot shows the NHS Choices article: "Yoga 'probably good for asthma symptoms and quality of life'" dated Thursday April 28 2016. It includes a sub-headline "Yoga could help asthma sufferers, research finds," and a main headline "Yoga 'probably good for asthma symptoms and quality of life'".

The right screenshot shows The Independent article: "Yoga could help asthma sufferers, research finds" dated Wednesday 27 April 2016. The sub-headline reads: "The practice 'has the potential to relieve both the physical and psychological suffering'".

Cochrane author Professor Andrew Moore, wrote an article for The Conversation (an academic community blog) echoing the results of a review on the subject. This was then picked up and published on other news outlets.

THE CONVERSATION
Academic rigour, journalistic flair

Search analysis, research, academics...

Arts + Culture Business + Economy Education Environment + Energy **Health + Medicine** Politics + Society Science + Technology Brexit

What's the point of paracetamol?

October 24, 2016 10:33am BST

95 Photograph/Shutterstock.com

Email
Twitter 95
Facebook 379
LinkedIn 36
Print

Paracetamol has been around for over 50 years. It's safe and many guidelines recommend it as the go-to treatment. At least, that's the conventional view of the drug. It's a view so ingrained that it's rarely questioned. The trouble is that the conventional view is probably wrong.


Huge amounts of paracetamol are used to treat pain, measured not in how many tablets are used but in the thousands of tons. For the UK, an estimate of the amount of paracetamol sold is [just under 6,300 tonnes a year](#). That's 35 tonnes per million of population: 35 grams or 70 paracetamol tablets each, every year.

Author

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University of Oxford

Disclosure statement

Andrew Moore has been a consultant for and/or received research grants from RB, Novartis, Grünenthal, and Menarini, some of whose

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Breastfeed your baby to make their jabs hurt less: Experts say feeding infants while they are being injected reduces crying time by 38 seconds

- Research shows breastfeeding distracts, comforts and soothes babies
- Experts think the endorphins in a mother's milk may act as a painkiller
- Review says finding could be used to make vaccinations less traumatic

By **BEN SPENCER MEDICAL CORRESPONDENT FOR THE DAILY MAIL**

PUBLISHED: 01:16, 19 November 2016 | **UPDATED:** 09:47, 19 November 2016

This piece in the Daily Mail is an example of coverage being achieved following sharing a review's plain language summary. This ran online and secured a page in the newspaper too.

Cochrane reviews that are not part of the press release process are shared with known media. For example, in October a page was secured in the Daily Mail on skin-to-skin contact with newborns after the Plain Language Summery (PLS) of the Cochrane review was shared with the health editor.

During the Cochrane Symposium in Oxford we arranged a media panel featuring a journalist from Reuters and a press officer from The Science Media Centre to help build up the Cochrane communities' understanding of how the media works.

Highlights

Over 80 Cochrane Reviews shared with journalists

Almost 4,000 pieces of coverage achieved globally (1,000 up on 2015-2016)

Review/Subject	Media coverage
Yoga for Asthma	The Yoga for Asthma review and press release was shared nationally with press contacts receiving significant coverage across many titles, including Daily Mail, BuzzFeed, BMJ, Men's Health and The Guardian.
Vitamin D for the management of asthma	A press briefing at the Science Media Centre during September worked extremely well securing extensive coverage. Media hits included BBC Radio 4 Today, BBC Breakfast news, Telegraph, Guardian, Daily Mail, Nursing Times and more.
Injury to the lining of the womb to improve pregnancy rates in couples having sexual intercourse or placement of sperm into the womb	Coverage ran after the review was presented at a conference including NetDoctor and The Telegraph.
Electronic cigarettes for smoking cessation	Widespread coverage including Guardian, Telegraph, Mail Online, Reuters
Blog - Paracetamol: Widely used largely ineffective	Blog on The Conversation which subsequently ran on The Sun and Mail Online. In addition, secured a health advice column on The Guardian Online.
Expensive IVF add-ons not evidence based.	This followed a BBC Panorama investigation in which Cochrane evidence was used. Cochrane reviews were not mentioned in the TV programme but were mentioned in subsequent media coverage.
Yoga treatment for non-specific back pain	Telegraph, Daily Mail, Express, Reuters coverage.

Our aim for 2017/18 is to continue to build on our strong relationships with UK media, maintain our relationship with the SMC and continue to seek out media opportunities for Cochrane authors and reviews.

Use of Cochrane reviews to inform UK-published healthcare guidance (NICE Guidance, SIGN guidelines)

One method we use to monitor the impact of Cochrane Reviews in healthcare decision-making is to identify where they have been used to inform evidence-based clinical guidelines. We are continuing to check guideline developers' websites to capture newly published guidelines to maintain the currency of the Cochrane UK guidelines data set of Cochrane reviews that have informed healthcare guidance worldwide; our data include a subset on UK-published guidance.

NICE Clinical Guidelines

In the reporting period (April 2016 to March 2017), NICE has published 33 new clinical guidelines and 13 updates: **40 (87%)** of these have been informed by **557 Cochrane reviews** (275 With UK- or Ireland-based authors) from 38 Cochrane Review Groups (18 UK based).

NICE Public Health Guidance

NICE has also published six new Public Health Guidance documents: **three (50%)** of these were informed by **9 Cochrane reviews** (7 With UK- or Ireland-based authors) from four Cochrane Review Groups (two UK based).

NICE Social Care Guidelines

NICE has also published one Social Care guideline: this guideline was informed by **one Cochrane Review** (a Consumers & Communication Review).

NICE Medicines Practice Guidelines

NICE has also published three Medicines Practice guidelines, none of which were informed by Cochrane Reviews.

SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

SIGN has published four new guidelines and three updates: all of these informed by 155 Cochrane Reviews (90 with UK- or Ireland-based authors) from fourteen Cochrane Review Groups (nine UK based).

Overall, **698 Cochrane Reviews** (360 with UK- or Ireland-based authors) from 42 Cochrane Review Groups (20 UK based) have been used to inform **51 of 63** (81%) UK published guidelines (NICE Clinical Guidelines, NICE Public Health Guidance, NICE Social Care Guidelines, NICE Medicines Practice Guidelines and SIGN guidelines) (see **Figure 1**).

- maximum number of reviews used from any one Cochrane review group is 98 (Pregnancy & Childbirth)
- maximum number of reviews used to inform any one guideline is 73 (British guideline on the management of asthma – latest revision of SIGN clinical guideline no. 153)
- 19 guidelines have used over 10 Cochrane Reviews to inform their guidance:
 - British guideline on the management of asthma (SIGN no. 153: 63 Airways Reviews; 4 Effective Practice & Organisation of Care; 3 Consumers & Communication Reviews; 2 Neonatal Reviews; 1 Pregnancy & Childbirth Review)
 - Surgical site infection: prevention and treatment of surgical site infection (NICE CG74: 31 Wounds Reviews; 8 Pregnancy & Childbirth Reviews; 5 Colorectal Cancer Reviews; 3 Bone, Joint & Muscle Trauma Reviews; 3 Hepato-Biliary Reviews; 3 Anaesthesia, Critical & Emergency Care Reviews; 2 Upper GI & Pancreatic Diseases Reviews; 1 Breast Cancer Review; 1 Vascular Review)
 - Fertility: assessment and treatment for people with fertility problems (NICE CG156: 54 Gynaecology & Fertility Reviews; 1 Pregnancy & Childbirth Review)
 - Intrapartum care: care of healthy women and their babies during childbirth (NICE CG190: 49 Pregnancy & Childbirth Reviews; 3 Neonatal Reviews)
 - Stroke: National clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA) (NICE CG68: 47 Stroke; 1 Metabolic & Endocrine Disorders Reviews; 1 Vascular Review)
 - Antenatal care for uncomplicated pregnancies (NICE CG62: 41 Pregnancy & Childbirth Reviews; 3 Infectious Diseases Reviews)
 - Dementia: A NICE-SCIE guideline on supporting people with dementia and their carers in health and social care (NICE CG42: 43 Dementia & Cognitive Improvement Reviews)
 - Management of patients with stroke or TIA: assessment, investigation, immediate management and secondary prevention: A national clinical guideline (SIGN no. 108: 40 Stroke Reviews; 2 Hypertension Reviews; 1 Heart Review)
 - Low back pain and sciatica in over 16s: assessment and management (NICE NG59: 33 Back & Neck Reviews; 1 Pain, Palliative & Supportive Care Review)
 - Heavy menstrual bleeding (NICE CG44: 21 Gynaecology & Fertility Reviews; 1 Consumers & Communication Review)
 - Breast cancer (early and locally advanced): diagnosis and treatment (NICE CG80: 19 Breast Cancer Reviews; 1 Gynaecology & Fertility Review; 1 Gynaecological, Neuro-oncology & Orphan Cancer Review)
 - Tuberculous (NICE NG33: 9 Infectious Diseases Reviews; 6 Effective Practice & Organisation of Care Review; 1 Acute Respiratory Infections Review; 1 Consumers & Communication Review; 1 Pregnancy & Childbirth Review)
 - Hypertension: The clinical management of primary hypertension in adults (NICE CG127: 16 Hypertension Reviews; 1 Consumers & Communication Review)
 - Crohn’s disease: management in adults, children and young people (NICE CG152: 15 IBD Reviews; 1 Colorectal Cancer Review)
 - Type 2 diabetes in adults (clinical guideline update): management (NICE NG28; 12 Metabolic & Endocrine Disorders Reviews; 2 Kidney & Transplant Reviews)
 - Diagnosis and management of colorectal cancer (SIGN no. 126: 10 Colorectal Cancer reviews; 1 Consumers & Communication Review; 1 IBD Review; 1 Pain, Palliative & Supportive Care Review)
 - Assessment, diagnosis and interventions for autism spectrum disorders (SIGN no. 145: 12 Developmental, Psychosocial and Learning Problems Reviews)
 - End of life care for infants, children and young people with life-limiting conditions: planning and management (NICE NG61: 8 Pain, Palliative & Supportive Care Reviews; 2 Lung Cancer Reviews; 1 Haematological Malignancies Review)
 - Healthcare-associated infections: prevention and control in primary and community care (NICE CG139: 4 Wounds Reviews; 2 Anaesthesia, Critical & Emergency Care Reviews; 2 Incontinence Review; 1 Vascular Review; 1 Work Review).

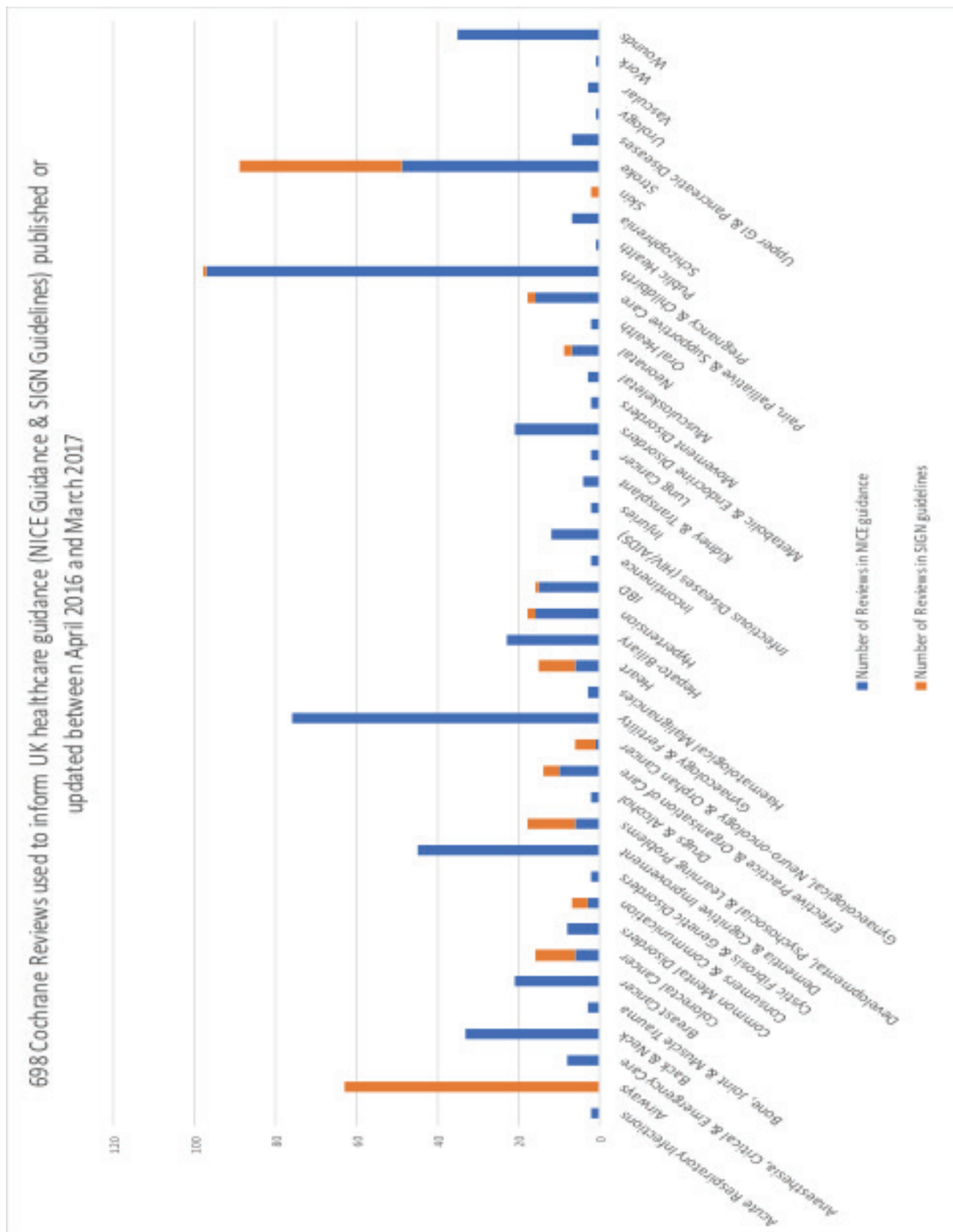


Figure 1

Are Cochrane reviews also being used to inform best practice guidance in primary care? (NICE Clinical Knowledge Summaries)

In the reporting period (April 2016 to March 2017), **47 Cochrane reviews** (31 with UK- or Ireland-based authors) from 13 Cochrane Review Groups (9 UK based) have been used to inform **24 of 87 (28%)** NICE Clinical Knowledge Summaries (see **Figure 2**).

- maximum number of reviews used from any one Cochrane review group is **7** (Stroke)
- maximum number of reviews used to inform any one Clinical Knowledge Summary is 8 (Stroke and TIA)

The top three Clinical Knowledge Summaries using the highest number of Cochrane reviews are:

- Clinical Knowledge Summaries – **Stroke and TIA** (using **8** Cochrane reviews: 7 Stroke; 1 Heart)
- Clinical Knowledge Summaries – **Migraine** (using **7** Cochrane reviews: 6 Pain, Palliative and Supportive Care; 1 Fertility Regulation)
- Clinical Knowledge Summaries – **Palliative Care – Oral** (using **5** Cochrane reviews: 4 - Oral Health; 1 Pain, Palliative and Supportive Care)

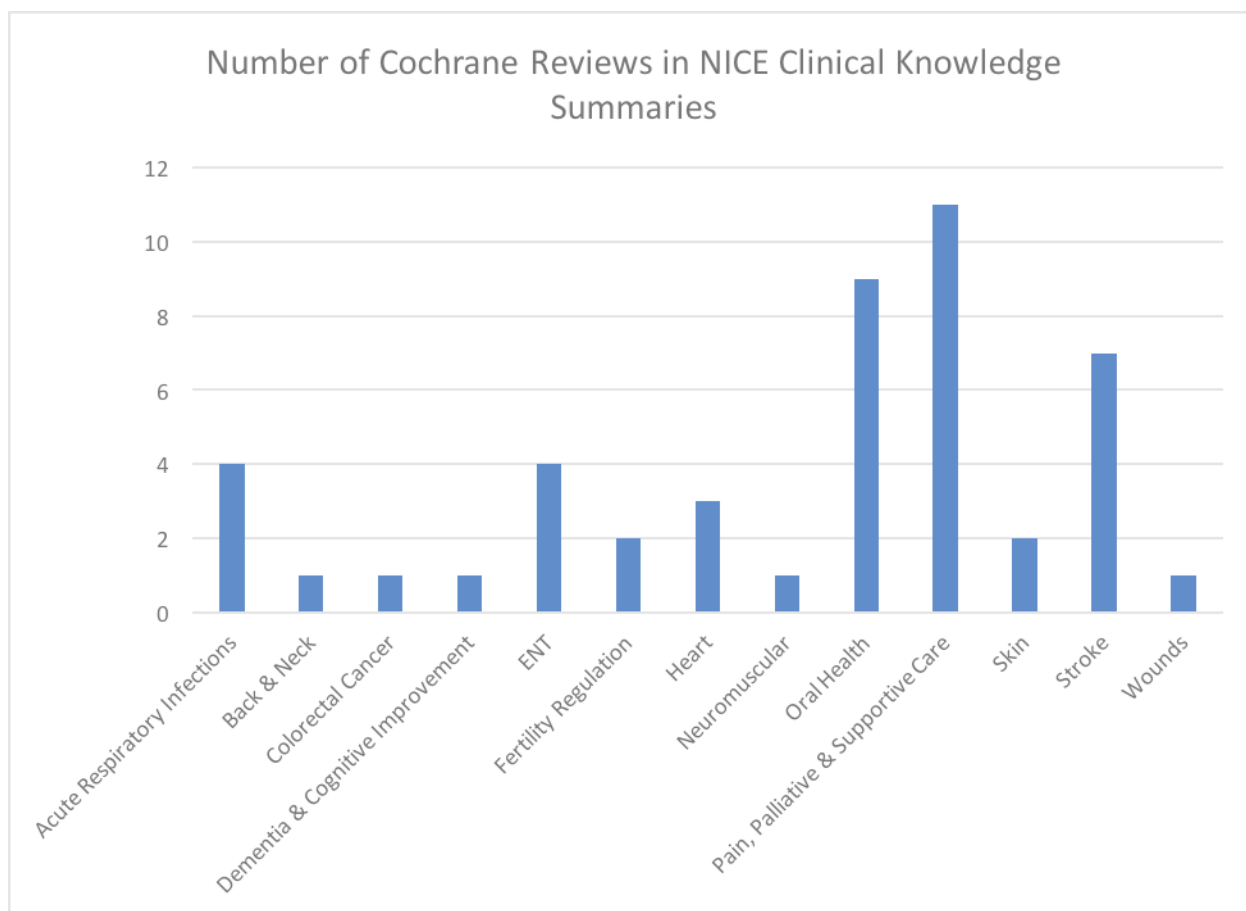


Figure 2

Goal 3: Advocating for evidence

Students 4 Best Evidence

Cochrane UK supports Students 4 Best Evidence (S4BE, S4BE.org), an international community for students who want to learn more about evidence-based health care. S4BE has 42 partner organizations that promote the work of the community and with their help the community has grown internationally. In 2016/17 S4BE had 420 student bloggers, an additional 400 individuals signed up to receive the monthly newsletter and S4BE was represented at Cochrane UK & Ireland Annual Symposium 2016, held in Oxford and the Cochrane Colloquium 2016, held in Seoul, South Korea.

In collaboration with the Pan American Health Organization (PAHO), S4BE has undertaken promotional work in the Americas. Multiple student bodies and initiatives in the Americas were contacted to raise awareness of S4BE and to promote ways to get involved with the community. After the promotional activities, there were approximately 21,000 new visitors to the website from the Americas (73,968 vs. 53,102) and 30 more students from the Americas registering to blog for the site (33 vs. 3), when compared to the previous two months.

S4BE will launch a new blog series, ‘appraising treatment claims’ in June 2017. The series will comprise 34 blogs, each relating to a different ‘Key Concept’ based on a curriculum developed by an Informed Health Choices project team, part of Testing Treatments interactive. An example of a key concept is ‘association is not the same as causation’.

Efforts are underway to engage a broader range of non-medical students in S4BE. In mid-March 2017, S4BE launched a new library of evidence-based nursing resources, to complement its general library of learning tools and resources. A presentation about S4BE was also delivered to a group of nursing students at a local university, with further talks planned with other groups of allied health students.

Academic Clinical Fellows Course and Allied Health Professionals Course

This year we repeated our 3.5-day course for NIHR Academic Clinical Fellows (ACFs). The aim of the course is to develop leadership skills and to explain the principles of evidence-based decision-making and the critical appraisal skills that underlie the evaluation and synthesis of evidence. The course is provided for a modest fee to participants, this fee covering about fifty per cent of the course costs.

The course is organized in a University environment at Balliol College, Oxford. In January 2017, we held our first joint course for NIHR Academic Clinical Fellows and NIHR non-medical award holders. Professor Dame Nicky Cullum joined the faculty so that the teaching team better reflected the broader spectrum of delegates. A total of 39 participants successfully completed one of the courses this year and we have received positive feedback which is shown below.

Feedback April 2016

“An excellent faculty. The passion for academic work was palpable and infectious”

Attendee

“Very worthwhile course and excellent venue. I came away feeling re-invigorated about my research!”

Attendee

“The medical leadership sessions were very useful and will be applying them in my day to day practice. The environment was friendly and very brain stimulating. It was good to be among people with similar research interests, get to know them and be influenced by them.”

Attendee

Feedback January 2017

“The course was unique in the way it taught leadership development in combination with evidence-based medicine.

Attendee

Excellent enthusiastic teachers, very inspirational and motivating.

Attendee

Faculty were excellent. Very approachable and relaxed, interactive learning environment.

Attendee

Discussions with the NIHR Trainee Co-ordinating Centre are planned in 2017 to review how this course fits with other training available to NIHR award holders.

Engaging trainees

Engaging medical trainees in the work of Cochrane UK has remained a priority this year and there has been considerable activity. By the end of May 2016, all 13 committee members of the Cochrane UK and Ireland (CUKI) Trainees' Advisory Group had been appointed. Following a national advertising campaign and recruitment process, the new Group comprised members representing a wide range of specialties, geographical locations and stages of training. Two Oxford Deanery Cochrane Fellows, Dr Anna Sutherland, a trainee in palliative medicine, and Dr Rufaro Ndokera, a paediatrician, have led the Group; Anna from May until September 2016 and Rufaro from September 2016 onwards. Committee members have quarterly meetings by Skype although they came together in person at Cochrane UK in September 2016; this was not only an opportunity to meet with all members of the Cochrane UK team but also with Professor Sir Muir Gray and Sir Iain Chalmers who provided additional inspiration.

Following the September meeting during which the trainees considered how they would take their work forward, three working groups were formed. The Web Working Group has worked on the trainees' webpages and social media presence <http://uk.cochrane.org/trainees>. The 'How to' Group is working on developing resources for trainees to develop their skills and knowledge of evidence-based medicine. The Survey Group has been developing a survey to understand better how the group can effectively engage with trainees nationally.

Engaging with public health trainees

Cochrane UK has 'National Treasure' status as a training placement with the UK Faculty of Public Health and David Roberts, a public health doctor training in the Oxford Deanery, started work with Cochrane UK in February 2016 for six months. David joined the national Trainees' Advisory Group and worked as part of a team undertaking a systematic review on 'Interventions using mobile devices (phones, smart phones, or tablets) to improve adherence to treatment for HIV or tuberculosis', which was published as a protocol in September 2016. He was also instrumental in enabling Cochrane UK to have an effective presence at the Faculty of Public Health Annual

Conference in Brighton on June 14th and 15th June 2016. Dr Lynda Ware, Senior Fellow in General Practice, and Dr Emma Plugge, Senior Fellow in Public Health, from Cochrane UK also participated in the Conference, which was called 'Public health in a cold climate: melting hearts and minds with evidence'. The team staffed the conference stand throughout the two days, engaging other conference attendees with, for example, an ipad quiz – 'Are you making good everyday health choices?' – to facilitate a discussion about the relevance of evidence in health decision making. Over 70 people took part in the quiz. David was also active on social media, further raising Cochrane's profile at the conference, and he gave a short presentation about being seconded to Cochrane UK as a trainee public health doctor to an audience of over 30 trainees from across the country.

Lynda and Emma spoke on local radio about Cochrane and the importance of evidence-based medicine. Cochrane was also mentioned by two of the plenary speakers; John Newton, Chief Knowledge Officer for Public Health England mentioned Cochrane in the context of considering whether we do use data better than Florence Nightingale did over 100 years ago - Cochrane was given as a positive example. David Stuckler, Professor of Political Economy and Sociology at the University of Oxford, talked about Cochrane in the context of uncertainties of economics where views from respected bodies such as the International Monetary Fund so often get it wrong - he lamented that there was 'no Cochrane' in this field.



A delegate taking the quiz using the ipad at the Faculty of Public Health Annual Conference

Engaging medical students

John Cafferkey, a final year student from Peninsula Medical School in the UK visited Cochrane UK for his elective during July and August 2016. Much of John's time was devoted to working with David Roberts and Emma Plugge on a project investigating whether Cochrane Systematic Review output is correlated with risk factor burden as assessed by the Global Burden of Disease Study 2015 and he has submitted this work for publication. John also worked with Students4BestEvidence and wrote a blog about his experiences at Cochrane UK <http://www.students4bestevidence.net/why-should-you-do-an-elective-with-cochrane/>. John's blog generated and continues to generate a great deal of interest in undertaking an elective at Cochrane UK from medical students around the world. The first of the new wave of interested medical students arrived in January 2017 when Gareth

Grant and Emma Solyom from St Andrew's University visited Cochrane UK to work on the development of web resources for Students4BestEvidence.

Engaging other health professionals

Bosun Hong, a dentist training in maxillofacial surgery in the UK, worked with Cochrane UK for six months from February 2016. Bosun participated in a systematic review with the Anaesthesia Group and was an active member of the Trainees Advisory Group. She conducted a survey of all UK Dental Schools to determine whether and how critical appraisal skills are taught and assessed; this was published in the British Dental Journal in 2017 [1]. Bosun continues to work with Cochrane UK as a member of the Trainees Group, leading on engaging dental trainees in the work of Cochrane UK.

Georgia Richards travelled from Australia to work at Cochrane UK during January 2017. Georgia, with a background in biomedical science and pharmacology, is an early career health researcher who had secured funding for her travel by winning a 'Women of the Future Award' funded by the Australian Women's Weekly and Qantas. She contributed to Students4BestEvidence and Testing Treatments video-blogs. She described her time in Oxford <http://www.students4bestevidence.net/my-time-at-cochrane-uk/>.

The positive experiences at Cochrane UK of trainees, medical students and many other professionals with an interest in health have generated considerable interest in our work and provide an exciting opportunity to engage a range of professionals in evidence-based practice in the future.

1. Hong B, Plugge E. Critical appraisal skills teaching in UK dental schools. *Br Dent J* 2017;222(3):209-213.

Community talks on EBM and Cochrane

Visits continue apace to non-medical community audiences to discuss the work of Cochrane and the relevance of evidence-based medicine to every day health choices. Lynda Ware, Senior Cochrane Fellow in General Practice, is now an approved speaker in the year book of the Oxfordshire Federation of Women's Institutes (WI), and the WI continues to be her principal audience. She has also spoken to Rotary, U3A and village groups and societies.

To date she has given nine talks with a further 23 scheduled. The talks cover the story behind the genesis of Cochrane, including a brief history of medical research (from King Nebuchadnezzar through Avicenna and James Lind to Archie Cochrane himself). Examples of misleading media headlines are outlined, alongside details of how to access reliable, evidence-based medical information. There is always a lively discussion session after the main talk has finished and feedback has been very positive. Further contacts have been made, in particular to schools, through audience members.

Plans are now in place to extend this venture outside Oxfordshire. Details of the project will be posted as a blog on the Cochrane website and will include a 'job description'. It is hoped that there will be volunteers prepared to offer their services in other regions of the UK.

Schools talk

Following on from the community talks project on evidence-based medicine and Cochrane, we have embarked on a further series of talks to schools. We have been collaborating with the Centre for Evidence-Based Medicine, at the University of Oxford, which co-ordinates Evidence in School Teaching (Einstein). This project supports the introduction of evidence-based medicine as part of wider science activities in schools. Our talk is adapted from the community presentation and covers a brief history of medical research, EBM, and Cochrane. It then discusses various media headline claims before working through a critical thinking activity, building an RCT to investigate a claim. We have also delivered a workshop discussing risk, again using recent newspaper headlines.

We have been to two schools in the past year and have a further two lined up. We have delivered the talks primarily to audiences from years 10 to 13 (14 to 18 years old), and have always asked for the talk to be open to any interested students. We have received positive feedback from students and staff. We are incorporating suggestions for improvement, particularly with regard to teaching methods.

We hope to extend this talk to other schools in the locality as part of this pilot stage. We will continue to work with the Einstein project and Lynda Ware will be co-facilitating a workshop about this work at the Global Evidence Summit in South Africa in September 2017.

Goal 4: Building an effective and sustainable organization

Staffing

The team at Cochrane UK have worked well this year to introduce innovations in engagement and dissemination and deliver successful learning and community building events. The team at the Centre are supported by a wider faculty of trainers who bring expertise, knowledge and a wealth of teaching experience to deliver our training programme.

We continue to be well supported by the Oxford University Hospitals NHS Foundation Trust (OUH) and the opening of our refurbished office was attended by the Chief Executive, Dr Bruno Holthof, and the Medical Director, Dr Tony Berendt.



Martin Burton
Director

Katie Abbotts
Communications & Media
Consultant



Therese Docherty
Business & Programme Manager

Anna Knurowska
Programme Support Officer



Sarah Chapman
Knowledge Broker

Selena Ryan-Vig
Knowledge & Engagement
Officer



Anne Eisinga
Information Specialist

Jack Leahy
Communications &
Engagement Officer



Centre Refurbishment

We were pleased to move back into our offices in April 2016 following a three-month refurbishment project. This is the first update of the premises since the Centre opened in 1992 and we are grateful for the support of the OUH Estates Department for supporting us through this process. The refurbishment has created a modern, semi open plan working environment with dedicated training space and flexible desk space to comfortably accommodate the core team and the wider team of fellows, trainees and visitor placements we have at the Centre.

Structure and Function Review

Cochrane began the implementation of the Structure and Function Review of Centres and Branches in October 2016. This strengthened the governance arrangements between Cochrane and the host organization through a signed Memorandum of Understanding which clearly sets out the roles and responsibilities of each party. The Centres and Branches review presented an agreed set of the functions and tasks for Centres globally and introduced clearer governance arrangements for Centres, affiliates (previously branches), associates and networks. This was a good opportunity for the team at Cochrane UK to review our strategy and adjust our priorities in line with the reforms.

Our Vision, Mission and priorities are used as a guide to the team embarking on new projects and tasks to ensure that the aims are congruent with our strategic priorities and are shown below:

Vision

Our vision is a world of improved health where healthcare decision-making is informed by high-quality evidence, accessible to all.

Mission

To support the production of high-quality healthcare evidence, through the delivery of training. To enable understanding and promote the use of evidence by sharing and engaging with those accessing, delivering, funding and researching health care in the UK.

Strategic priorities

To provide a comprehensive learning programme to support the production of high-quality, relevant and timely systematic reviews for publication in the Cochrane Library.

To share Cochrane evidence in innovative and accessible ways to help those making healthcare decisions, including those accessing, delivering, funding and researching health care in the UK.

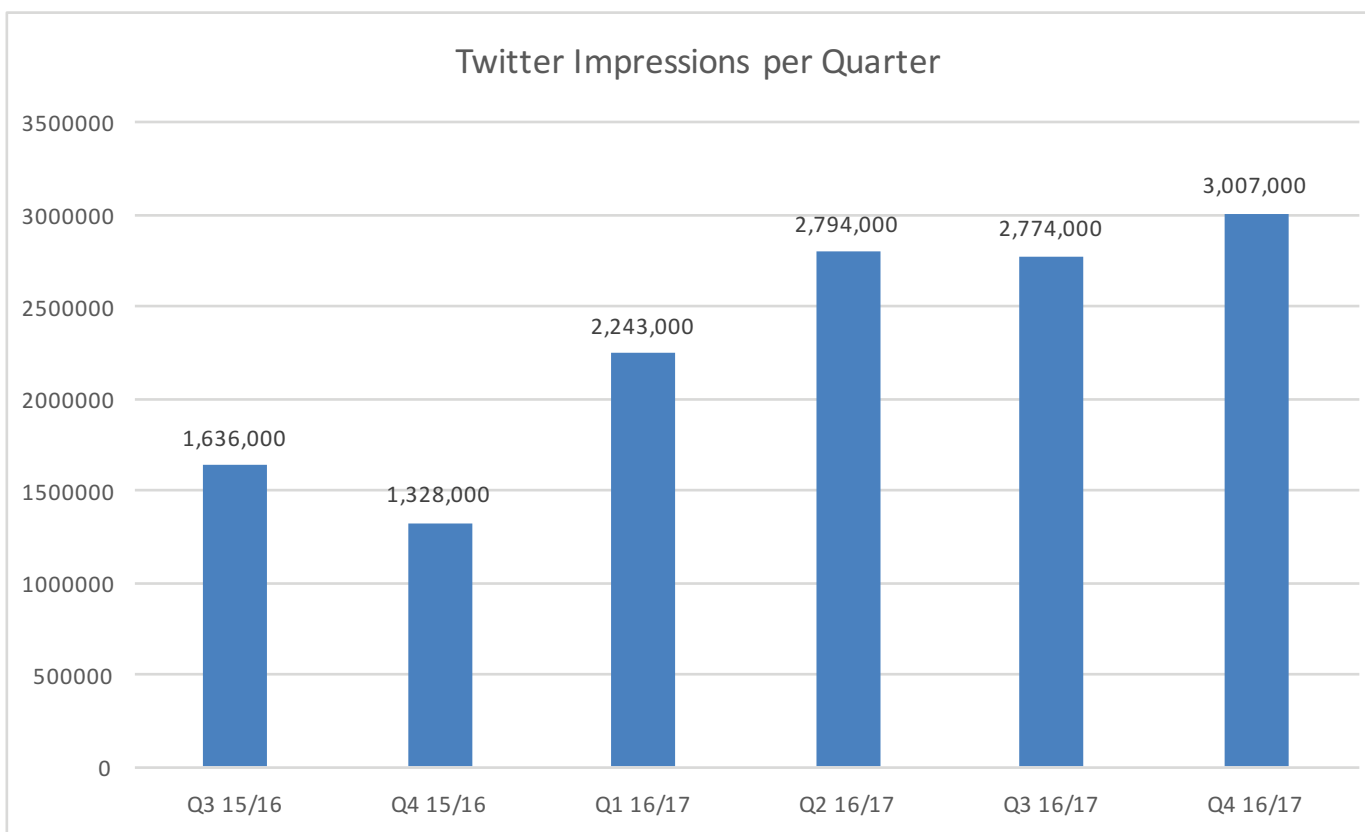
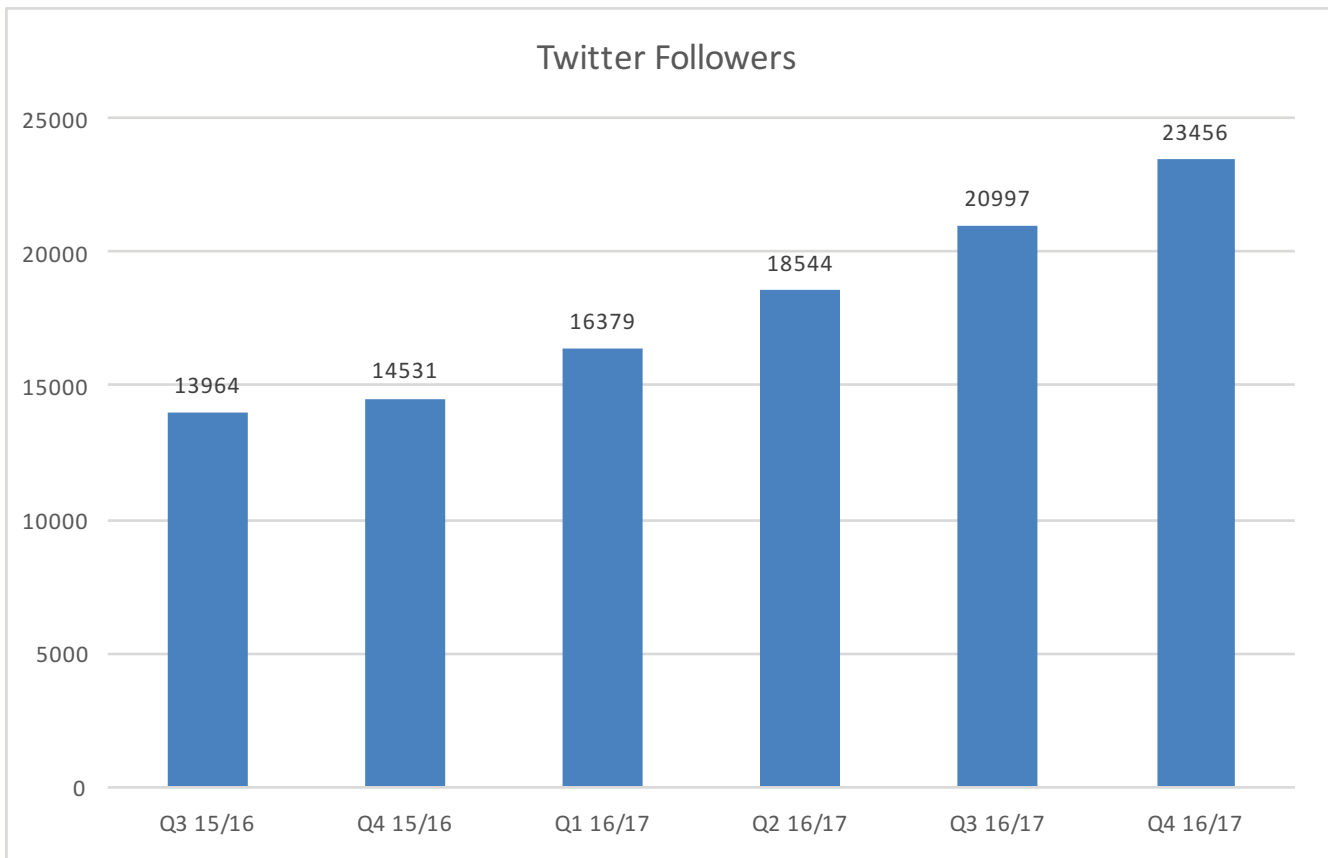
To promote the public understanding of healthcare research by creating engaging content based on Cochrane evidence designed to be readily understood and shared widely.

Evaluation of NIHR Investment in Cochrane Infrastructure and systematic reviews

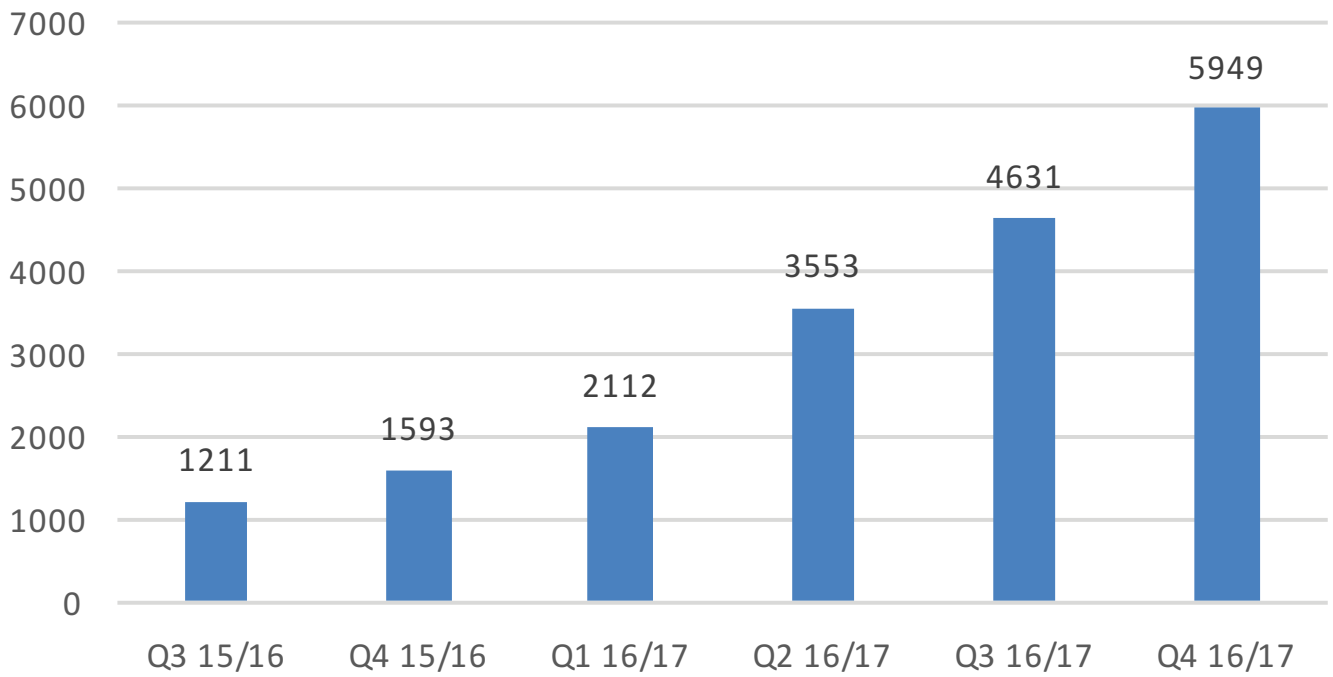
We welcomed the publication of the report 'Evaluation of NIHR Investment in Cochrane and systematic reviews' and were delighted that this reaffirmed the importance of Cochrane to the NHS and the likely security of funding over the coming period. We will be working with the Central Executive Team and the Cochrane Review Groups over the coming year to ensure the challenges posed within the report are met.

Appendix 1 - Digital impact

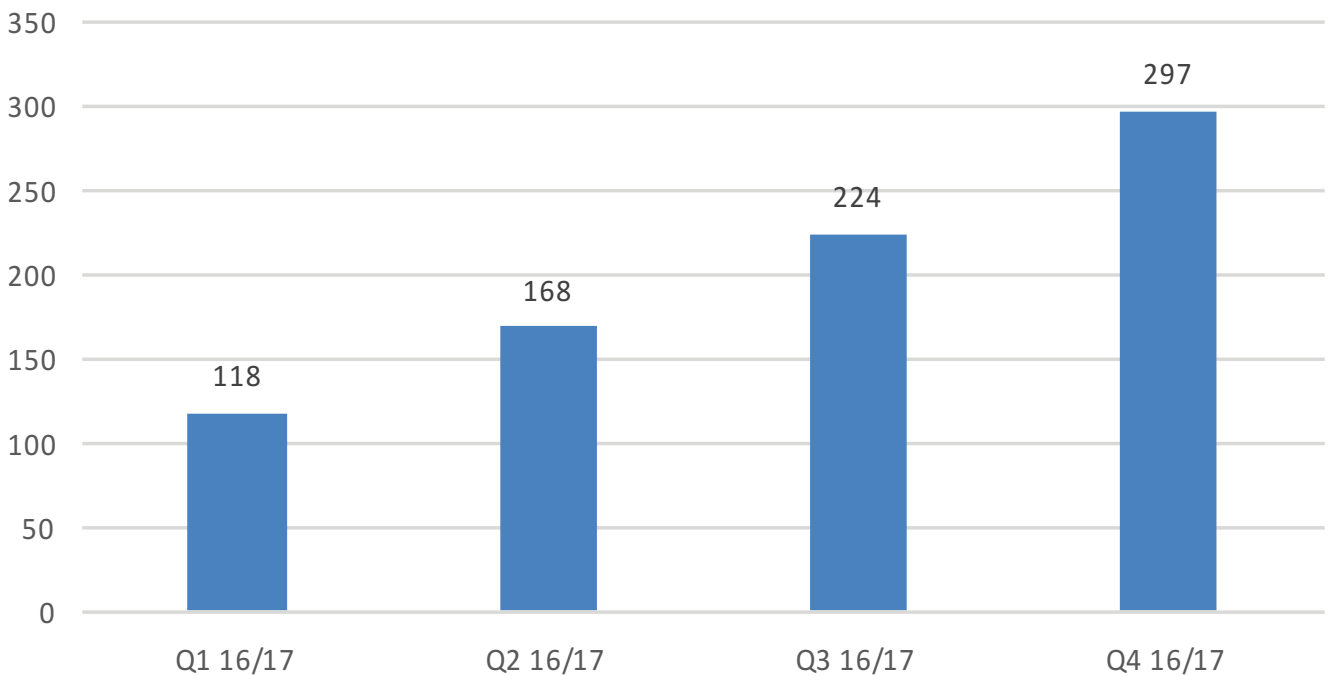
Cochrane UK social media



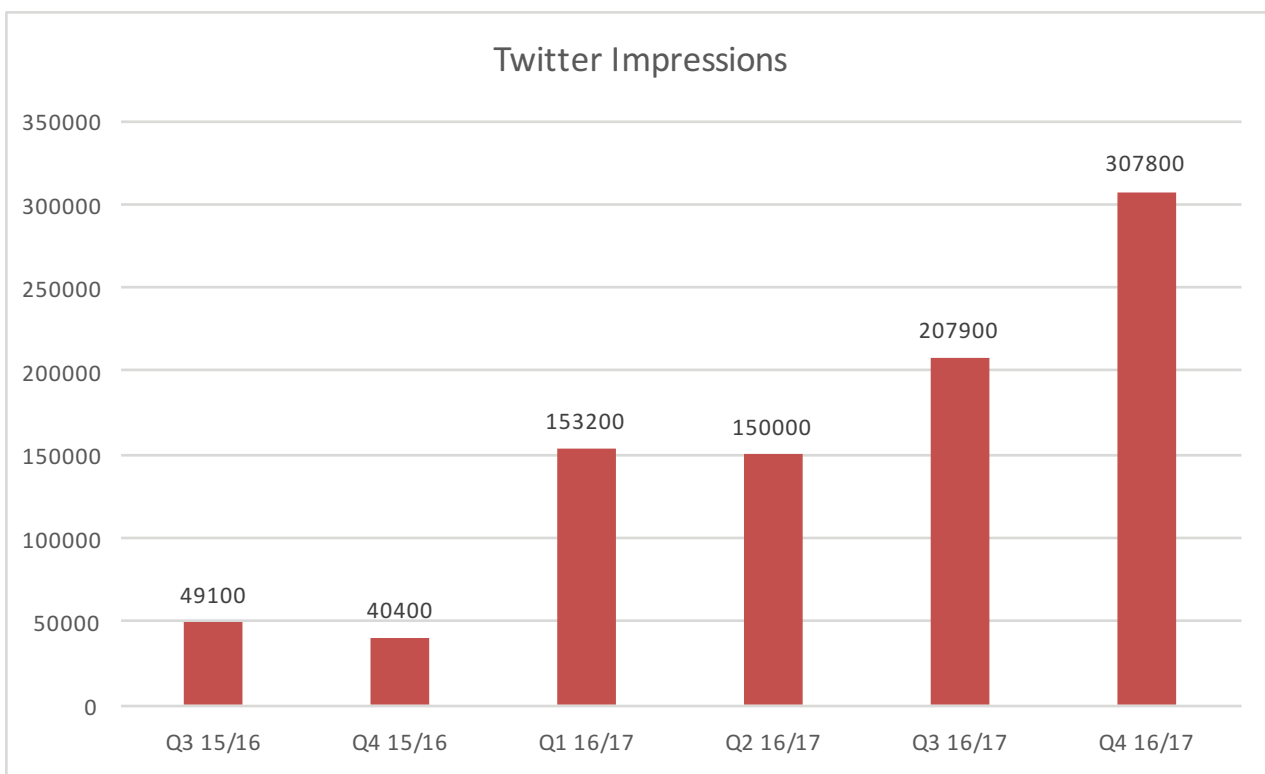
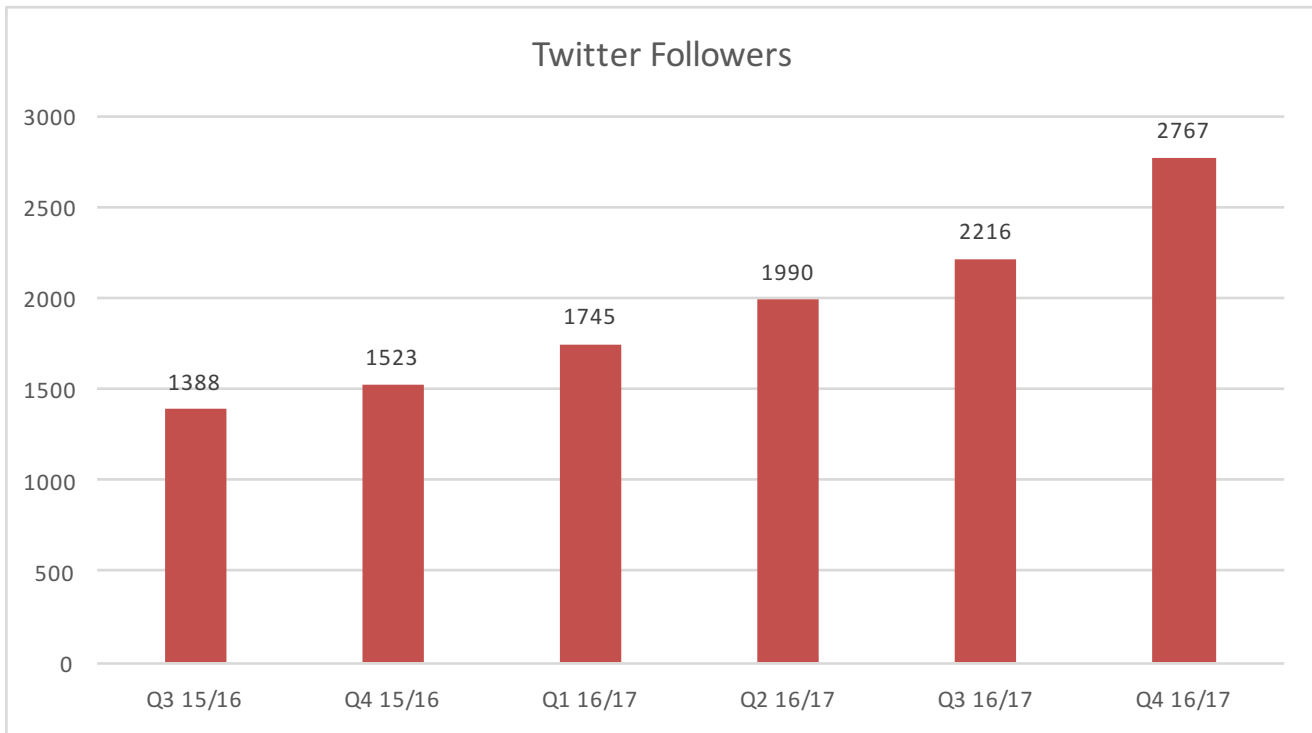
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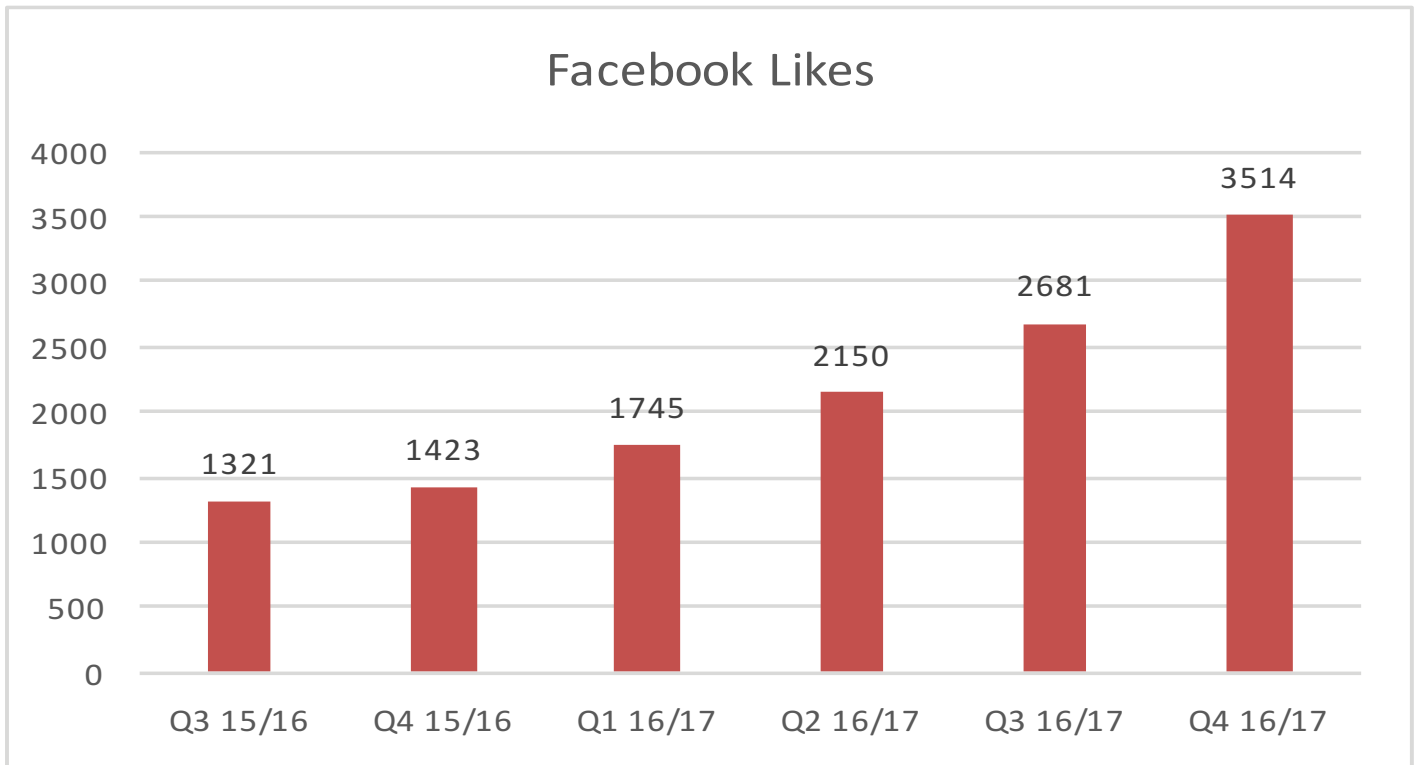


Instagram Followers

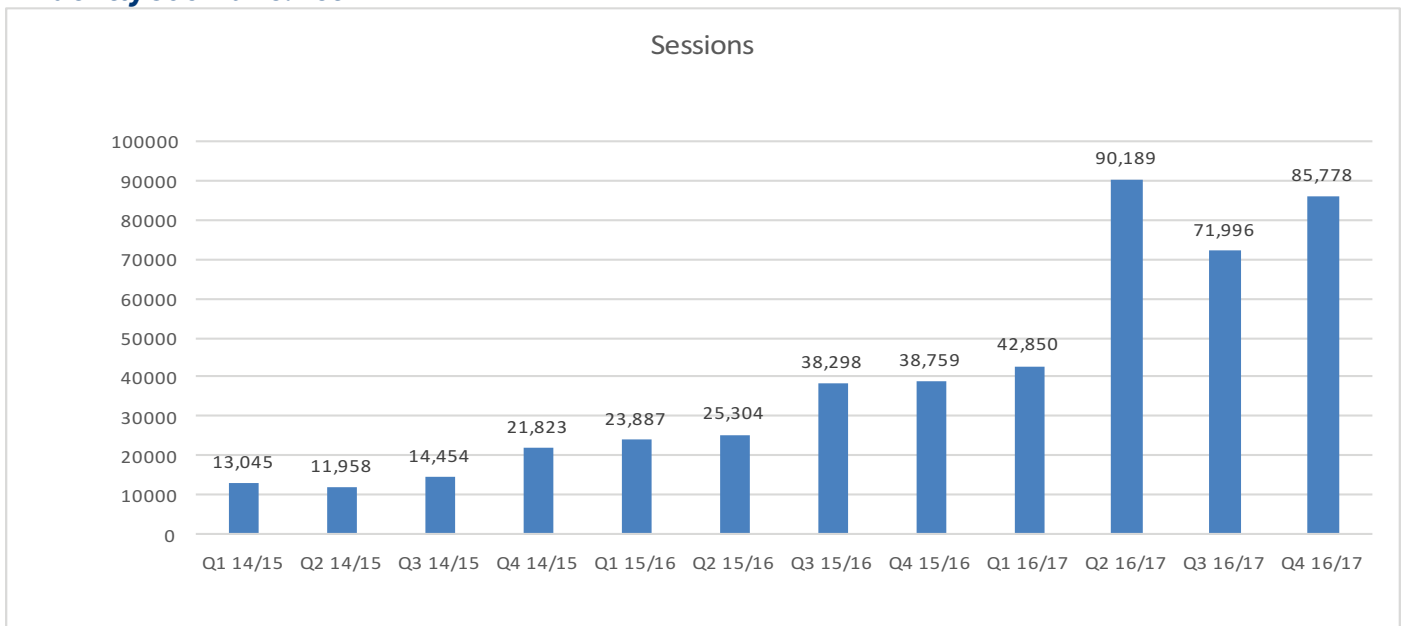


Students 4 Best Evidence social media



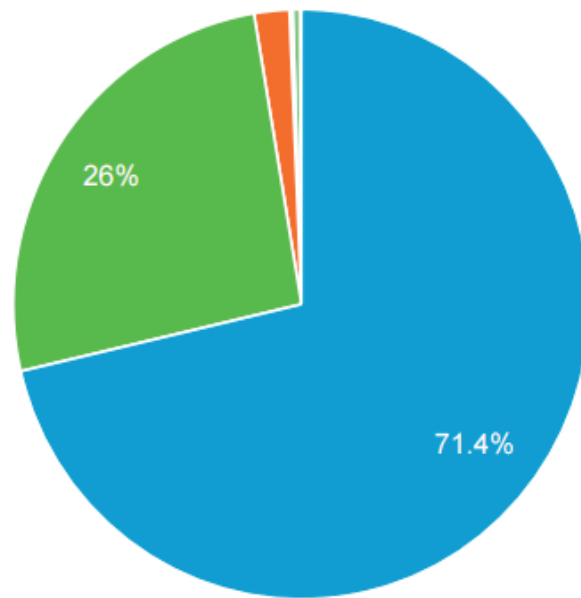


EvidentlyCochrane.net



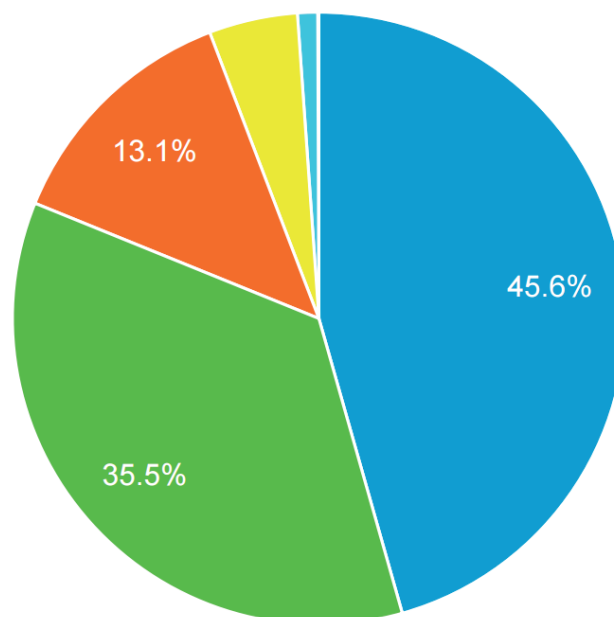
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Facebook Twitter LinkedIn paper.li Netvibes
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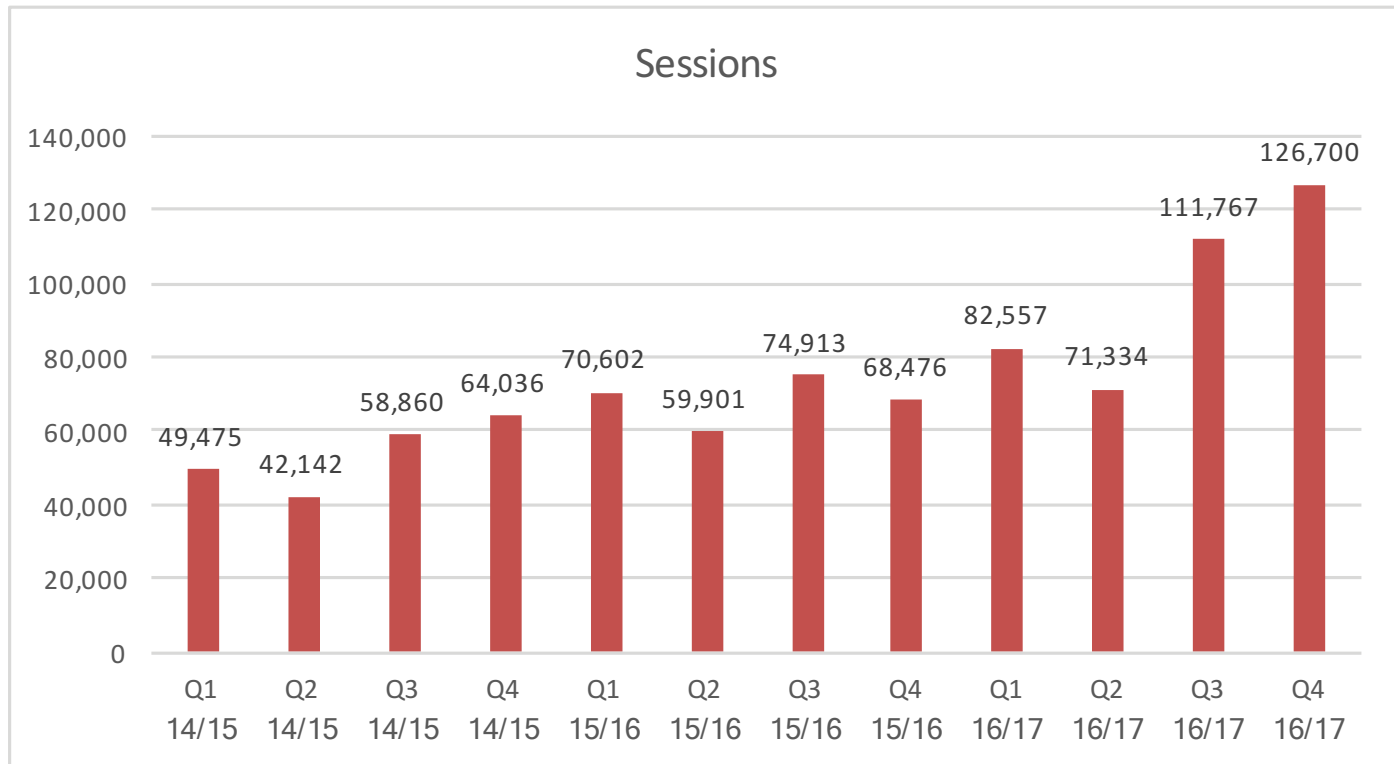


All Traffic Sources

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Other

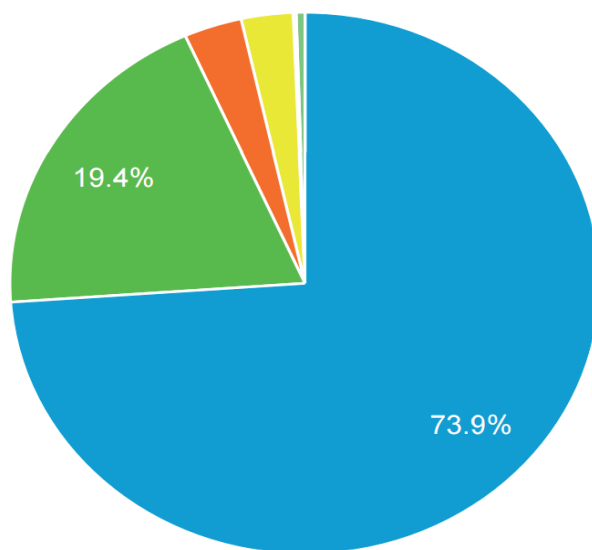


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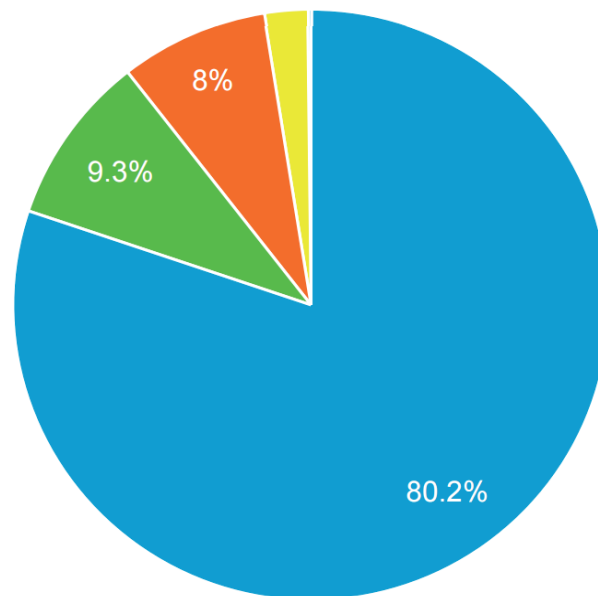
Visits Breakdown by Social Network

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- Twitter
- reddit
- LinkedIn
- Blogger
- Other

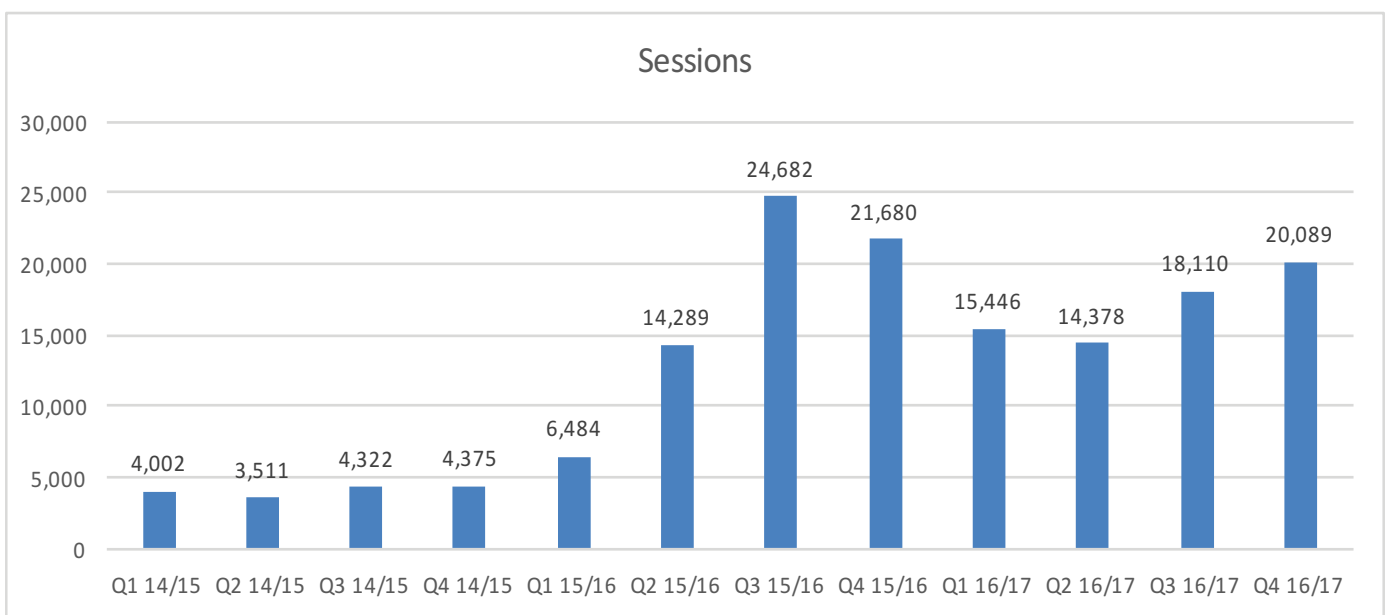


All Traffic Sources

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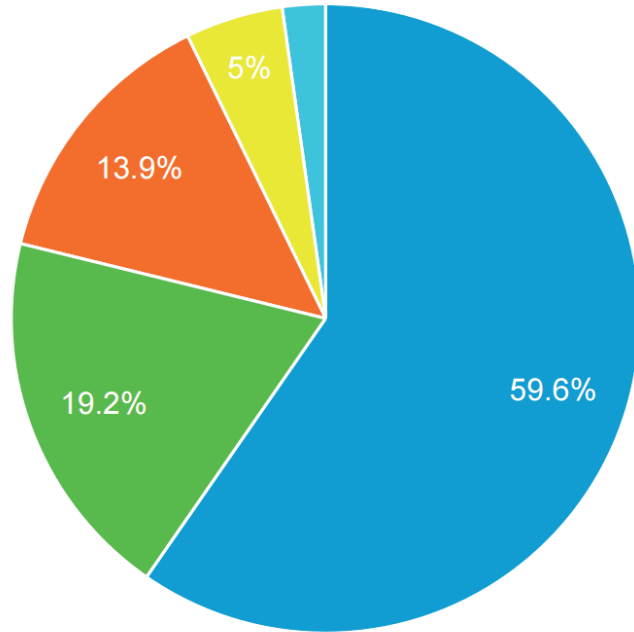


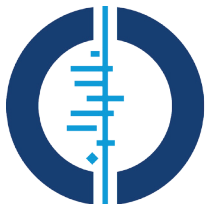
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All Traffic Sources

■ Organic Search ■ Direct ■ Social ■ Referral ■ Email
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