

**Cochrane UK**  
**Evidence Synthesis Programme**  
**Advisory Group (ESPAG) Meeting**  
**December 2020 Update**



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# Director's introduction

2020 continues to be an extraordinary year as the effects of the COVID-19 pandemic roll on. I hope you will find it equally remarkable that the team at Cochrane UK have continued to produce high-quality work and to move ahead with the ambitious plans that form the start of our 2020-2025 contract period. Two of the most exciting projects are now making excellent progress and I commend them to you: the Consumer Champions scheme and the Evaluation Programme. At the same time, our many “business as usual” activities continue apace. Once again, I would like to take this opportunity to thank the outstanding team that I have the privilege to lead, here at Cochrane UK. This report is a testament to their hard work and professionalism under difficult circumstances. Thank you.



**Martin Burton, Director  
Cochrane UK**

*Mart J. Burk*

# Strategic Objective 1: Training and development programmes to support the evidence production

## Review Author Training

During the period April to November 2020, Cochrane UK hosted eight virtual Review Author Training workshops (RA1, RA2, RA3 and RA4), with a total of 110 attendances. Each of the workshops are limited to 12 participants for RA1 and RA2, and 20 participants for RA3 and RA4, to respond to the individual needs of the participants.

Workshops have been delivered virtually since March 2020 due to the COVID-19 pandemic. The format has been adapted to suit the virtual learning environment, by incorporating synchronous and asynchronous learning to reduce the duration of the workshops; adding more frequent and longer breaks; reducing the time of the presentations and increasing the time dedicated to interactive and practical sessions; and incorporating breakout rooms for group activities and individualised support from the facilitators.

Overall, the feedback from participants has been very positive. In a survey of RA1 and RA2 participants (September 2020), all respondents (45% of the participants) found the workshops extremely or very helpful and are likely or very likely to recommend them to a Cochrane Author (net promoter score of 60/100). Feedback from the RA3 and RA4 workshops (October 2020) demonstrated that all the respondents (78% of the participants) found the workshops extremely or very helpful and are very likely to recommend the workshops to a Cochrane Author (net promoter score of 86/100).

The most recent surveys indicate that the majority of respondents (71-80%) prefer to attend the workshops virtually, even if given the opportunity to attend the same workshop face-to-face. We will continue delivering virtual workshops in 2021 and re-evaluate the mix of virtual and face-to face offerings post pandemic.

## Cochrane UK and Cochrane Ireland Annual Symposium

[Virtually Cochrane](#), the Cochrane UK and Cochrane Ireland Annual Symposium, is in the planning stages and is due to take place in April 2021. This is a virtual event offering on-demand and live content to participants around the theme of “Navigating evidence and uncertainty”. The programme will include content for the Cochrane Groups and those producing evidence, and broader topics aimed at those making healthcare decisions. We are working closely with colleagues in Cochrane Ireland and our Cochrane UK Consumer Champions to build on previous ‘Patients Included’ events and ensure that evidence for patients is at the heart of the programme. We are also working with a conference organizing

company with experience of creating engaging online events to support our transition from an in-person event to a virtual environment.

## Cochrane Abstracts Project

The abstracts of Cochrane Reviews are the only part of the review that many people will read, and the quality of the abstract is therefore critical. Members of the Cochrane UK team have read every Cochrane abstract prepared since 2016 and have seen – amongst these – “the good, the bad and the ugly”. On many occasions we have seen them prior to publication and been able to assist authors and Cochrane Review Groups in improving them. In consultation with Cochrane’s Editor-in-Chief (Karla Soares-Weiser) and her team, we have started a project to determine the key elements of a high-quality Cochrane abstract, and to provide up-to-date guidance in how to write one. We anticipate that this will produce greater homogeneity in the content and structure of Cochrane abstracts, helping readers better to find the information that they need. Helping the reader is the key aim of the project, with the secondary goal of helping the author to help the reader. This will be done by – for example – providing templates for ‘standard’ types of reviews and clear, step-by-step guidance about the content of each section of the abstract and the use of language within it.

# Strategic Objective 2: Sharing high-quality evidence

## COVID-19 response

*Evidently Cochrane*, Cochrane UK’s blog, provides a social media platform to share evidence quickly and accessibly in response to new and topical evidence. As Cochrane continues to produce Rapid Reviews and other evidence in response to the pandemic, we have continued to publish blogs 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. To date, we have published [12 blogs relating to COVID-19](#). As with all our blogs, these are updated when the reviews are updated or when there are new reviews to add.

## Evidently Cochrane blogs

Between 1st April 2020 and 31st October 2020, we published 43 new *Evidently Cochrane* blogs. Five of these have already been revised during this period to reflect emerging data as part of Cochrane’s response to the urgent need for robust evidence to address uncertainties in tackling the COVID-19 global pandemic. In addition, we also revised 33 blogs on other topics, updating these with information from 28 newly published or updated reviews. The new and revised blogs highlighted 116 new or updated reviews from 36 Cochrane Review Groups (21 UK based) and included a range of evidence syntheses using complex methods:

Cochrane Diagnostic Test Accuracy Reviews (including the first Diagnostic Test Accuracy Living Systematic Review), Overviews of reviews, a Realist Review, Qualitative Evidence Syntheses (including the first using Rapid Review methods), Network Meta-analyses, Living Systematic Reviews and Rapid Reviews. There were 28 reviews in more than one blog (frequency: 1 review in 4 blogs, 7 in 3 and 20 in 2).

During this period a milestone was reached: the 500<sup>th</sup> *Evidently Cochrane* blog was published, which coincided with the inaugural World Evidence-based Healthcare Day (20<sup>th</sup> October 2020), taking up its theme of Evidence to Impact and reflecting on the potential impact of sharing evidence in blogs and the challenges of capturing impact: “*Evidence to impact: reflections on the impact of sharing evidence in blogs*”

For the second year running, in August 2020, [Evidently Cochrane was ranked third in the Top Ten Healthcare blogs in the UK by Vuelio](#), a company that monitors and identifies influencers in social media. Vuelio’s blog ranking methodology takes into consideration social sharing, quality of topic-related content, and post frequency.

Full details of the *Evidently Cochrane* blogs, published during this period, can be found in [Appendix 1](#).

## **Evidence for maternity care, nursing and allied health from Cochrane UK**

Five years on from the launch of our three series on midwifery, nursing and allied health evidence, we decided it was time to take stock and see how we could improve them. While our blogs and the visual evidence summaries we call ‘blogshots’ seem to be popular, these have not been a regular offering, and we realised we were seeing other products based on Cochrane evidence that our audiences might find helpful.

In October 2020, we launched three refreshed evidence series: Evidence for Maternity Care, Evidence for Nursing, and Evidence for Allied Health (formerly Evidence for Everyday Midwifery, Evidence for Everyday Nursing, and Evidence for Everyday Allied Health).

In addition to the usual blogs and blogshots in these series, we will now publish a quarterly collection of evidence and resources. The first of these are:

- [Evidence for Maternity Care: new evidence and resources – Autumn 2020](#)
- [Evidence for Allied Health: new evidence and resources – Autumn 2020](#)
- [Evidence for Nursing: new evidence and resources – Autumn 2020](#)

We have received support from various lead contacts within the fields of maternity, nursing and allied health in England, Wales, Scotland and Ireland, who have helped to share news of the refreshed content with their networks.

## Special series - Contemplating Cancer

This November we are running a special series of blogs on the theme '[Contemplating Cancer](#)'.

We had originally planned to run the series in early 2020. However, we took the decision to postpone, as the healthcare professionals we were planning to approach were under additional pressures due to the pandemic, and going ahead could appear out of touch, given the impact of the pandemic on cancer care.

The series includes three blogs in which people share their own experiences of cancer. One on cancer-related post-traumatic stress and two by doctors who are also cancer survivors, reflecting on Cochrane evidence on communication skills training for talking to people about cancer. We followed these blogs with a tweetchat on communicating about cancer. This enabled a thoughtful discussion on this topic from a range of contributors, which was then summarized in a blog about the chat. We are aware that two blogs have been written elsewhere in response to this series. There will also be a blog on research for and with informal cancer caregivers, and another for people making decisions about treatment for prostate cancer.

## Special series - “Oh, really?”: 12 things to help you question health advice’

We have continued to publish blogs in our special series [“Oh, really?”: 12 things to help you question health advice](#)’, which we launched in January 2020. Each blog explores one of the [‘Key Concepts](#)’ developed by the Informed Health Choices project team, 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. An example is [‘Screening: earlier detection of disease is not necessarily better](#)’ in which Lynda Ware, Senior Fellow in General Practice at Cochrane UK and former GP, explains why detecting diseases earlier by screening is not always beneficial, and may – in some cases – be harmful.

## Improving the accessibility of the *Evidently Cochrane* website

In September 2020, we completed work to improve the accessibility of [Evidently Cochrane](#). Work began in 2019, after we were contacted by Dr Simone Stumpf, a Senior Lecturer in the Centre for Human-Computer Interaction (HCI) Design at City, University of London. Each year, Masters students on the Inclusive Design course carry out an evaluation of a website as part of their coursework. Their task is to assess the problems that might arise for people with various impairments in using the website.

The students audited the *Evidently Cochrane* website against the latest [Web Content Accessibility Guidelines \(WCAG 2.1 guidelines](#); W3C, 2018) for conformance with [level AA](#) (the conformance level used in most accessibility rules and regulations around the world). For

example, they navigated the site using only a keyboard, evaluated the site's coding, and accessed the site using various assistive technologies that people may use, such as 'screen readers' (which read the text on websites aloud, for the benefit of those with visual impairments).

The students then passed on their recommendations to us. With Minervation, our website developer and host, we then worked to implement as many of the changes as possible, fixing issues highlighted by the students. You can read more in the blog [Web accessibility and Evidently Cochrane: making our blog more accessible to all](#), which includes a summary of some of the key changes to the website.

## Blogshots

During this period a milestone was reached: the 700<sup>th</sup> blogshot was published:

41 new blogshots were produced (10 updated to reflect the latest version of an existing review) plus one existing blogshot reposted to coincide with a healthcare awareness event, together with six new video summaries (one updated to reflect the latest version of an existing review).

Full details of the Cochrane UK blogshots, published during this period, can be found in [Appendix 2](#).

## Images checklist

In October 2020, Cochrane announced [Choosing images for sharing evidence: a guide](#). Sarah Chapman and Selena Ryan-Vig developed this resource with input from a diverse advisory group of 17 people, additional colleagues, and support from the Cochrane UK team and Cochrane's Knowledge Translation team. The resource 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. The checklist is now available on the [Cochrane Training website](#) for the wider Cochrane Community. In November 2020, Sarah and Selena gave a presentation about the guide to colleagues working on knowledge translation projects within Cochrane. There are plans for two more live learning webinars on this topic in January and February 2021.

## Knowledge Translation (KT) mentoring scheme

In 2019, Cochrane launched an annual [KT mentoring scheme](#). The idea is to connect people planning or running a KT project or activity within Cochrane (mentees) with people with experience of delivering such activities (the mentors), who can offer guidance and support. Sarah Chapman and Selena Ryan-Vig have joined the 2020 scheme as mentors and have now undertaken the initial preparatory session. They are soon to meet their mentees for the first time and will be working with them for 60 to 90 minutes per month, for up to nine months.



## Media Highlights

Between March and September, there were 6305 pieces of media coverage mentioning Cochrane across the world. In the UK, COVID-19 has dominated the headlines. Cochrane worked closely with the Science Media Centre (SMC) to provide media spokespeople and share Cochrane's Rapid Reviews on COVID-19. The review "[Antibody tests for identification of current and past infection with SARS-CoV-2](#)" was introduced to UK media through a press briefing, hosted by the SMC. This attracted much interest from journalists, with the BBC, *BMJ*, CNN, Mail, Economist, Financial Times, ITV, Press Association, Reuters, Sky News, Telegraph, Guardian and the Sun in attendance. The resulting media coverage has been significant with global interest in this review. Within two weeks the review had an Altmetric score of 1224, putting it in the top 5% of all research outputs scored by this method.

This review also features as one of the 15 COVID-19, *Evidently Cochrane* blogs. To date, the blog: '[Antibody tests for COVID-19: new evidence on test accuracy and some considerations](#)' has had 47,151 views and appears on the first page of a Google search, when seeking information on the accuracy of antibody tests.

The press briefing on infection prevention and control presented three Cochrane Reviews covering quarantine, travel measures and screening. This was well attended. However, the media coverage was limited. The event provided an opportunity to reflect on what constitutes good quality evidence, presenting what is unknown rather than known, rather than deliver headline grabbing news.

This has been a busy period in terms of disseminating evidence. [View a summary of the reviews, round-ups and special collections, which we have supported with dissemination.](#)

Links to published articles can be found in [Appendix 3](#).

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

## Teaching school children about Evidence-Based Medicine and thinking critically about health claims

Over the past four years, we have delivered interactive workshops for school students in Years 10 to 13, with the aim of encouraging critical thinking around healthcare claims, particularly those made in the media. Due to the pandemic, Lynda Ware and Selena Ryan-Vig have been unable to visit schools to deliver sessions teaching secondary school pupils about evidence-based medicine. In June 2020, Lynda and Selena published an online, 30 minute recording of their presentation: [An Introduction to Evidence-Based Medicine](#). We

shared this with a number of schools, with whom we have existing relationships, as well as on our website and social media platforms. To date, it has had over 1300 views.

Lynda and Selena delivered their first live virtual session, in October 2020, attended by an enthusiastic group of 19 students in Years 10 and 11, from various Oxfordshire schools. The 90 minute session was hosted by Science Oxford as part of a range of activities for STEM week (Science, Technology, Engineering and Mathematics). In November 2020, Lynda and Selena are also due to present at a virtual conference for sixth-form students in the West Midlands, who want to study medicine, organized by the Birmingham University Widening Access to Medical Sciences Society. In both cases, this is the second year running that we have been invited to present.

## Consumer Champions

The Consumer Champions project aims to involve a more diverse group of patients and the public in the work of Cochrane and raise awareness of healthcare research and evidence in general, and Cochrane in particular, within healthcare consumer communities. We have worked closely with our Consumer Co-ordinator, Emma Doble, to develop our Cochrane Consumer project and the role of the Consumer Champion. We have successfully recruited four Cochrane UK Consumer Champions, who are all new to working with Cochrane. The Champions are from a variety of healthcare backgrounds, and regions, and bring a wealth of lived experience as well as expertise in advocacy and patient and public involvement projects. [Read more about the Consumer Champions.](#)

The Champions will come together virtually on the 30<sup>th</sup> November, in a facilitated workshop, to explore their existing experience, knowledge and expertise and inform the future direction of the project and work of the group. The Champions are being supported by Emma and our Programme Support Officer, Marta Santos, to develop personal development plans and they are encouraged to complete a reflective journal as a record of the process.

## Cochrane Trainees

It continues to be a challenging time for the trainees, with many of the Cochrane UK Trainees Advisory Group supporting COVID clinical work. We are planning a Twitter journal club at the start of December aimed at Foundation Doctors and we have an Academic Foundation Doctor helping with this. Our Cochrane UK Fellow, Rebecca Gould, has written a blog on exercise for intermittent claudication, due for publication on *Evidently Cochrane* in January 2021.

# Strategic Objective 4: Evaluation

Over the past eight years we have developed a number of dissemination formats and products, with limited opportunity for testing and evaluation. As an evidence-based organization, we are interested in developing, testing and evaluating the products and formats we use, to build an evidence base to inform our work and maximize the usefulness of it.

Evidently Cochrane is one of our key dissemination products, consuming a relatively high level of time and resources. It is therefore important to explore the potential usefulness and value to the users of the blogs published on this site. We have embarked on a qualitative research project analysing reader comments from the five Evidently Cochrane blogs which have attracted the most comments:

1. [Living and dying well after stroke](#)
2. [Pregnancy after stillbirth: experience and evidence gaps](#)
3. [Tubal flushing: might it help you get pregnant?](#)
4. [Everything I needed to know about the menopause... no one told me](#)
5. [Frozen shoulder: making choices about treatment](#)

Ethical permission has been granted and all of the bloggers have given permission for their blogs to be analysed.

This is the first qualitative research project aimed at evaluating our knowledge translation to inform how we develop future offerings. Analysis of the data is under way and we expect initial results during December.

## 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 whether they have been used to inform evidence-based clinical guidelines. We are continuing to check guideline developers' websites to capture newly published guidelines to maintain the currency of the data set of Cochrane Reviews that have informed healthcare guidance worldwide; our data include a subset on UK-published guidance. Cochrane UK's work in this field is undertaken to support Cochrane globally.

## **NICE Clinical Guidelines**

In this reporting period (April to October 2020), NICE has published 32 guidelines: of these, eight (25%) have been informed by 139 Cochrane Reviews from 17 Cochrane Review Groups (10 UK based):

- 10 Clinical Guidelines (three new; seven updates) – eight (80%) informed by 139 Cochrane Reviews
- one new Antimicrobial Prescribing Guideline
- one new Public Health Guideline
- 20 COVID-19 Rapid Guidelines (17 new, of which 10 have already undergone at least one update; three updates) \*\*

\*\* Due to the interim process and methods implemented by NICE in producing these rapid guidelines, the availability of accompanying evidence reviews and supporting documents may be delayed. Cochrane UK will continue to monitor these guidelines in order to assess whether Cochrane Reviews have been used to inform these guidelines.

## **Other NICE guidance**

In this reporting period (April to October 2020), NICE has published:

- four Diagnostics Guidance
- one Highly Specialized Technologies Guidance
- 11 Interventional Procedures Guidance - two (18%) informed by three Cochrane Reviews
- four Medical Technologies Guidance
- seven Quality Standards
- 30 Technology Appraisal Guidance – four (13%) informed by six Cochrane Reviews

## **NICE Advice**

In this reporting period (April to October 2020), NICE has published:

- eight Evidence Summaries, including six COVID-19 Rapid Evidence Summaries and one Antimicrobial Prescribing Summary
- 22 MedTech Innovation Briefings

## **SIGN (Scottish Intercollegiate Guidelines Network) Guidelines**

In this reporting period (April 2020 to October 2020), SIGN has published two updated guidelines both of which (100%) have been informed by 18 Cochrane Reviews from five Cochrane Review Groups (one UK based).

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

In this reporting period (April 2020 to October 2020), 47 Cochrane Reviews from 21 Cochrane Review Groups (13 UK based) have been used to inform 27 of 83 (33%) NICE Clinical Knowledge Summaries.

### **Cochrane Reviews related to the COVID-19 response**

We felt it important to highlight the [new Cochrane Reviews related to COVID-19](#), and existing Cochrane Reviews that are relevant to COVID-19, which are being updated with the latest evidence. We are tracking the use of these reviews in clinical guidelines, which is already providing data, even at this early stage.

In addition, we are searching a broader range of sources, designed to try and capture any use of the reviews in guidance, advice or intelligence reports, particularly at this early stage post publication, in helping to (i) map the existing and fast-moving evidence base, thereby contributing to minimizing potential waste of resources through avoiding duplication of effort, (ii) helping to identify the evidence gaps to target priorities to address, (iii) framing the ongoing research agenda, including optimal study designs and (iv) keeping policy makers and those in governance positions well informed to enable timely, flexible decision-making for the health of the nations, especially as these rapid living systematic reviews are updated.

As at 31 October 2020, there are currently 20 Cochrane Reviews included in this subset, of which three are updates. Over half of these (11; 55%) have been published by four UK-based Cochrane Review Groups.

More information on the reviews by Cochrane Group, Cochrane Network and whether these reviews are being used to inform clinical guidelines or wider guidance, can be found in [Appendix 4](#).

### **Examples of how the Cochrane UK guideline dataset has been used, for the period April to October 2020, to provide information to the Cochrane Community**

The Cochrane UK Information Service continually monitors and updates the guideline dataset providing a rich source of data on Cochrane Reviews that have informed healthcare guidance worldwide. The service provides the Cochrane Community with data, on request, to support the work of Cochrane, the Charity, the Cochrane Groups and Cochrane Networks. We have recorded some examples of data requests during this period and how this information is being used.

## **Central Cochrane (Cochrane’s Knowledge Translation Project Manager)**

In response to the pandemic, our Information Service gathered data to chart the initial impact of a specific subset of new and existing [Cochrane Reviews related to COVID-19](#). Many of these reviews have been developed using rapid methods and designed as living systematic reviews to harness the continually evolving knowledge base and synthesise data in a timely way. Using established methods, the service tracked whether these Cochrane COVID-19 Reviews had been used to inform clinical guidelines, even at this early stage so soon after publication. We received a request from the Cochrane Knowledge Translation team for data to support the evaluation of Cochrane’s response to the pandemic. We were able to provide data from the guideline subset, however we also sought to track the use of these reviews in other guidance such as scientific briefings, interim policy updates, or other evidence-based reports to provide a richer picture of the use of these important reviews. We shall continue to consider this supplementary type of guidance, in addition to clinical guidelines, to capture use of these Cochrane COVID-19 Reviews for monitoring impact.

## **Wiley (Publisher of the Cochrane Library)**

As part of Wiley’s annual impact reports for Cochrane Review Groups (CRGs) and for Central Cochrane, we provided full data of which reviews have been used in guidelines for all UK and non-UK based CRGs; summary data on which guidelines (published between 2018 to 2020) have cited the most Cochrane Reviews; and the use of Cochrane Reviews to inform the World Health Organization’s accredited guidelines and other evidence-based recommendations from 2008 to 2020.

## **Mental Health and Neuroscience Network (Network Support Fellow and Associate Editor)**

In the months of April and September 2020, we provided data on the types of Cochrane Reviews with complex methodologies (diagnostic test accuracy, network meta-analyses, qualitative evidence syntheses, prognosis, living systematic reviews and individual participant data) that are being produced by Cochrane Review Groups (CRGs) within the Mental Health and Neuroscience Network. The data included full details of the total number of reviews for all nine CRGs within the network (by type of review) together with their use in guidelines (categorised by country of guideline origin). These data have been included in the Network’s bi-annual reporting to central Cochrane. The data have also been used to share learning with other networks and groups on Cochrane’s recently introduced methods for undertaking a range of complex evidence syntheses.

## **Cochrane Screening and Diagnostic Test Methods Group**

Our Information Service provided the group with full data of all the diagnostic test accuracy reviews including: their stage of publication; number of reviews categorised by region of CRG and by Network group; number of guidelines informed by Cochrane evidence by location of guideline publication; frequency of the use of each review in guidelines; and

which reviews have Cochrane authors from England, Scotland, Wales and Northern Ireland and Ireland.

## **Cochrane Dementia and Cognitive Improvement Group**

In response to a request for an Editorial Board Meeting, data were provided on the use of the groups' reviews in *Evidently Cochrane* blogs, blogshots, Cochrane Clinical Answers, Podcasts and Special Collections. Also included was a numerical summary of the number of reviews included in guidelines, from which country, for the last two years (including a subset of data on their extensive suite of Cochrane Diagnostic Test Accuracy Reviews)

## **Charting the production of complex reviews by Cochrane Review Groups**

To tackle complexities in evidence synthesis, different types of Cochrane Reviews are now being produced; these include Cochrane 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 Cochrane Diagnostic Test Accuracy; others are at the pilot stage of development and production, such as Cochrane Prognostic Reviews or those using a living systematic review design.

We have charted whether UK-based Cochrane Review Groups are producing these types of complex 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 newly published, or updated using these new methods, are being used to inform clinical guidelines, as one measure of their usefulness to stakeholders.

Detailed data on: Cochrane Diagnostic Test Accuracy Reviews, Cochrane Prognostic Reviews, Cochrane Network Meta-analyses, Cochrane Qualitative Evidence Syntheses and Cochrane Living Systematic Reviews by Cochrane Review Group, Cochrane Network and whether they are produced by authors from the UK and Ireland, are available in [Appendix 5](#).

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

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

Eighty of 141 Cochrane DTA Reviews (57%) by 24 Cochrane Review Groups (14 UK-based) have been used to inform 176 guidelines. Forty-seven reviews have been used in more than one guideline.

Detailed data on Cochrane Diagnostic Test Accuracy Reviews used in guidelines by Cochrane Review Group, Cochrane Network, the most frequently used reviews, and whether they have been produced by authors from the UK and Ireland, can be found in [Appendix 6](#).

### **Cochrane Prognostic Reviews**

One of the five Cochrane Prognosis Reviews (20%) by the Cochrane Back & Neck Group, with authors from England, has been used to inform one German guideline.

### **Cochrane Qualitative Evidence Syntheses**

Six of the 12 Cochrane Qualitative Evidence Syntheses (50%) by three Cochrane Review Groups (two UK-based) have been used to inform nine World Health Organization guidelines and one UK best practice guideline on infection prevention and control during the coronavirus pandemic.

Detailed data on the Cochrane Qualitative Evidence Syntheses used in guidelines by Cochrane Review Group, Cochrane Network, the most frequently used reviews, and whether they have been produced by authors from the UK and Ireland, can be found in [Appendix 6](#).

### **Cochrane Network Meta-Analyses**

Thirty of the 52 Cochrane Network Meta-Analyses (58%) by 21 Cochrane Review Groups (12 UK-based) have been used to inform 150 guidelines. Twenty-one reviews have been used in more than one guideline (frequency 1 in 35; 1 in 17; 1 in 13; 1 in 12; 1 in 10; 1 in 9; 1 in 7; 2 in 6; 1 in 5; 2 in 4; 5 in 3; 4 in 2).

Detailed data on the Cochrane Network Meta-Analyses used in guidelines by Cochrane Review Group, Cochrane Network, the most frequently used reviews, and whether they have been produced by authors from the UK and Ireland, can be found in [Appendix 6](#).

### **Cochrane Living Systematic Reviews**

Six of the 13 Cochrane Living Systematic Reviews (46%) by four Cochrane Review Groups (two UK-based) have been used to inform 11 guidelines. All six have been used in more than one guideline.

Detailed data on the Cochrane Living Systematic Reviews by Cochrane Review Group, Cochrane Network, the most frequently used reviews, and whether they have been produced by authors from the UK and Ireland, can be found in [Appendix 6](#).



# Appendices

## Appendix 1: Evidently Cochrane blogs

Between 1st April 2020 and 31st October 2020, we published 43 new *Evidently Cochrane* blogs:

- **12 new blogs – 5 already updated (31 reviews) and one existing blog**, now updated, looked at **evidence directly and indirectly related** to responding to the **COVID-19 pandemic**:
  - *Cochrane evidence on COVID-19: a round-up* (**first posted 10 September 2020** and **revised frequently** in line with new publications of Rapid Reviews and the latest iterations of the Living Systematic Reviews on which the blog is based; **latest revision 12 October 2020**)
  - *Signs and symptoms of COVID-19: new Cochrane evidence*
  - *Antibody tests for COVID-19: new evidence on test accuracy and some considerations*
  - *Travel-related measures for controlling the spread of COVID-19: new Cochrane evidence*
  - *“Stay at home” rules: what makes people more likely to stick to quarantine?* (**first posted 26 March 2020** and **revised** in line with new and updated publications of Rapid Reviews related to this blog; **latest revision 14 September 2020**)
  - *Quarantine for controlling COVID-19 (coronavirus). New Cochrane evidence* (**first posted 9 April 2020** and **revised** in line with new and updated publications of Rapid Reviews on which this blog is based; **latest revision 14 September 2020**)
  - *Convalescent plasma to treat people with COVID-19: the evidence so far* (**first posted 15 May 2020** and **revised frequently** in line with new iterations of the Living Systematic Review on which the blog is based; **latest revision 12 October 2020**)
  - *Personal protective equipment (PPE) for healthcare workers: new Cochrane evidence* (**first posted 28 April 2020** and **revised** in line with new and updated publications of Rapid Reviews on which this blog is based; **latest revision 15 May 2020**)
  - *Smoking and coronavirus (COVID-19): time to quit* (**first posted 3 April 2020** and **revised** in line with new and updated publications on which this blog is based; **latest revision 14 October 2020**)
  - *Domestic abuse: help and evidence for abused women and those supporting them*
  - *Loneliness in older people: could video calls help?*
  - *Exercise and acute respiratory infections: might regular exercise help protect us?*
  - *MMR vaccines: do they work and are they safe?*
- **22 new blogs (eight jointly written) were by Cochrane UK’s Knowledge Brokers: Sarah Chapman (21) and Selena Ryan-Vig (9).**

- **five blogs** were by **Cochrane UK’s Senior Fellows in General Practice: Lynda Ware (4)** and **Robert Walton (1)**.
- **One blog was** jointly written by **Cochrane UK’s Patient and Consumer Co-ordinator** (Emma Doble) and **Cochrane UK’s Programme Support Officer** (Marta Santos) to introduce a new initiative by Cochrane UK, Consumer Champions, to involve patients and the public in understanding and generating evidence for health
  - *Cochrane UK Consumer Champions: another step towards better patient and public involvement.*
- **Six blogs were by Cochrane Trainees** (Jason Yuen, Neurosurgical Registrar; Dr Puteri Zainuddin and Cochrane Fellow Emily Carter; two blogs by Siobhan McCormack and one blog by Katie Westwood, Paediatric Specialist Registrars; Jennifer Kielty, Specialist Registrar in Anaesthesia and Critical Care).
- **Five blogs** highlighted patient experience and patient and public involvement in evidence production
  - Patients as Poets: patients’ and carers’ experiences of living with advanced illness
  - Contemplating Cancer: a special series from Cochrane UK
  - Cochrane UK Consumer Champions: another step towards better patient and public involvement
  - Priority Setting Partnerships: celebrating 16 years of work to reduce research waste
  - IVF add-ons: the latest Cochrane evidence
- **10 were guest blogs**

**One** by **Elaine Finucane**, a research associate, Health Research Board Trials Methodology Research Network, and part of the core team of healthcare communicators for iHealthFacts, an online resource from a team of collaborating evidence-based organizations in Ireland, including Evidence Synthesis Ireland and Cochrane Ireland, where the public can check the reliability of a health claim circulated by social media.

  - *Personal experience or anecdotes (stories) are an unreliable basis for assessing the effects of most treatments (5<sup>th</sup> blog in **Understanding Evidence series on key concepts** “Oh really?” 12 things to help you question health advice).*

**Three** by **Cochrane authors, editors** and research fellows

  - *Induction of labour: if, and when, to induce*
  - *Managing chronic pain in adults: the latest evidence on psychological therapies*
  - *IVF add-ons: the latest Cochrane evidence*

**Six by other healthcare professionals and healthcare researchers** (consultant cardiologists, respiratory and palliative care physicians, community pharmacist, optometrist and senior lecturer in optometry, researcher in patient and public involvement, and qualitative researchers in palliative care and advanced illness):

- *Malignant pleural effusions (MPE): new evidence on management* (network meta-analysis)
  - *Severe aortic stenosis: keyhole treatment or open heart surgery?*
  - *Community pharmacists offering lifestyle advice: what's the evidence for this approach?* (joint blog with Cochrane UK's Senior Fellow in General Practice)
  - *Do long-sighted children need to wear glasses?*
  - *Priority Setting Partnerships: celebrating 16 years of work to reduce research waste*
  - *Patients as Poets: patients' and carers' experiences of living with advanced illness (includes patient 'voices' expressed through the moving medium of poetry)*
- **24** blogs were linked to health awareness events, topical news, clinical guidelines or public health initiatives in the NHS:
    - *Cochrane evidence on COVID-19: a round-up – **topical, directly related to the COVID-19 pandemic; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output on COVID-19 targeted at consumers and citizens*** – links to 19 reviews, 11 blogs, 4 podcasts, 8 Cochrane Clinical Answers, a video summary, a blogshot, a video, 2 infographics, other Cochrane resources including COVID-19 Special Collections.
    - *Signs and symptoms of COVID-19: new Cochrane evidence – **topical, directly related to the COVID-19 pandemic***; one in a suite of Cochrane Rapid Living Systematic Diagnostic Test Accuracy Reviews; **part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output on COVID-19 targeted at consumers and citizens** – links to **COVID symptom app**; **NHS website** on coronavirus symptoms; **Office for National Statistics COVID-19 Infection Survey** (July 2020); **BBC news item** on testing positive for coronavirus while asymptomatic (7 July 2020).
    - *Antibody tests for COVID-19: new evidence on test accuracy and some considerations* – blog by Cochrane UK Knowledge Broker on **first Cochrane Diagnostic Test Accuracy Living Systematic Review as a Rapid Review** on the accuracy of antibody tests for detecting **COVID-19** and other considerations for rolling out the testing – **topical** - links to **BMJ letter** by senior academics; **World Health Organization guidance** on 'immunity passports'; **Department of Health England ongoing surveillance programme call for volunteers** in a **study** of accuracy of **antibody home testing kits**; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.
    - *Convalescent plasma to treat people with COVID-19: the evidence so far – **topical*** – blog by Cochrane UK Knowledge Broker looking at evidence from a Cochrane

Living Systematic Rapid Review on a possible treatment for **COVID-19** patients; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.

- *Personal protective equipment (PPE) for healthcare workers: new Cochrane evidence* – blog by Cochrane UK Knowledge Broker looking at new evidence from a **Cochrane Rapid Qualitative Evidence Synthesis** and a fast-tracked Cochrane updated Review on PPE for healthcare workers for controlling the transmission of **COVID-19** in a healthcare setting; links to **innovative, creative solutions** to some barriers identified in these reviews (**University of Southampton reusable, cool air-filled respirator hoods, PeRSo**; BBC South news item; **CARDMEDIC, Dr Rachael Grimaldi's digital flashcards**, developed as a **multilingual app for communicating via mobile devices when in full protective gear** reported in The Guardian); press release **UK Government Department for International Trade on CARDMEDIC innovation**; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens..
- *Travel-related measures for controlling the spread of COVID-19: new Cochrane evidence* – links to **World Health Organization guidance** on resuming international travel (July 2020).
- *Quarantine for controlling COVID-19 (coronavirus). New Cochrane evidence* – looks at new evidence from a Cochrane Rapid Review of mathematical modelling studies on the effectiveness of quarantine for controlling the spread of **COVID-19**; links to two non-Cochrane rapid reviews from King's College London; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.
- *Smoking and coronavirus (COVID-19): time to quit* – important **Public Health initiative**; links to *Cochrane Special Collection COVID-19: effective options for quitting smoking during the pandemic*; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens. Highlighted during the **Public Health England Stoptober campaign** to encourage people to quit smoking.
- *Exercise and acute respiratory infections: might regular exercise help protect us?* – indirectly related to **COVID-19** context; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.
- *Loneliness in older people: could video calls help* – blog by Cochrane UK Knowledge Broker on whether video calls can reduce loneliness in older people at a time when many are unable to have face-to-face contact with others due to **COVID-19** pandemic; to coincide with **Loneliness Awareness Week**; links to links to **governmental policy** and **strategies on loneliness Welsh Government** (Feb

2020); **Institute of Public Health Ireland** (2018); **Jo Cox Commission on Loneliness Report** (2017); **House of Commons Briefing Paper on tackling loneliness** (Feb 2020); **UK Government Connected Society** (2018); **Scottish Government Connected Scotland** (2018); **Department for Digital Culture Media & Sport, Office for Civil Society Loneliness Annual Report** (Jan 2020); NICE guideline (**NG32**); **Campaign to End Loneliness website**; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.

- *Domestic abuse: help and evidence for abused women and those supporting them* – **indirectly related** to **COVID-19** context with the risk of a rise in this type of abuse during pandemic ‘lockdown’ conditions; **part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output on COVID-19 targeted at consumers and citizens**; links to **World Health Organization World Report on violence and health** (2002).
- *MMR vaccines: do they work and are they safe?* – **topical** – guest blog by Cochrane Trainee, Siobhan McCormack, Specialist Registrar in Paediatrics, includes guidance on vaccination during the current **COVID-19** pandemic; links to **World Health Organization (WHO) Regional Office for Europe guidance on routine immunization services during the COVID-19 pandemic** in the **WHO European Region** (2020), **news item** in the **Guardian** (2020) and **feature story** from **WHO newsroom**; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.
- *Health advice in the media: how do we know what to believe* – **topical** as people struggle to make sense of health advice stories in the media during the **COVID-19** pandemic; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.
- *Treatments can harm* – **topical** – links to BBC news item on dangerous treatments suggested to mitigate **coronavirus** by a world leader; part of the Cochrane UK knowledge translation support to Cochrane Executive Team to produce output targeted at consumers and citizens.
- *Screening: earlier detection of disease is not necessarily better* - links to **Teachers of Evidence-Based Health Care website** of resources; **Informed Health Choices Key Concepts; Testing Treatments** book (2011); **NHS.UK Screening website**; **Sense About Science guide** on weighing up benefits and harms of health screening programmes (2015)
- *Evidence for Allied Health: new evidence and resources – Autumn 2020* – **topical** – includes links to **COVID-19** Cochrane Special Collections, Reviews, Cochrane Clinical Answers, Podcasts, Cochrane Rehabilitation COVID-19 initiative, REH-COVER, to address the needs of those suffering the debilitating effects of ‘**long COVID**’, an **NHS priority**.

- *Evidence for Maternity Care: new evidence and resources – Autumn 2020 – topical* - includes links to **COVID-19** Cochrane Special Collections, Reviews, Cochrane Clinical Answers, Podcasts, **WHO guideline** on drugs for non-severe hypertension in pregnancy (August 2020); **Stillbirth Advocacy Working Group** co-chaired by International Stillbirth Alliance and London School of Hygiene and Tropical Medicine initiative to compile a list of Stillbirth Spokespersons as a resource for the media, United Nations agencies to raise awareness; links to survey to become involved.
- *Evidence for Nursing: new evidence and resources – Autumn 2020 – topical* - includes links to **COVID-19** Cochrane Special Collections, Reviews, Cochrane Clinical Answers, Podcasts.
- *Central venous catheter (CVC) management: evidence round-up* – links to **NICE accredited guideline epic3** (2014) and **related epic3 revised recommendation for intravenous catheter and catheter site care** (2016); **NICE Cochrane Quality and Productivity Case Study** (2015); **NICE guideline** (CG139); **AVATAR research priorities**.
- *Community pharmacists offering lifestyle advice: what’s the evidence for this approach?* – **topical**, part of **public health initiatives** being considered in addressing **NHS priority topics** of obesity, smoking cessation and other preventive measures to encourage healthy lifestyles.
- *Managing chronic pain in adults: the latest evidence on psychological therapies* – links to **forthcoming NICE guideline in development** (GIDNG10069).
- *Priority Setting Partnerships: celebrating 16 years of work to reduce research waste* – to highlight **100 completed James Lind Alliance Priority Setting Partnerships** with patients, carers and clinicians to make research relevant and useful; links to JLA processes; *BMJ Opinion* blog (August 2019); **evaluation report of Teenage and Young Adult Cancer PSP; Asthma PSP Top 10 Priorities** resulting in **RCT** on breathing exercises for asthma published as **NIHR Health Technology Assessment** (2017).
- *Web accessibility and Evidently Cochrane: making our blog more accessible to all* – highlighting some changes made to the *Evidently Cochrane* website to make the blog more accessible to all and especially to people with disabilities as a result of a student audit from City University of London; **topical** in light of **recently introduced legislation** which came into effect in September **on Web Accessibility** (23<sup>rd</sup> September 2020); links to **Department of Work and Pensions statistics** on proportion in UK with a long-term illness, impairment or disability; **Web Content Accessibility Guidelines**.

- *Evidence to impact: reflections on the impact of sharing evidence in blogs - to **coincide** with the **inaugural World Evidence-Based Healthcare Day** (20th October 2020) taking up its theme of Evidence To Impact and reflecting on the potential impact of sharing evidence in blogs and the challenges of capturing impact*

**Ongoing series** – *Evidence for Everyday Health Choices; Evidence for Nursing; Evidence for Maternity Care; Evidence for Allied Health and the occasional series Understanding Evidence*). In October the original “Evidence for Everyday...” series, targeted at healthcare professionals and support workers in nursing, maternity care and allied health, has been refreshed and relaunched as a quarterly offering of blogs and newsletters of recently published reviews, blogshots, podcasts, Cochrane Clinical Answers and other resources pertinent to each discipline:

- **eight blogs** – *Evidence for Everyday Health Choices*
- **six blogs** – *Evidence for Nursing*
- **five blogs** – *Evidence for Maternity Care*
- **three blogs** – *Evidence for Allied Health*
- **five blogs** – *Understanding Evidence*

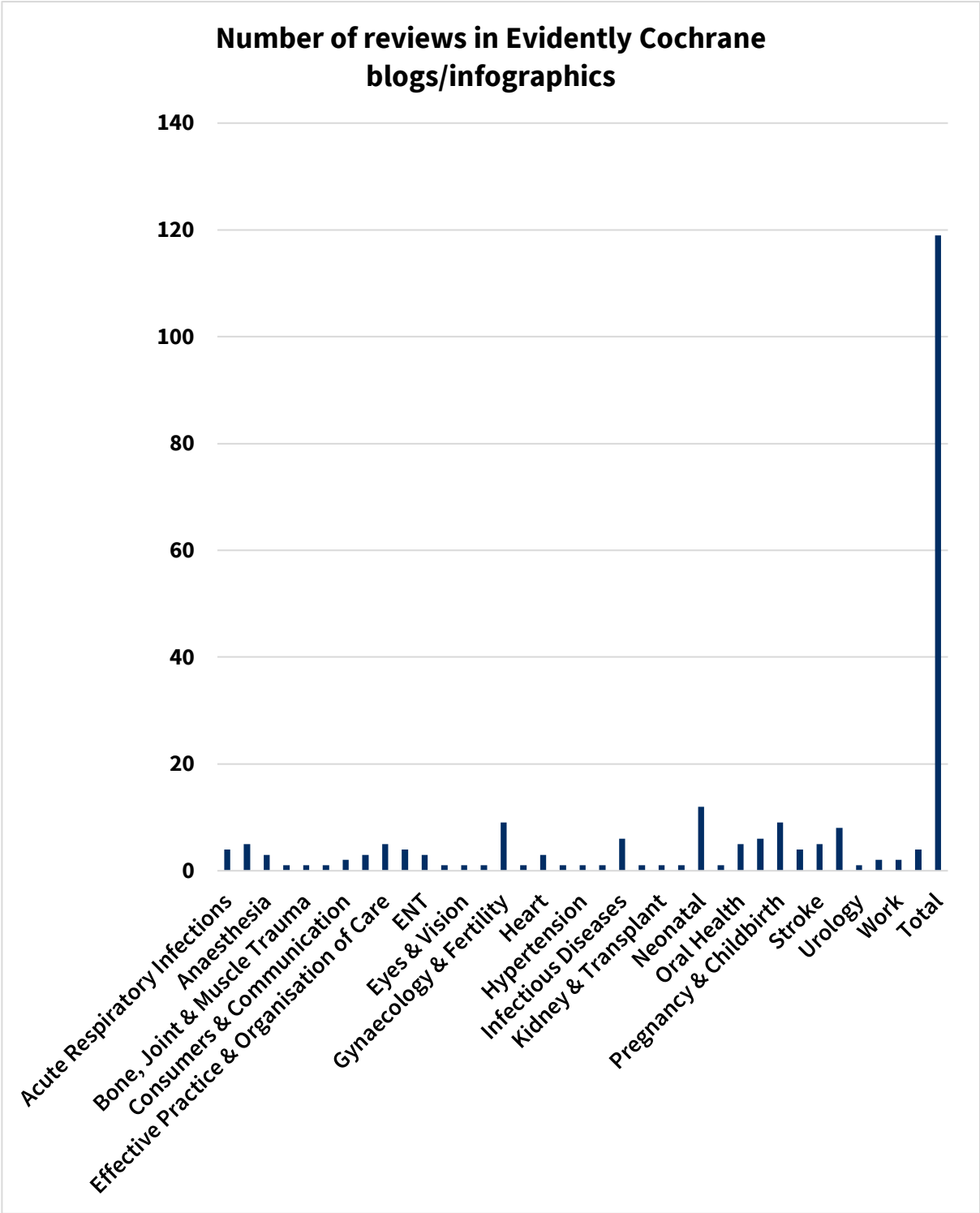
### **Special Series – two special series have been produced**

“**Oh really? 12 things to help you question health advice**” – over the course of 2020 a special series of blogs are being posted to help people learn how to question health advice they encounter in the media and elsewhere so that they can gain a better understanding of key concepts to enable them to make informed health choices for themselves and those they care for. The third, fourth, fifth and sixth blogs in this series have been published during this period.

- **four blogs – Understanding Evidence**
  - *Treatments can harm*
  - *Teapots and unicorns: absence of evidence is not evidence of absence*
  - *Personal experiences or anecdotes (stories) are an unreliable basis for assessing the effects of most treatments*
  - *Screening: earlier detection of disease is not necessarily better*

“**Contemplating Cancer**” – *a special series, to run in November, sharing evidence and experience of cancer with guest blogs from patients and healthcare professionals who have lived experience of cancer and illustrated with artwork.*

- *Contemplating cancer: a special series from Cochrane UK (**first blog to launch the series**)*



**Note:** Actual number of reviews = 116 (3 reviews jointly published by ENT and Oral Health)



## Appendix 2: Blogshots

41 new blogshots were produced:

- **45 reviews** (20 new; 25 updates; one COVID-19 Rapid Review; one Living Systematic Review, one Qualitative Evidence Synthesis, one Overview) were highlighted from **23** Cochrane Review Groups (11 UK based)
- **seven blogshots** (four updated, one existing and reposted and **one video summary** (updated) were shared to **coincide** with the **Cochrane Special Collection - Coronavirus (COVID-19): effective options for quitting smoking during the pandemic** (first published 1 April 2020; last updated 6 November 2020)
- **one blogshot** shared to **coincide** with the **Cochrane Special Collection - Coronavirus (COVID-19): remote care through telehealth** (first published 6 May 2020; last updated 09 August 2020)
- **two blogshots** shared to coincide with the **Cochrane Special Collection - Coronavirus (COVID-19): evidence relevant to critical care** (first published 11 February 2020; last updated 4 November 2020)
- **two blogshots** were added to an existing Breastfeeding Collection round-up *Evidently Cochrane* blog of resources shared to **coincide** with **World Breastfeeding Week 3 to 7 August 2020**
- **one blogshot** and **one video summary** published to coincide with the **Public Health England national Stoptober campaign** to encourage people to quit smoking and shared together with **six blogshots** published earlier in this period.
- **11 blogshots** and **one video summary (10 reviews)** published related to the **COVID-19 pandemic**
- **21 blogshots** were linked to **four** ongoing evidence series:
  - **10** to *Evidence for Everyday Health Choices*
  - **Five** to *Evidence for Nursing*
  - **Four** to *Evidence for Maternity Care*
  - **Two** to *Evidence for Allied Health*
- Topics covered included:
  - **COVID-19 directly or indirectly related interventions** – oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome (a rapid review); interventions to encourage people to quit smoking to help reduce their risk of experiencing severe effects of the coronavirus; exercise for changing the occurrence, severity or duration of

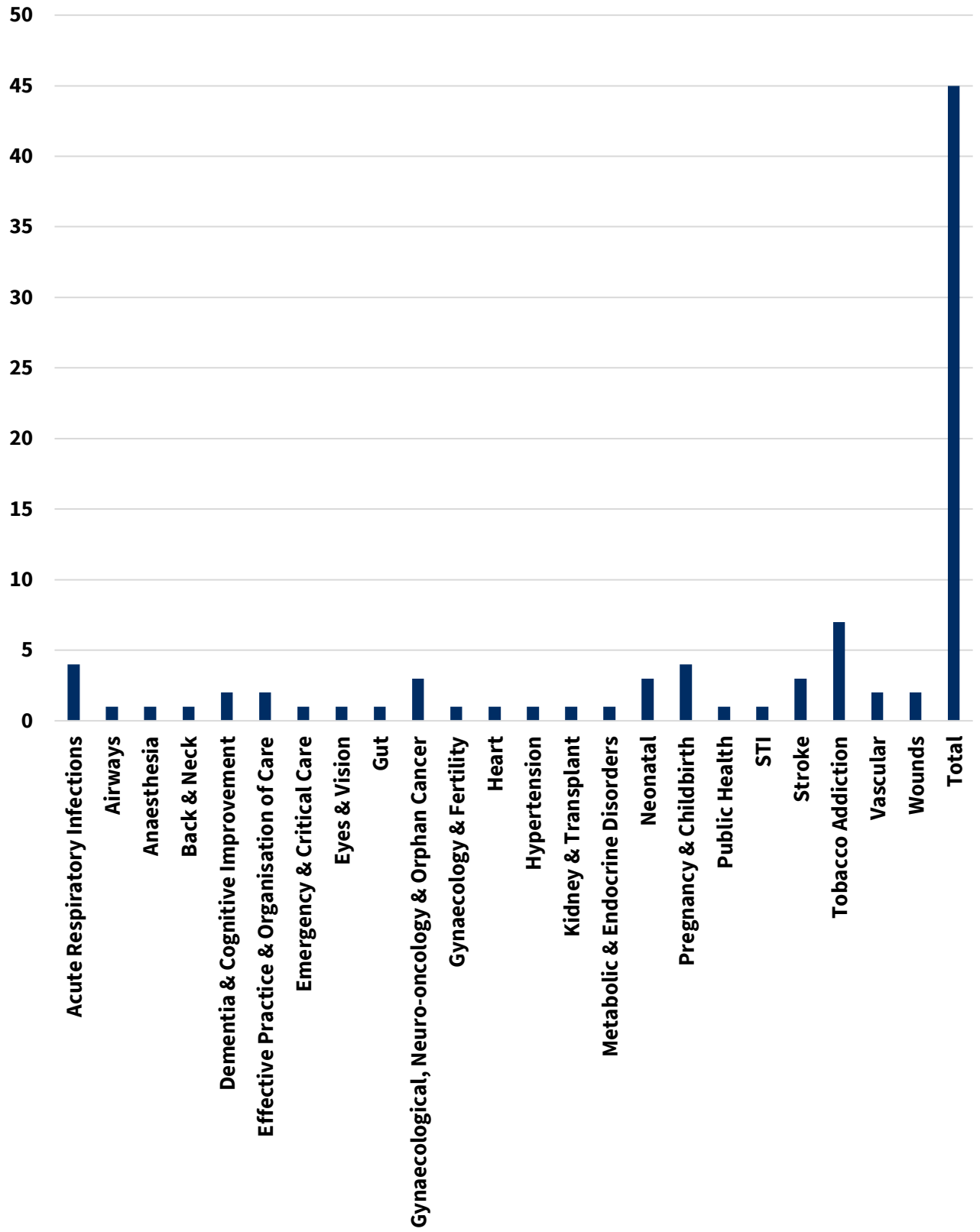
acute respiratory infections; health workers' perceptions and experiences of using mHealth technologies to deliver primary healthcare services (qualitative evidence synthesis)

- **Public health initiatives** – interventions outside the workplace for reducing sedentary behaviour in adults under 60 years of age; interventions to encourage smoking cessation; healthy eating: how to increase fruit and vegetable consumption in children;
- **Self-management and telehealthcare** - patient-initiated appointment systems for adults with chronic conditions in secondary care; health workers' perceptions and experiences of using mHealth technologies to deliver primary healthcare services (qualitative evidence synthesis)
- **Careful prescribing of antibiotics to mitigate antimicrobial resistance** – efficacy and safety of rapid tests to guide antibiotic prescriptions for sore throat
- **Prevention** – *Helicobacter pylori* (*H. pylori*) eradication to prevent stomach cancer; low molecular weight heparin to prevent catheter-related thrombosis in children who are treated using a central venous catheter; exercise to prevent, or reduce duration or severity of common acute respiratory infections; vitamin C supplementation for prevention and treatment of pneumonia; progestogen-releasing intrauterine systems for heavy menstrual bleeding; non-nutritive sweeteners for people with diabetes
- **Infection control** – vaginal preparation with antiseptic solution before caesarean section for preventing postoperative infections; skin preparation for preventing infection following caesarean section; negative pressure wound therapy for surgical wounds healing by primary closure; oral or intravaginal antifungal treatment for vaginal yeast infections
- **Patient safety** – flushing with heparin vs 0.9% saline to prevent occlusion in long-term central venous catheters in infants and children; repositioning for pressure injury prevention in adults; stopping blood pressure medications in older people; low molecular weight heparin to prevent catheter-related thrombosis in children treated using a central venous catheter; targeted therapy for metastatic renal cell carcinoma; initiatives to speed up diagnosis of brain tumours; brain scans for people with cerebral gliomas; long-term effects of radiotherapy for glioma treatment on brain functioning
- **Pain** – non-steroidal anti-inflammatory drugs for acute low back pain
- **Rehabilitation interventions to improve quality of life** – treatments for sexual problems following stroke; pharmacological, psychological and non-invasive brain stimulation interventions for preventing depression after

stroke; mental practice to improve arm function and arm movement in people with hemiparesis (weakness or inability to move on one side of the body) after stroke

- **Interventions in maternal and newborn care** – vaginal preparation with antiseptic solution before caesarean section for preventing postoperative infections; interventions to prevent women from developing gestational diabetes mellitus (overview); milk boosters (galactagogues) for mothers breastfeeding their healthy infants born at term; early fortification of human milk versus late fortification to promote growth in preterm infants; education of family members to support weaning to solids and nutrition in later infancy in term-born infants
- **Interventions in nursing care** - flushing with heparin vs 0.9% saline to prevent occlusion in long-term central venous catheters in infants and children; repositioning for pressure injury prevention in adults; negative pressure wound therapy for surgical wounds healing by primary closure
- **Interventions to care for the vulnerable** – simulated presence therapy for people with dementia; phosphodiesterase-4 inhibitors for people with chronic obstructive pulmonary disease; multi-nutrient fortification of human milk for preterm infants; stopping blood pressure medications in older people; pharmacological, psychological and non-invasive brain stimulation interventions for preventing depression after stroke; local anaesthetics in cataract surgery; aromatherapy for dementia; simulated presence therapy for people with dementia, environmental and behavioural interventions for reducing physical activity limitation and preventing falls in older people with visual impairment.

## Number of reviews in blogshots/ vlogshots



## Appendix 3: Media articles

- [Antibody test accuracy lower during first 14 days of Covid-19 symptoms](#) - *The Guardian*
- [Coronavirus antibody tests could do more harm than good by offering false hope, review warns](#) - *The Telegraph*
- [Many studies of COVID-19 antibody test accuracy fall short: review](#) – *Reuters*
- [Antibody tests are only accurate when used between three and four weeks after you've had Covid-19 and 'won't work' if used at the wrong time, major review warns](#) - *Daily Mail.com*
- [Antibody tests](#) - *Reuters*
- [Daily Mail: Covid rules limit who can be with a woman in labour](#)
- [Covid tests are the 'wild west'](#) – *The Telegraph*
- [Boris Johnson's plan for a fitter nation](#) – *The Economist*

## Appendix 4: Cochrane Reviews related to the COVID-19 response

UK Cochrane Review Groups (n=25)	Reviews	Updates	Totals
Effective Practice & Organisation of Care	1		<b>1</b>
ENT; Oral Health *	3		<b>3</b>
Infectious Diseases	6	1	<b>6</b>
Oral Health	1		<b>1</b>
<b>TOTALS</b>	<b>11</b>	<b>1</b>	<b>11</b>

\* Three Cochrane Reviews were jointly authored by the Cochrane ENT Group and Cochrane Oral Health Group.

Five of the Cochrane Networks are involved in producing Cochrane Reviews related to COVID-19.

Cochrane Networks (n=8)	Reviews	Updates	Totals
Acute & Emergency Care	2		<b>2</b>
Cancer	1	1	<b>1</b>
Children & Families	1		<b>1</b>
Musculoskeletal, Oral, Skin & Sensory	4		<b>4</b>
Public Health & Health Systems	12	2	<b>12</b>
<b>TOTALS</b>	<b>20</b>	<b>3</b>	<b>20</b>

Of the 20 published Cochrane Reviews related to COVID-19, authors from England, Scotland, Wales and the island of Ireland have conducted 15 (75%).

	Number of COVID-19 reviews with UK- or Ireland-based authors
England	15
Scotland	3
Ireland	3
Northern Ireland	1

## Are these reviews being used to inform clinical guidelines?

Five of the 20 reviews (25%) by four Cochrane Review Groups (two UK-based) have already been used to inform eight guidelines. Three reviews have been used in more than one guideline (2 in 3; 1 in 2).

Guidelines by location	Number of guidelines informed by Cochrane evidence
Australia	1
China	2
Europe/Scandinavia	2
UK	1
USA	2
<b>TOTAL</b>	<b>8</b>

## Are these reviews being used to inform ‘other guidance’? (scientific briefings, policy interim updates, intelligence reports)

Nine of the 20 reviews (45%) by four Cochrane Review Groups (two UK-based) have been used to inform 30 guidance documents. Six reviews have been used in more than one report (1 in 9; 2 in 6; 3 in 3).

Guidance documents by location	Number of guidance documents informed by Cochrane evidence
Africa	1
Australia	1
Canada	1
Europe/Scandinavia	7
UK	7
USA	2
World Health Organization	7
World (unspecified)	4
<b>TOTAL</b>	<b>30</b>

## Appendix 5: Charting the production of complex reviews by Cochrane Review Groups

### Cochrane Diagnostic Test Accuracy Reviews

There are currently (Issue 10, 2020 of the Cochrane Library) **226** Cochrane Diagnostic Test Accuracy Reviews: **85** as **Protocols** and **141** as full **Reviews**, of which **11** are **updates**. These include the **first suite of reviews** using **rapid methods** and designed as **Living Systematic Reviews** in response to the need for timely information to help address uncertainties relating to the COVID-19 pandemic.

Over half of Diagnostic Test Accuracy Reviews (**143; 63%**) have been published by **21 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	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	7	22		<b>29</b>
Developmental, Psychosocial & Learning Problems	1	1		<b>2</b>
ENT	3	0		<b>3</b>
Epilepsy	1	0		<b>1</b>
Eyes & Vision	2	4	1	<b>6</b>
Gynaecological, Neuro-oncology & Orphan Cancers	6	9	3	<b>15</b>
Incontinence	1	0		<b>1</b>
Infectious Diseases (includes HIV/AIDS)	11	16	4	<b>27</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>52</b>	<b>91</b>	<b>9</b>	<b>143</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	22	26	2	<b>48</b>
Acute & Emergency Care	2	12	0	<b>14</b>
Cancer	9	12	3	<b>21</b>
Children & Families	9	18	0	<b>27</b>
Circulation & Breathing	9	10	1	<b>19</b>
Mental Health & Neuroscience	14	25	0	<b>39</b>
Musculoskeletal, Oral, Skin & Sensory	8	22	1	<b>30</b>
Public Health & Health Systems	12	16	4	<b>28</b>
<b>TOTALS</b>	<b>85</b>	<b>141</b>	<b>11</b>	<b>226</b>

Of the 141 published DTA reviews, authors from England, Scotland, Wales and the island of Ireland have conducted **102 (72%)**.

	<b>Number of DTA reviews with UK- or Ireland-based authors</b>
England	99
Scotland	21
Wales	8
Ireland	2
Northern Ireland	1

## **Cochrane Prognostic Reviews**

There are currently (Issue 10, 2020 of the Cochrane Library) **16** Cochrane Prognosis Reviews: **11** as **Protocols** and **five** as full **Reviews**. **Seven** of these (**44%**) 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>0</b>

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

<b>Cochrane Networks (n=8)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
Abdomen & Endocrine	1	1		<b>2</b>
Acute & Emergency Care	1	0		<b>1</b>
Cancer	3	2		<b>5</b>
Children & Families	0	0		<b>0</b>
Circulation & Breathing	2	0		<b>2</b>
Mental Health & Neuroscience	4	0		<b>4</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>5</b>	<b>0</b>	<b>16</b>

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

## **Cochrane Qualitative Evidence Syntheses**

Currently (Issue 10, 2020 of the Cochrane Library) **26 Cochrane Qualitative Evidence Syntheses** have been published: **14 Protocols** and **12 Reviews**. This includes the **first qualitative evidence synthesis using rapid methods** in response to the need for timely information to help address uncertainties relating to the COVID-19 pandemic.

**Twenty** of these (**77%**) have been published by **eight UK-based Cochrane Review Groups**.

<b>UK Cochrane Review Groups (n=26)</b>	<b>Protocols</b>	<b>Reviews</b>	<b>Updates</b>	<b>Totals</b>
Airways	1	0		<b>1</b>
Common Mental Disorders	2	0		<b>2</b>
Developmental, Psychosocial & Learning Problems	1	0		<b>1</b>
Effective Practice & Organisation of Care	6	6		<b>12</b>
Infectious Diseases	1	0		<b>1</b>
Methodology	0	1		<b>1</b>
Pregnancy & Childbirth	0	1		<b>1</b>
Tobacco Addiction	0	1		<b>1</b>
<b>TOTALS</b>	<b>11</b>	<b>9</b>		<b>20</b>

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

<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>
Children & Families	0	1		<b>1</b>
Circulation & Breathing	1	0		<b>1</b>
Mental Health & Neuroscience	3	0		<b>3</b>
Public Health & Health Systems	10	9		<b>19</b>
<b>TOTALS</b>	<b>14</b>	<b>11</b>		<b>25*</b>

\*the 26th Qualitative Evidence Synthesis is published by Cochrane Methodology, not part of the Cochrane Networks.

**Authors from England, Wales, Scotland, Northern Ireland and Ireland** are involved in **eight** of the **12 (67%)** published Cochrane Qualitative Evidence Syntheses:

	<b>Number of Qualitative Evidence Syntheses with UK- or Ireland-based authors</b>
England	5
Wales	4
Ireland	2
Northern Ireland	1
Scotland	1

## **Cochrane Network Meta-Analyses**

Currently (Issue 10, 2020 of the Cochrane Library) **108 Cochrane Network Meta-Analyses** have been published: **56 Protocols** and **52 Reviews**, of which **eight** are **updates**.

**Fifty-five** of these (**45%**), of which **six** are **updates**, have been published by **19 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	2		<b>3</b>
Bone, Joint & Muscle Trauma	2	0		<b>2</b>
Common Mental Disorders	7	1		<b>8</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	3	1		<b>4</b>
Heart	6	1		<b>7</b>
Incontinence	0	1		<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	3	1	<b>5</b>
Stroke	1	2		<b>3</b>
Tobacco Addiction	1	1		<b>2</b>
Vascular	1	0		<b>1</b>
Wounds	1	3		<b>4</b>
<b>TOTALS</b>	<b>33</b>	<b>22</b>	6	<b>55</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	3	0	<b>19</b>
Cancer	9	4	1	<b>13</b>
Children & Families	7	5	1	<b>12</b>
Circulation & Breathing	10	5	0	<b>15</b>
Mental Health & Neuroscience	9	4	1	<b>13</b>
Musculoskeletal, Oral, Skin & Sensory	6	16	4	<b>22</b>
Public Health & Health Systems	1	3	0	<b>4</b>
<b>TOTALS</b>	<b>58</b>	<b>52</b>	<b>8</b>	<b>110*</b>

\*two Network Meta-Analyses (currently at protocol stage) have been jointly published by two Cochrane Review Groups (Heart and Emergency & Critical Care; Heart and Stroke).

**Authors from England and Scotland** are involved in **38** of the **52** fully published Cochrane Network Meta-Analyses (**73%**):

	<b>Number of Network-Meta-Analyses with UK- or Ireland-based authors</b>
England	32
Scotland	11

## Cochrane Living Systematic Reviews

Currently (Issue 10, 2020 of the Cochrane Library) there are **18 Cochrane Living Systematic Review publications: five Protocols** and **13 Reviews**, including **one** that has **already published four updates** and **one** that has **published two updates** in the **suite of rapid Living Systematic Reviews**, designed to meet the need for timely information in addressing uncertainties **related to the COVID-19 pandemic**.

**Twelve** of these (**67%**) have been produced by **six 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	0	1		<b>1</b>
Gynaecological, Neuro-oncology & Orphan Cancer	0	3		<b>3</b>
Heart	0	1	4	<b>1</b>
Infectious Diseases	1	4		<b>5</b>
Skin	0	1		<b>1</b>
Tobacco Addiction	0	1		<b>1</b>
<b>TOTALS</b>	<b>1</b>	<b>11</b>	<b>4</b>	<b>12</b>

**Five** 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	4	1	<b>5</b>
Circulation & Breathing	0	1	4	<b>1</b>
Musculoskeletal, Oral, Skin & Sensory	3	2		<b>5</b>
Public Health & Health Systems	1	5		<b>6</b>
<b>TOTALS</b>	<b>5</b>	<b>13</b>	<b>5</b>	<b>18</b>

**Authors from England** are involved in **nine** of the **13 published Cochrane Living Systematic Reviews (69%)**.

## Appendix 6: Are the specific types of Cochrane Reviews, which tackle complexities in evidence syntheses, being used to inform clinical guidelines?

### Cochrane Diagnostic Test Accuracy Reviews

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

- Red flags to screen for vertebral fracture in patients presenting with low-back pain - Cochrane Back & Neck, **in 14 guidelines** (10 UK, 4 Europe/Scandinavia)
- Red flags to screen for malignancy in patients with low-back pain – Cochrane Back & Neck, **in 11 guidelines** (7 UK, 2 Europe/Scandinavia, 2 USA)
- 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)

Cochrane Review Group	Number of DTA reviews in Guidelines	Number of DTA reviews in more than one guideline
Acute Respiratory Infections	2	2 in 2
Airways	1	1 in 3
Back & Neck	4	1 in 14; 1 in 11; 1 in 6; 1 in 2
Bone, Joint & Muscle Trauma	3	2 in 4
Childhood Cancer	1	
Colorectal	2	1 in 6
Dementia & Cognitive Improvement	17	1 in 6; 2 in 4; 1 in 3; 6 in 2
Developmental, Psychosocial & Learning Problems	1	
Eyes & Vision	2	1 in 3
Gynaecological, Neuro-Oncology & Orphan Cancer	7	1 in 4; 2 in 3; 1 in 2
Gynaecology & Fertility	5	1 in 6; 1 in 2
Hepato-Biliary	4	1 in 7; 1 in 6; 1 in 5
Infectious Diseases	7	1 in 11; 2 in 3; 1 in 2
Injuries	1	1 in 7
Kidney & Transplant	3	1 in 2
Lung Cancer	1	
Oral Health	2	2 in 3
Pregnancy & Childbirth	1	1 in 2
Schizophrenia	1	
Skin	4	
Stroke	2	1 in 8; 1 in 2
Upper GI & Pancreatic Diseases	5	1 in 7; 1 in 3; 1 in 2
Urology	1	1 in 4
Vascular	3	1 in 5; 1 in 3
<b>TOTAL</b>	<b>80</b>	<b>1 in 14; 2 in 11; 1 in 8; 3 in 7; 5 in 6; 2 in 5; 6 in 4; 11 in 3; 16 in 2</b>

<b>Guidelines by location</b>	<b>Number of guidelines informed by Cochrane evidence</b>
Australia	4
Canada	10
China	2
Europe/Scandinavia	53
<b>Ireland</b>	<b>1</b>
Korea	1
Mexico	1
Russian Federation	2
South Africa	1
<b>UK (including 19 NICE; 12 Clinical Knowledge Summaries)</b>	<b>47</b>
USA	44
World Health Organization	6
World (unspecified)	4
<b>TOTAL</b>	<b>176</b>

Of the **102 DTA Reviews** with a **UK- or Ireland-based author**, **59 (58%)** have been used to inform guidelines:

	<b>Number of DTA reviews with UK- or Ireland-based authors used in guidelines</b>
England	57
Scotland	16
Wales	5
Ireland	2
Northern Ireland	1

**Overall**, of the **80 DTA Reviews** that have been used to inform guidelines, **59** have **authors** from **UK and Ireland (74%)**.

## Cochrane Qualitative Evidence Syntheses

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	4	1 in 5; 1 in 2
Pregnancy & Childbirth	1	
<b>TOTAL</b>	<b>6</b>	<b>1 in 5; 1 in 2</b>

The most frequently used review is by the Cochrane Effective Practice and Organisation of Care Group, with authors from England:

- “Provision and uptake of routine antenatal services: a qualitative evidence synthesis” (in **5 World Health Organization guidelines**)

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

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

Overall, of the **six** Qualitative Evidence Syntheses that have been used to inform guidelines, **four (67%)** have authors from **England, Ireland and Wales**.

## Cochrane Network Meta-Analyses

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 35 guidelines** (4 UK, 8 Europe/Scandinavia, 9 Australia, 8 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 13 guidelines** (5 UK, 2 Europe/Scandinavia, 2 Australia, 2 USA, 1 Canada, 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 6
Colorectal	1	1 in 7
Common Mental Disorders	1	1 in 2
Epilepsy	1	1 in 2
Eyes & Vision	2	1 in 9
Fertility Regulation	1	1 in 10
Gut	1	1 in 4
Haematological Malignancies	1	1 in 12
Hepato-Biliary	1	
Infectious Diseases	1	
Multiple Sclerosis & Rare Diseases of the CNS	2	1 in 5; 1 in 4
Musculoskeletal	5	1 in 17; 1 in 3
Oral Health	1	1 in 13
Pain, Palliative & Supportive Care	1	1 in 3
Pregnancy & Childbirth	1	1 in 6
STI	1	1 in 2
Stroke	1	1 in 5
Tobacco Addiction	1	1 in 35
Work	1	1 in 3
Wounds	2	1 in 3; 1 in 2
<b>TOTAL</b>	<b>30</b>	<b>1 in 35; 1 in 17; 1 in 13; 1 in 10; 2 in 9; 1 in 7; 2 in 6; 2 in 5; 2 in 4; 4 in 3; 4 in 2</b>

Guidelines by location	Number of guidelines informed by Cochrane evidence
Australia	18
Canada	9
Europe/Scandinavia	36
Hong Kong	2
<b>Ireland</b>	<b>1</b>
Japan	1
Malaysia	3
Middle East	1
Singapore	1
South America	2
<b>UK (including 21 NICE; 5 Clinical Knowledge Summaries; 2 SIGN)</b>	<b>44</b>
USA	26
World Health Organization	3
World (unspecified)	3
<b>TOTAL</b>	<b>150</b>

Of the **38 Cochrane Network Meta-Analyses** with a **UK- or Ireland –based author**, **20 (53%)** have been used to inform guidelines.

	Number of Network-Meta-Analyses with UK- or Ireland-based authors used to inform guidelines
England	19
Scotland	1

Overall, of the **30 Cochrane Network Meta-Analyses** that have **informed guidelines**, **20 (67%)** have authors from **England** and **Scotland**.

## Cochrane Living Systematic Reviews

The top three most frequently used reviews, including two COVID-19 related reviews, all with authors from England, are:

- **Delayed antibiotic prescriptions for respiratory infections** – Cochrane Acute Respiratory Infections, **in 4 guidelines** (1 UK, 2 Europe/Scandinavia, 1 USA)

- **Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review** – Cochrane Haematology, **in 3 guidelines** (2 Australia, 1 China)
- **Antibody tests for identification of current and past infection with SARS-CoV-2** – Cochrane Infectious Diseases, **in 3 guidelines** (2 USA, 1 China)

<b>Cochrane Review Group</b>	<b>Number of Cochrane Living Systematic Reviews in Guidelines</b>	<b>Number of Cochrane Living Systematic Reviews in more than one guideline</b>
Acute Respiratory Infections	1	1 in 4
Gynaecological, Neuro-Oncology & Orphan Cancer	3	3 in 2
Haematology	1	1 in 3
Infectious Diseases	1	1 in 3
<b>TOTAL</b>	<b>6</b>	<b>1 in 4; 2 in 3; 3 in 2</b>

<b>Guidelines by location</b>	<b>Number of guidelines informed by Cochrane evidence</b>
Australia	<b>2</b>
China	<b>1</b>
Europe/Scandinavia	<b>2</b>
<b>UK (including 1 NICE)</b>	<b>1</b>
USA	<b>4</b>
World (unspecified)	<b>1</b>
<b>TOTAL</b>	<b>11</b>

**Three** of the **six Cochrane Living Systematic Reviews** that have informed guidelines (50%), have **UK-based authors** (from **England**).