



NHS

*National Institute for
Health Research*

UK Cochrane Centre

Annual Report

2013 -14



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INTRODUCTION

The UK Cochrane Centre (UKCC) is funded by the National Institute for Health Research (NIHR) as part of the Systematic Reviews Programme and supports the activities of the Cochrane Collaboration to ensure value from the Collaboration's global work is harnessed for the benefit of the NHS and the UK. We have had a very productive year delivering programmes of activities in Learning and Development, supporting the Cochrane Review Groups (CRGs), authors and contributors, and providing a wide Engagement programme to connect with those who will access and use the evidence produced.

COCHRANE COLLABORATION STRATEGY 2020

This year has seen the publication and adoption of the Cochrane Collaborations Strategy to 2020. This has been developed in response to an increasingly complex and competitive environment in both health care and in evidence production and dissemination. This establishes the Collaboration's aspirations and priorities for the next six years and is based around four main goals. This year's report is structured around these goals.

GOAL 1: Producing evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision making.

GOAL 2: Making our evidence accessible

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

GOAL 3: Advocating for evidence

To make Cochrane the 'home of evidence' to inform health decision making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

GOAL 4: Building an effective & sustainable organisation

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

THE UK COCHRANE CENTRE

The activities undertaken by the UK Cochrane Centre reflect the requirements of both our funders – NIHR – and the global Cochrane Collaboration. The Collaboration goals reflect the UKCC vision and strategic priorities.

TRANSFORMATION PROJECT

This year saw the completion of the two year transformation project at the UKCC, which set out to achieve the following aims:

- To ensure that the UKCC is fit for the future, as a live, responsive and flexible business unit with a clear direction and strategy.
- To develop a vision and strategy for the next five years in line with the vision of the NIHR, and the requirements of the Collaboration
- To integrate fully the corporate policies and governance with the Oxford University Hospitals NHS Trust (OUH) as the host organisation, to minimise risk and draw on the experience and expertise available.

VISION, STRATEGY AND STRATEGIC PRIORITIES

As part of the transformation project, the UKCC developed a vision and strategy that is in line with the NIHR vision for the next five years. The vision seeks to meet the requirements of the Collaboration, whilst enabling a broader role in promoting evidence-based decision making and systematic reviews in general.

The UKCC vision is:

To improve health by promoting the production, understanding and use of high quality research evidence by patients, healthcare professionals and those who organise and fund our healthcare services.

In doing so the UKCC has integrated the vision and needs of both the NIHR and the Collaboration, with the needs of the NHS and research policy within the UK. From this the Centre developed an overarching strategy:

- to raise awareness and knowledge of evidence-based decision making and systematic reviews
- to enable the production, understanding, use and dissemination of high quality Cochrane systematic reviews
- to support the Collaboration's global endeavours to maintain its role as a world-leading producer of the highest quality, most relevant and up-to-date systematic reviews

The UKCC has determined Strategic Priorities to guide the programmes delivered. These are:

- to develop and deliver a high quality communication programme to raise stakeholder awareness and knowledge of evidence-based decisionmaking in general and Cochrane in particular.
- to engage stakeholders through a variety of focussed activities in the prioritisation, preparation and dissemination of Cochrane systematic reviews.
- to promote public understanding of and involvement with Cochrane reviews, through the use of effective and informative communication channels, to help people make better informed healthcare choices.
- to develop and deliver a high quality, timely, blended programme of learning and development to meet the needs of stakeholders.
- to optimise the quality and relevance of the Collaboration's outputs through engagement with stakeholders and dissemination of their feedback.

These guiding strategic priorities have been valuable not only in steering the work of the Centre, but also in communicating our aims to those that we support and individuals and groups with whom we are connecting.

SIGNIFICANT ACHIEVEMENTS 2013/14

Award of the Contract for the supply of UKCC services

The Oxford University Hospitals NHS Trust (OUH) tendered for and was successful in securing the

contract to continue to supply the UKCC from 2015-2020. We are delighted to have been awarded this contract, giving us confidence in the work we have been doing at the UKCC and providing us with an exciting opportunity for the next five years.

UK and Ireland Annual Symposium 2014

The annual symposium was a great success this year. The [symposium](#) was held in Manchester with the theme 'Cochrane Evidence: Useful, Usable and Used' and brought together some familiar Cochrane contributors with international speakers to provide a thought provoking, challenging and enjoyable two days. This year we had 250 delegates attend the conference, the highest number we have had so far for this event, with overwhelmingly positive feedback from the participants.

Guideline Database

This year we completed the first iteration of the guideline database which records information on citations of Cochrane reviews used to inform the major UK accredited guidelines and some major international guidelines. This has proved an invaluable resource in responding to enquiries, supporting CRGs in funding applications, priority setting decisions, answering parliamentary questions and strengthening links with guideline developers. The Guideline database will continue to be maintained by the UKCC and we are working closely with the Cochrane Collaboration Informatics and Knowledge Management Team team to develop the database platform further to increase its accessibility and usage.

Cochrane Ireland

The UKCC worked with the Health Research Board (HRB) in Ireland and the Health and Social Care (HSC) Research and Development Office in Northern Ireland to secure additional funding to support the advancement of [Cochrane endeavours on the Island of Ireland](#), which will continue to be supported by the UKCC . We are delighted that this has resulted in the appointment of a convenor of the Cochrane community on the Island of Ireland. This role is key in maximising the value of the activities and Cochrane contributors in Ireland and provides focus to the learning and development programme that is delivered by the UKCC on behalf of the HRB.

Students 4 Best Evidence

[Students 4 Best Evidence](#) is an online community of students with an interest in evidence-based decision making. The community was first established in 2012 and was fully launched in December 2013 supported by the UKCC and [28 partner organisations](#) around the world. These include *Testing Treatments interactive* (English), Sense about Science, Radboud University Medical Center in The Netherlands and the IDEAL Collaboration. Supporters agree to promote the venture amongst their students and help identify contributors as leaders, as well as to help advertise the community and blogs using their own social media outlets. The community is thriving with an average of 800 users a day and over 90 students actively contributing from 13 different countries.



COLLABORATION GOAL 1: PRODUCING EVIDENCE

Author training: Cochrane intervention reviews

Systematic reviews of interventions and diagnostic test accuracy studies continue to be our central focus when considering different types of high quality, synthesised research evidence. A key component of the plans to promote the production of systematic reviews, is the support in review production that the UKCC provides to the Cochrane Review Groups, NHS entities and stakeholders. Central to the Learning and Development programme is the 'review author' training modules, which are one-day courses, delivered to those preparing Cochrane reviews. Throughout 2013/14 the UKCC continued to deliver these modules providing training to over 200 attendees across the modules RA1-4. Delivering 21 individual courses. These courses are delivered by our faculty

of fellows and associates, providing a high level of expertise, knowledge and experience to the participants. This faculty has continued to grow with 15 faculty members covering a wide area of expertise.

Author training: Diagnostic Test Accuracy reviews

The UKCC supports the delivery of training in Diagnostic Test Accuracy review via partnership with the Biostatistics, Evidence Synthesis and Test Evaluation Research Group, directed by Professor Jon Deeks, in the School of Health and Population Sciences, University of Birmingham. This partnership provides the expertise to deliver training in the production of Diagnostic Test Accuracy (DTA) reviews and has a rolling programme of three modules, repeated two or three times a year. These cover title preparation, protocol production, including searching, progressing the review and with a fourth session, on demand, on statistical analysis for individual author teams or groups of authors working on reviews with similar issues.

Additional training

The Centre has also developed and delivered a number of complementary learning and development events, which have been scheduled as required. These include:

- Plain Language Summaries Training
- Managing Editor training day
- Training for Editors
- Conducting systematic reviews of complex interventions using experimental treatments and quasi-experimental designs
- Evidence-based decision making and critical appraisal skills, a course for NIHR Academic Clinical Fellows.

We have delivered presentations in the generality of systematic reviews with an emphasis on Cochrane methods to health professionals and to patient groups throughout the year.

The year ahead 2014/15

The Cochrane Collaboration has launched a consultation document to inform their training strategy for the next five years with a wider perspective than review author training alone. We need to ensure that training is accessible and to support the CRGs in producing reviews that are of priority to the NHS and with outcomes that are important to patients. This is an area which the UKCC already identified and in which progress has been made. Our priorities in supporting the production of evidence for 2014-15 are:

- To support the development and implementation of the Cochrane Training Strategy, currently out for consultation.
- To deliver review author training at locations around the UK with assistance from local Cochrane Review Group staff
- To develop key outcome sets that are important to patients in partnership with some Cochrane Review Groups and CROWE Associates (a pilot project began this year)

COLLABORATION GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

This year has seen a wide range of activities aimed at making Cochrane evidence accessible to everyone who will be able to find it useful and to support its use in a variety of settings. Cochrane reviews are relevant to many individuals and organisations in communicating the content we need to connect with a variety of audiences with differing information needs. Communications content from the UKCC covers a number of media including patient newsletters, social media, online content, podcasts and events. Figure 1 summarises the various media we use. The aim is to widen the reach of communication and dissemination by targeting audiences in order to meet the specific needs of the individual and the collective.

Communication and dissemination

The UKCC has experience and expertise in disseminating Cochrane reviews beyond the Cochrane Library by a number of means; the UKCC's comprehensive social media strategy is an important part of the Engagement Programme and makes a significant contribution to accomplishing the UKCC strategic priorities. The UKCC has established a presence on a number of digital platforms and is using social media to engage widely and effectively with all stakeholders, from patients to health professionals and researchers, and to promote evidence-based decision making. The UKCC also actively supports all the UK-based Cochrane Review Groups (CRGs) in their social media use. This includes assisting CRGs to begin using social media platforms as well as providing support to use social media platforms more effectively to disseminate reviews. There is a full report on our social media activity in the Social Media report in Appendix 1.

Evidently Cochrane

The Evidently Cochrane blog site has published 49 blogs in 2013/14, highlighting 164 reviews, from 36 groups, 23 of which are UK based. More important than the number of blogs we produce is the impact of this content. The Evidently Cochrane blog was viewed 5,639 times in quarter 1 rising to 14, 067 in quarter 3 demonstrating the extended reach of the blog throughout the year. The Social Media Report (Appendix 1) provides an in-depth report and metrics on Evidently Cochrane and our other social media platforms.

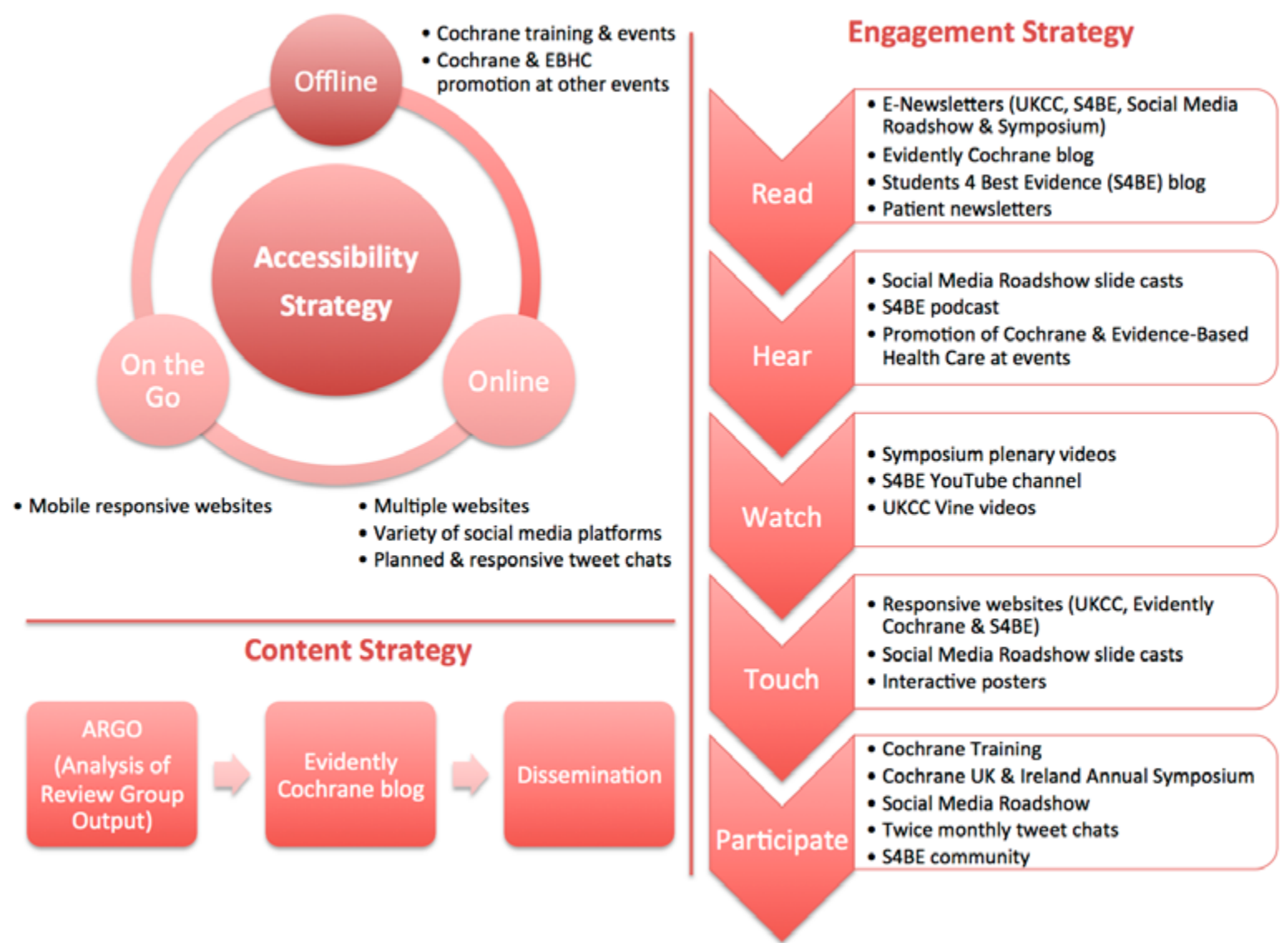


Figure 1: Communication and media strategies at the UKCC

Engagement

We have successfully used Evidently Cochrane as a communication tool, but connecting with audiences goes beyond the blog alone. We work to continue the conversation with our

audiences. For example, following a blog highlighting a Cochrane review about risk assessment for pressure ulcer prevention, we were able to continue the conversation with the nursing community through tweeting and co-hosting a Tweet Chat with #WeNurses. This was a scheduled, hour long, online discussion with 150 nurses participating and discussing this evidence and the questions generated by it. This is a demonstration of the approach we are taking with all communications, engaging audiences whether they are patients, the public, professionals or commissioners through a story relevant to them. We continue to update all our communication offerings, including our websites, twitter and Students 4 Best Evidence. The team join in with relevant events virtually where possible and continue to focus on awareness campaigns to extend the reach and attract new audiences on a daily basis.

Engagement with guideline developers

Ensuring that evidence is accessible is important also to guideline developers. Throughout 2013/14 we benefited from the knowledge and expertise of Phil Alderson on secondment from NICE. This provided a unique opportunity to share the work of the latest NICE guidelines in development pipeline with CRGs and began to explore ways to align Cochrane review prioritisation more clearly with NICE development plans where this might be mutually beneficial. NICE has very specific needs for systematic reviews (either new or updates of existing reviews) at specific times for inclusion in national guidelines and other evidence-based guidance. See Appendix 2 for an overview of the Guideline numbers.

The Year Ahead 2014-15

Communicating Cochrane evidence is a key function of the Centre and we will continue to expand this activity. We are working with new partners to maximise the impact of our communication activity and we will be working throughout 2014/15 on a campaign approach to complement our current activity. Our focus this year will be on monitoring the impact of our communications and responding effectively to optimise opportunities as they arise. We continue to work with NICE through our links with Phil Alderson.

COLLABORATION GOAL 3: ADVOCATING FOR EVIDENCE

The Collaboration seeks to establish Cochrane as the "home of evidence" to inform health decision making and to be a leading advocate for evidence-informed health care. The UKCC supports the Collaboration in this global role whilst undertaking activities at a national level to fulfil our advocacy agenda through our Engagement Programme. Some of the UKCC Engagement offerings have already been highlighted, Evidently Cochrane, Social media, Students 4 Best Evidence and the Annual Symposium, which all have an advocacy function. In addition to these, we have been engaging with other stakeholder groups.

Charities

When making health-care decisions patients, carers and advocates seek a trusted resource, often a charity. We have embarked upon an engagement exercise with charitable organisations with the aim of reaching the charity audiences, both the consumer audiences they reach and the charities as service providers and employers of health professionals. We have established links with several charities over this period including:

- National Childbirth Trust
- Marie Curie
- Brainstrust

We are working together with these charitable organisations to develop resources that are useful to them and their stakeholders. We have been able to supply information on newly published Cochrane reviews of relevance, direct them to useful information sources and training events.

Health professionals and the public

During 2013/14 we established a partnership with the Critical Appraisal Skills Programme and have

commissioned a series of ten workshops, five for the public and five for health professionals, to be delivered in 2014/15. These workshops aim to equip the participants with skills and information on how to read and appraise a research paper and to introduce them to Cochrane and systematic reviews.

The Year Ahead 2014-15

Our plans for the coming year are to extend our work with the charitable sector in order to promote the use and understanding of evidence and Cochrane. We will also be evaluating the success of our Critical Appraisal Skills Programme / Cochrane pilot and planning future stakeholder engagement.

COLLABORATION GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

Business model

With the completion of the restructure and review, the UKCC's new business model is now well established with a core small team of UKCC staff with a broad expertise and experience, providing all the resources needed to allow a responsive approach to the day-to-day business of the Centre. The programmes of work at the UKCC are delivered via project-based approach blending the skills and expertise of both core staff and the wider faculty and partners. The chart in figure 2 demonstrates some of our major projects and the partners involved in their delivery.

Projects Chart

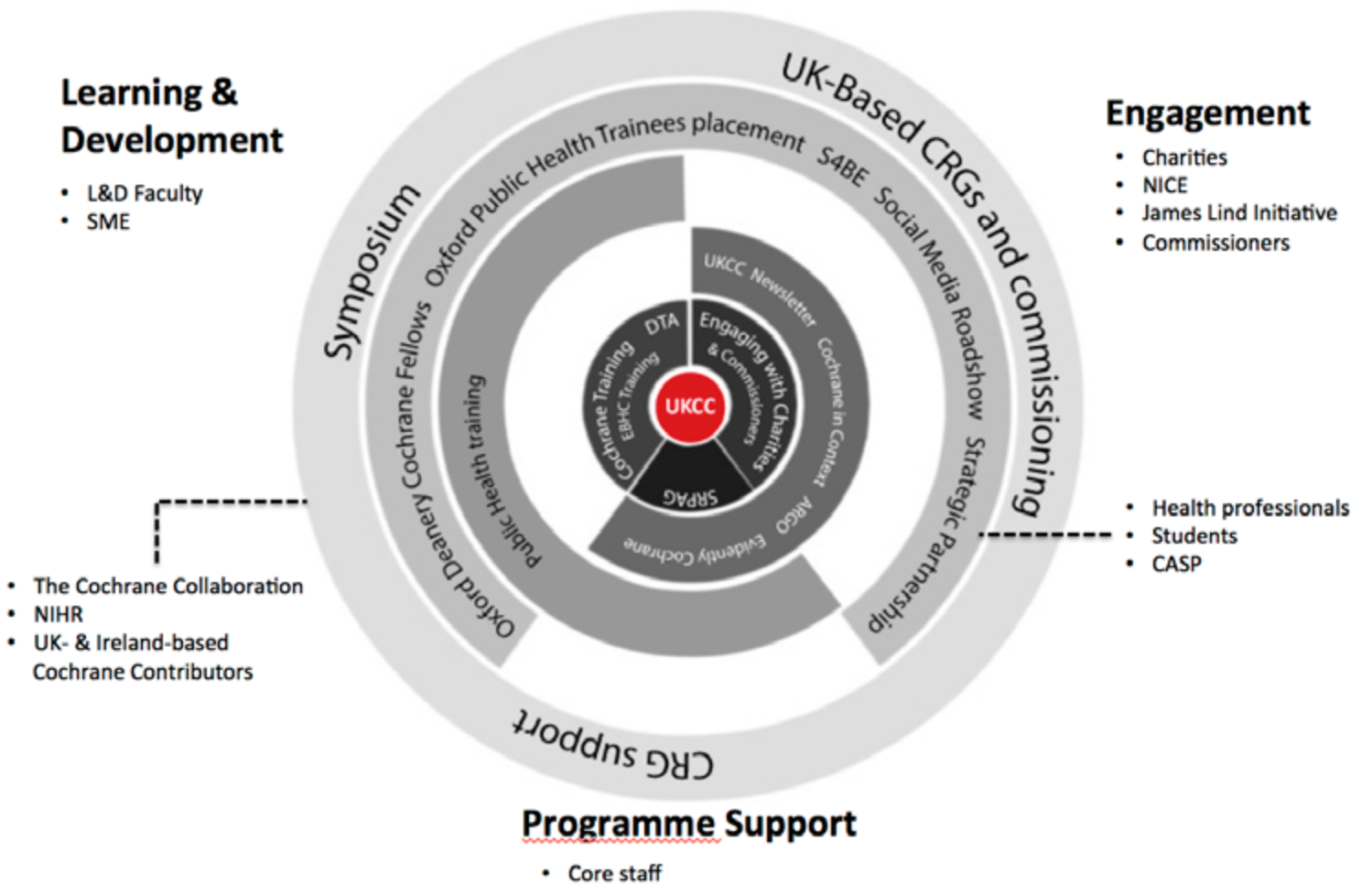


Figure 2: Model of service delivery at the UKCC

UKCC Advisory Group

The UKCC re-established the [UKCC Advisory Group](#) this year, with the first meeting held in January 2013. This has strong representation from the NHS, individuals with NHS backgrounds nominated by the devolved administrations, senior leadership of the Cochrane Collaboration and those with academic roles in relevant areas of health services research.

Risk Management

The Centre also established a process for identifying and managing business risks. This process is linked to our host organisation systems and will be used as an ongoing reporting tool for the UKCC to both the OUH and SRPAG.

The Year Ahead 2014-2015

Over the coming year our main aims will be:

- To prepare for the new contract period to start from April 2015
- To monitor and manage all business risk appropriately
- To support the activities and strategy of the Collaboration in building a sustainable and effective global organization
- To manage the organization efficiently and effectively financially and operationally, to gain the best value from the skills we have to derive maximum benefit for our funders and the taxpayer

Appendix 1: Social Media report (see page 15)

Appendix 2: Use of Cochrane reviews to inform UK-published healthcare guidance (NICE, SIGN, NICE Public Health Guidance) – latest data from the UKCC Guidelines database

As at **31 March 2014**, 1135 Cochrane reviews (678 with UK- or Ireland-based authors) from 49 Cochrane Review Groups (24 of 24 UK-based) have been used to inform UK-published healthcare guidance: NICE (747 reviews in 117 guidelines), SIGN (399 reviews in 30 guidelines) and NICE Public Health Guidance (129 reviews in 38 NICE PHGs):

- maximum number of reviews used from any one CRG was 170 (Pregnancy & Childbirth Group)
- maximum number of reviews used to inform any one guideline was 49 (British Guideline on the management of asthma – SIGN publication no. 101)
- maximum number of reviews from any one CRG to inform any one guideline was 44 (Airways Group)
- 244 reviews have been used in more than one guideline:
 - 184 in 2
 - 37 in 3
 - 12 in 4
 - 9 in 5
 - 1 in 7
 - 1 in 13
- The top 11 most frequently used reviews were:
 - **Decision aids for people facing health treatment or screening decisions** (CD001431 – Consumers & Communication) (13 guidelines: 12 NICE, 1 SIGN)
 - **Psychosocial interventions for supporting women to stop smoking in pregnancy** (CD001055 – Pregnancy & Childbirth) (7 guidelines: 1 NICE; 6 NICE PHG)
 - **Anticoagulants for acute ischaemic stroke** (CD000024 – Stroke) (5 guidelines: 2 NICE; 3 SIGN)
 - **Exercise for depression** (CD004366 – Depression, Anxiety & Neurosis) (5 guidelines: 2 NICE, 2 SIGN, 1 NICE PHG)
 - **Interventions for enhancing medication adherence** (CD000011 – Consumers & Communication) (5 guidelines: 2 NICE, 2 SIGN, 1 NICE PHG)
 - **Interventions for preventing obesity in children** (CD001871 – Public Health) (5 guidelines: 5 NICE PHG)
 - **Nursing interventions for smoking cessation** (CD001188 – Tobacco Addiction) (5 guidelines: 5 NICE PHG)
 - **Periconceptional supplementation with folate and/or multivitamins for preventing neural tube defects** (CD001056* – Pregnancy & Childbirth) (5 guidelines: 4 NICE; 1 NICE PHG)
 - **Relapse prevention interventions for smoking cessation** (CD003999 – Tobacco Addiction) (5 guidelines: 5 NICE PHG)
 - **Vocational rehabilitation for people with severe mental illness** (CD003080 – Schizophrenia) (5 guidelines: 5 NICE)

o **Workplace interventions for smoking cessation** (CD003440 – Tobacco Addiction) (5 guidelines: 5 NICE PHG)

**This review has since been withdrawn, updated and replaced by: Effects and safety of periconceptional folate supplementation for preventing birth defects (CD007950 – Pregnancy & Childbirth)*

During the reporting period 1st April 2013 to 31st March 2014, 231 Cochrane reviews (153 with UK- or Ireland-based authors) from 31 Cochrane Review Groups (16 of 24 UK-based) have been used to inform 27 of 33 (82%) UK-produced healthcare guidance publications: NICE (123 reviews in 14 of 19 (74%) guidelines), SIGN (108 reviews in 6 of 6 (100%) guidelines) and NICE Public Health Guidance (43 reviews in 7 of 8 (87.5%) NICE PHGs):

- maximum number of reviews used from any one CRG was 26 (Pain, Palliative & Supportive Care Group and the Tobacco Addiction Group)
- maximum number of reviews used to inform any one guideline was 44 (Management of chronic pain – SIGN publication no. 136)
- maximum number of reviews from any one CRG to inform any one guideline was 20 (Pain, Palliative & Supportive Care Group)
- 81 reviews have been used in more than one guideline:
 - o 48 in 2
 - o 14 in 3
 - o 11 in 4
 - o 6 in 5
 - o 1 in 7
 - o 1 in 13

The top 8 most frequently used reviews were:

o **Decision aids for people facing health treatment or screening decisions** (CD001431 – Consumers & Communication) (13 guidelines: 12 NICE, 1 SIGN)

o **Psychosocial interventions for supporting women to stop smoking in pregnancy** (CD001055 – Pregnancy & Childbirth) (7 guidelines: 1 NICE; 6 NICE PHG)

o **Exercise for depression** (CD004366 – Depression, Anxiety & Neurosis) (5 guidelines: 2 NICE, 2 SIGN, 1 NICE PHG)

o **Interventions for preventing obesity in children** (CD001871 – Public Health) (5 guidelines: 5 NICE PHG)

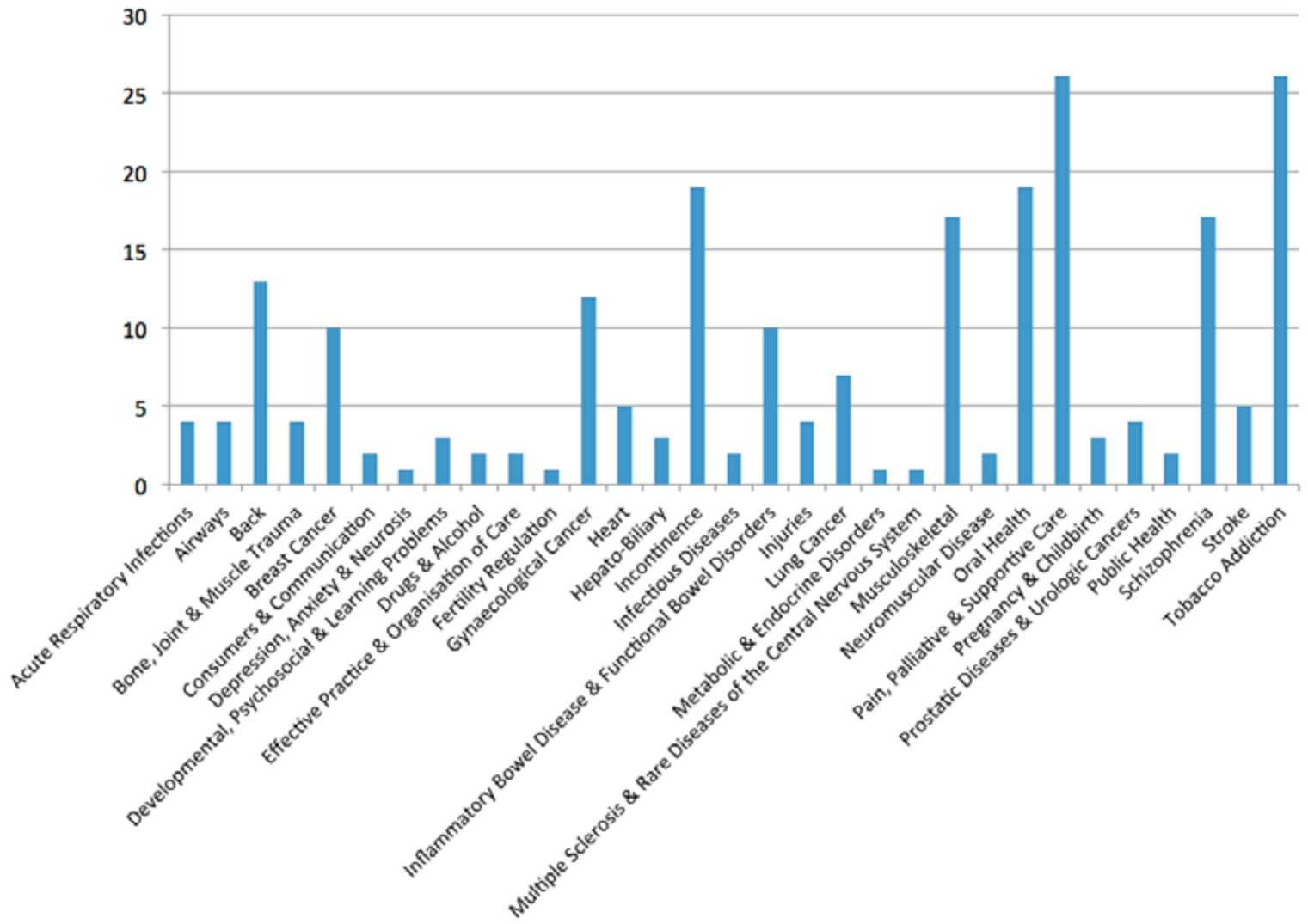
o **Nursing interventions for smoking cessation** (CD001188 – Tobacco Addiction) (5 guidelines: 5 NICE PHG)

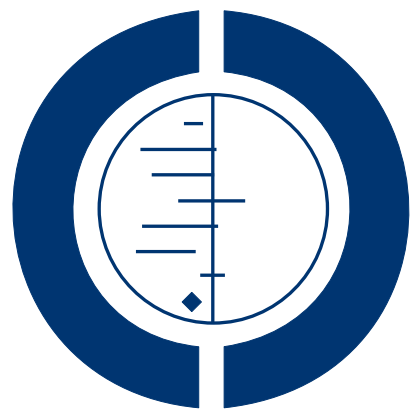
o **Relapse prevention interventions for smoking cessation** (CD003999 – Tobacco Addiction) (5 guidelines: 5 NICE PHG)

o **Vocational rehabilitation for people with severe mental illness** (CD003080 – Schizophrenia) (5 guidelines: 5 NICE)

o **Workplace interventions for smoking cessation** (CD003440 – Tobacco Addiction) (5 guidelines: 5 NICE PHG)

(NICE & SIGN guidelines, NICE Public Health Guidance)
published between April 2013 and March 2014





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Social Media Annual Report 2013 -14



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WHO ARE WE AND WHY ARE WE INTERESTED IN SOCIAL MEDIA?

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organization with collaborators from 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The UK Cochrane Centre (UKCC) is a regional Cochrane Centre within The Cochrane Collaboration, supporting Cochrane activities in the UK. It is largely supported by the UK Government through the National Institute for Health Research (NIHR).

Social media is a key focus for the UKCC and falls under our Engagement Programme. This was our first full year of social media activity across multiple platforms and it has been a period of experimentation, innovation and growth. Our focus has been on sharing evidence that is relevant, but not limited, to the UK, to a wide range of stakeholders, including Cochrane contributors, health professionals, the wider public and our funders.

The Cochrane vision:

Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesised research evidence. Through trusted evidence, informed decisions and therefore better health.

The aims underlying our UKCC social media activities:

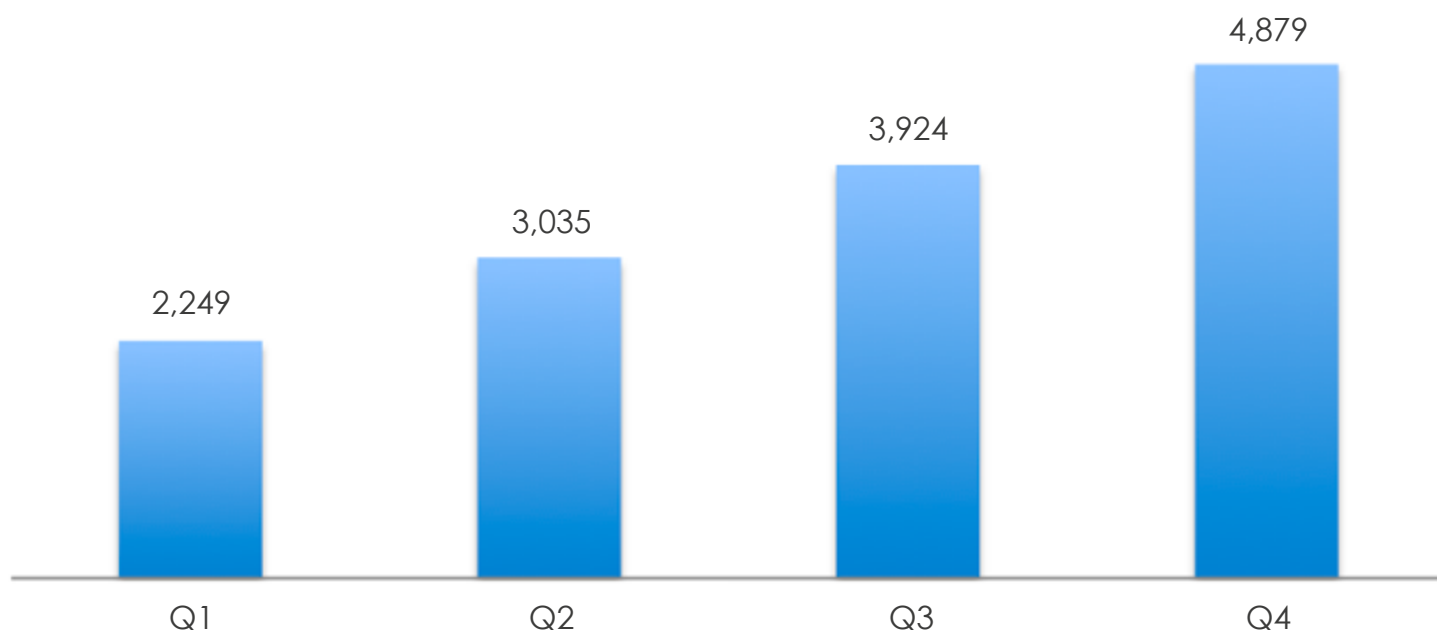
- to promote awareness, understanding and use of Cochrane evidence, across all our stakeholder groups, to enable better decisions to be made about health
- to support the work of the Cochrane Review Groups (CRGs) and Cochrane authors in the UK
- to increase awareness and understanding of evidence-based medicine and to encourage discussion of evidence, including its shortcomings, to promote better future research

AN OVERVIEW OF OUR ACTIVITY ON SOCIAL MEDIA

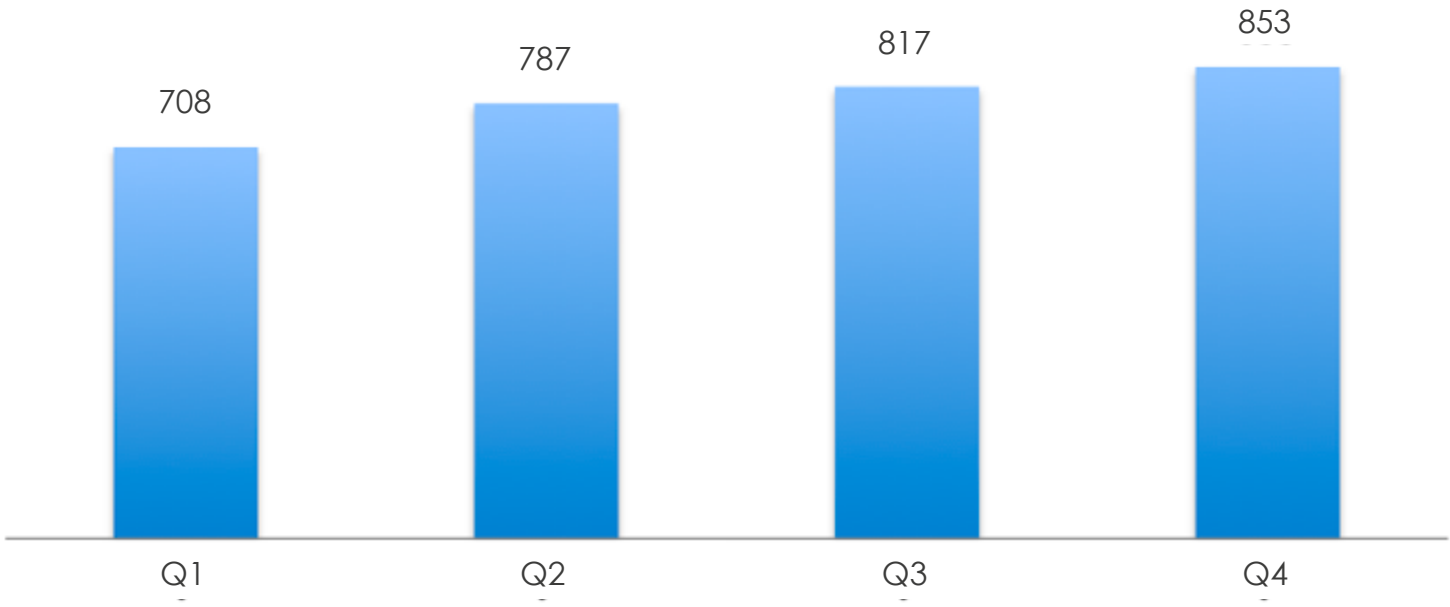
All numbers were measured on a quarterly basis, starting from April 2013 to March 2014.

Twitter - @UKCochraneCentr

Number of Twitter followers we had at the end of each Quarter:

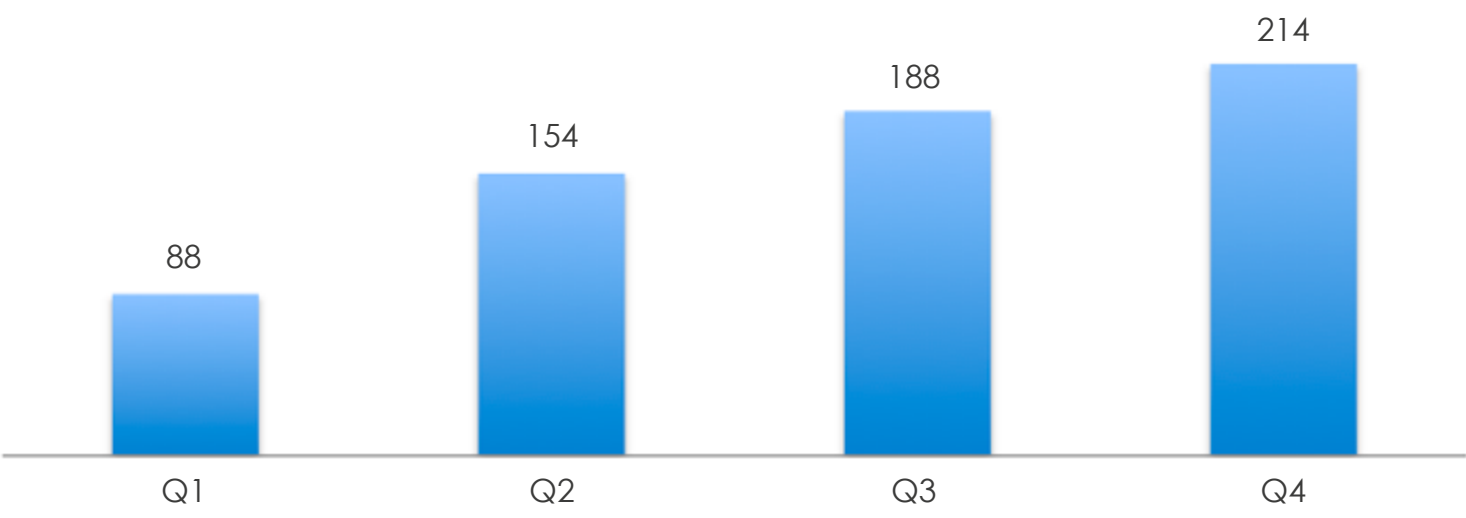


Number of Twitter accounts @UKCochraneCentr follows:

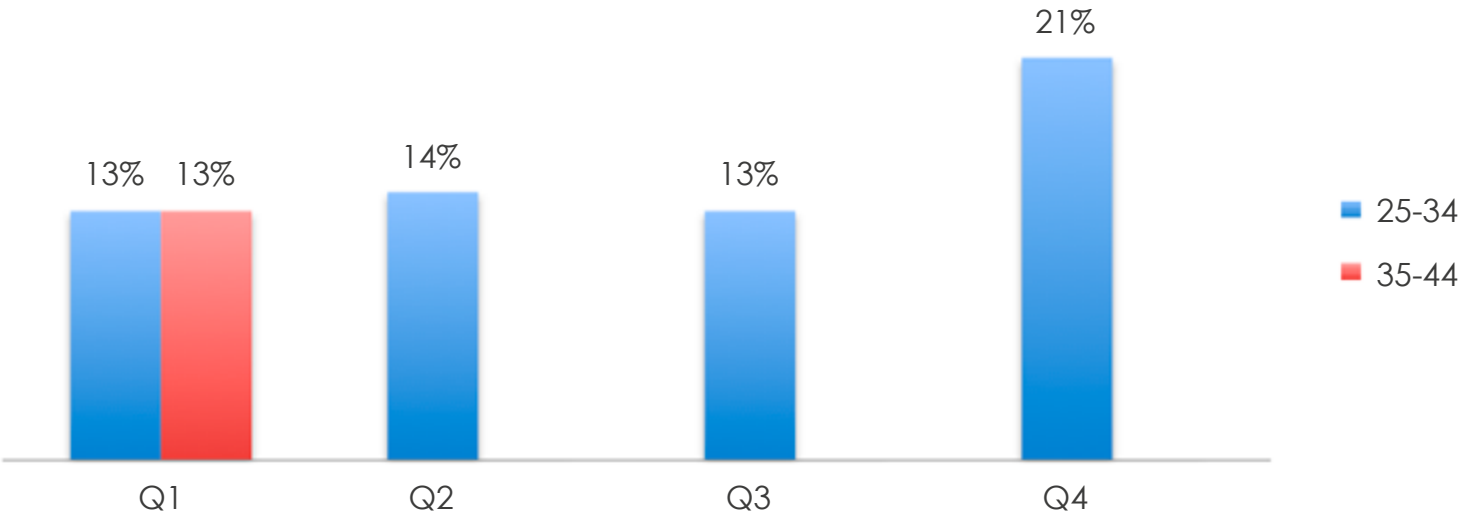


Facebook - facebook.com/UKCochraneCentre

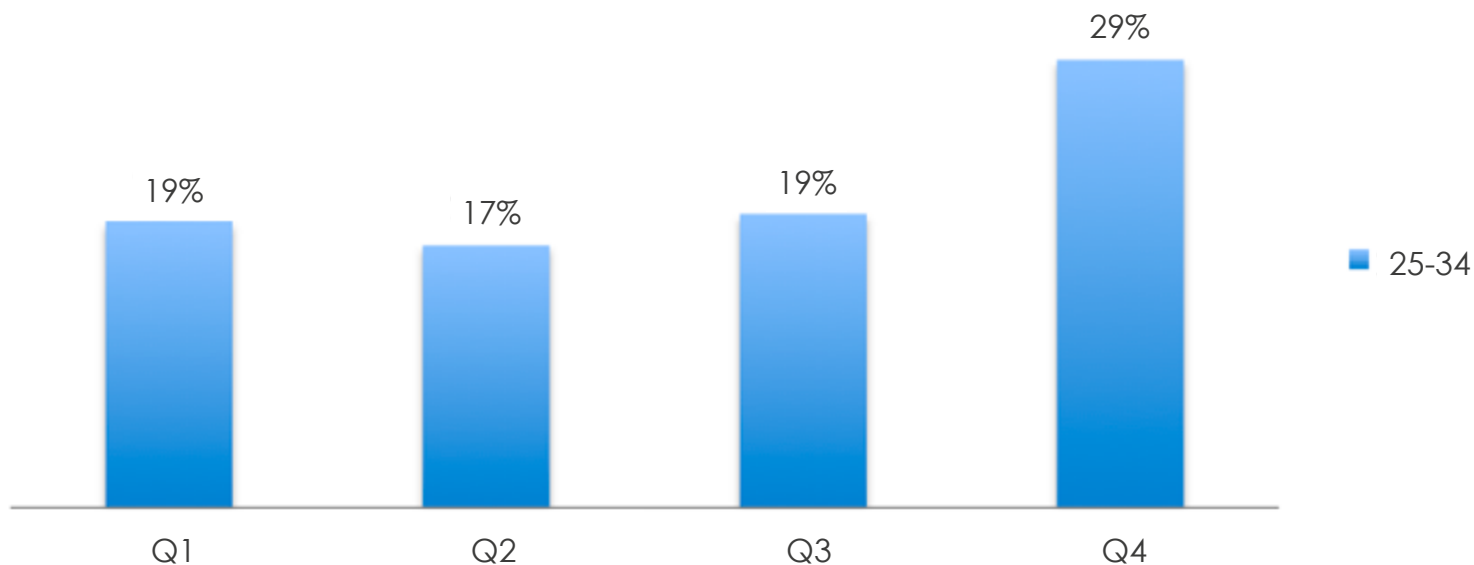
Number of Facebook likes on the UK Cochrane Centre Facebook page:



The age category most reached amongst males through our Facebook page:

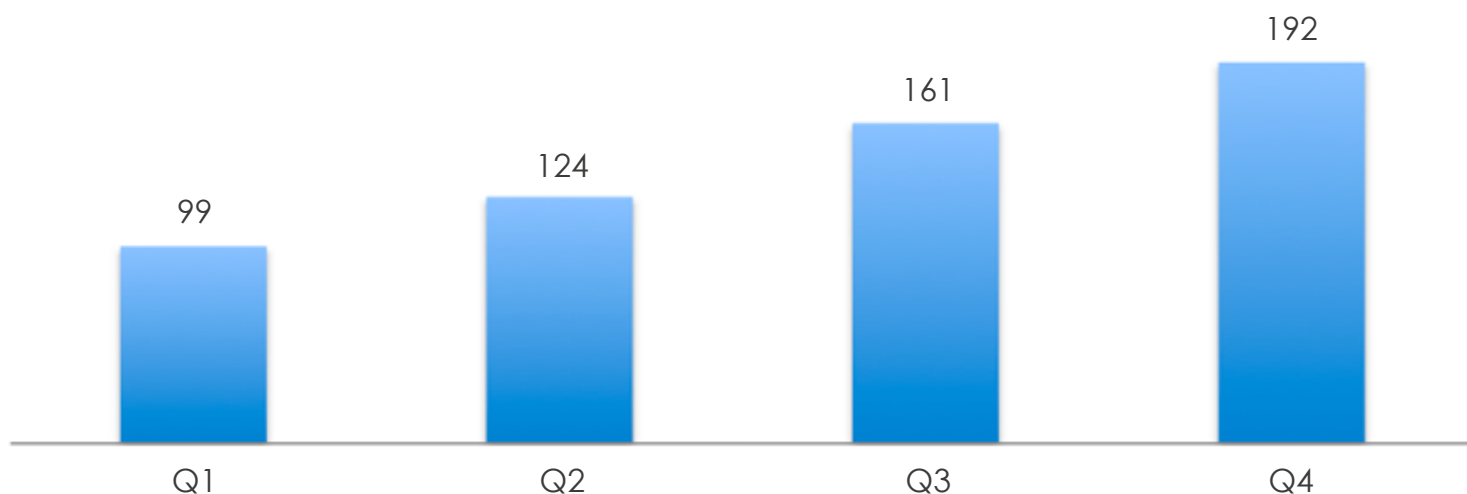


The age category most reached amongst females through our Facebook page:



LinkedIn - [linkedin.com/company/uk-cochrane-centre](https://www.linkedin.com/company/uk-cochrane-centre)

Number of people who follow the UK Cochrane Centre company page on LinkedIn:



Evidently Cochrane - evidentlycochrane.net

Our [Evidently Cochrane](http://evidentlycochrane.net) blog was launched in September 2012 and over this past year 164 reviews from 36 Cochrane Review Groups (23 UK-based) were highlighted in 49 weekly blogs. Sarah wrote most of these but three were guest blogs, written by members of Cochrane Review Groups, and others contain contributions by patients, health professionals and researchers. At the end of this period, redevelopment of the site, with [Minervation Ltd.](http://minervation.com), was under way and the blog was launched on its new site on 1st April 2014.



EVIDENTLY COCHRANE

Sharing health evidence you can trust

How are reviews selected for the Evidently Cochrane blog?

New and updated reviews, just published or forthcoming, are discussed at a weekly meeting of UK Cochrane Centre staff and Cochrane UK Fellow Richard Lehman, considering their potential impact, implications for practice and to whom they might be of particular interest. This influences how and where we disseminate the reviews. Some will be selected for blogs; reasons for selection include important findings that have implications for practice, major evidence gaps that we

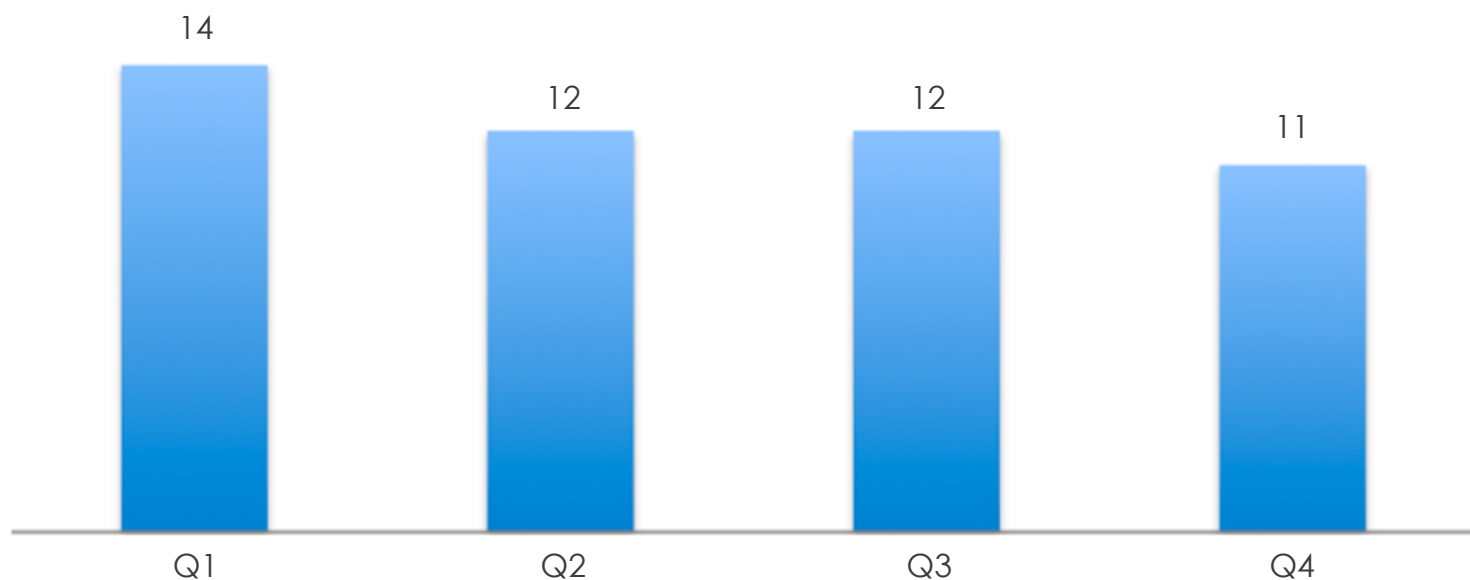
can highlight, and topics of wide interest – so common health problems often feature. We have also blogged several Diagnostic Test Accuracy reviews to help improve accessibility. We have a particular interest in blogging evidence relevant for the NHS and the UK population. We also blog Cochrane evidence to tie in with health awareness days or events or linked to the publication of an important report (such as the Chief Medical Officer’s report) or to a topic in the media. This is a good way of bring new audiences to Cochrane.

We are sometimes approached by the Cochrane Editorial Unit or by a Cochrane Review Group Managing Editor with a request to blog a forthcoming review that is likely to be of particular interest and which suits the format of a blog. We would encourage Managing Editors to get in touch if they have a review which they think would be good as the subject for a blog.

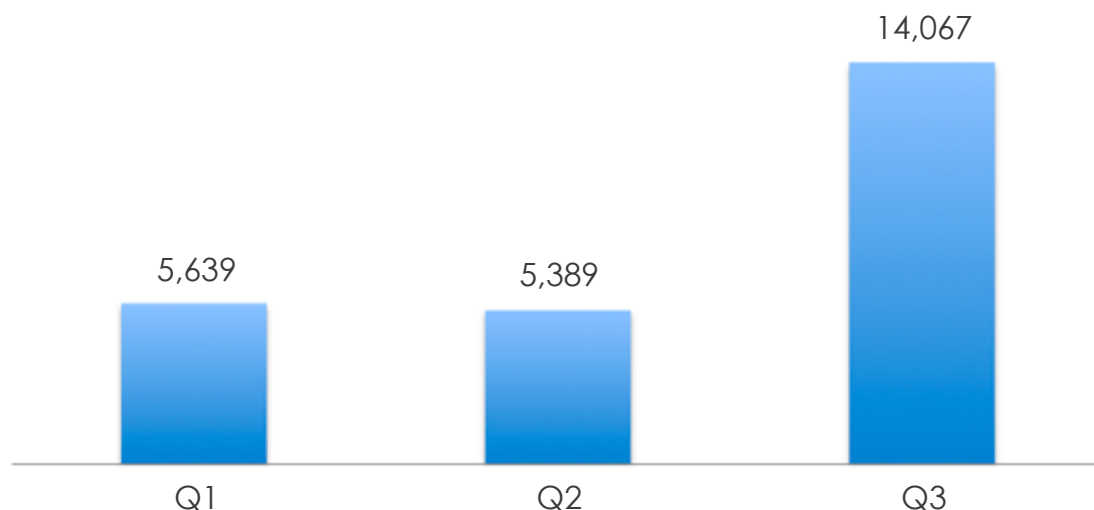
Evidently Cochrane Infographic

Page 12 - 13 shows a graphic representation of the Cochrane reviews blogged about in Evidently Cochrane and which Cochrane Review Group they came from. The diameter of each circle represents the exact number of reviews. For example, the Cystic Fibrosis and Genetic Disorders Review Group have had five reviews blogged on Evidently Cochrane, therefore the circle is 5 cm wide.

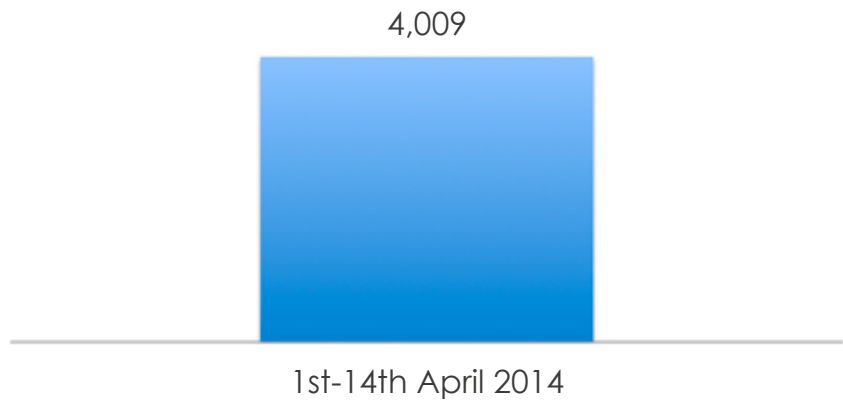
Number of blogs published on [Evidently Cochrane](#):



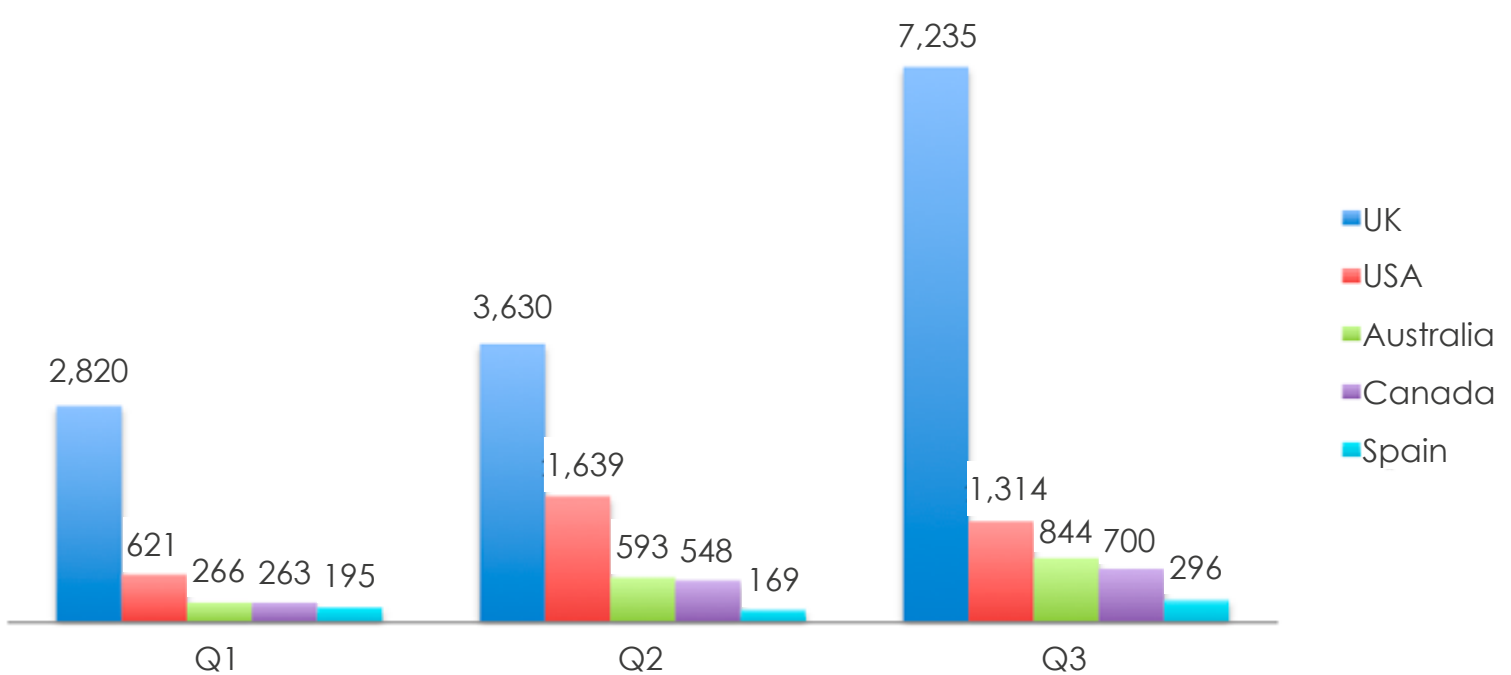
Number of views on [Evidently Cochrane](#) website between Quarter 1 - 3 (limited data for Quarter 4, due to website changes):



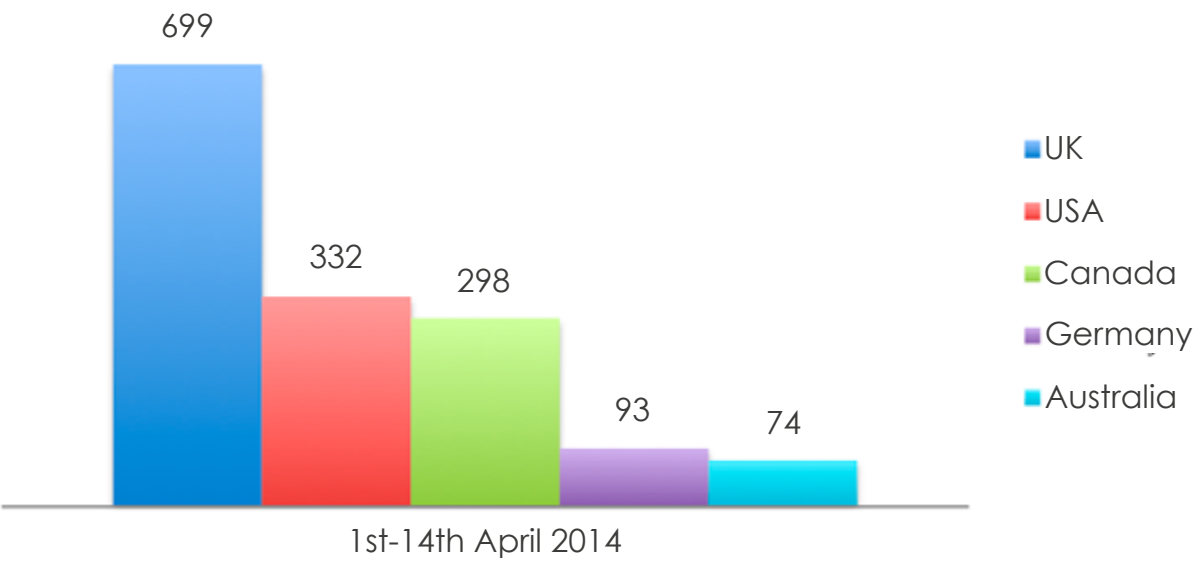
Number of views on Evidently Cochrane website in 1st-14th April 2014 (representing limited data for Quarter 4, due to website changes):



Top 5 countries for number of views on Evidently Cochrane website, between Quarter 1 - 3 (limited data for Quarter 4, due to website changes):



Top 5 countries for number of views on Evidently Cochrane website, between 1st - 14th April 2014 (representing part of Quarter 4's missing data):



HOW HAVE WE ENGAGED WITH OUR AUDIENCE?

There are some guiding principles underpinning this:

Listening is vital.

Engagement is about inviting dialogue and social media gives people a voice and direct access to organizations such as ours. Listening to what people want to know, either from questions asked of us or conversations visible to us, enables us to be responsive and helpful.

We recognize the diversity of our audience and take information to people in different places and in different ways.

This includes sharing information in a number of formats on a variety of social media platforms and using language/terminology tailored to particular sectors of our audience.

We seek new audiences in unexpected places.

This follows on from listening to what people are discussing and where, taking opportunities to offer Cochrane evidence or in other ways advocate for evidence wherever conversations give us an opening. An example of this was using the intense media interest in the impending birth of Prince George, and #RoyalBaby trending on Twitter, to share Cochrane evidence on pregnancy and childbirth with a potentially new audience of people who would not have heard of Cochrane or come looking for this information. Our tweets and blogs linked to this event were among our most popular.

'Where there's a Will' was one of our most shared blogs. In Q2 it was shared 20 times on Twitter and in by Q3 it had been shared 12 times on Facebook since it was published in July 2013.

We don't assume people have heard of Cochrane.

'Cochrane' isn't a failsafe hook to get people to look at the evidence. Tweets and blogs link through to the reviews themselves, but we don't always mention Cochrane in tweets, if the characters can be used more effectively.

Expert opinion improves discussion and engagement.

'Experts' range from patients or carers to health professionals or researchers. We are increasingly seeking to include expert comment in the blogs, to give some meaningful real-world context to our discussion of the evidence and to encourage engagement. Stories are very powerful. Examples of this are the blogs on [decision aids](#), in which 'Joanna' shared her experience of facing stoma surgery and on [home palliative care](#), which included comments on the evidence from an NHS commissioner and a specialist nurse. The palliative care blog in particular stimulated a lot of discussion on Twitter from a wide range of people. It was published to coincide with a palliative care conference hosted by the UK charity [Dying Matters](#) and they were influential in sharing the blog on social media.

Join up activity on different platforms for greater impact and engagement.

We successfully experimented with this in a new way to encourage nurses to engage with the



Where there's a Will. Why women should have support through labour

BY SARAH CHAPMAN / JULY 16, 2013 // 1 COMMENT [TWEET](#) [SHARE](#)

Key message: All women should have continuous support throughout labour. It has benefits for both mums and babies and no known harms.

First there was the disastrous choice of meal, eaten as I started to go into labour, of 'chicken with 40 cloves of garlic' (just my Other Half and me, we hadn't done the maths...). We just knew we wouldn't be able to say 'hospital' or 'hello', without knocking out those greeting us. Then there was the curry which OH dashed out for at some point during the long hours of the next day but which he then dropped down his front. I can't see the Duke of Cambridge having to rough it in a shirt covered in lashings of tikka masala but let's hope he's there to support Kate all through labour. Unless he and his Gran want to take turns of course.

Traditionally, women have been supported by other women during childbirth. Until the 1970s, in Britain at least, it was not the norm for men to be present at the birth of their children, although aristocratic and royal fathers were more likely to be present to see their heirs arrive. According to Dr Laura King, who recently ran a public engagement project exploring people's experiences of fatherhood and childbirth in Britain, from the 1950s to the present, the 1970s saw a change from a minority of dads being present at the birth of their child to around 70-80%. Today, it's seen as the norm, with over 90% in attendance.

Despite this change, in hospitals worldwide, having one-to-one support for the whole labour may not be the norm. A review from a team at the [Cochrane Pregnancy and Childbirth Group](#) looked at what difference this support makes to women and their new babies. They were able to include 22 randomized controlled trials from 16 countries, involving more than 15,000 women in a variety of settings. Continuous support, given by a midwife, nurse, childbirth educator or doula, or by the woman's partner, relative or friend, was compared with 'usual care', which did not involve continuous support through labour.



Aristocratic fathers were more likely to be present at the arrival of their heir

'Where there's a Will', Evidently Cochrane, July 2013

of material from a range of sources over a long period of time. Storify boards also offer a great way to record activity and debate at events, such as our [Annual Symposium](#).

Another way we are adding value is in writing blogs about [diagnostic test accuracy reviews](#). These tend to be hard to understand and, unlike intervention reviews, they are not accompanied by a Plain Language Summary.

We aim to engage with those involved in health research by highlighting gaps in the evidence or problems with research methods and reporting. An example of this was our 'Lessons in disappointment' blog.

We look to try new things

Operating in social media means being part of an ever-shifting landscape of evolving opportunities for sharing evidence, emulating things that seem to work well for others and experimenting with new formats.

One example of this was making a Vine six-second video, to illustrate a Cochrane review on [swimming for children with asthma](#). We shared this on Twitter and in our [blog on the review](#); it was picked up and shared by Asthma UK and may have attracted the attention of new audiences.

In December, we created an [Evidence Advent Calendar](#) on the Evidently Cochrane blog. Each day, a new piece of Cochrane evidence, associated with a festive image, was posted on the calendar, with a link to the review. By Quarter 3 this was the most shared Evidently Cochrane blog with 37 shares on Twitter, 21 shares on Facebook and 7 shares on LinkedIn. The blog was viewed over 4,740 times by the end of December.

SUPPORTING COCHRANE COLLEAGUES

Social Media Roadshow

"I really enjoyed the informal and collaborative nature of the workshops. Sarah and Holly were really enthusiastic, knowledgeable and engaging and all three of us from our Cochrane Review Group (CRG) came away feeling that we can and should do a great deal more, despite our CRG having a strong social media presence already."

Social Media Roadshow participant.

One of the core aims at the UK Cochrane Centre is to support the UK- & Ireland-based Cochrane contributors and stakeholders in disseminating the latest health evidence. The [Social Media Roadshow](#) was a key project to help enable cochrane Review Groups and others learn more



'The Tamiflu Timeline', Storify



16th - new bike (injury)

Well it's not very festive of me to link the lovely new bike to the possibility of injury, but we health evidence folk have to face up to the worst case scenarios, and maybe we can help you avoid some of them. A [Cochrane review](#) looking at helmets for preventing head and facial injuries in bicyclists found that these injuries were significantly reduced in helmet wearers of all ages in all types of crashes, including collisions with motor vehicles. This is always a hot topic and there is much variety of opinion. The review authors' response to comments from critics are presented in the feedback section of the review. Should you come a cropper, take note that ibuprofen and paracetamol combined provide better pain relief than the same dose of either drug alone and with a smaller chance of needing more over about eight hours, or of experiencing side effects. These are the findings of a [Cochrane review on this topic](#), which found three randomized trials exploring these painkillers in people after they had wisdom teeth surgically removed. This is often used to investigate the effectiveness of painkillers as the results are applicable to other forms of acute pain after trauma. Stay safe this Christmas.

'An evidence advent calendar!', Evidently Cochrane, December 2013

about how they can use social media to make the most of their work.

Sarah and Holly designed a series of workshops, from Twitter basics, blogging, facebook to how to engage with people through 'live' tweeting. Three of the core workshops have been recorded and are on the [Cochrane Training site](#) for anyone with Archie access to use.

The Roadshow went 5 different venues at 7 dates throughout 2013. We reached 22 of the 24 UK & Ireland-based CRGs, training people in the following roles:

- Cochrane Managing Editors: 23
- Cochrane Trial Search Coordinators: 10
- Cochrane Editorial Assistants: 2
- Cochrane Authors: 7
- Students: 2
- Others: 11

Post-Roadshow all participants received 3 staggered, follow-up emails, with links to resources and social media. The #cochraneism tweet chats were also set up as a means of support for those who had attended the Roadshow.

Workshop at the 2013 Cochrane Colloquium

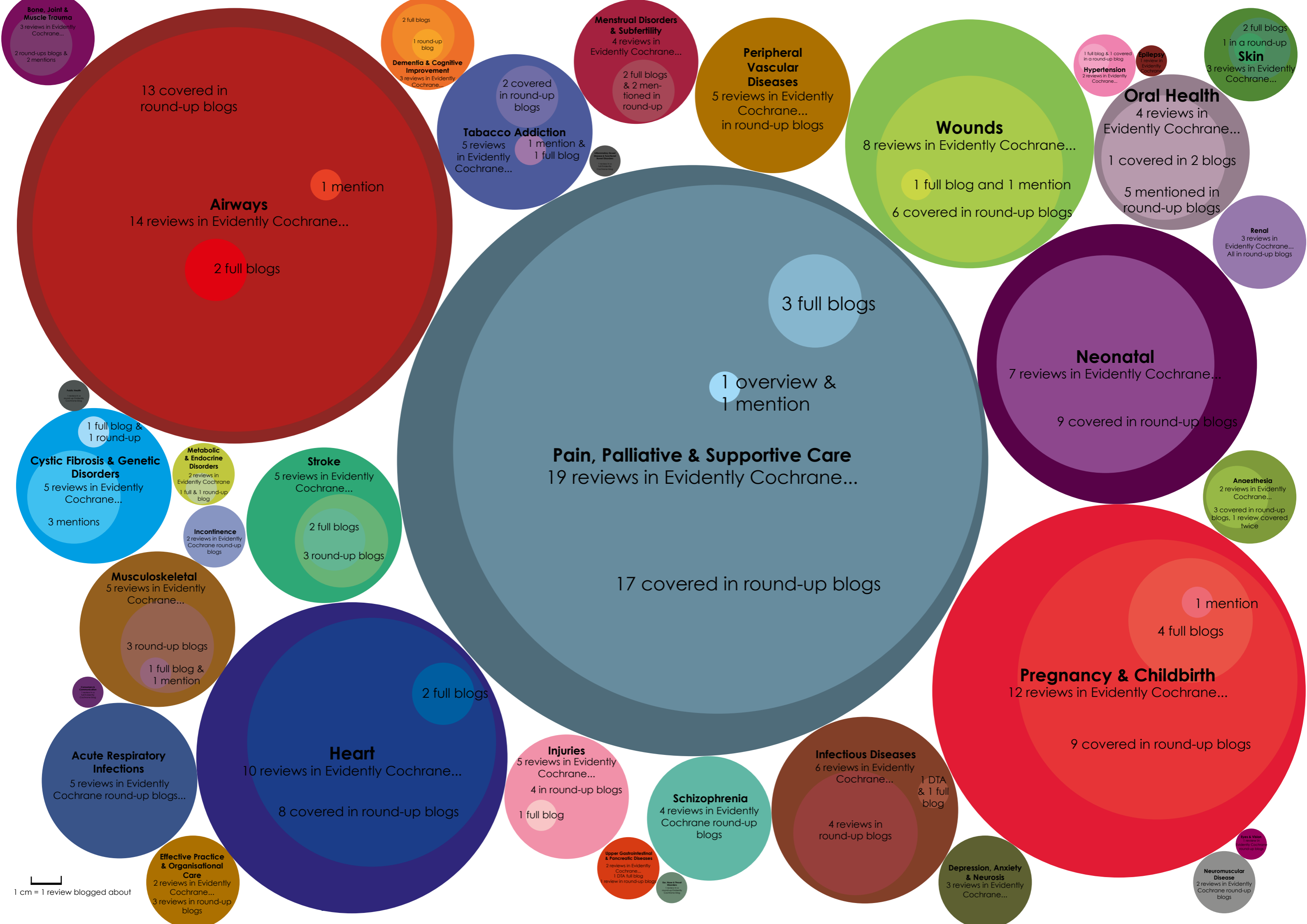
Holly and Sarah gave a workshop at the Cochrane Colloquium in Quebec City on how to tweet Cochrane evidence. They also gave presentations to the Managing Editor Meeting and Centre's Meeting at the Colloquium, on social media at the UK Cochrane Centre.

PLANS FOR THE NEXT YEAR

With the launch of the redesigned [Evidently Cochrane](#) site, the next year will be a period of experimentation and review, with [Minervation Ltd.](#) repeating user testing in January 2015. We will be looking to expand our audience, increase our impact and to improve on how we measure that impact. We expect to see more guest blogs on [Evidently Cochrane](#) and to make one health awareness event per quarter the focus of extended social media activities.

We are planning to offer new workshops to help people engage with research through social media, with sessions for health professionals and researchers, and hope to offer a workshop, taken to different locations, for our Cochrane colleagues with a focus on measuring impact and revisiting using Twitter.

Over all our social media activities, we will be aiming for more collaboration and joined-up working with our Cochrane colleagues. We will be exploring new opportunities to increase our visibility and influence outside the Collaboration.



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evidentlycochrane.net



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