

**Cochrane UK**  
**Evidence Synthesis Programme**  
**Advisory Group Meeting (ESPAG)**  
**Annual Report**



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# Director's Introduction

I am delighted to introduce this report covering the last year of our five-year 2015 to 2020 contract period. There have been several points during this period when I have prefaced my remarks with “these are extraordinary times” but never more so than now as I write these paragraphs in ‘lockdown’ during the COVID-19 pandemic. Sixty days ago my colleagues and I left the UK Cochrane Centre little imagining that two months later we would still be working from home and only meeting regularly by Zoom, Slack and the like. But such is the situation that we are in and it is a tribute to the professionalism, dedication and passion of my team that the work of Cochrane UK continues apace with barely a hiccup in our programme of activities. As always, I am extremely grateful to them all.

Highlights of the last year are included in this report. I hope you enjoy reading it. Highlights of the last five years are many and varied but I would particularly like to mention a few. The Cochrane Colloquium, which we hosted and helped organize in Edinburgh in 2018, will always be an unforgettable event, bringing a Colloquium back to the UK for the first time since the ‘original’ meeting that saw the foundation of the Collaboration in 1993. We have not provided any more information about that in this report as it is comprehensively covered elsewhere, but you will find information here about some other highlights. For example, about the Knowledge Translation products that we have produced and disseminated. Also, the unique Guideline dataset and related activities which have been a true ‘labour of love’ for our Information Specialist team.

The “baby” that started as a small endeavour for students – Students 4 Best Evidence – has now grown into a robust young adult and has sired offspring, with the development of a Spanish language version. It has also “left home” as the project has now been taken over by Cochrane centrally as one of the organization’s core offerings for students. Finally, our work on promoting the public understanding of health research in general, and systematic reviews and Cochrane in particular, has blossomed into a set of projects aimed at lay people of all ages but in particular at school-aged children.

I hope you enjoy reading the report. As always, none of this would have been possible without the help of a wonderful team of colleagues at Cochrane UK. Thanks everyone!



Martin Burton, Director  
Cochrane UK

*Mart J. Burk*

# Strategic Objective 1: Producing Evidence

## Learning and Development

In this period, there were 134 attendances at Review Author Training workshops RA1 to RA4. The four modules are delivered quarterly by our training faculty, which is drawn from the Cochrane Community and led by Chris Cates, our Senior Fellow in Cochrane Methods Training. [For a breakdown of attendances at each module click here \(Appendix 1\).](#)

The Review Author Training modules have recently been updated by Chris Cates and the team of trainers, following the publication of the new version of the Cochrane Handbook for Systematic Reviews of Interventions in July 2019 and the integration of online modules into our Learning and Development programme. Cochrane authors are required to complete foundation modules from the Cochrane Interactive Learning series, before attending the face-to-face workshops.

In line with Government guidance on the COVID-19 outbreak, the face-to-face workshops were suspended in March 2020. Review Author Training workshops RA3 and RA4 were delivered virtually on 24th and 25th March 2020 as a series of webinars. Our faculty have also developed a pack of resources that are relevant to the initial stages of the systematic review process. These resources are being shared with Cochrane authors and will be complemented by face-to-face workshops at a later date.

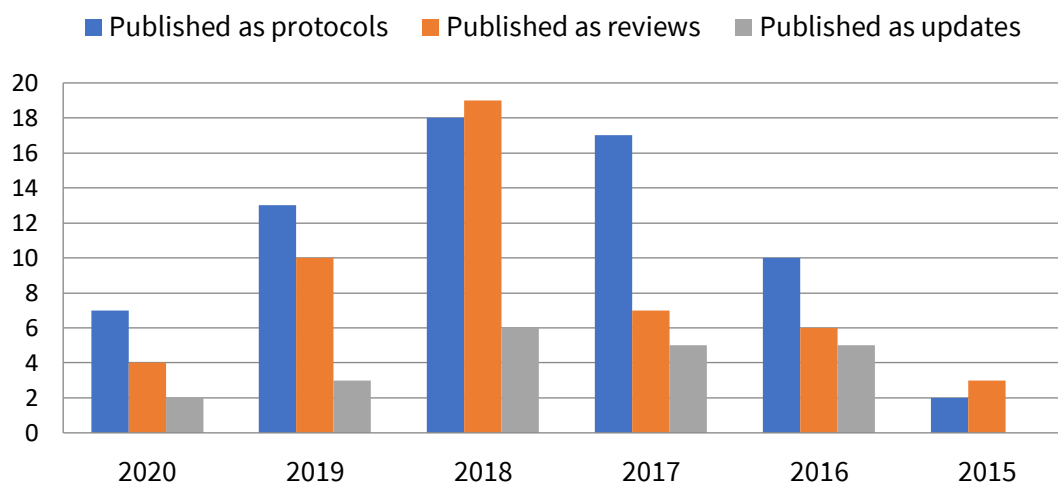
For more data on training attendances and completion of the four modules for 2015 to 2020 [click here \(Appendix 2\).](#)

## Review Author Publications

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. We then establish how many achieve publication as a protocol, review or update of a review, over a five-year period.

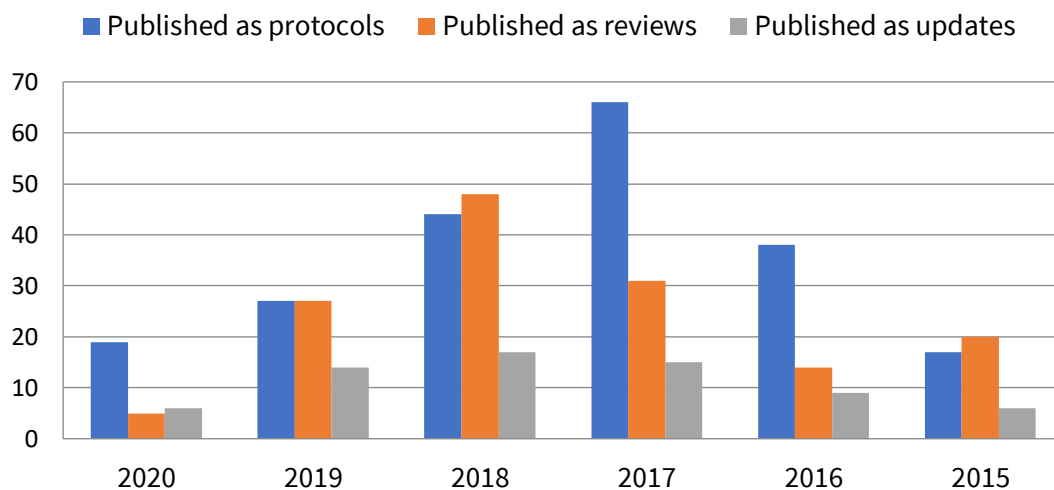
We searched Issue 3, 2020 of the Cochrane Database of Systematic Reviews in the Cochrane Library. During the five-year period from January 2015 to March 2020, 301 participants attending Cochrane UK training events worked on 242 review titles; 137 have been published. Of these, 67 are protocols (49%) and 70 are reviews (51%), of which 21 are updates. Just over two-fifths are as yet unpublished (n=105) (Figure 1).

**Figure 1: Publication status (at Issue 3, 2020 of the Cochrane Library) of the registered titles of participants who attended Cochrane UK training events (Jan 2015 to March 2020)**



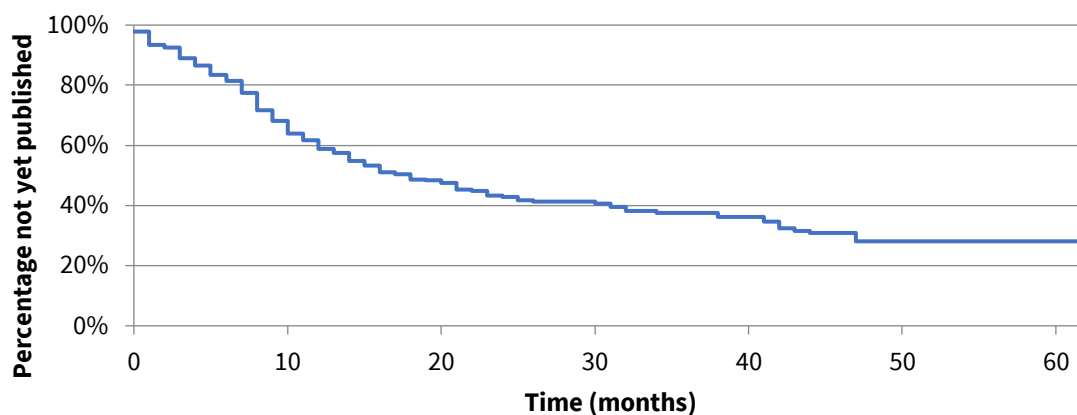
We also tracked the participants by searching for their names as authors to determine how many Cochrane publications they have achieved during the five-year period of the data set (2015 to 2020). Of the 301 participants who attended Cochrane UK training events between January 2015 and March 2020, 182 are named authors on 211 protocols, 145 reviews and 67 review updates (range: 1 to 27), two-fifths have not yet published (n=119) (Figure 2).

**Figure 2: Cochrane publications (in Issue 3, 2020 of the Cochrane Library) by participants who attended Cochrane UK training events (Jan 2015 to March 2020)**



We calculated how soon after attending their first Cochrane UK Review Author Training event (RA1, or RA2 or RA3 or RA4) between January 2015 and March 2020, participants went on to publish a Cochrane publication (a protocol, or review or update of a review). We plotted the likelihood of publication using a Kaplan Meier graph. After one year just under half (43%) are likely to have achieved publication; by the end of two years this is likely to have increased to over half (56%); and by the end of the five years over two-thirds are likely to have published (69%) (Figure 3).

### Likelihood of participants publishing a Cochrane publication following attendance at their first Cochrane UK review author training event



## Cochrane publications by UK- and Ireland-based authors and Review Groups

### Cochrane publications (01 April 2019 to 31 March 2020) – by authors from England, Scotland, Wales and the island of Ireland

During the reporting period (01 April 2019 to 31 March 2020), 806 Cochrane publications were made accessible in the Cochrane Library; of these 248 were protocols and 558 were reviews. Just under half (47%) of these were completed by Cochrane authors from the UK (England, Scotland, Wales and Northern Ireland) and Ireland. [See Appendix 3 for details.](#)

### Beyond Cochrane Intervention Reviews: complex types of Cochrane Reviews published by UK- and Ireland-based Cochrane Review Groups and UK- and Ireland-based authors up to March 2020

In September 2019, the new *Cochrane Handbook for Systematic Reviews of Interventions* was published following extensive revision to reflect important advances in methods used to conduct systematic reviews and introducing newly developed material on key methods to tackle complexity in evidence synthesis, including network meta-analysis. The Handbook is designed to help authors update their knowledge and skills and enable a



growing suite of different types of Cochrane Reviews to be produced, with the aim of enhancing the usefulness of Cochrane evidence synthesis to healthcare professionals, policy decision makers, guideline developers and all who seek to make informed choices for health and wellbeing.

These newer types of Cochrane Reviews, tackling complexities in evidence synthesis, include Diagnostic Test Accuracy Reviews, Prognostic Reviews, Qualitative Evidence Syntheses, Network Meta-Analyses and Living Systematic Reviews. For some types there is now a collection of published reviews available, such as Diagnostic Test Accuracy; others are at the pilot stage of development and production, such as Living Systematic Reviews.

We have charted whether UK-based Cochrane Review Groups are producing newer types of complex Cochrane Reviews, tackling complexities in evidence synthesis. These include Diagnostic Test Accuracy Reviews, Prognostic Reviews, Qualitative Evidence Syntheses, Network Meta-Analyses and Living Systematic Reviews. For some types there is now a collection of published reviews available, such as Diagnostic Test Accuracy; others are at the pilot stage of development and production, such as Living Systematic Reviews. We have also charted whether authors based in the UK and Ireland are involved in conducting them. In addition, we have monitored whether these types of reviews, once published, are being used to inform clinical guidelines, as one measure of their usefulness to stakeholders. For more information, [please click here \(Appendix 4\)](#).

## **Cochrane UK and Cochrane Ireland Symposium**

The Cochrane UK and Cochrane Ireland Annual Symposium, due to take place in Dublin on 20th and 21st April 2020, was cancelled due to the COVID-19 pandemic. We were disappointed not to be holding the event after months of work with our colleagues in Cochrane Ireland, developing an interesting and engaging programme for delegates. A satellite event, a one-day training day for Managing Editors and Information Specialists, immediately preceding the Symposium, was also cancelled. We have retained our event booking with the venue in Dublin and hope to host an event in the city in the future.

# Strategic Objective 2: Sharing our evidence

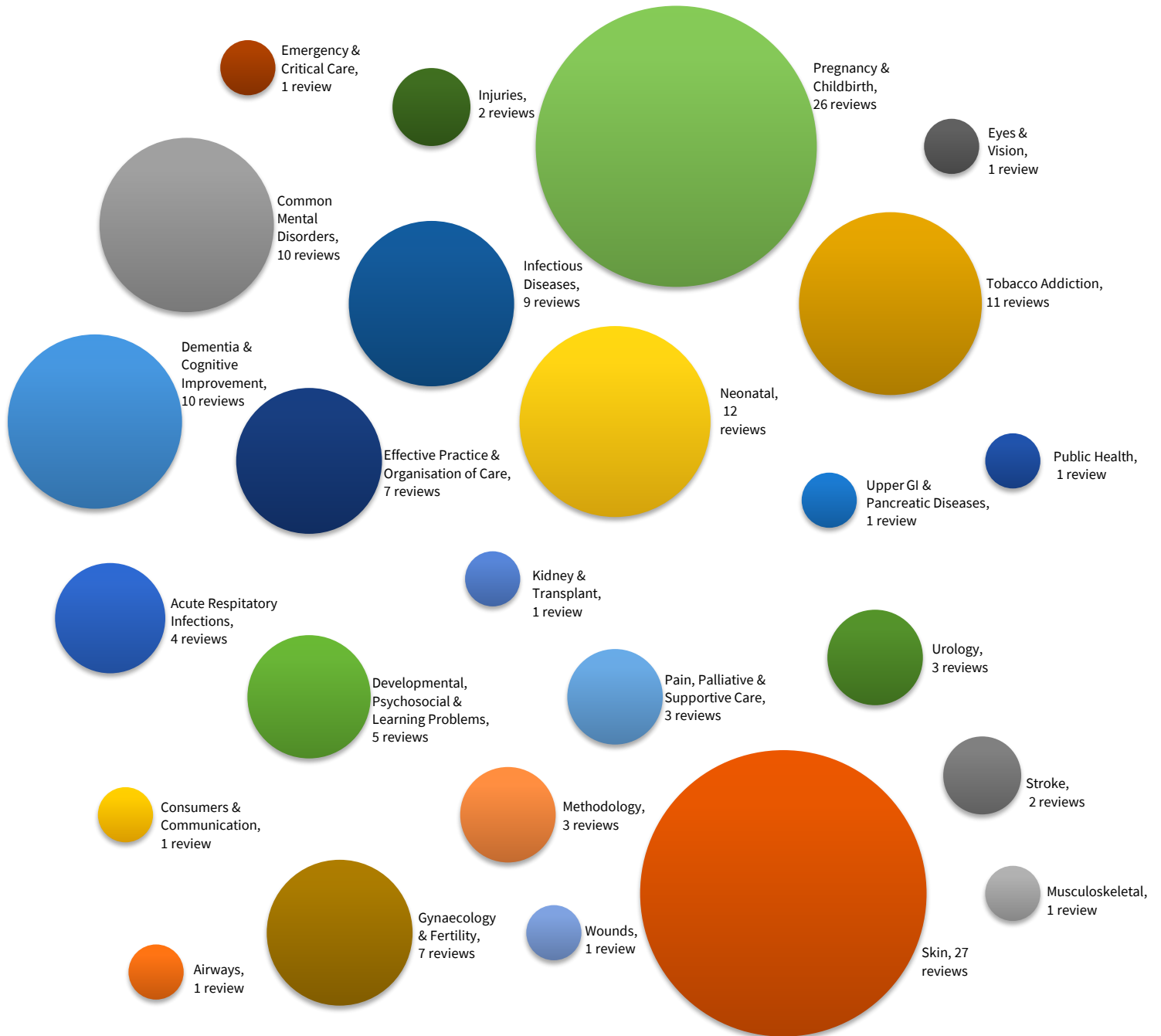
## Evidently Cochrane

This period has seen growth in the audiences for our blog, *Evidently Cochrane*, as it continues to provide up-to-date, reliable evidence, often alongside experience, to help people make informed health decisions. During this period, the website had 1.04 million page views, up 58% from the previous year (1,044,991 vs 661,489). We are also seeing some indication of the impact the blogs can have, as people engage with them through the comments facility and on social media.

Between 1st April 2019 and 31st March 2020, we published 61 new *Evidently Cochrane* blogs, including the 450th *Evidently Cochrane* blog. We also continue to revise existing blogs in the light of new Cochrane evidence, ensuring that they remain up to date and useful. The new blogs highlighted 150 reviews across the range of Cochrane's output, including Network Meta-Analyses, Diagnostic Test Accuracy Reviews and Overviews, from 25 Cochrane Review Groups (15 UK based). Twenty-three blogs were linked to national and international guidelines or policy documents and 24 blogs were linked to health awareness events or campaigns, NHS priorities or topical news.



## Number of Cochrane Reviews in Evidently Cochrane blogs by review group, between 1st April 2019 and 31st March 2020



## Bloggers bringing expertise to the evidence

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. Blogs were written or included comments by healthcare professionals or health researchers, patients and others with lived experience of health conditions, Cochrane Review Group editorial staff and Cochrane UK staff and associated Fellows. We have increased the proportion of blogs written for non-medical audiences, many of them featuring in our *Evidence for Everyday Health Choices* series (21 blogs in this period), and these tend to be our most popular blogs. Our most-read blog from this series published in this period was [‘Vitamin D supplements in pregnancy: what’s the latest evidence?’](#). Written by Dr Emily Carter, Cochrane UK Fellow and Obstetrics and Gynaecology Registrar, it had 9,532 views.

## Special series

We had two special series focused on NHS clinical priority topics; ‘*Maternity Matters*’ (August 2019, reported on in December 2019) and ‘*Young Minds Matter*’ (February 2020). Both series consisted of nine blogs published over a one-month period.

The ‘*Young Minds Matter*’ series was created in collaboration with Cochrane Common Mental Disorders and focused on research and reflections on children’s and young people’s mental health. As part of this series, we hosted a tweetchat (conversation on Twitter) about the [opportunities and challenges of illustrating mental health topics](#). A variety of people joined in and shared their opinions. This discussion highlighted the importance, and subjectivity, of choosing the appropriate images to share alongside evidence, and also highlighted the need for guidance within the Cochrane Community. The feedback we received has helped inform a Cochrane UK project to develop an “Images Checklist for Evidence Dissemination (ICED)” for those producing Cochrane dissemination products (discussed later).

An additional special series was launched in January 2020; [“Oh, really?": 12 things to help you question health advice](#), explores 12 of the ‘Key Concepts’ developed by the Informed Health Choices project team. This consists of one blog per month planned for this calendar year, illustrated with examples from Cochrane Reviews. These blogs aim to enhance everyone’s understanding of evidence and how best to keep well informed when presented with health claims in the media or elsewhere.

## COVID-19 response (from March 2020)

Evidently Cochrane provides a platform to share evidence quickly and accessibly in response to new and topical evidence. Two blogs were written by Cochrane UK Knowledge Broker targeted at consumers and citizens. [These blogs](#) aim to help the public understand the evidence behind public health guidance and Government policy on COVID-19 and how it applies to our daily lives in times of pandemic. More will follow as

Cochrane continues to produce Rapid Reviews and other evidence in response to the pandemic.

## Enhancements to Evidently Cochrane

Enhancements have been made to the Evidently Cochrane output to help people more easily find and understand its content. An interactive, integrated glossary has been implemented with selected terms linked to definitions written in plain language. Revisions to the subject categories have been made and new categories added, including: Patient Experience - highlighting blogs which have been written, or co-written, by individuals with lived experience of particular health concerns; and Patient and Public Involvement – featuring blogs that highlight ways in which patients and the public are involved with health research, or how they can get involved.

Bloggers are asked to follow guidance on blogging for Evidently Cochrane. The guidance has been substantially revised by Sarah Chapman, Cochrane UK Knowledge Broker, and Selena Ryan-Vig, Communications & Engagement Officer in line with the recently published 18-item central Cochrane Dissemination Checklist and Guidance. [For full details of Evidently Cochrane blogs published between 1st April 2019 and 31st March 2020, click here \(Appendix 5\).](#)

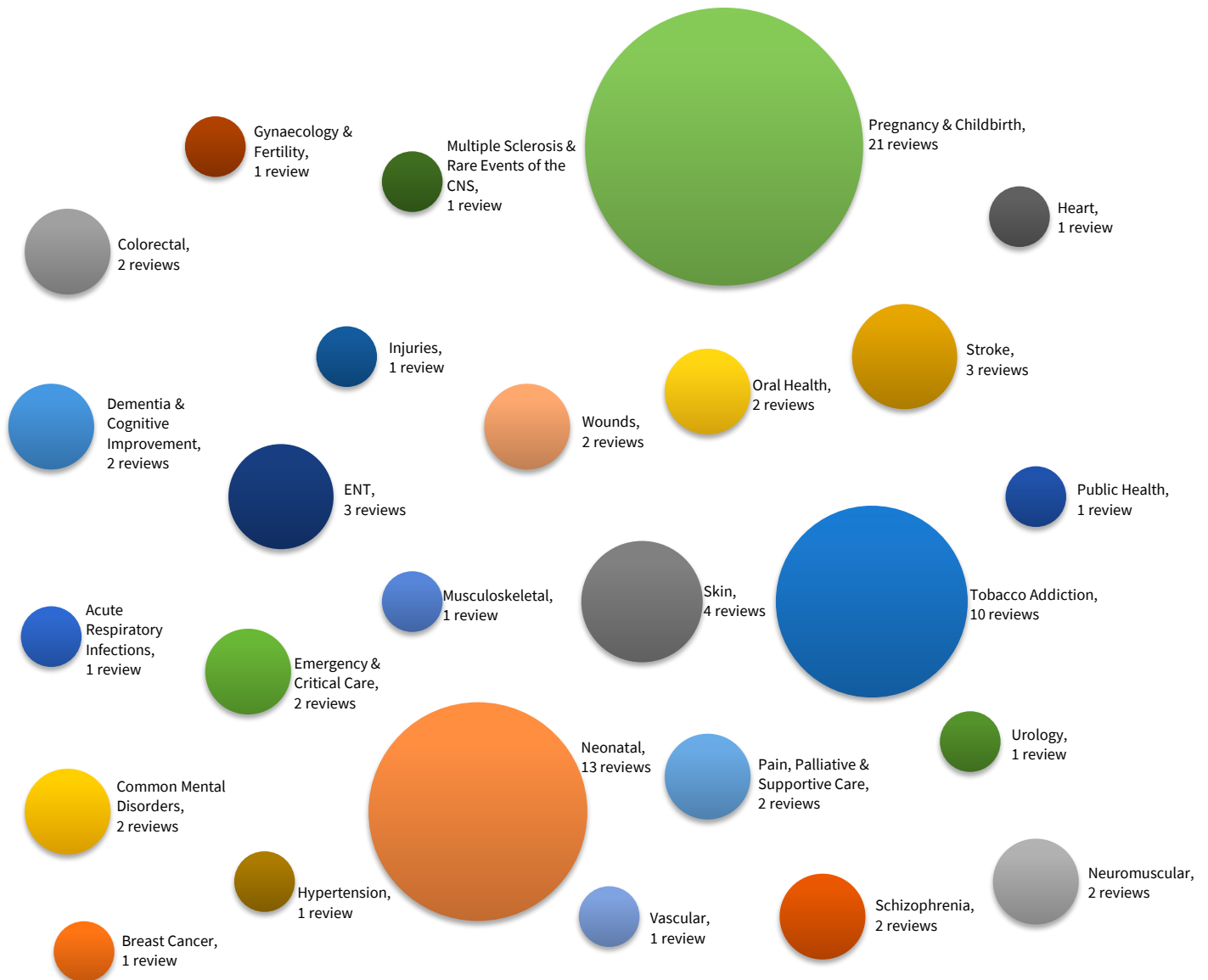
## Blogshots and vlogshots

In this reporting period, **90 blogshots and three video summaries** (vlogshots) have been published (of which **21 blogshots** and **one vlogshot** were **updated** to reflect newly updated reviews).

**83 Reviews** were highlighted from **26** Cochrane Review Groups (**15** UK based):

- **31 blogshots** were linked to coincide with topical news or events designed to raise awareness of specific health conditions or public health priorities.
- **29 blogshots** were linked to one special series on ‘*Maternity Matters*’ (August 2019).
- **57 blogshots** were linked to four ongoing ‘*Evidence for Everyday*’ series.

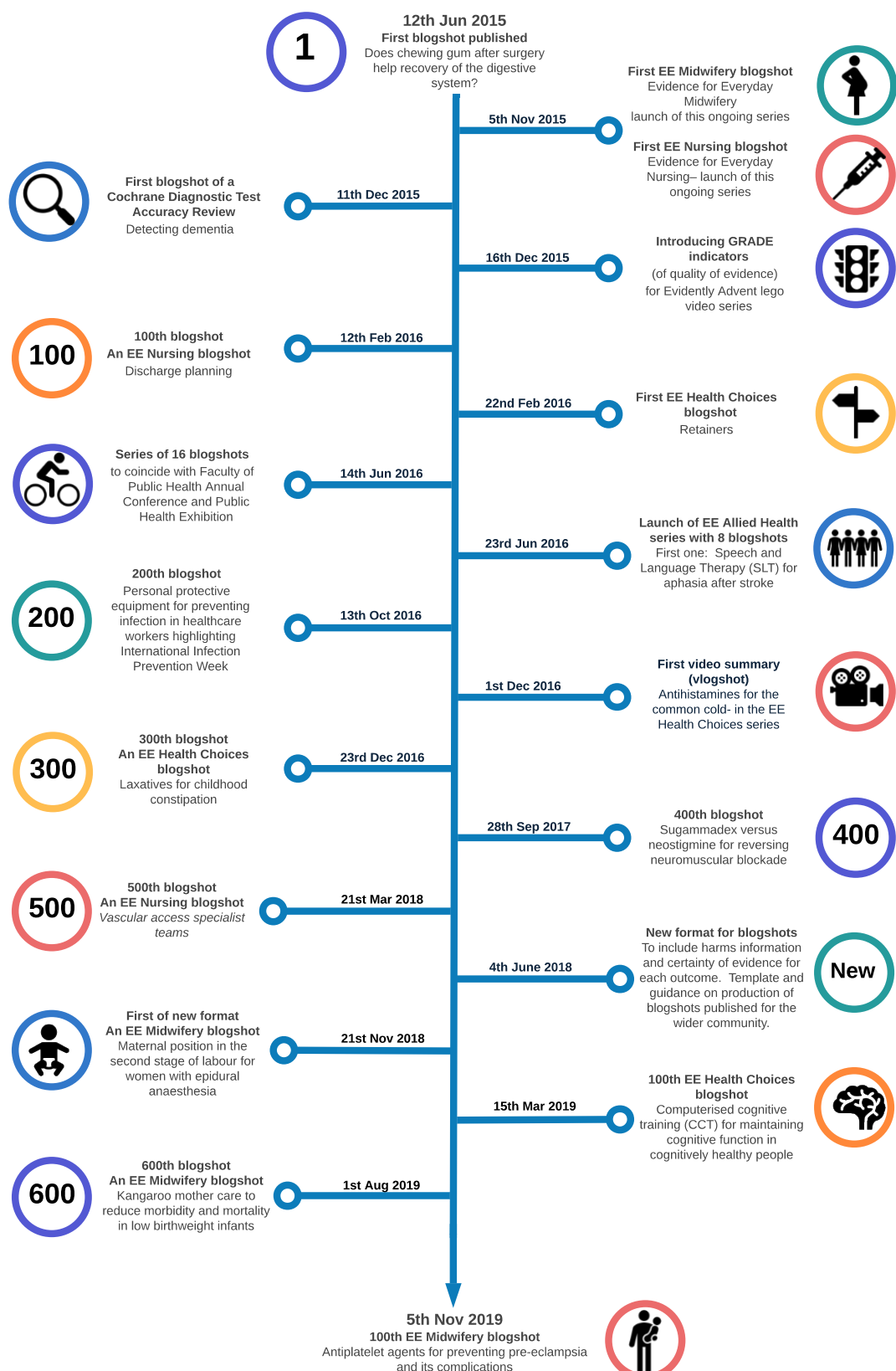
## Number of Cochrane Reviews made into blogshots, by review group, between 1st April 2019 and 31st March 2020



For full details of blogshots and vlogshots made in this period, [click here \(Appendix 6\)](#).

# Blogshots & Knowledge Translation development over five years

Blogshots are one of our key dissemination products. We introduced them in June 2015, as a way of sharing the key messages of a Cochrane Review in an accessible format that can be shared on social media. A timeline of highlights is shown below; for more detail on the evolution of blogshots over this five-year period as a key knowledge translation product, [click here \(Appendix 7\)](#).



## **‘Dissemination Champions’ training**

In January 2020, Sarah Chapman and Selena Ryan-Vig attended and presented at the training workshop for the first cohort of ‘Dissemination Champions’. Twenty-eight people from across Cochrane (and the world) participated. The training was led by the creators of Cochrane’s Dissemination Checklist, Claire Glenton and Sarah Rosenbaum from Cochrane Norway. It focussed on how to improve our own dissemination products and maximize the impact of sharing Cochrane evidence, with a view to us also assisting others with their dissemination efforts.

## **Images Checklist for Evidence Dissemination (ICED)**

During the ‘Dissemination Champions’ training, an emerging issue was the challenge of choosing appropriate images to share alongside Cochrane evidence. As a result, in February 2020, Sarah Chapman and Selena Ryan-Vig began developing an ‘Images Checklist for Evidence Dissemination (ICED)’. This is for anyone preparing a dissemination product based on a Cochrane Review. It aims to guide image selection by giving advice about a number of considerations, such as accuracy, authenticity and sensitivity. By the end of March 2020, work on the first draft of the checklist was well underway. We had recruited a diverse Advisory Group, comprising 18 people who work within Cochrane’s global network, whose feedback and advice we will seek. Once complete, the checklist will be made available on the Cochrane Training website for the wider Cochrane Community.

## **Sharing good practice in Knowledge Translation**

During this 2019 to 2020 reporting period, a number of blogs on *Evidently Cochrane* have focussed on sharing good practice in knowledge translation. Others were designed to assist those involved in knowledge translation activities, who are seeking to present complex data, accessible to all, in plain language, in a range of formats via social media. The blogs explored the challenges involved. These included how to illustrate health topics responsibly with appropriately sensitive images that avoid triggering harm and are contextually relevant, in order to optimize their impact.

## **Working with the media**

During the period 1st April 2019 to 31st March 2020, there were 7,117 mentions of Cochrane in the media across the world. We continue to have good relationships with the Science Media Centre, who guide us on clear and open communications with journalists. We maintain an up-to-date media list of journalists in the UK, who have opted to receive updates from Cochrane and those covering the health and science topic for their media outlet. Cochrane issued several press releases across the year. Details of media coverage can be found in the Cochrane UK December update.

During the run up to the UK election, we provided guidance to UK-based groups on how to plan and post on social media with purdah in place.

As COVID-19 emerged and began to dominate the news agenda, with little space for other health stories, Cochrane UK Director, Martin Burton, and Cochrane Senior Fellow in General Practice, Lynda Ware, were interviewed by the Daily Mail online, contributing Cochrane evidence to [a feature on evidence-based home remedies for common ailments in the light of possible medicine shortages arising from pandemic restrictive conditions](#). As the pandemic escalated, the Cochrane Community came together to begin to develop [a series of COVID-related Cochrane Rapid Reviews and Special Collections](#).

Our understanding and engagement with the media and our audiences have developed over the five-year contract period. A summary of how we have developed this work and a case study on the dissemination of a Cochrane Review on ‘Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco’ [can be found here \(Appendix 8\)](#).

## Use of Cochrane Reviews to inform guidelines

### 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 continue to check guideline developers’ websites to capture newly published guidelines. This maintains 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 2019 to March 2020), NICE has published 27 new clinical guidelines and 25 updates: 46 (88%) of these have been informed by 490 Cochrane Reviews from 36 Cochrane Review Groups (19 UK based).

#### *NICE Public Health Guidance*

NICE has also published three new Public Health Guidance documents: one (33%) of these was informed by one Cochrane Review.

#### *NICE Antimicrobial Prescribing Guidelines*

NICE has also published six new Antimicrobial Prescribing Guidelines: five (83%) were informed by 10 Cochrane Reviews from three Cochrane Review Groups (two UK based).

#### *NICE COVID-19 Rapid Guidelines*

NICE has also published four new COVID-19 Rapid Guidelines, which were not informed by Cochrane Reviews.



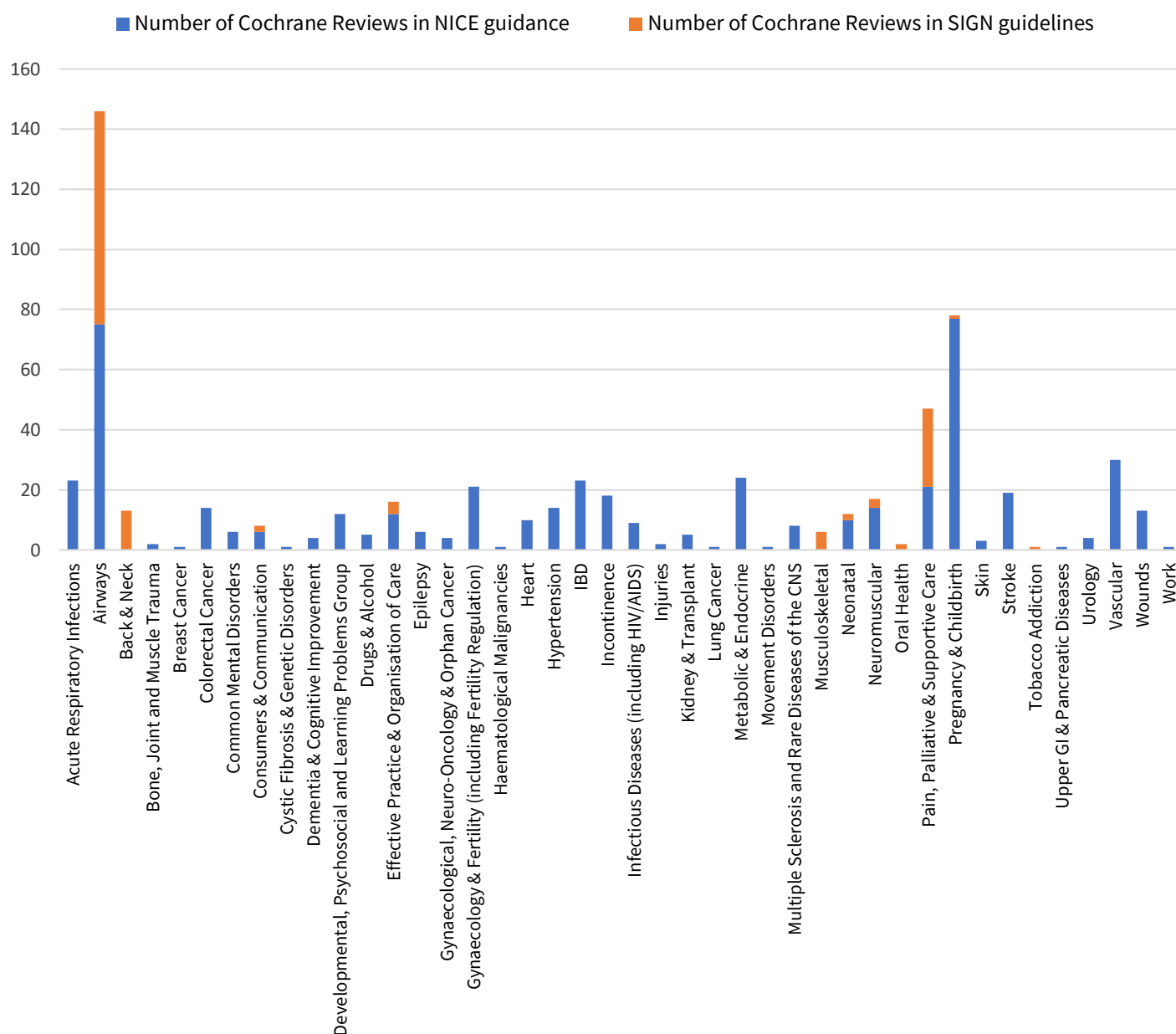
## SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

SIGN has published two updated guidelines, both of which were informed by a total of 131 Cochrane Reviews from 11 Cochrane Review Groups (seven UK based).

Overall, 614 Cochrane Reviews from 42 Cochrane Review Groups (22 UK based) have been used to inform 54 of 67 (81%) UK published guidelines (NICE Clinical Guidelines, NICE Public Health Guidance, NICE Antimicrobial Prescribing Guidelines, NICE COVID-19 Rapid Guidelines and SIGN Guidelines) (see Figure 1). More detail on these data [can be found here \(Appendix 9\)](#).

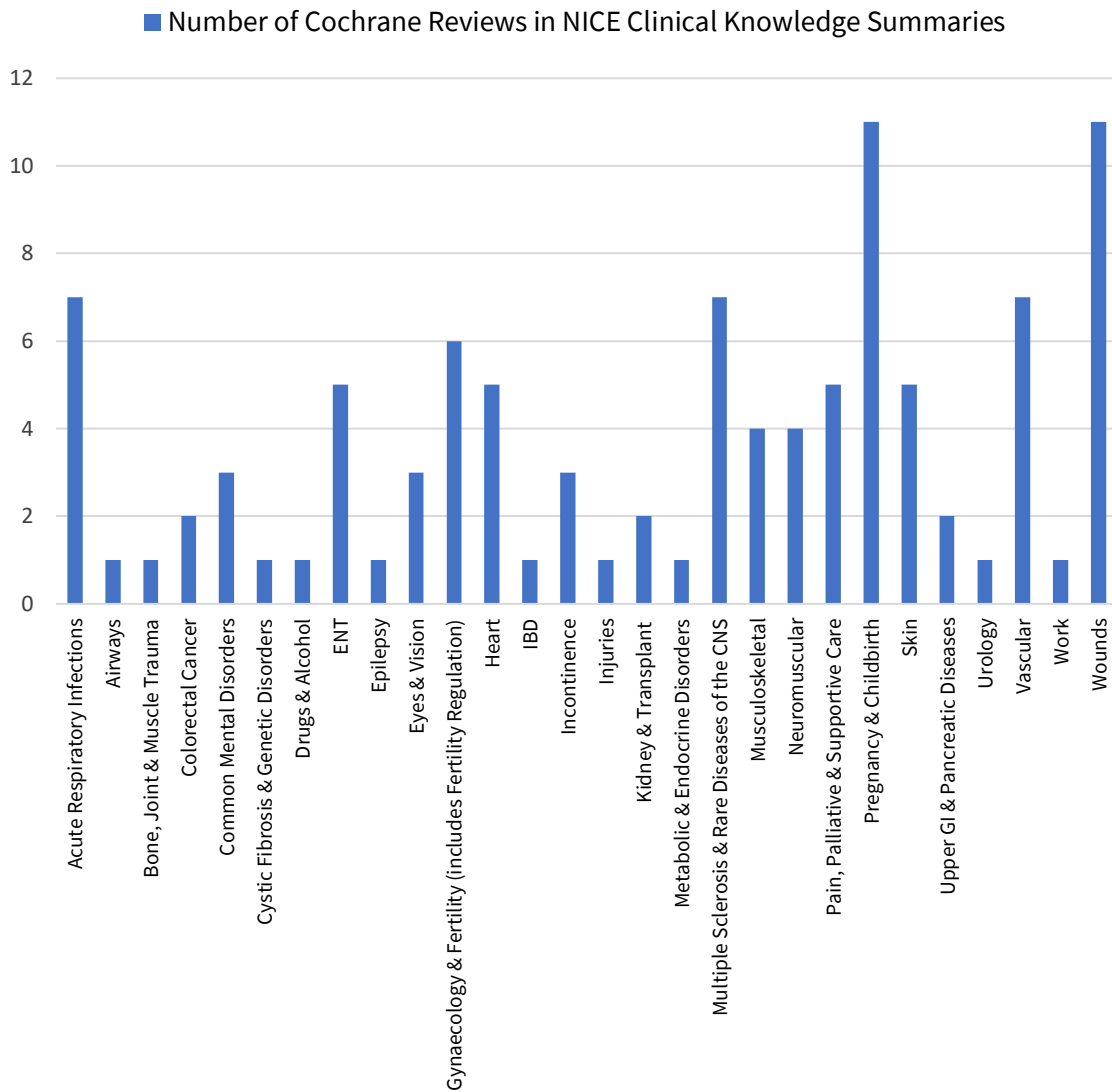
## Are Cochrane Reviews also being used to inform best practice guidance in primary care? (NICE Clinical Knowledge Summaries)

**Figure 1: 614 Cochrane Reviews used to inform UK healthcare guidance (NICE Guidance & SIGN Guidelines) published between April 2019 and March 2020**



In the reporting period (April 2019 to March 2020), 102 Cochrane Reviews from 28 Cochrane Review Groups (16 UK based) have been used to inform 50 of 113 (44%) NICE Clinical Knowledge Summaries (see Figure 2). [A more detailed breakdown of these data can be found here \(Appendix 10\).](#)

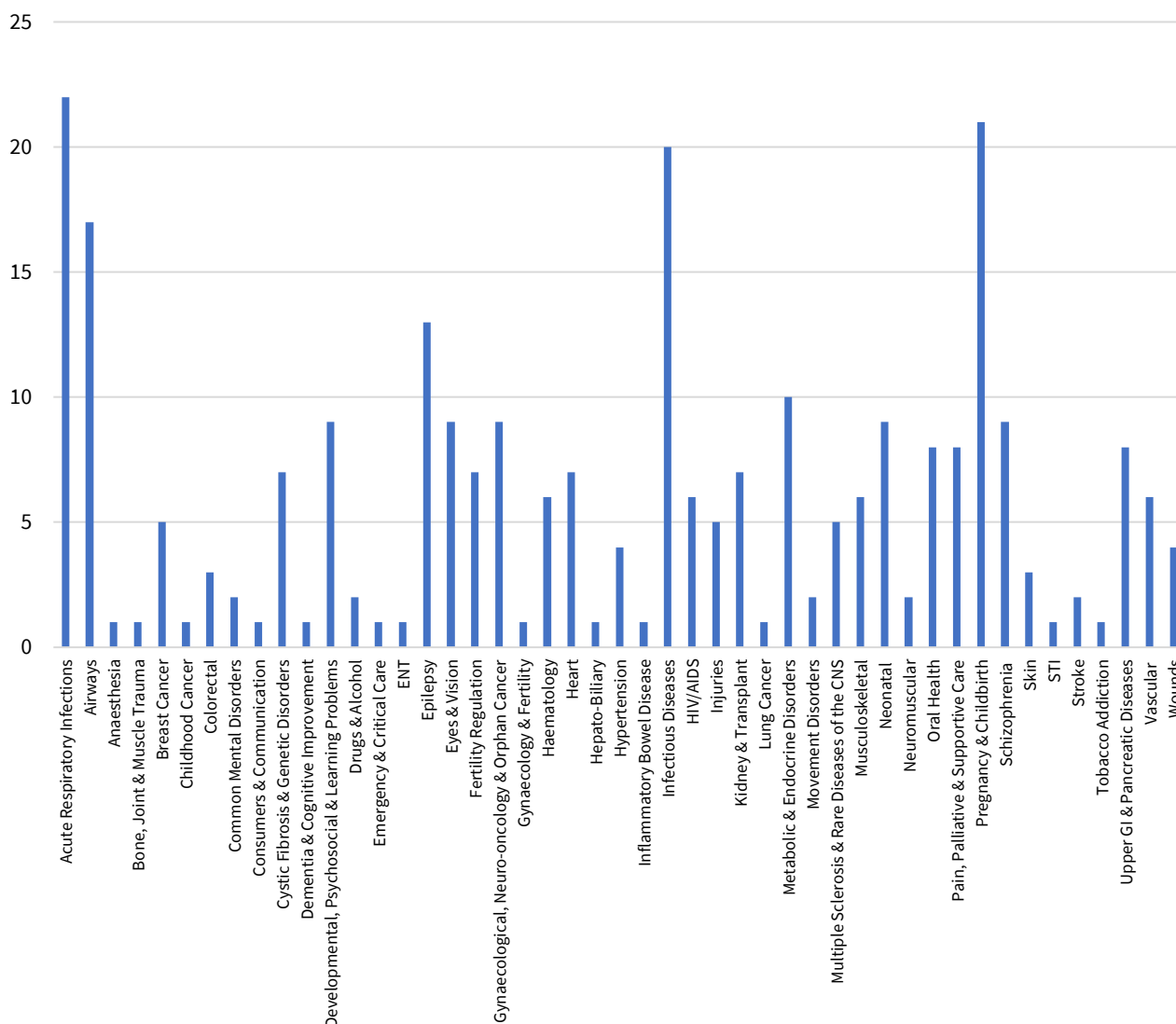
**Figure 2: 102 Cochrane Reviews used to inform primary care guidance in NICE Clinical Knowledge Summaries published from April 2019 to March 2020**



## Use of Cochrane Reviews to inform Reports of the WHO Expert Committee on the Selection and Use of Essential Medicines (2000 to 2019)

In total, 276 Cochrane Reviews from 47 Cochrane Review Groups (range one to 22 reviews) have been used to inform all Reports of the WHO Expert Committee on the Selection and Use of Essential Medicines (including the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children) (range two to 67 reviews per report), published between 2000 and 2019. [A detailed account of how Cochrane Reviews have been used to inform the decision of the WHO Expert Committees can be found here \(Appendix 11\).](#)

### 276 Cochrane Reviews from 47 Cochrane Review Groups have been used to inform decisions by the World Health Organization in compiling the Essential Medicines List (2000 to 2019)



## **Use of Cochrane Reviews to inform National Institute for Health Research (NIHR) Dissemination Centre SIGNALS (2015 to 2020)**

Until 31 March 2020, the (NIHR) Dissemination Centre (NDC) had been highlighting the most recent, relevant and reliable research, including Cochrane evidence, through weekly 'NIHR SIGNALS'. The inclusion of expert raters' comments on these dissemination products has also provided useful insight from a range of healthcare professionals and others on how Cochrane evidence might help them to investigate promising interventions or change practice or otherwise inform their decision-making. We have been monitoring the use of Cochrane Reviews in this output to help us understand the impact of Cochrane evidence and to contribute information to our portfolio of 'impact stories' for wider dissemination. We are delighted that this excellent resource has been retained, and will be continuing as 'Alerts' by the newly formed NIHR Centre for Engagement and Dissemination from April 2020.

From April 2015 to March 2020, 223 Cochrane Reviews from 41 Cochrane Review Groups (22 UK based) have provided evidence for 204 SIGNALS. [A detailed table of the use of Cochrane Reviews in SIGNALS can be found here \(Appendix 12\).](#)

## **Summary of the development and use of the Cochrane UK guidelines dataset: 2015 to 2020**

As a contribution to the work of Cochrane globally, Cochrane UK help to monitor the impact of Cochrane Reviews in healthcare decision-making by identifying whether they have been used to inform evidence-based clinical guidelines. We continually search a wide range of accredited, validated guideline collections across the world, in multiple languages, that are open access. We regularly check guideline portals and run tailored searches in PubMed to help populate and maintain a dataset of guidelines that have been informed by Cochrane evidence. The full text of each guideline identified by the searches is checked to see whether Cochrane evidence has been used.

Over the last five years, the data have been migrated twice to different platforms, to take advantage of developments in technology, to improve the efficiency of data entry and reporting, to secure the full dataset in a stable, well supported platform, and to enable more sophisticated use of the data such that, for the first time, Cochrane Review Groups will be able to access data on the use of their group's reviews in guidelines at any time. [These developments, and examples of how the data have been used, are summarized here \(Appendix 13\).](#)

# Strategic Objective 3: Promoting awareness and understanding of healthcare research and evidence

## Promoting the use of evidence in healthcare decision-making

### Students 4 Best Evidence (S4BE)

At the end of March 2020, S4BE had 9,500 Twitter followers and 9,600 Facebook followers, with 250 students from all over the world having written over 500 blogs in total.

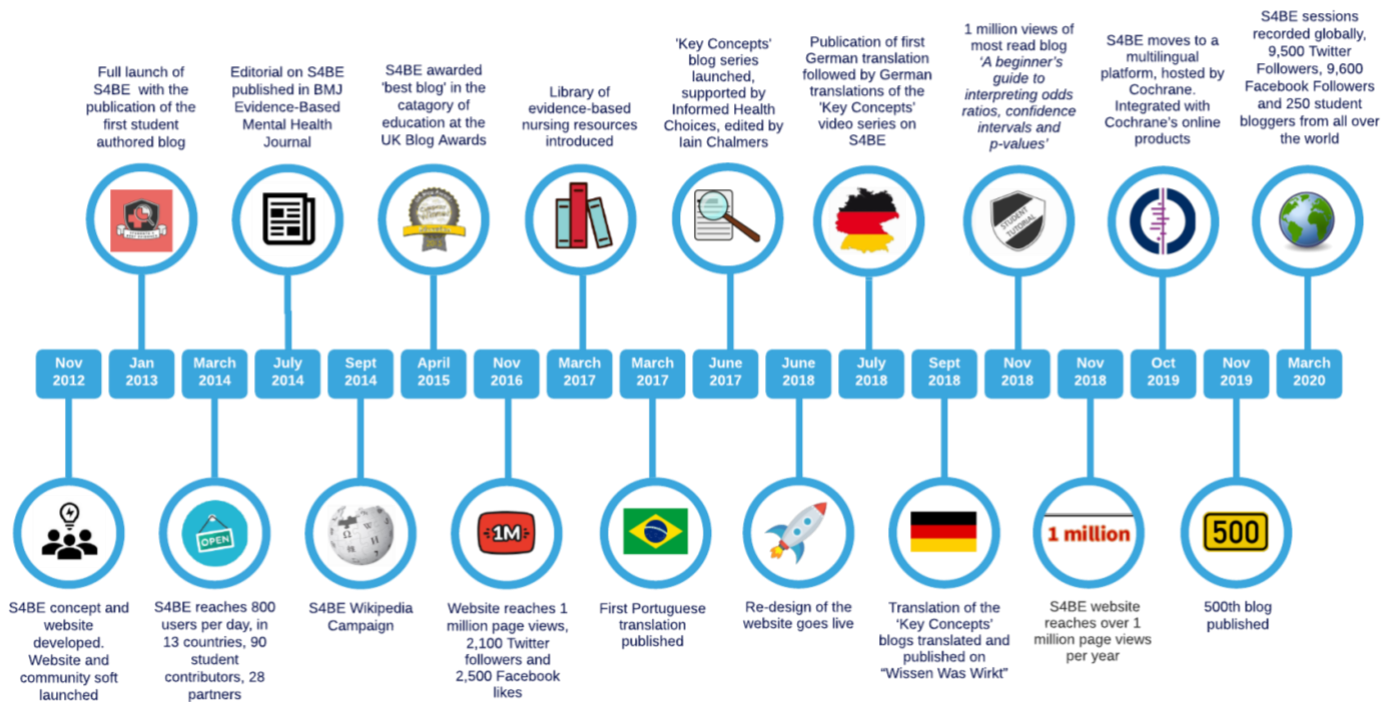
In the last year, we have been pleased to add blogs focussing on qualitative research methods, a gap which had been identified by members of the community. We have also provided a platform for final year student paramedics at Oxford Brookes University to publish abstracts of their literature reviews on the website.

In October 2019, S4BE moved to a multi-lingual platform, hosted by Cochrane. This is integrated with Cochrane's Single Sign-On (SSO) facility which will enable S4BE users to access other Cochrane products. Cochrane UK will continue to manage and maintain the English Language S4BE site and community. We have been working to support the development of non-English language S4BE sites. The launch of the Spanish language version of S4BE (Estudiantes X La Mejor Evidencia) has been delayed due to the current pandemic and work commitments of members of the co-ordinating team. We look forward to promoting the new multi-lingual website to the Cochrane Community once a new launch date is confirmed.

S4BE was launched in November 2012. We have documented the evolution of the website and community from a local initiative to a global, multi-lingual community.



## Students 4 Best Evidence Timeline



Several students from the S4BE Community, past and present, as well as two of Cochrane UK's competition winners, have already engaged with other opportunities within Cochrane. [More information on these members of the Cochrane Community, and their continued work within Cochrane, can be found here \(Appendix 14\).](#)

## Cochrane UK Fellowship programme

We continue to host a Cochrane UK Fellow funded by Health Education England, Thames Valley. We currently have two Cochrane UK Fellows, Emily Carter, ST4 Speciality Registrar in Obstetrics and Gynaecology in the Oxford Deanery and Rebecca Gould, ST4 in Sports and Exercise Medicine. In June the [Cochrane UK and Ireland Trainee Advisory Group \(CUKI-TAG\)](#) membership was refreshed through a recruitment process, led by our Fellow, Emily Carter. [Details on the committee members can be found here, in Appendix 15.](#)

The group are involved in a number of ongoing projects including producing podcasts, blogs and an online journal club and tweetchats. More details about each of these projects and previous events can be found on the Trainees webpage [here](#). Emily organized a training day for the committee on 29th November 2019. The content included an overview of Cochrane and systematic reviews, social media and blogging, and critical appraisal skills for journal clubs.

CUKI-TAG committee members, with support from Cochrane UK staff, have written several blogs for *Evidently Cochrane*. The trainees also provide blogs for the Cochrane Trainee area on the Cochrane UK website.

The Trainee Twitter Journal Club was relaunched in February 2020, a year after the last event. The journal clubs will run every six to eight weeks with a different member of the CUKI-TAG committee taking the lead each time. The two held so far generated excellent discussions on evidence-based medicine and the overall feedback from participants was very positive. The reach and impact of the journal clubs will be measured by Twitter Analytics and feedback submitted by CUKI-TAG committee members on their learning points and areas to improve for next time.

Our Cochrane Fellows, Emily Carter and Rebecca Gould, both submitted abstracts for the Toronto Colloquium 2020. However, the Colloquium 2020 has now been cancelled due to the global pandemic. We hope they can resubmit for future events. The trainees undertook '[A Nationwide Survey of the Attitudes of Doctors and Dentists in Training towards the Use of Evidence-Based Practice](#)', and an article on this has been published in *BMJ Open*.

## **Promoting the Public Understanding of Research and Healthcare Evidence**

### **Schools Outreach Programme**

In this period, we have visited fourteen schools and have delivered 28 sessions, teaching Years nine to 13.

#### ***An introduction to evidence-based medicine (EBM) for Sixth Form aspiring medical students***

These sessions have been specifically designed for Sixth Form students applying to study medicine. They give an introduction to Evidence-Based Medicine (EBM) and are delivered at the Cochrane UK office or in schools. We took part in the Birmingham Widening Access to Medical Sciences event at Birmingham Medical School, presenting EBM to Sixth Formers and for a third year, contributed to the Medics' Conference at Magdalen College School.

#### ***Teaching critical thinking around health claims in the media***

We visited several schools to talk with students from years nine to 13 about critical thinking. We used examples of health claims found in the media to illustrate the need to be sceptical about what we hear in the news and we shared evidence-based web links to more reliable information. We ran an afternoon workshop as part of the Science Oxford Experience Week for Years nine and 10 and Cochrane UK was given a Bronze Award to acknowledge their first contribution to the organization.

#### ***Widening our access***

Contacting schools directly to inform them of the Cochrane UK Schools Outreach Programme has enabled us to visit many schools in Oxfordshire and surrounding counties. We have worked with a national organization STEM Learning (Science, Technology, Engineering and Mathematics) to widen our access nationally. Cochrane UK Communications and Engagement Officer, Selena Ryan-Vig, and Cochrane Senior Fellow in General Practice, Lynda Ware, have become STEM



ambassadors, which enables Cochrane UK to respond to schools looking for sessions on critical thinking and also to promote the outreach programme directly on a national level.

Articles about the project have been published in STEM and The Association for Science Education (ASE) journals and these have generated interest in other parts of the UK. [A blog posted on Evidently Cochrane](#) also heightened awareness of the teaching offered.

The COVID-19 pandemic has of course had a profound effect on our ability to visit schools in person. As a result, we are preparing online modules for dissemination on both the EBM for medics workshop and on exploring critical thinking, tailored to different year groups. We hope that these will fill a void whilst social distancing precludes conventional teaching and that they may also provide a means whereby the sessions can be accessed more widely once 'lockdown' is lifted.

### ***Spreading the word from village halls to schools***

At Cochrane UK we have been keen to promote the public understanding and use of health evidence to support decision-making and the relevance of Cochrane Reviews. In October 2015 Lynda Ware began providing community talks to local groups as part of this effort. This project has evolved in terms of audience and focus since that time. [This development has been captured here \(Appendix 16\)](#).

## **Strategic Objective 4: Developing a programme to evaluate our activities**

### **Cochrane UK Team**

We have begun work on the activities detailed in the business plan 2020 to 2025, in particular the development of a programme evaluating our activities in the areas of training and knowledge translation. This work is being led by Senior Fellow in Public Health, Dr Mohit Sharma. Mohit returned to his role in Public Health England in February to support the COVID-19 public health efforts. This has delayed the production of our evaluation plan, however we hope to resume this work in the coming months.

We have also begun planning work on promoting awareness and understanding of healthcare research and evidence. We welcomed [Emma Doble, in the role of Patient and Public Co-ordinator](#), to help us scope the consumer aspects of this project. We have a project plan in place for this work and the next steps are recruitment to patient roles. We hope to resume the recruitment process in the coming months after the 'lockdown' restrictions are eased.

# Appendices

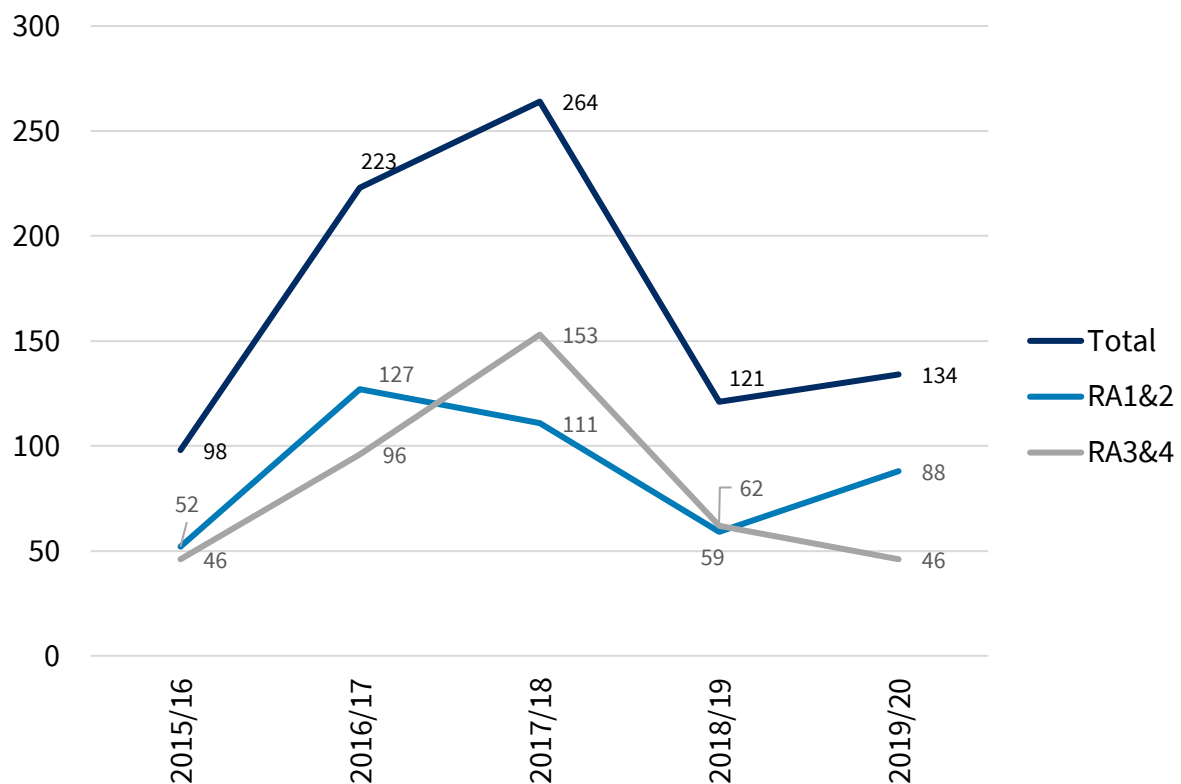
## Appendix 1: Review Author Training Attendance (1st April 2019 and 31st March 2020)

The breakdown of attendances at each module of Review Author training were:

- Review Author training 1 (RA1): 4 workshops; 43 attendances;
- Review Author training 2 (RA2): 4 workshops; 45 attendances;
- Review Author training 3 (RA3): 3 workshops, including a virtual event; 22 attendances;
- Review Author training 4 (RA4): 3 workshops, including a virtual event; 24 attendances.

## Appendix 2: Review Author Training Attendance (2015-2020)

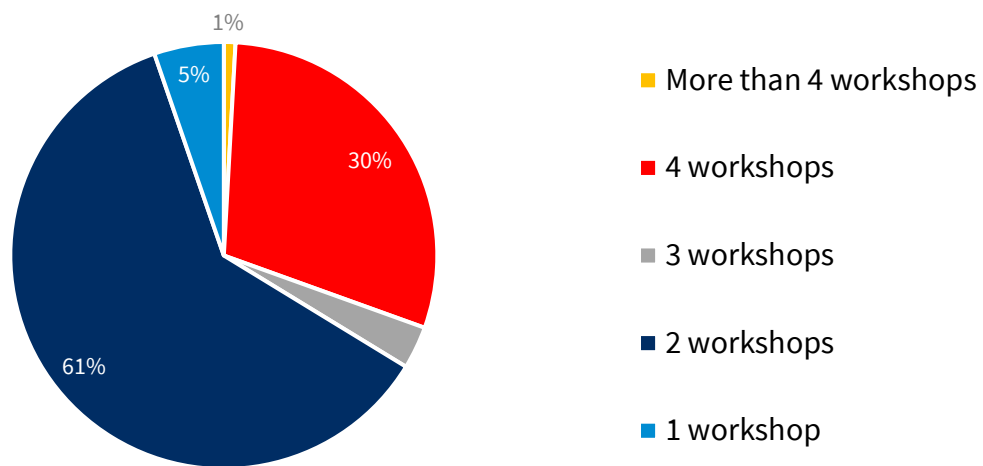
The number of delegates who have attended Review Author Training in each financial year, from 1st April 2015 to 31st March 2020.



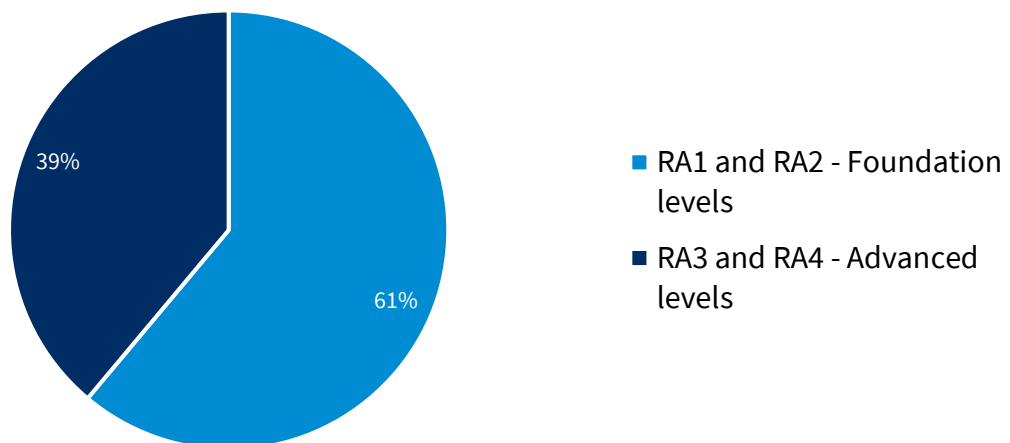
Over the last five financial years, the peak of attendances at Review Author Training workshops was observed in 2017 to 2018. There was a decline in the number of registrations and an increase in cancellations during the last quarter of 2019 to 2020 due to the COVID-19 outbreak.

### Attendance at Review Author Training workshops

The proportion of delegates who have completed one or more workshops of Review Author Training between 1st April 2015 to 31st March 2020.

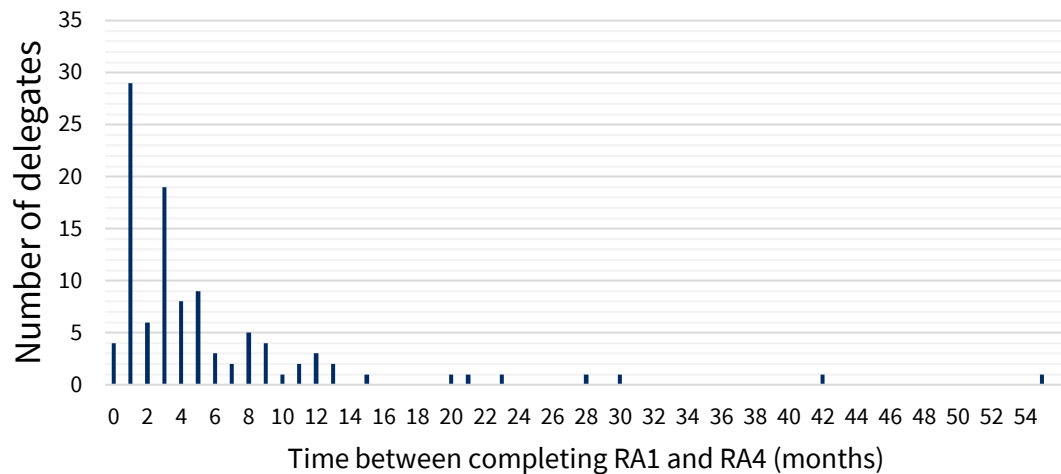


Approximately 30% of the delegates who have attended at least one workshop in the last five financial years completed the four modules of Review Author Training. The majority of delegates (around 61%) attended either RA1 and RA2 (foundation modules) or RA3 and RA4 (advanced modules). The chart below illustrates the attendance at RA1 and RA2 compared to RA3 and RA4 in the group of delegates who have only attended two of the four modules of Review Author Training.



## Time to complete Review Author Training 4 (RA4) after completion of Review Author Training 1 (RA1)

Time (in months) between the attendance at RA1 and RA4 in the group of delegates who have completed the four levels of Review Author Training.



## Appendix 3: Cochrane publications (1st April 2019 to 31st March 2020) – by authors from England, Scotland, Wales and the island of Ireland

### England

The majority (89%) were by authors from England (340 of 380 publications: 103 protocols and 237 reviews, of which 131 were updates).

### Scotland

Seventy-seven authors from Scotland completed 47 Cochrane publications: nine protocols and 38 reviews, of which 18 were updates.

### Wales

Thirty-two authors from Wales completed 17 Cochrane publications: six protocols and 11 reviews, of which three were updates.

### Island of Ireland

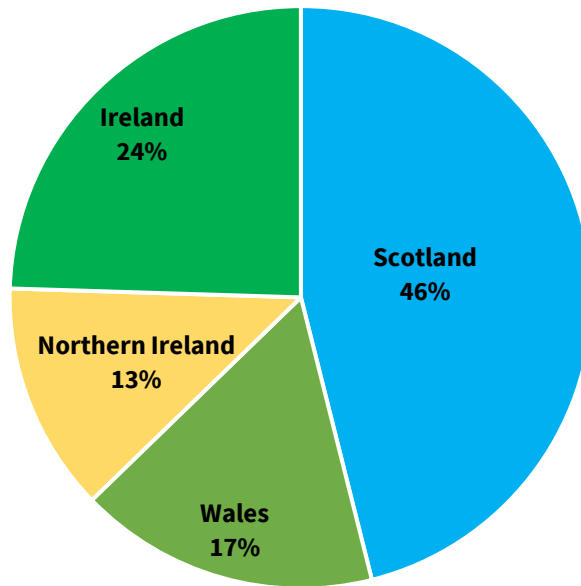
#### *Northern Ireland*

Thirty-five authors from Northern Ireland completed 13 Cochrane publications: four protocols and nine reviews, of which one was an update.

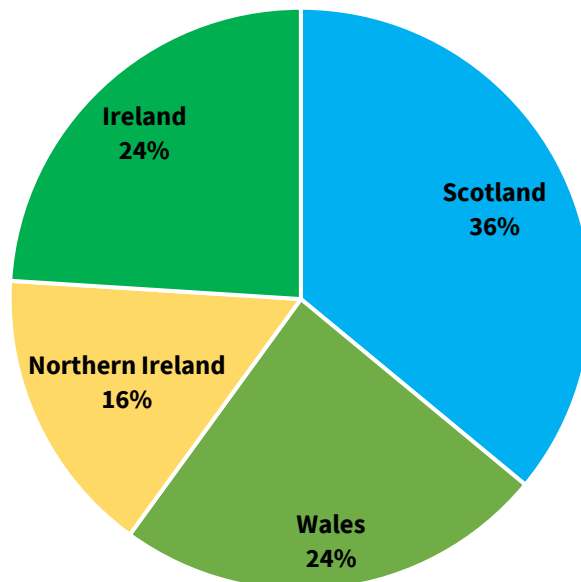
#### *Republic of Ireland*

Seventy-four authors from Ireland completed 25 Cochrane publications: six protocols and 19 reviews, of which seven were updates.

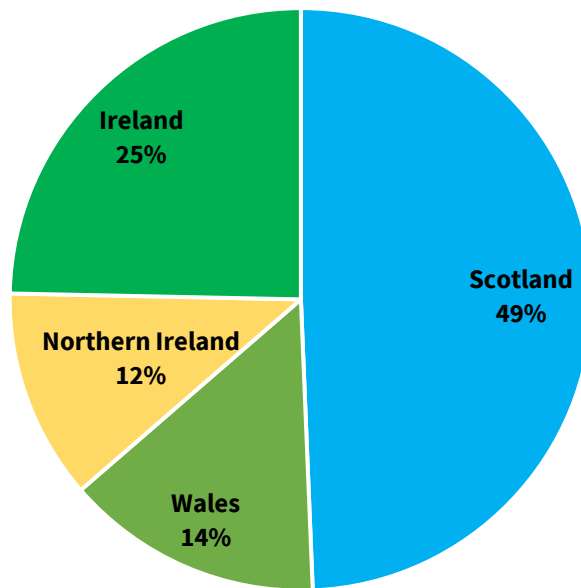
**Cochrane publications by authors from Scotland, Wales, Northern Ireland and Ireland in The Cochrane Library between 01 April 2019 and 31 March 2020**



**Cochrane Protocols published by authors from Scotland, Wales, Northern Ireland and Ireland in The Cochrane Library between 01 April 2019 and the 31 March 2020**



**Cochrane Reviews published by authors from Scotland, Wales,  
Northern Ireland and Ireland in The Cochrane Library between 01  
April 2019 and 31 March 2020**



## Appendix 4: complex types of Cochrane Reviews published by UK- and Ireland-based Cochrane Review Groups and UK- and Ireland-based authors up to March 2020

### Cochrane Diagnostic Test Accuracy Reviews

There are currently (Issue 3, 2020 of the Cochrane Library) **215** Cochrane Diagnostic Test Accuracy publications: **84 Protocols** and **131 Reviews**, of which **10** are **updates**.

Over half of these (**132; 61%**) have been published by **21 UK-based Cochrane Review Groups**.

UK Cochrane Review Groups (n=25)	Protocols	Reviews	Updates	Totals
Airways	1	2	1	<b>3</b>
Bone, Joint & Muscle Trauma	0	3		<b>3</b>
Common Mental Disorders	1	0		<b>1</b>
Cystic Fibrosis & Genetic Disorders	1	1		<b>2</b>
Dementia & Cognitive Improvement	5	22		<b>27</b>
Developmental, Psychosocial & Learning Problems	1	1		<b>2</b>
ENT	3	0		<b>3</b>
Epilepsy	1	0		<b>1</b>
Eyes & Vision	3	3	1	<b>6</b>
Gynaecological, Neuro-oncology & Orphan Cancers	7	8	3	<b>15</b>
Incontinence	1	0		<b>1</b>
Infectious Diseases (includes HIV/AIDS)	8	10	4	<b>18</b>
Injuries	0	2		<b>2</b>
Neuromuscular	1	0		<b>1</b>
Oral Health	1	2		<b>3</b>
Pregnancy & Childbirth	3	7		<b>10</b>
Schizophrenia	2	2		<b>4</b>
Skin	1	12		<b>13</b>
Stroke	3	4		<b>7</b>
Tobacco Addiction	1	0		<b>1</b>
Vascular	5	4		<b>9</b>
<b>TOTALS</b>	<b>49</b>	<b>83</b>	<b>9</b>	<b>132</b>



All the recently formed Cochrane Networks are involved in producing Cochrane Diagnostic Test Accuracy Reviews.

<b>Cochrane Networks (n=8)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
Abdomen & Endocrine	23	26	1	<b>49</b>
Acute & Emergency Care	4	10	0	<b>14</b>
Cancer	9	11	3	<b>20</b>
Children & Families	9	18	0	<b>27</b>
Circulation & Breathing	9	10	1	<b>19</b>
Mental Health & Neuroscience	12	25	0	<b>37</b>
Musculoskeletal, Oral, Skin & Sensory	9	21	1	<b>30</b>
Public Health & Health Systems	9	10	4	<b>19</b>
<b>TOTALS</b>	<b>84</b>	<b>131</b>	<b>10</b>	<b>215</b>

Of the 131 published DTA reviews, authors from England, Scotland, Wales and the island of Ireland have conducted **96 (73%)**.

	<b>Number of DTA reviews with UK- or Ireland-based authors</b>
England	90
Scotland	21
Wales	8
Ireland	2
Northern Ireland	1

## **Cochrane Prognostic Reviews**

There are currently (Issue 3, 2020 of the Cochrane Library) **15** Cochrane Prognosis publications: **11 Protocols** and **four Reviews**. **Seven** of these (**47%**) have been published by **seven UK-based Cochrane Review Groups**.

<b>UK Cochrane Review Groups (n=25)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
Airways	1	0		<b>1</b>
Common Mental Disorders	1	0		<b>1</b>
Dementia & Cognitive Improvement	1	0		<b>1</b>
Developmental, Psychosocial & Learning Problems	1	0		<b>1</b>
Gynaecological, Neuro-oncology & Orphan Cancers	1	0		<b>1</b>
Heart	1	0		<b>1</b>
Wounds	0	1		<b>1</b>
<b>TOTALS</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>7</b>

**Six** of the recently formed Cochrane Networks are involved in producing Cochrane Prognostic Reviews:

Cochrane Networks (n=8)	Protocols	Reviews	Updates	Totals
Abdomen & Endocrine	1	1		<b>2</b>
Acute & Emergency Care	1	0		<b>1</b>
Cancer	4	1		<b>5</b>
Children & Families	0	0		<b>0</b>
Circulation & Breathing	2	0		<b>2</b>
Mental Health & Neuroscience	3	0		<b>3</b>
Musculoskeletal, Oral, Skin & Sensory	0	2		<b>2</b>
Public Health & Health Systems	0	0		<b>0</b>
<b>TOTALS</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>15</b>

**Authors from England** are involved in **all four** of the published Prognosis Reviews (**100%**).

## Cochrane Qualitative Evidence Syntheses

Currently (Issue 3, 2020 of the Cochrane Library) **19 Cochrane Qualitative Evidence Syntheses** have been published: **10 Protocols** and **9 Reviews**. **Thirteen** of these (**68%**) have been published by **five UK-based Cochrane Review Groups**.

UK Cochrane Review Groups (n=26)	Protocols	Reviews	Updates	Totals
Airways	1	0		<b>1</b>
Common Mental Disorders	2	0		<b>2</b>
Effective Practice & Organisation of Care	3	5		<b>8</b>
Methodology	1	0		<b>1</b>
Pregnancy & Childbirth	0	1		<b>1</b>
<b>TOTALS</b>	<b>7</b>	<b>6</b>		<b>13</b>

**Four** of the recently formed Cochrane Networks are involved in producing **Cochrane Qualitative Evidence Syntheses**:

Cochrane Networks (n=8)	Protocols	Reviews	Updates	Totals
Acute & Emergency Care	0	1		<b>1</b>
Children & Families	0	1		<b>1</b>
Circulation & Breathing	1	0		<b>1</b>
Mental Health & Neuroscience	2	0		<b>2</b>
Public Health & Health Systems	6	7		<b>13</b>
<b>TOTALS</b>	<b>9</b>	<b>9</b>		<b>18</b>

**Authors from Wales, England and Northern Ireland** are involved in **five** of the nine (**56%**) published Cochrane Qualitative Evidence Syntheses Reviews:

	Number of Qualitative Evidence Syntheses with UK- or Ireland-based authors
Wales	3
England	2
Northern Ireland	1

## Cochrane Network Meta-Analyses

Currently (Issue 3, 2020 of the Cochrane Library) **93 Cochrane Network Meta-Analyses** have been published: **45 Protocols** and **48 Reviews**, of which **eight** are **updates**. **Forty-two** of these (**45%**), of which **six** are **updates**, have been published by **18 UK-based Cochrane Review Groups**.

UK Cochrane Review Groups (n=25)	Protocols	Reviews	Updates	Totals
Airways	1	2		<b>3</b>
Bone, Joint & Muscle Trauma	2	0		<b>2</b>
Common Mental Disorders	5	1		<b>6</b>
Dementia & Cognitive Improvement	1	0		<b>1</b>
Epilepsy	0	1	1	<b>1</b>
Eyes & Vision	0	2	1	<b>2</b>
Gynaecological, Neuro-oncology & Orphan Cancer	0	1		<b>1</b>
Heart	2	1		<b>3</b>
Incontinence	1	0		<b>1</b>
Infectious Diseases (includes HIV/AIDS)	0	1		<b>1</b>
Injuries	3	0		<b>3</b>
Oral Health	0	1	1	<b>1</b>
Pain, Palliative & Supportive Care	1	1	1	<b>2</b>
Pregnancy & Childbirth	3	1	1	<b>4</b>
Skin	2	2	1	<b>4</b>
Stroke	1	1		<b>2</b>
Tobacco Addiction	1	1		<b>2</b>
Wounds	0	3		<b>3</b>
<b>TOTALS</b>	<b>23</b>	<b>19</b>	<b>6</b>	<b>42</b>

All **eight** of the recently formed Cochrane Networks are involved in producing **Cochrane Network Meta-Analyses**:

<b>Cochrane Networks (n=8)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
Abdomen & Endocrine	10	12	1	<b>22</b>
Acute & Emergency Care	6	2	0	<b>8</b>
Cancer	5	4	1	<b>9</b>
Children & Families	7	4	1	<b>11</b>
Circulation & Breathing	4	4	0	<b>8</b>
Mental Health & Neuroscience	7	4	1	<b>11</b>
Musculoskeletal, Oral, Skin & Sensory	5	15	4	<b>20</b>
Public Health & Health Systems	1	3	0	<b>4</b>
<b>TOTALS</b>	<b>45</b>	<b>48</b>	<b>8</b>	<b>93</b>

**Authors from England and Scotland** are involved in **34** of the **48** fully published Cochrane Network Meta-Analyses (**71%**):

	<b>Number of Network-Meta-Analyses with UK- or Ireland-based authors</b>
England	30
Scotland	8

## **Cochrane Living Systematic Reviews**

Currently (Issue 3, 2020 of the Cochrane Library) there are **11 Cochrane Living Systematic Review publications: four Protocols** and **seven Reviews**.

**Six** of these (**55%**) have been produced by **four UK-based Cochrane Review Groups**:

<b>UK Cochrane Review Groups (n=25)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
ENT	<b>0</b>	<b>1</b>		<b>1</b>
Gynaecological, Neuro-oncology & Orphan Cancer	<b>0</b>	<b>3</b>		<b>3</b>
Heart	<b>0</b>	<b>1</b>		<b>1</b>
Skin	<b>0</b>	<b>1</b>		<b>1</b>
<b>TOTALS</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>

**Four** of the recently formed **Cochrane Networks** are involved in producing **Cochrane Living Systematic Reviews**:

<b>Cochrane Networks (n=8)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
Acute & Emergency Care	0	1		<b>1</b>
Cancer	1	3		<b>4</b>
Circulation & Breathing	0	1		<b>1</b>
Musculoskeletal, Oral, Skin & Sensory	3	2		<b>5</b>
<b>TOTALS</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>11</b>

**Authors** from **England** are involved in **three** of the **seven published Cochrane Living Systematic Reviews (43%)**.

**Are these specific types of Cochrane Reviews, which tackle complexities in evidence syntheses, being used to inform clinical guidelines?**

### **Cochrane Diagnostic Test Accuracy Reviews**

**Sixty-eight** of **131** Cochrane DTA Reviews (**52%**) by **23 Cochrane Review Groups (13 UK-based)** have been used to inform **130 guidelines**. **Thirty-eight** reviews have been used in more than one guideline.

The top three most frequently used reviews, one with authors from England, are:

- Xpert MTB/RIF and Xpert MTB/RIF Ultra for pulmonary tuberculosis and rifampicin resistance in adults – Cochrane Infectious Diseases, **in 11 guidelines** (3 UK, 4 WHO, 1 Canada, 2 USA, 1 South Africa)
- Red flags to screen for vertebral fracture in patients presenting with low-back pain - Cochrane Back & Neck, **in 10 guidelines** (7 UK, 3 Europe/Scandinavia)
- Red flags to screen for malignancy in patients with low-back pain – Cochrane Back & Neck, **in nine guidelines** (5 UK, 2 Europe/Scandinavia, 2 USA)

Cochrane Review Group	Number of DTA reviews in Guidelines	Number of DTA reviews in more than one guideline
Acute Respiratory Infections	2	1 in 2
Airways	1	1 in 3
Back & Neck	3	1 in 10; 1 in 9; 1 in 5
Bone, Joint & Muscle Trauma	3	1 in 4; 1 in 2
Childhood Cancer	1	
Colorectal	1	1 in 4
Dementia & Cognitive Improvement	16	1 in 5; 1 in 4; 1 in 3; 4 in 2
Developmental, Psychosocial & Learning Problems	1	
Eyes & Vision	2	1 in 3
Gynaecological, Neuro-Oncology & Orphan Cancer	6	1 in 4; 3 in 2
Gynaecology & Fertility	5	1 in 3; 1 in 2
Hepato-Biliary	3	1 in 6; 2 in 5
Infectious Diseases	6	1 in 11; 1 in 3; 1 in 2
Injuries	1	1 in 7
Kidney & Transplant	3	1 in 2
Lung Cancer	1	
Oral Health	2	1 in 3; 1 in 2
Pregnancy & Childbirth	1	
Schizophrenia	1	
Stroke	2	1 in 6; 1 in 2
Upper GI & Pancreatic Diseases	4	1 in 5; 1 in 2
Urology	1	
Vascular	2	2 in 3
<b>TOTAL</b>	<b>68</b>	<b>1 in 11; 1 in 10; 1 in 9; 2 in 6; 5 in 5; 4 in 4; 8 in 3; 16 in 2</b>

Guidelines by location	Number of guidelines informed by Cochrane evidence
Australia	2
Canada	8
China	1
Europe/Scandinavia	45
<b>Ireland</b>	<b>1</b>
Korea	1
Mexico	1
South Africa	1
<b>UK (including 16 NICE; 9 Clinical Knowledge Summaries)</b>	<b>40</b>
USA	23
World Health Organization	6
World (unspecified)	1
<b>TOTAL</b>	<b>130</b>

Of the **96 DTA Reviews** with a **UK- or Ireland-based author**, **51 (53%)** have been used to inform guidelines:

	Number of DTA reviews with UK- or Ireland-based authors used in guidelines
England	49
Scotland	13
Wales	3
Ireland	2
Northern Ireland	1

**Overall**, of the **68 DTA Reviews** that have been used to inform guidelines, **51** have authors from **UK** and **Ireland (75%)**.

## Cochrane Prognostic Reviews

**One** of the **four** Cochrane Prognosis Reviews (**25%**) by the Cochrane Back & Neck Group, with authors from **England** has been used to inform **one German guideline**.

## Cochrane Qualitative Evidence Syntheses

**Five** of the **ten** Cochrane Qualitative Evidence Syntheses (**50%**) by **four Cochrane Review Groups (two UK-based)** have been used to inform **five World Health Organization guidelines**.

Cochrane Review Group	Number of Qualitative Evidence Syntheses in Guidelines	Number of Qualitative Evidence Syntheses in more than one guideline
Consumers & Communication	1	
Effective Practice & Organisation of Care	3	1 in 2
Pregnancy & Childbirth	1	
<b>TOTAL</b>	<b>3</b>	<b>1 in 2</b>

Of the **six** Qualitative Evidence Syntheses with a **UK- or Ireland-based author**, **three (50%)** have been used to inform guidelines:

	Number of Qualitative Evidence Syntheses with UK- or Ireland-based authors used in guidelines
England	2
Wales	1
Ireland	1

Overall, of the **five** Qualitative Evidence Syntheses that have been used to inform guidelines, **three (60%)** have authors from **England, Wales and Ireland**.

## Cochrane Network Meta-Analyses

**Twenty-six** of the **48** Cochrane Network Meta-Analyses (**54%**) by **20 Cochrane Review Groups (11 UK-based)** have been used to inform **143 guidelines**. **Twenty-one** reviews have been used in more than one guideline.

The top three most frequently used reviews (all with authors from England) are:

- Pharmacological interventions for smoking cessation: an overview and network meta-analysis – Cochrane Tobacco Addiction, **in 32 guidelines** (4 UK, 8 Europe/Scandinavia, 9 Australia, 5 USA, 2 Canada, 2 World, 2 Malaysia)
- Adverse effects of biologics: a network meta-analysis and Cochrane overview – Cochrane Musculoskeletal, **in 17 guidelines** (8 UK, 3 Europe/Scandinavia, 2 Australia, 2 South America, 1 Canada, 1 Singapore)



- Fluoride toothpastes of different concentrations for preventing dental caries – Cochrane Oral Health, **in 12 guidelines** (5 UK, 2 Europe/Scandinavia, 2 Australia, 2 USA, 1 Hong Kong)

Cochrane Review Group	Number of Network Meta-Analyses in Guidelines	Number of Network Meta-Analyses in more than one guideline
Airways	2	1 in 9; 1 in 4
Colorectal	1	1 in 6
Common Mental Disorders	1	1 in 2
Epilepsy	1	1 in 2
Eyes & Vision	2	1 in 9
Fertility Regulation	1	1 in 9
Haematological Malignancies	1	1 in 11
Hepato-Biliary	1	
Infectious Diseases	1	
Multiple Sclerosis & Rare Diseases of the CNS	2	1 in 4; 1 in 3
Musculoskeletal	3	1 in 17
Oral Health	1	1 in 12
Pain, Palliative & Supportive Care	1	1 in 3
Pregnancy & Childbirth	1	1 in 5
STI	1	1 in 2
Stroke	1	1 in 5
Tobacco Addiction	1	1 in 32
Upper GI & Pancreatic Diseases	1	1 in 3
Work	1	1 in 3
Wounds	2	1 in 3; 1 in 2
<b>TOTAL</b>	<b>26</b>	<b>1 in 32; 1 in 17; 1 in 12; 1 in 11; 2 in 9; 2 in 6; 2 in 5; 2 in 4; 5 in 3; 4 in 2</b>

<b>Guidelines by location</b>	<b>Number of guidelines informed by Cochrane evidence</b>
Australia	17
Canada	8
Europe/Scandinavia	36
Hong Kong	1
<b>Ireland</b>	<b>1</b>
Japan	1
Korea	0
Malaysia	3
Mexico	0
Middle East	1
Singapore	1
South Africa	0
South America	2
<b>UK (including 22 NICE; 3 Clinical Knowledge Summaries; 2 SIGN)</b>	<b>45</b>
USA	22
World Health Organization	3
World (unspecified)	2
<b>TOTAL</b>	<b>143</b>

Of the **34 Cochrane Network Meta-Analyses** with a **UK- or Ireland –based author**, **18 (53%)** have been used to inform guidelines.

	<b>Number of Network-Meta-Analyses with UK- or Ireland-based authors used to inform guidelines</b>
England	17
Scotland	1

Overall, of the **25 Cochrane Network Meta-Analyses** that have **informed guidelines**, **18 (72%)** have authors from **England** and **Scotland**.

## Cochrane Living Systematic Reviews

**Four** of the **seven Cochrane Living Systematic Reviews (57%)** by **two Cochrane Review Groups (one UK-based)** have been used to inform **35 guidelines**. **All four** have been used in more than one guideline.

The top two most frequently used reviews, one with authors from England, are:

- Anticoagulation for the long-term treatment of venous thromboembolism in people with cancer – Cochrane Gynaecological, Neuro-Oncology & Orphan Cancer, **in 17 guidelines** (1 UK, 7 Europe/Scandinavia, 5 USA, 2 Canada, 1 China, 1 World)
- Delayed antibiotic prescriptions for respiratory infections – Cochrane Acute Respiratory Infections, **in 14 guidelines** (7 UK, 2 Europe/Scandinavia, 1 Australia, 1 Korea, 3 USA)

Cochrane Review Group	Number of Cochrane Living Systematic Reviews in Guidelines	Number of Cochrane Living Systematic Reviews in more than one guideline
Acute Respiratory Infections	1	1 in 14
Gynaecological, Neuro-Oncology & Orphan Cancer	3	1 in 17; 2 in 7
<b>TOTAL</b>	<b>4</b>	<b>1 in 17; 1 in 14; 2 in 7</b>

Guidelines by location	Number of guidelines informed by Cochrane evidence
Australia	<b>1</b>
Canada	<b>4</b>
China	<b>2</b>
Europe/Scandinavia	<b>9</b>
Korea	<b>1</b>
<b>UK (including 6 NICE; 3 Clinical Knowledge Summaries)</b>	<b>9</b>
USA	<b>8</b>
World (unspecified)	<b>1</b>
<b>TOTAL</b>	<b>35</b>

**One** of the **four Cochrane Living Systematic Reviews** that have informed guidelines (25%), has **UK-based authors** (from **England**). **This review** by **Cochrane Acute Respiratory Infections** has been used to inform **14 guidelines** (7 UK (4 NICE, 3 Clinical Knowledge Summaries); 2 Europe/Scandinavia; 1 Australia; 1 Korea; 3 USA).

## Appendix 5: Evidently Cochrane blogs published (1st April 2019 to 31st March 2020)

Between 01 April 2019 and 31 March 2020 the following were published:

**61 Evidently Cochrane blogs** (during this reporting period the **450th Evidently Cochrane** blog was published) and in addition **seven existing blogs** were revised to take into account new evidence or updated reviews.

During this reporting period additional enhancements have been made to the *Evidently Cochrane* output to help people more easily find and understand its content:

- An interactive, integrated **glossary** has been implemented with selected terms linked to definitions written in plain language.
  - Revisions to the **subject categories** have been made and new categories added, including, in particular, *Patient Experience* - highlighting blogs which have been written, or co-written, by individuals with lived experience of particular health concerns; and *Patient and Public Involvement* – featuring blogs that highlight ways in which patients and the public are involved with health research, or how they can get involved.
  - Updated **guidance on blogging** for *Evidently Cochrane*, in line with the recently published 18-item central Cochrane Dissemination Checklist and Guidance for those involved in knowledge translation work and to which Cochrane UK Knowledge Broker, Sarah Chapman, and Communications & Engagement Officer, Selena Ryan-Vig, have both contributed.
- **150 reviews** (including a Qualitative Evidence Synthesis, two Overviews, three Network Meta-Analyses, five Diagnostic Test Accuracy Reviews and three Methodology Reviews) were highlighted from **25** Cochrane Review Groups (**15** UK based)

**There were blogs designed to promote and encourage engagement with evidence in innovative ways, for everyone. For example:**

- *Confessions of a rookie consumer peer reviewer* (by a **consumer volunteer** for Cochrane Common Mental Disorders on her experiences in **appraising Cochrane Reviews** on mental health for the first time **from a consumer perspective**)
- *The People's Trial: your chance to be a scientist in a fun online trial* – to coincide with the launch of The People's Trial, a **project from the Health Research Board Trials Methodology Research Network** (HRB-TMRN) at the **National University of Ireland, Galway**, which invites **members of the public to create and run a fun online clinical trial**

**Other blogs were designed to enhance everyone’s understanding of evidence and how best to keep well informed when presented with health claims in the media or from other sources. For example:**

- *“Oh, really?” 12 things to help you question health advice*
- *Expert opinion is not always right*
- *All that glitters is not gold: are brand-named, high-tech, expensive treatments always better than old ones?*

**Others were designed to promote and encourage engagement with and a deeper understanding of evidence for young people, including in schools. For example:**

- *Supporting children and young people’s mental health: a call for change (a young woman’s experience of anxiety and depression, calling for better understanding and support for children and young people with mental health difficulties; includes a link to **Cochrane Common Mental Disorders’ survey seeking to co-produce with young people the research questions Cochrane Reviews need to address**)*
- *Research prioritisation: young people driving the mental health research agenda*
- *Working in partnership to make evidence work for young people’s lives*
- *YouTube for sharing Cochrane evidence: could this help us reach a young audience?*
- *Children can do randomized trials! START competition 2019 (to coincide with the annual International Clinical Trials Day; **school children in Ireland had run and presented their own randomized controlled trials** in the innovative Schools Teaching Awareness About Randomized Trials (START) initiative competition – Cochrane UK Knowledge Broker, Sarah Chapman was invited to be part of the judging panel)*
- *Teaching evidence-based medicine (EBM) in schools - Cochrane UK Senior Fellow in General Practice and Cochrane UK Communications and Engagement Officer on the **talks and workshops they run for secondary school students, teaching evidence-based medicine and encouraging critical thinking about health claims and advice.***

**Others were designed to assist those involved in knowledge translation activities who are seeking to present complex data, accessible to all, in plain language, in a range of formats via social media. The blogs explore the challenges involved, including how to illustrate health topics responsibly with appropriately sensitive images to avoid triggering harm and that are contextually relevant to optimize an intended powerful impact. For example:**

- *Cochrane blogshots: challenges and changes (Cochrane UK Knowledge Broker launches new guidance for making **Cochrane blogshots** – evidence presented in short infographic format)*

- *A guide to blogging for Evidently Cochrane* – Cochrane UK Communications and Engagement Officer and Cochrane UK Knowledge Broker present updated guidance on blogging for *Evidently Cochrane* in line with the recently published 18-item Cochrane Dissemination Checklist and Guidance
- *Evidently Cochrane: reflecting on the year and looking ahead*
- *The power of the picture: opportunity and responsibility when illustrating health topics*
- *Picturing mental health: what sort of images are the right ones?*
- *Illustrating mental health topics: from the headclutcher to the hopeful*
- *Illustrating mental health topics: how can we do this well? A Cochrane tweetchat*
- *YouTube for sharing Cochrane evidence: could this help us reach a young audience?*

**Six blogs** were written **by patients** or those **with lived experience** or included a **patient ‘voice’**:

- *Confessions of a rookie consumer peer reviewer* (also illustrated with cartoons drawn by the author, a volunteer peer reviewer for Cochrane Common Mental Disorders)
- *Supporting children and young people’s mental health: a call for change* (a young woman’s experience of anxiety and depression, calling for better understanding and support for children and young people with mental health difficulties; includes a link to Cochrane Common Mental Disorders’ survey seeking to co-produce with young people the research questions Cochrane Reviews need to address)
- *Carer at the end of the line: evidence and experience of telephone support* (carer reflects on the lack of connections for her when she was caring for her mother and looks at the evidence for telephone support and support by other modes, giving a snapshot of her life as a carer in four phone calls)
- *Recurrent miscarriage and early pregnancy: learning from women’s experiences* (includes comments from women with lived experience of the traumas of miscarriage)
- *Pregnancy after stillbirth: experience and evidence gaps* (lived experience recounted of the trauma of stillbirth and impact on subsequent pregnancies)
- *Picturing mental health: what sort of images are the right ones?* (includes cartoons drawn by an artist with lived experience of obsessive compulsive disorder and her desire to find reliable information on which to base decisions on treatment options)

**17 blogs** were written by or included a healthcare professional or healthcare researcher 'voice': **one** by a midwife, **three** by doctors in internal medicine; **one** by a child psychiatrist and paediatrician; **one** by a geriatrician; **one** by a rheumatologist; **one** by a surgeon; **one** by an optometrist; **eight** by healthcare researchers. **10 blogs** were written by editorial staff in Cochrane Review Groups. **38 blogs** were written by staff and fellows associated with Cochrane UK: **two** by Cochrane UK & Ireland Trainees; **one** by Cochrane UK Fellows; **10** by Cochrane UK Senior Fellows in General Practice; **five** by Cochrane UK Communications and Engagement Officer; **one** by Cochrane UK Director; **19** by Cochrane UK Knowledge Broker.

**24 blogs** were linked to health awareness events or campaigns, NHS priorities or topical news:

- *Nicotine replacement therapy: new evidence on help to quit smoking*
- *Outdoor air pollution: determining individual-level actions to reduce exposure* - links to **topical news** relating to **Australian bush fires**; links to a recently commissioned major study on **health impacts of bushfire smoke** reported in **The Times**.
- *Preventing seasonal affective disorder (SAD): light on evidence*
- *Suicide prevention: towards better evidence* – to coincide with **World Mental Health Day** 10 October 2019, with its focus on suicide prevention
- *Preventing suicide and self-harm in young people* – part of Cochrane UK Special Series 'Young Minds Matter' and an **NHS priority**
- *Talking therapies for anxiety and depression in children with long-term physical conditions* - part of Cochrane UK Special Series 'Young Minds Matter'; an **NHS priority**
- *Carer at the end of the line: evidence and experience of telephone support* – to coincide with **Carers' Week**
- *Dementia diagnosis: a decade of evidence* – to coincide with **World Alzheimer's Day**
- *Supporting women throughout labour and childbirth: effective and equitable* – to coincide with the imminent arrival of a **royal baby**
- *Fluid resuscitation: evidence-based solutions?* – **topical** - shortage of Hartmann's Solution and Plasma-Lyte 148; notice from NHS Specialist Pharmacy Service to London and South East Region (2018)
- *Breastfeeding: a round up of Cochrane evidence* – to coincide with **World Breastfeeding Week**, 1st to 7th August 2019; part of Cochrane UK Special Series on 'Maternity Matters'
- *Cutting down on sugary drinks: what works best?* – to address the **NHS major priority** on obesity
- *Eczema research: have we done more than scratched the surface?* – to coincide with **National Eczema Week** 15 to 22 September 2019

- *Skin cancer: should the UK start screening for it?* – **seasonal** - links to NHS UK Public Health information on skin cancer and sunscreen and sun safety; Cancer Research UK melanoma skin cancer mortality statistics (2017)
- *Affordable ways to support people who want to stop smoking* – to coincide with **World No Tobacco Day**
- *Does your ‘lung age’ tell you anything useful? New ways of thinking about disease risk* – to coincide with **Public Health England initiative** to encourage change to a healthier lifestyle
- *What is the best way to stop smoking – should I stop suddenly or cut down first?* – to coincide with Stoptober; links to **Public Health England One You Stoptober initiative**
- *Pain in the prostate: can medicines help?* – to coincide with **November** with the focus on men’s health
- *Prostate biopsy: targeting cancer that matters* – to coincide with **November** with the focus on men’s health
- *Supporting children and young people’s mental health: a call for change* – **NHS priority**
- *Children can do randomized trials START competition 2019* – to coincide with annual **International Clinical Trials Day**, school children in Ireland run and present their own randomized controlled trials in the innovative Schools Teaching Awareness About Randomized Trials (START) initiative competition
- *The People’s Trial: your chance to be a scientist in a fun online trial* – to coincide with the launch of The People’s Trial, a **project** from the **Health Research Board Trials Methodology Research Network at the National University of Ireland, Galway**, which invites members of the public to create and run a fun online clinical trial
- *Maternity Matters: a special series from Cochrane UK* – to coincide with **World Breastfeeding Week**
- *Expert opinion is not always right* – links to **BBC news item on hernia mesh implants**; part of Cochrane UK *Understanding Evidence* occasional series year-long special series on some of the Informed Health Choices 44 Key Concepts, providing guidance on what to consider when making sense of health advice.

**23 blogs** were linked to national and international guidelines (including the National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidance) or policy documents:

- *Delirium in long-term care institutions: can we prevent or minimize it?* – links to **NICE guideline** (CG103)
- *Dementia diagnosis: a decade of evidence* – links to **NICE guideline** (NG97) and National Institute on Ageing and Alzheimer’s Association Research Framework for Alzheimer’s Disease



- *Supporting women throughout labour and childbirth: effective and equitable* – links to **WHO guideline** on intrapartum care for a positive birth experience (2018)
- *What can be done to help heavy periods?* – links to **NICE guidance** (NG88; QS47)
- *Avoiding malaria on holiday: evidence on how to reduce your infection risk* – links to **Public Health England statistical report** on malaria in UK (June 2019)
- *TB or not TB? That is the question (and here's the test that can answer it)* - links to **World Health Organization Global Tuberculosis Report** (2018)
- *Fluid resuscitation: evidence-based solutions?* – links to **NICE guidelines** (CG174; NG29); **British Association for Parenteral and Enteral Nutrition guidelines** (2011); National Confidential Enquiry into Perioperative Deaths (1999, 2011)
- *Vitamin D supplements in pregnancy: what's the latest evidence?* – links to **European Food Safety Authority Report** on Dietary Reference Values; **NHS Oxfordshire Clinical Commissioning Group professional resource clinical guideline**; **NICE guideline** (CG62); **NICE Public Health Guidance** (PH56); **Royal College of Obstetricians & Gynaecologists Scientific Impact Paper**; Scientific Advisory Committee on Nutrition
- *Breastfeeding: a round up of Cochrane evidence* – links to **Royal College of Physicians of Ireland guideline** (2018); **NICE Clinical Knowledge Summaries** breastfeeding problems (2017) and mastitis and breast abscess (2018); **World Health Organization guideline** (2017)
- *Implementing continuous support for women during labour and childbirth* – links to **World Health Organization guideline** (2018)
- *New baby: fads, fashions and evidence for new parents* – links to **World Health Organization Baby Friendly Hospital Initiative Report** and **Unicef UK** evidence-based **online resource Baby Friendly Initiative breastfeeding in the UK**
- *The third stage of labour: active or expectant management of care?* – links to **NICE guideline** (CG190); **World Health Organization guidance** (2017); International Confederation of Midwives Statement
- *What helps women to quit smoking while pregnant?* – to coincide with **priorities** in the **NHS Long Term Plan** (2019); links to Randomized Controlled Trial (Smoking, Nicotine and Pregnancy SNAP Trial); part of Cochrane UK Special Series 'Maternity Matters'
- *Implementing midwife-led continuity models of care and what do we still need to find out?* – links to **Department of Health for England 'Safer Maternity Care' strategy** (2017); randomized controlled trial protocol (POPPIE on continuity of midwifery care for women at increased risk of preterm birth (2019); **NHS England National Maternity Review 'Better Births'**; **NHS England resource pack for implementing 'Better Births' NHS England NHS Long Term Plan** (2019); **World Health Organization guidelines** on intrapartum care (2018) and antenatal care (2016)

- *Cutting down on sugary drinks: what works best?* – links to **World Health Organization guideline** on sugar intake for adults and children (2015); **British Medical Association official briefing to UK government** on tax on sugary drinks (2018);
- *Bell's palsy: facing up to uncertainty* – links to **NICE Clinical Knowledge Summary** on Bell's palsy (May 2019); **NICE guidance** (NG127)
- *Eczema research: have we done more than scratched the surface?* – links to **NIHR James Lind Alliance Priority Setting Partnership Top Ten priorities** on eczema; **NICE guidance** (CG57; QS44); **SIGN guidance** (no 125); **NIHR Centre for Dissemination 'Highlight'** on childhood eczema (2017); **Health Technology Assessment major randomized controlled trials** (2016, 2017, 2018); four **NIHR Centre for Dissemination 'SIGNALS'**
- *Psoriasis: can changing your lifestyle help?* – links to **NIHR James Lind Alliance Priority Setting Partnership Top 10 Priorities** for psoriasis
- *Staying smoke free after quitting smoking: what helps?* – links to **NICE Clinical Knowledge Summary** 2018; **NIHR 2019 funding call** for research on tobacco cessation and harm reduction; 'Publichealthmatters' blog on tobacco smoking in England; **Office of National Statistics report** on adult smoking habits in the UK 2017; **Action on Smoking and Health Research Report** on secondhand smoke
- *Pain in the prostate: can medicines help?* – links to **NICE Clinical Knowledge Summary** (2019)
- *Prostate biopsy: targeting cancer that matters* – links to **European Association of Urology Guidelines** (2019)
- *Maternity Matters: a special series from Cochrane UK* – links to **NHS England's Maternity Review 'Better Births'** and the **NHS Long Term Plan**; includes **comments by Professor Catherine Swann, Deputy Director of Maternity and Community at Public Health England** and Charlene Cole, Co-ordinator of WeMidwives tweekchats.
- *Working in partnership to make evidence work for young people's lives* – part of Cochrane UK special series '*Young Minds Matter*'; links to **Mental Health Foundation Report** 'State of a generation: preventing mental health problems in children and young people' (2019); **Mental Health Foundation Strategy 2020-2025**.

## Three special series

### *Maternity Matters* – **nine blogs (August 2019)**

- *Maternity Matters: a special series from Cochrane UK*
- *Breastfeeding: a round up of Cochrane evidence*
- *Recurrent miscarriage and early pregnancy: learning from women's experiences*
- *Pregnancy after stillbirth: experience and evidence gaps*
- *Implementing midwife-led continuity models of care and what do we still need to find out?*
- *Implementing continuous support for women during labour and childbirth*
- *What helps women to quit smoking while pregnant?*
- *Vitamin D supplements in pregnancy: what's the latest evidence?*
- *The third stage of labour: active or expectant management of care?*

### *Young Minds Matter* – **nine blogs (February 2020)**

- *Young Minds Matter: towards better evidence: a special Cochrane blog series*
- *Illustrating mental health topics: how can we do this well? A Cochrane tweetchat*
- *Picturing mental health: what sort of images are the right ones?*
- *Research prioritisation: young people driving the mental health research agenda*
- *YouTube for sharing Cochrane evidence: could this help us reach a young audience?*
- *Preventing suicide and self-harm in young people*
- *Illustrating mental health topics: from the headclutcher to the hopeful*
- *Talking therapies for anxiety and depression in children with long-term physical conditions*
- *Working in partnership to make evidence work for young people's lives*

### *"Oh, really?": 12 things to help you question health advice* – **three blogs (January 2020, March 2020)**

- *"Oh, really?" 12 things to help you question health advice (introducing the series)*
- *Expert opinion is not always right*
- *All that glitters is not gold: are brand-named, high-tech, expensive treatments always better than old ones?*

**31 blogs were linked to** the ongoing *Evidence for Everyday* series and the *Understanding Evidence* occasional series:

- Evidence for Everyday Health Choices (**21 blogs**)
- Evidence for Everyday Midwifery (**five blogs**)
- Understanding Evidence (**five blogs**)

### **COVID-19 response (from March 2020)**

**Two blogs** were written by Cochrane UK Knowledge Broker, Sarah Chapman, as part of the ongoing Cochrane UK knowledge translation support to the Cochrane Executive Team to produce **COVID-19 output** targeted at consumers and citizens to help people gain a clear understanding of the evidence behind public health guidance and Government policy, and see how it applies to daily lives in times of pandemic.

- *Managing minor illnesses at home: evidence on over-the-counter health products in extraordinary times* – topical, targeted at consumers and citizens in the light of COVID-19 pandemic
- *“Stay at home” rules: what makes people more likely to stick to quarantine?* – links to two non-Cochrane rapid reviews in *The Lancet* and preprint *BMJ*

### **Evidently Cochrane blogs co-posted on other blog sites:**

- **Cochrane Community blog site:**
  - Karen Morley: [Confessions of a rookie consumer peer reviewer](#) (**6 May 2019**)
  - Sarah Chapman: [Blogshots: challenges, changes and some new guidance](#) (**4 June 2019**)
  - Lynda Ware and Selena Ryan-Vig: [School children learning about evidence-based medicine: Cochrane UK’s outreach programme](#) (**22 July 2019**)
- **Cochrane.org news blog site:**
  - [Maternity Matters: a new special series of blogs and other resources from Cochrane UK](#) (**29 August 2019**)
- **Cochrane Common Mental Disorders blog site:**
  - Sarah Chapman: [Preventing seasonal affective disorder \(SAD\): light on evidence](#) (**13 April 2019**)
  - Karen Morley: [Confessions of a rookie consumer peer reviewer](#) (**1 May 2019**)

## Appendix 6: Blogshots and vlogshots made (1st April 2019 and 31st March 2020)

In this reporting period (01 April 2019 to 31 March 2020), **90 blogshots** and **three video summaries** (vlogshots) have also been published (of which **21 blogshots and one vlogshot** were **updated** to reflect newly updated reviews).

- **83 Reviews** (35 new or existing, 48 updates; **two Living Systematic Reviews** (one with two revisions in this period) and **one Diagnostic Test Accuracy Review**), were highlighted from **26** Cochrane Review Groups (**15** UK based)
- **31 blogshots** were linked to coincide with topical news or events designed to raise awareness of specific health conditions or public health priorities:
  - one blogshot - of a Living Systematic Review to coincide with the latest publication of The Global Burden of Disease Study in *The Lancet* (April 2019)
  - three blogshots – to coincide with World No Tobacco Day (May 2019)
  - one blogshot – on malignant melanoma (seasonal – August 2019)
  - 19 blogshots – to coincide with World Breastfeeding Week (August 2019)
  - five blogshots – to coincide with National Eczema Awareness Week (September 2019)
  - two blogshots – to coincide with Stoptober the national public health campaign to encourage people to stop smoking – (October 2019)
- **29 blogshots** were linked to one special series on ‘*Maternity Matters*’ (August 2019)
- **57 blogshots** were linked to four ongoing ‘*Evidence for Everyday*’ series:
  - 33 blogshots to *Evidence for Everyday Midwifery*
  - 16 blogshots to *Evidence for Everyday Health Choices*
  - five blogshots to *Evidence for Everyday Nursing*
  - three blogshots to *Evidence for Everyday Allied Health*

Topics covered included:

- **Public Health initiatives** – healthy eating: how to increase fruit and vegetable consumption in children; help to quit smoking; lifestyle choices: altering availability or proximity of food, alcohol and tobacco products to change their selection and consumption; screening for malignant melanoma
- **Prevention** – vaccines for preventing shingles in older adults; interventions for preventing falls in people following stroke; support delivered by pharmacy staff; drinking more water to prevent kidney stones
- **Antimicrobial resistance** (carefully considered use of antibiotics; responsible prescribing) – antibiotics for operative vaginal delivery; antibiotics for pregnant

women who have a urinary infection but no symptoms; prophylactic antibiotics for penetrating abdominal trauma

- **Rehabilitation interventions to improve quality of life** – transcranial direct current stimulation for improving effects of aphasia in adults after stroke; enhanced rehabilitation and care models for people with dementia following hip fracture surgery
- **Pain** – psychological therapies for prevention of migraine in adults; non-pharmacological interventions for chronic pain in multiple sclerosis
- **Patient safety** – care prior to and during subsequent pregnancies following stillbirth; buffered solutions vs 0.9% saline for resuscitation in critically ill adults and children; early vs delayed enteral nutrition with or without supplemental parenteral nutrition for critically ill adults; preventing falls in people after stroke; computed tomography for diagnosis of acute appendicitis in adults; fortifier made from human milk vs fortifier made from cow's milk in preterm infants fed exclusively with breast milk; interventions for increasing acceptance of local anaesthetic in children and adolescents having dental treatment
- **Interventions for vulnerable people** - exercise for reducing falls in people living with and beyond cancer; haloperidol discontinuation for people with schizophrenia; rigid vs soft dressings for transtibial below the knee amputations; peroxisome proliferator-activated receptor gamma agonists for preventing recurrent stroke and other vascular events in people with stroke or transient ischaemic attack; preventing falls in people after stroke; interventions for prodromal stage of psychosis; couple and family therapies for post-traumatic stress disorder; benzodiazepines to treat adults with delirium excluding those cared for in intensive care units; enhanced rehabilitation and care models for people with dementia following hip fracture surgery
- **Care for the older person** – pharmacotherapy for hypertension in adults 60 years or older
- **Evidence for making informed choices in everyday maternal and newborn care** – induction of labour for suspected foetal macrosomia; support for breastfeeding (promoting initiation, increasing duration, avoiding bottle feeding, treating painful nipples, breast abscesses, breast engorgement); early skin-to-skin contact for mothers and newborns; kangaroo mother care; rooming-in; methods for feeding preterm or very low birthweight infants; active vs expectant management for women in third stage of labour; continuous support during pregnancy; multiple-micronutrient supplementation during pregnancy; antiplatelet agents for preventing pre-eclampsia and its complications; antibiotics for pregnant women with a urinary infection but no symptoms

- **Evidence for making informed choices in everyday nursing care** - dressings and topical agents for arterial leg ulcers; electrical stimulation for treating pressure ulcers
- **Making choices for everyday health and wellbeing** - smoking cessation; lifestyle choices in selection and consumption of food, alcohol, tobacco products; interventions for treating eczema; intranasal corticosteroids for non-allergic rhinitis; exercise for dysmenorrhoea; interventions for managing bad breath; cognitive behavioural therapy for tinnitus; biologics for chronic rhinosinusitis
- **Organization of care** - midwife-led continuity models vs other models of care; rooming-in vs separate care for new mothers and infants for increasing duration of breastfeeding; follow-up strategies for patients treated for non-metastatic colorectal cancer

## Appendix 7: Blogshots & Knowledge Translation development over five years

### Sharing Cochrane evidence through blogshots and vlogshots

Blogshots are one of our key dissemination products. We introduced them in June 2015, as a way of sharing the key messages of a Cochrane Review in an accessible format that can be shared on social media. As of 31st March 2020, we have created 634 blogshots. See an example below for the review '[Water for preventing urinary stones](#)'



#### Drinking more water to prevent urinary (kidney) stones

Evidence for  
Everyday Health  
Choices



Drinking more water (enough to produce at least 2 litres of urine a day), compared with standard water intake, may reduce the risk of people who have had urinary (kidney) stones getting them again (low-certainty evidence). It may also increase the length of time until they get stones again (low-certainty evidence).



There was not enough information available about possible harms of drinking more water.



Cochrane Review (published February 2020); one study with 220 people with a history of urinary stones, comparing the effects of increased water intake (enough to produce at least 2 litres of urine a day) with standard water intake on urinary stone formation. No studies were found looking at this for preventing urinary stones in people who have never had them.



[evidentlycochrane.org](http://evidentlycochrane.org) | [@CochraneUK](https://twitter.com/CochraneUK) | [#EEHealthChoices](https://www.facebook.com/EEHealthChoices) <http://bit.ly/2HfrPjX>

In November 2015, we introduced two new blogshot templates '*Evidence for Everyday Midwifery*' and '*Evidence for Everyday Nursing*'. In 2016, we introduced two more templates, '*Evidence for Everyday Health Choices*' and '*Evidence for Everyday Allied Health*'. This allows us to target our dissemination efforts more explicitly to four of our key audiences (midwives, nurses, the public, and allied health professionals respectively).

In December 2016, we introduced vlogshots (video summaries). These are short, moving slide sets, shared in the same way as blogshots but allowing a little more information to be included. They are particularly useful for sharing Cochrane Reviews which have multiple treatment comparisons. As of 31st March 2020, we have created 38 vlogshots.

## **Blogshots: revised templates and guidance**

Over time, an increasing number of Cochrane Groups produced their own blogshots, and many are translated into other languages other than English by the global Cochrane Community. This knowledge translation effort was welcomed, however it resulted in variation in the style and consistency of the key messages shared. In late 2018, to improve the consistency and quality of blogshots across Cochrane as a whole, Sarah Chapman, Cochrane UK Knowledge Broker and Selena Ryan-Vig, Communications and Engagement Officer, undertook a critical appraisal of the content and format of blogshots. They updated the blogshot template and worked with the central Cochrane Knowledge Translation team to produce a detailed guidance document on how to produce and share this type of summary.

The updated blogshot guidance is in line with Cochrane's Checklist and Guidance For disseminating findings from Cochrane Intervention reviews. Notable revisions to the template include a section dedicated to harms-related information and explicit statement of the certainty of the evidence for each outcome (based on GRADE assessments). [The revised template and guidance are available on the Cochrane Training website](#) as part of Cochrane learning resources for knowledge translation for the wider Cochrane Community.

## **Appendix 8: Working with the media**

Throughout the five-year contract we have refined, streamlined and professionalised Cochrane UK's media relations and built and maintained some excellent new relationships. We have created front page news with high profile reviews. We closely coordinate our dissemination work to support global activity with shared, consistent messaging.

In 2014, the Cochrane UK team looked in detail at its key audiences and determined these as patients, health professionals and organizers and funders of health care. The media is vital to help reach these groups of people. This focus on specific audiences helped us prioritize our dissemination activity.



We were pleased to start working with the Science Media Centre (SMC) to run press briefings for health and science journalists in the UK, which includes the BBC and quality national newspapers and newswires. These press briefings provide a launch pad for media coverage across the rest of the world. Our first press briefing was on ‘Hormone therapy for preventing cardiovascular disease in post-menopausal women’ and we finish the five-year period helping the SMC field media requests for experts who can comment on the COVID-19 pandemic.

On average Cochrane receives around 8,000 media mentions a year globally, the overwhelming majority are positive and mention specific Cochrane Reviews.

***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.”***

As consumption of traditional media declines (fewer and fewer people read and view traditional media) we will need to continue to invest in our own social media channels and seek opportunities with partners.

During February and March 2020, COVID-19 started to be reported in the UK as affecting UK citizens, it also began to dominate the news agenda, with little space for other health stories. With many news outlets reducing staff and expecting non-health or science specialists to cover health and science stories and an increased politicisation of science, we have yet to see how this impacts longer term – however one early benefit for Cochrane is already evident, a resurgence in the respect and need for evidence during a time of pandemic and corresponding [‘infodemic.’](#)

## Working with the media: a case study

In 2015, Cochrane published [“Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco.”](#)

A comprehensive dissemination plan was pulled together comprising traditional and social media activity. This coordinated effort between Cochrane UK, Cochrane’s central Knowledge Translation team and the review author team and their host institution the University of Cambridge saw a global press release create headline news. Coverage of the review included [BBC News](#), the Times, Guardian, Independent, Telegraph, Daily Mail, Vice, The Spectator, and a summary pulled together on NHS Choices.

The review rose quickly to be in the [top 5 percent of scores on altmetric](#). In support, Cochrane UK held a ‘healthy weight’ week, for which we produced a blog, [an infographic](#) and several blogshots, as well as [blogs](#) on other reviews relevant to healthy weight. The blogshots on portion size were our most successful of 2015/2016, quickly generating more than 1000 clicks through to the review.

Cochrane UK also used the portion size review as the basis of [a Critical Appraisal Twitter Session](#) (#WeCATS) on Twitter, a joint initiative with @WeNurses, @CASPUK and @Mental\_Elf. Ninety-eight contributors to the chat shared 657 tweets. CASP (Critical Appraisal Skills Programme) led the first half of the chat introducing some basics about systematic reviews and Cochrane UK (Sarah Chapman) and Ian Shemilt (one of the review’s authors) led the second half to look at the portion size review.

Latterly this Cochrane review was also used to help inform [Public Health England’s report on sugar reduction](#). It was also referenced in the [WHO Global nutrition policy review 2016-17](#).

In this short film the lead author [shares his perspective on disseminating this](#) Cochrane review.

Following on from this publication Cochrane UK began to work much more closely with Cochrane’s central Knowledge Translation team to anticipate publication of high profile reviews, working carefully with author teams to build creative dissemination plans for UK audiences. This coordinated approach achieves strong results, aligned messaging and good quality dissemination products.

## Appendix 9: Use of Cochrane Reviews to inform UK-published healthcare guidelines (National Institute for Health and Care Excellence (NICE) guidance and Scottish Intercollegiate Guidelines Network (SIGN) guidelines) (01 April 2019 to 31 March 2020)

- Maximum number of reviews used from any one Cochrane Review Group is 71 (Airways Group: SIGN and British Thoracic Society guideline on the management of asthma; July 2019)
- maximum number of reviews used to inform any one guideline is 81 (SIGN and British Thoracic Society guideline on the management of asthma; July 2019)
- 14 guidelines have used over 15 Cochrane Reviews to inform their guidance:
  - British guideline on the management of asthma (SIGN no. 158: 71 Airways; four Effective Practice & Organisation of Care Reviews; two Consumers & Communication; two Neonatal; one Pregnancy & Childbirth; one Tobacco Addiction)
  - Management of chronic pain (SIGN no. 136: 26 Pain, Palliative & Supportive Care Reviews; 13 Back & Neck; six Musculoskeletal; three Neuromuscular; two Oral Health; one Consumers & Communication)
  - Asthma: diagnosis, monitoring and chronic asthma management (NICE NG80: 41 Airways Reviews; one Consumers & Communication)
  - Caesarean section (NICE CG132: 37 Pregnancy & Childbirth Reviews; one Infectious Diseases; one Wounds)
  - Chronic obstructive pulmonary disease in over 16s: diagnosis and management (NICE NG115: 33 Airways Reviews; one Pain, Palliative & Supportive Care)
  - Venous thromboembolism in over 16s: Reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NICE NG89: 19 Vascular Reviews; three Gynaecological, Neuro-oncology & Orphan Cancer; two Stroke; one Pregnancy & Childbirth; one Colorectal; one Injuries; one Kidney & Transplant)
  - Hypertension in pregnancy: diagnosis and management (NICE NG133: 24 Pregnancy & Childbirth Reviews)
  - Motor neuron disease: assessment and management (NICE NG42: 14 Neuromuscular Reviews; five Pain, Palliative & Supportive Care; one Movement Disorders; one Multiple Sclerosis & Rare Diseases of the CNS; one Pregnancy & Childbirth)
  - Hypertension in adults: diagnosis and management (NICE NG136: 14 Hypertension Reviews, five Heart; one Consumers & Communication Review)

- Surgical site infections: prevention and treatment (NICE NG125: nine Wounds Reviews; four Pregnancy & Childbirth; three Colorectal; two Bone, Joint & Muscle Trauma; one Vascular)
- National clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA) (NICE NG128: 17 Stroke Reviews; one Metabolic & Endocrine Disorders; one Vascular)
- Urinary incontinence in women: the management of urinary incontinence in women (NICE NG123: 17 Incontinence Reviews)
- End of life care for adults: service delivery (NICE NG142: six Effective Practice & Organisation of Care Reviews; four Pain, Palliative & Supportive Care; three Consumers & Communication; one Dementia & Cognitive Improvement; one Kidney & Transplant; one Heart)
- Tuberculosis (NICE NG33: six EPOC; six Infectious Diseases Reviews; two Consumers & Communication; one Acute Respiratory Infections; one Pregnancy & Childbirth)

## **Appendix 10: Are Cochrane Reviews also being used to inform best practice guidance in primary care? (NICE Clinical Knowledge Summaries) (01 April 2019 to 31 March 2020)**

- Maximum number of reviews used from any one Cochrane Review Group is 11 (Pregnancy & Childbirth; Wounds)
- maximum number of reviews used to inform any one Clinical Knowledge Summary is eight (Leg ulcer - venous)
- The top three Clinical Knowledge Summaries using the highest number of Cochrane Reviews are:
  - Clinical Knowledge Summaries: Leg ulcer - venous (using eight Cochrane Wounds Reviews)
  - Clinical Knowledge Summaries: Multiple sclerosis (using seven Cochrane Multiple Sclerosis and Rare Diseases of the CNS Reviews)
  - Clinical Knowledge Summaries: Urinary tract infection (lower) - women (using five Cochrane Reviews: two Pregnancy & Childbirth; one Incontinence; two Kidney & Transplant)

## Appendix 11: Use of Cochrane Reviews to inform Reports of the WHO Expert Committee on the Selection and Use of Essential Medicines (2000 to 2019)

In total, 276 Cochrane Reviews from 47 Cochrane Review Groups (range one to 22 reviews) have been used to inform *all* Reports of the WHO Expert Committee on the Selection and Use of Essential Medicines (including the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children) (range two to 67 reviews per report), published between 2000 and 2019:

- 2000: 2 reviews from 2 Cochrane Review Groups
- 2003: 11 reviews from 8 Cochrane Review Groups
- 2005: 30 reviews from 10 Cochrane Review Groups
- 2007<sup>1</sup>: 29 reviews from 14 Cochrane Review Groups
- 2009: 41 reviews from 18 Cochrane Review Groups
- 2011: 24 reviews from 16 Cochrane Review Groups
- 2013: 30 reviews from 13 Cochrane Review Groups
- 2015: 41 reviews from 16 Cochrane Review Groups
- 2017: 67 reviews from 24 Cochrane Review Groups
- 2019: 47 reviews from 19 Cochrane Review Groups

<sup>1</sup> two separate WHO Expert Committee Reports were published in 2007, both informed by Cochrane Reviews – the combined totals are given here.

Evidence from Cochrane Reviews has been used to inform decisions by the WHO Expert Committee:

- **to reject applications to add or delete medicines** from the core Essential Medicines List or the Essential Medicines List for Children (evidence includes highlighting paucity of existing evidence, or uncertainties requiring better quality evidence or a more extensive review of all possible comparators; ongoing research; potential risks of harms, including risk of drug resistance) (n=**61**)
- **to recommend adding new medicines to the list** or **with additional footnotes** to clarify specific uses for existing medicines listed (evidence includes comparative efficacy with minimal harms, including risk of drug resistance) (n=**122**)
- **to recommend deletions from the list** (evidence includes avoidance of harms or identification of more effective alternatives now available) (n=**24**)
- **to recommend moving items from the Essential Medicines List to the Complementary Medicines List** or **adding items to the Complementary Medicines List only** (n=**24**)
- **to defer decisions** pending more information (lack of existing evidence; complexities identified requiring further review; ongoing trials identified) (n=**4**)

- **to endorse existing entries, sometimes adding additional explanatory notes to qualify specific use** (quality of evidence now available strengthens or confirms original decisions, or indicates specific setting or population who might benefit the most (n= 7) **or to keep entries on the list unchanged** (quality of new evidence not robust enough to overturn existing recommendations) (n=8)
- **other:** Cochrane evidence noted by the Committee of the importance of adequate pain relief in neonates but did not lead to any specific recommendations in relation to the Essential Medicines List for Children (Annexe for neonates) (n=1); not specifically informed a change or endorsement, but provided contextual information for completeness to aid understanding of wider healthcare context (n=25)

Of the 276 reviews that have been used to inform the WHO Expert Committee Reports, 38 have been used in more than one report:

- 29 in 2
- 6 in 3
- 3 in 4

## Appendix 12: Use of Cochrane Reviews to inform NIHR Dissemination Centre SIGNALS (2015 to 2020)

<b>Cochrane Review Group</b>	<b>Number of NIHR Signals using Cochrane Reviews (per group)</b>	<b>Number of reviews used to form the basis of the Signal</b>	<b>Number of reviews referenced in the bibliography</b>
Acute Respiratory Infections	9	5	8
Airways	14	7	13
Anaesthesia, Critical and Emergency Care	8	6	3
Back & Neck	3	1	2
Bone, Joint and Muscle Trauma	4	0	4
Breast Cancer	1	1	0
Childhood Cancer	1	0	1
Colorectal Cancer	9	3	5
Common Mental Disorders	4	0	4
Consumers & Communication	2	1	1
Dementia & Cognitive Improvement	1	1	0
Developmental, Psychosocial and Learning Problems Group	2	1	1
Effective Practice & Organisation of Care	12	7	4
ENT	6	2	6
Epilepsy	3	3	0
Eyes & Vision	3	3	0

<b>Gynaecological, Neuro-Oncology &amp; Orphan Cancer</b>	<b>3</b>	<b>1</b>	<b>4</b>
<b>Gynaecology &amp; Fertility (including Fertility Regulation)</b>	<b>4</b>	<b>3</b>	<b>1</b>
<b>Heart</b>	<b>16</b>	<b>7</b>	<b>7</b>
<b>Hepato-biliary</b>	<b>2</b>	<b>0</b>	<b>3</b>
<b>IBD</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Incontinence</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Injuries</b>	<b>3</b>	<b>1</b>	<b>1</b>
<b>Kidney &amp; Transplant</b>	<b>4</b>	<b>1</b>	<b>4</b>
<b>Lung Cancer</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Metabolic &amp; Endocrine</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Musculoskeletal</b>	<b>4</b>	<b>3</b>	<b>2</b>
<b>Neonatal</b>	<b>8</b>	<b>5</b>	<b>3</b>
<b>Neuromuscular</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Oral Health</b>	<b>4</b>	<b>3</b>	<b>1</b>
<b>Pain, Palliative &amp; Supportive Care</b>	<b>6</b>	<b>5</b>	<b>1</b>
<b>Pregnancy &amp; Childbirth</b>	<b>15</b>	<b>7</b>	<b>9</b>
<b>Public Health</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Skin</b>	<b>8</b>	<b>6</b>	<b>2</b>
<b>Stroke</b>	<b>7</b>	<b>4</b>	<b>3</b>
<b>Tobacco Addiction</b>	<b>10</b>	<b>6</b>	<b>4</b>
<b>Upper GI &amp; Pancreatic Diseases</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Urology</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Vascular</b>	<b>9</b>	<b>7</b>	<b>4</b>
<b>Work</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Wounds</b>	<b>5</b>	<b>1</b>	<b>14</b>



## Appendix 13: Cochrane UK Guidelines project

### Development of the guideline database structure

From **February 2015**, we worked with colleagues in the Informatics and Knowledge Management Department of Cochrane Central Executive to begin the project of enabling access to basic guideline information linked to Cochrane Reviews via the Cochrane Library. Our guidelines dataset was designated by Cochrane as one of several ‘derivative products’ linked to Cochrane Reviews.

Also from **February 2015**, we started initial discussions with Metaxis Ltd., the developers and producers of the Cochrane Register of Studies (CRS) to design a bespoke architecture within the CRS to accommodate the complete guidelines dataset. **From 2016**, Wiley, the publisher of the Cochrane Library, in partnership with a succession of specialist subcontractors began work on migrating the Cochrane Library to a new web-based platform to enable greater accessibility and sophistication in information retrieval and data linkage. The Cochrane UK Guidelines project formed part of this transition.

While these separate major developments were being pursued, the dataset was maintained and kept up to date in reference management software, initially in ProCite but then transferred to EndNote after ProCite was no longer being produced and supported by Thomson Reuters. At this time, we were recording bibliographic details of the guideline, together with details of the Cochrane Reviews that had been used to inform them, in both EndNote and separate Excel spreadsheets for each Cochrane Review Group.

From **August 2018**, the option became available, for the first time, for readers of a Cochrane Review to access links to the guidelines it has informed from within the Cochrane Library.

In **May 2019**, the full guidelines dataset went live in the CRS. We moved away from entering the data separately onto Excel spreadsheets due to the enhanced ability to run sophisticated searches and export tailored data directly into spreadsheet format. There are currently over 5,000 records on the guideline database, each providing bibliographic details of the guidelines linked to the Cochrane Reviews that have been used to inform them.

### Examples of how the dataset has been used to provide the Cochrane Community with guideline information

#### Cochrane Review Groups

**Annually**, we provide each Cochrane Review Group (CRG) with details of which of their reviews have been used to inform national and international guidelines for the preceding two years – in March for NIHR UK-funded CRGs and in June for all other CRGs. **From 2020**, for the NIHR UK-funded CRGs, we have moved to providing these data directly to the NIHR, at their request, with a copy of this information sent to each CRG.

The CRGs use these data as part of their annual reports to their funders and also in priority setting and to support guideline development work.

We have also assisted the Cochrane Pregnancy & Childbirth Group **annually** with more detailed impact data, providing information about specific reviews that have led to changes in clinical practice, or provided the rationale for further research to be commissioned and undertaken, or quality improvement initiatives to be implemented, or influenced policy development, or shaped ideas for improving maternal and neonatal care.

We were able to assist the Cochrane Infectious Diseases Group with data relating to the use of their reviews in guidelines which they presented to their funders, the Department for International Development, and also at meetings with representatives of the World Health Organization, as part of their close working relationship in guideline development.

### **Cochrane ‘Fields’**

Cochrane Nutrition identified 725 Cochrane Reviews relevant to their ‘Field’ for which they requested data on which of these reviews had been used to inform guidelines. Initial data were provided in **February 2017** and subsequently updated in **May 2018**, contributing to a piece of joint research between Cochrane UK and Cochrane Nutrition, “Use of Cochrane nutrition reviews in guidelines: appraising the “payback” on investing in nutrition evidence synthesis”, presented as a poster at the Cochrane Colloquium in Edinburgh in **September 2018**.

### **Cochrane Methods Groups**

**Annually** in August, we provide data from the guidelines dataset to the **Screening and Diagnosis Methods Group** on which Cochrane Diagnostic Test Accuracy Reviews have been used to inform clinical guidelines, for their annual report to the Cochrane Methods Executive.

As other types of complex reviews are now beginning to be published in the Cochrane Library, we shall provide similar data **annually** to other Methods Groups including Cochrane Prognosis, Cochrane Qualitative and Implementation (for qualitative evidence syntheses) and Cochrane Comparing Multiple Interventions (for overviews and network meta-analyses).

We also provide updated data, on request, for specific needs. The **Screening and Diagnosis Methods Group** presented an oral at the **2018 Cochrane Colloquium** in Edinburgh, “[Are Cochrane reviews of diagnostic test accuracy informing clinical guidelines?](#)”, for which we provided relevant data from the guidelines dataset.

## Cochrane Central Executive

In **April 2015**, Cochrane Central Executive included, for the first time, data in the Cochrane Dashboard that we had provided to them from our guidelines dataset, on Cochrane Reviews that had been used to inform World Health Organization (WHO) guidelines. They felt these data were “a really good high-level metric for impact”. Ever since then, we provide data to them and specifically to the Cochrane WHO Partnership Working Group **annually** on Cochrane Reviews informing **WHO guidelines** and also details of the use of Cochrane evidence to inform decision-making in generating the **WHO Essential Medicines Lists**, the latter being published and collated **every two years**. We will now be adding information on the use of Cochrane evidence for **WHO Essential Diagnostics Lists** to these data reports.

## Other

As part of their annual reporting to funders (**October each year**), the National Blood Transfusion Service Systematic Review Initiative request data on the use of their Cochrane Reviews (currently 46 reviews across nine different CRGs) in informing guidelines.

In **September 2019**, we provided data on the use of Cochrane Reviews in Spanish guidelines to Ivan Solà, a representative from the Cochrane Iberoamerica Centre, which he presented to the Spanish Ministry of Health as part of an announcement of the new Cochrane Library in Spanish and the official renewal of the national provision enabling access to the Library free at the point of use for Spanish citizens.

We have also provided data, on request, to individual authors as part of grant funding applications, Fellowship applications or those seeking a range of promotion opportunities.

## Appendix 14: Profiles – engagement with Cochrane UK



### Dolly Sud

**Senior Mental Health Pharmacist (Leicestershire Partnership NHS Trust, UK) and a PhD student (Aston University, UK).**

- Students 4 Best Evidence Contributor ([6 blogs](#) published on the S4BE website)
- Member of Cochrane’s Early Career Professionals (ECP) Steering Group

*“I have enjoyed networking, learning and sharing with researchers from a broad range of disciplines from around the world, and I have developed a greater depth of understanding around the intricacies of undertaking a systematic approach to evidence synthesis and analysis”*



## Saul Crandon

**Academic Foundation Doctor (Oxford University Hospitals NHS Foundation Trust, UK) and member of the Cochrane UK & Ireland Trainees Advisory Group (CUKI-TAG)**

- Students 4 Best Evidence Contributor ([11 blogs](#) published on the S4BE website).
- Member of the 2019/2020 Cochrane UK Trainees Advisory Group (CUKI-TAG) and delivered presentation about S4BE at the CUKI-TAG training day in November 2019.
- Wrote a tutorial blog for the Cochrane UK website, '[Sensitivity and specificity explained](#)', cross-posted on [S4BE](#) in 2019.
- Hosted a [#CochraneTrainees Journal Club](#) in 2020; a critical appraisal of a study on acupuncture for low back pain.

*“During my time as a contributor for Students 4 Best Evidence, I was able to learn more about the fundamentals of evidence-based medicine as well as greatly improve my writing skills. Now, as a current committee member of the Cochrane UK and Ireland Trainee Advisory Group (CUKI-TAG), I have been able to develop my team-working skills by collaborating closely with trainees from a number of different backgrounds and specialties. I have been able to continue improving my written communication through blogs and my organisation skills by hosting the monthly Twitter Journal Club.*”

*Being involved with Cochrane as both a student, and now as a doctor has been very rewarding. I think my favourite aspect is being part of an extremely welcoming and supportive global community, who all share a common goal. I look forward to continuing to work with Cochrane in the future!”*



## Sarah Tanveer

**Senior Mental Health Pharmacist  
(Leicestershire Partnership NHS  
Trust, UK) and a PhD student  
(Aston University, UK)**

- Winner of the Cochrane UK competition to attend the Fringe Event for students and trainees at the 2018 Colloquium in Edinburgh.
- S4BE Contributor ([2 blogs](#) published on the S4BE website)
- Part of Cochrane's 30 under 30 special series:  
<https://www.cochrane.org/news/30-under-30-sarah-tanveer>
- Member of the ECP Steering Group
- Participant in the Cochrane International Mobility Programme with Cochrane Croatia

*“I have grown tremendously from my involvement with Cochrane. Being involved with Students 4 Best Evidence has allowed me to blog about important topics and develop my writing skills. I have also enjoyed learning from my peers on this platform through their simple yet comprehensive explanations of important EBM topics.*”

*My role on the Cochrane’s Early Career Professionals steering committee has allowed me to network with fellow students and also develop my leadership skills.*

*Lastly, my involvement with Cochrane's International Mobility Program made a profound impact on my development as a student and researchers. Working with Dr. Tina Poklepović Peričić at Cochrane Croatia, I learned how to develop comprehensive search strategies, meta-analysis methods, and also was learned about ongoing initiatives in transparency and research integrity led by the centre.*

*I have enjoyed making new professional connections, and improving my knowledge of evidence synthesis methods. I have also really enjoyed being able to contribute through my involvement in various initiatives that Cochrane has developed to support students’ growth. Lastly, I have enjoyed using my creativity to create content such as short video tutorials or blogging on S4BE. It has truly been a wonderful experience!”*



## Emma Doble (nee Cartwright)

**Patient and Public Coordinator with Cochrane UK and PhD candidate at Nanyang Technological University in Singapore, in health psychology**

- Recipient of the [Rosamund Snow prize](#) to attend the 2018 Cochrane Colloquium in Edinburgh
- Part of [Cochrane's 30 under 30 special series](#) which highlighted the work of 30 young people, 30 years old or younger who are contributing to Cochrane activities in a range of ways, all promoting evidence-informed health decision making across the world.
- Member of the Early Career Professionals Steering Group with a focus on patient and public involvement with Cochrane
- Patient and Public Coordinator with Cochrane UK; has developed a Cochrane Consumer Champion project workplan and will play a key role in shaping the project and liaising coordinating the activities of the Consumer Champions over the next 5 years.

*“Being part of Cochrane UK has allowed me to develop my skills and knowledge of consumer involvement, whilst also working with experts in the area. I have also been able to establish connections with individuals working in consumer involvement from all over the world.*”

*During my time at Cochrane UK, I enjoy working to establish new ways to involve consumers in Cochrane's work. I have also enjoyed working with the team and learning how the organisation work”.*



## Appendix 15: Membership of the Cochrane UK and Ireland Trainee Advisory Group

Rebecca Gould	Oxford	Sports Medicine, GP	ST4	MRCGP, Cochrane Fellow 2020
Emily Carter	Oxford	O+G	ST5	MRes Cochrane Fellow 2019
Sinead McGlacken-Byrne	GOSH	Paediatric endocrinology	ST6	Masters- Education
Christin Henein	North East	Ophthalmology	ST4	PHD NIHR ACF UCL
Cini Bhanu	UCL	GP	ST4	Masters- Public Health ACF
Saul Crandon	Oxford	Med Ed	FY2	MRes AFP S4BE pioneer
Richard Goodall	Oxford	Core surgery/plastics	FY2	BSc, AFP
Siobhen Mc Cornack	Dublin	General paediatrics	ST6	Masters- Paediatrics
Ven Gee Lim	West Midlands	Cardiology	ST3	PHD
Kinseng Tong	Barrow	Plastics	FY2	
Jason Yuen	Plymouth/Bristol	Neurosurgery	ST4	
Boyang Liu	West Midlands	Cardiology	ST3	PHD PG Cert Med Ed
Tom Abbott	Barts, London	Anaesthetics	ST3	PHD Clinical Lecturer, QMUL
Christina Uwins	Guilford, London	Gynae Oncology	ST6	MD
Patrick Fee	Dundee	Dentistry	ST4	PHD

For biographies, see: [uk.cochrane.org/cochrane-uk-ireland-trainees-advisory-group](http://uk.cochrane.org/cochrane-uk-ireland-trainees-advisory-group)

## Appendix 16: Spreading the word from village halls to schools

An important part of Cochrane's work is dissemination of information. Systematic reviews of clinical trial data help promote better health, through informed decisions, underpinned by trusted evidence (to paraphrase the Cochrane strapline). Whilst clinicians and researchers are obvious targets for Cochrane evidence, the general, non-medical public are equally important. In order to reach them and 'spread the word' a project began in October 2015 to visit community groups to talk about Evidence-Based Medicine (EBM) and its relevance in making everyday health decisions. To date, the talks have been given to 22 Women's Institute groups, nine local societies and six U3A (University of the Third Age) audiences. The size of audience has varied from a small village WI group of 12 to 300 at Witney U3A.

Late in 2016 we were introduced to a science teacher in Matthew Arnold School, Oxford and invited to talk to their science club. This launched the Schools Project and an exciting, stimulating journey of learning to teach students from Years nine to 13. We have made 33 visits to 25 different schools and delivered 57 sessions in total, including participating in two conferences. We have offered tailored sessions to classes of different ages and ability, focussing on encouraging critical thinking around health claims made in the media. We have also held special workshops on EBM for Year 12 to 13 students who intend to study medicine. Some of these sessions have been held in the Cochrane UK offices and some have been in schools where pupils from neighbouring sixth forms have been invited to join.



In order to help promote the Schools Teaching Programme beyond Oxfordshire, Selena Ryan-Vig, Cochrane UK Communications and Engagement Officer, and Lynda Ware, Cochrane UK Senior Fellow in General Practice, have become STEM (Science, Technology, Engineering and Mathematics) ambassadors. This enables them to reach out to schools across the UK and to showcase the teaching sessions that Cochrane UK offers. They have also joined forces with Birmingham Widening Access to Medical Science (BWAMS) and are hoping to forge links with other similar organizations in Nottingham and London.

With the advent of the national 'lockdown' due to COVID-19, Selena Ryan-Vig and Lynda Ware are working on online versions of their talks to disseminate to schools. This will hopefully fill the void created by the pandemic which makes school visits impossible but it may also provide a solution to making the sessions more readily accessible nationwide.