

Cochrane UK Annual Report

2014/15



Trusted evidence.
Informed decisions.
Better health.

This year our annual report marks the end of another five-year funding period. It has been a period of great change but I believe that Cochrane UK is now in an excellent position to promote the aims and mission of Cochrane, whilst contributing to the success of the National Institute for Health Research (NIHR) as an important member of the NIHR family. I have the huge privilege of leading an outstanding team of committed and enthusiastic individuals at the UK Cochrane Centre. This report tells the story of their endeavours and those of the many contributors – paid and volunteer – to Cochrane’s activities in the UK and Ireland. I should like to take this opportunity publicly to express my thanks to them.

Martin Burton
Director, UK Cochrane Centre

Contents

Cochrane: Delivering Strategy to 2020	6
Cochrane UK	8
Author training: Cochrane Intervention Reviews	10
Cochrane Ireland	11
Outcomes Most Important to Patients, Public and Practitioners (OMIPPP)	12
Professional systematic reviewer support	13
Cochrane Colloquium 2014	15
Media engagement	15
Cochrane UK Wikipedia Project	15
Evidently Cochrane	16
New evidentlycochrane.org website	16
Campaigns	16
Bringing patient experience to the blogs	16
Digital Impact	17
GROWTH	17
CONVERSATIONS	18
CAMPAIGN ENGAGEMENT	20
<i>Quarter 1: Men's Health Week</i>	20
<i>Quarter 2: Palliative Care Week</i>	21
<i>Quarter 2: Students 4 Best Evidence Wiki Week</i>	21
<i>Quarter 3 Evidently Advent</i>	21
<i>Quarter 4: Menopause Week</i>	22
Use of Cochrane Reviews to inform UK-published healthcare guidance	22
Are Cochrane Reviews being used to inform best practice guidance in primary care?	23
Are Cochrane Reviews being used to inform patient decision aids in shared decision-making initiatives?	24
Figure 1	26
Figure 2	27
Figure 3	28
Are Cochrane Reviews contributing evidence to prevent harm?	29

Cochrane UK Annual Report 2014/15	4
Are Cochrane Reviews being used to promote health and wellbeing?	31
Are Cochrane Reviews contributing evidence to...? Generating ‘impact stories’	32
Students 4 Best Evidence	35
Critical Appraisal Skills Programme and Cochrane Project	35
Cochrane UK & Ireland Symposium 2015	35
Medical Trainees	36
Funding and Finance	38
Staffing	38

This has been a productive year for the UK Cochrane Centre. We have extended our dissemination and communication products and services and increased our focus on capturing the impact of Cochrane output. This has also been an important year for the Cochrane Collaboration, completing the foundation stage of the six-year transformation process, outlined in *Strategy to 2020*, with good progress towards achieving the goals and ambitions set out in the plan. We were delighted that our Director, Professor Martin Burton, became an elected member of the Cochrane Steering Group, as Co-ordinating Editor Representative. Martin has been very active in this role, which offers an excellent opportunity to support Cochrane activities and contribute to the future direction of the collaboration. Here is a summary of some of Cochrane's major successes, against each of the goals, this year.

Cochrane: Delivering *Strategy to 2020*

GOAL 1: PRODUCING QUALITY EVIDENCE

Focus on high priority reviews

Cochrane has developed a 'living list' of 200 priority reviews, to show exactly where the organization is concentrating its efforts. This transparent display is a big step forward, not only helping to focus production on priority areas, but also helping to ensure we are working on the most important reviews.



Crucial tool for authors

The new Cochrane Author Support Tool (CAST) promises to provide tailored support for the vast range of contributors, helping them produce high quality reviews, more quickly. In addition to this, 'EPPI-Reviewer' has been developed to support those undertaking more complex reviews. These new tools represent a major development in Cochrane's technology and author support infrastructure, speeding production and making Cochrane more competitive.

Quality control a top priority

Core to Cochrane's vision is producing credible, accessible, health information that is free from commercial sponsorship and other conflicts of interest. This year, Cochrane Protocols and Cochrane Reviews were audited for potential conflicts of interest. In addition a new pre-publication screening programme was launched in September 2013. Both programmes are of vital importance to Cochrane to reinforce independence and output quality.

GOAL 2: MAKING IT ACCESSIBLE

Multilingual service

At the heart of making Cochrane evidence 'accessible and useful to everybody, everywhere in the world' is ensuring content is provided in a range of languages. Cochrane have agreed an ambitious translations strategy, recruited a translations co-ordinator and launched a sophisticated translation management system to streamline the process. Cochrane is now publishing in 13 different languages on Cochrane.org.

Open access

A major priority for Cochrane is making the systematic reviews available to everybody through 'open access' – it is fundamental to the goal of 'making our evidence accessible'. It is also a significant challenge - publishing royalties make up a significant portion of the organization's income. Therefore open access needs to be provided in a way that does not undermine Cochrane's ability to develop and grow in the future. The Cochrane Steering Group approved two potential business models in 2014 and are due to finalize an open access strategy by the end of 2015.

GOAL 3: ADVOCATING FOR EVIDENCE

A new brand identity

A major achievement was launching Cochrane's new brand identity and the cochrane.org and cochranelibrary.com websites in January 2015. The new look helps to communicate the change

Cochrane is undergoing and the desire to engage more actively with the clinicians, researchers, policy-makers and patients who use our evidence. It means Cochrane now has a consistent identity across all groups and products, demonstrating a well-organized collaboration that is united by a common purpose.

Game changers

Another success was Cochrane's 'Game Changers' competition, offering £2.5 million of funding over three years; Cochrane opened the door to innovative, large-scale 'game-changing' projects that could transform the way evidence research is produced, accessed, used and communicated. The initiative drew 39 bids from teams both inside and outside the Cochrane community. The winner was Transform, an innovative content platform and associated community networks that will vastly improve the way our people, processes, and technologies work together when producing Cochrane content.

GOAL 4: BUILDING AN EFFECTIVE AND SUSTAINABLE ORGANIZATION

Training and Professional Development Strategy

A key achievement towards this goal was agreeing a comprehensive Training and Professional Development Strategy. The strategy aims to create innovative pathways for engaging with new authors and different approaches to development and mentoring. This ambitious programme of learning and development initiatives will equip Cochrane to provide the highest quality systematic reviews in an increasingly competitive market.

Structure and Function Review

As Cochrane evolves, the organization needs to ensure that the structure and function is fit for purpose. The Cochrane Steering Group is overseeing a series of projects reviewing the structure and function of Cochrane entities and the governance of the organization. This work will be completed in 2015.

Lancet endorsement for two decades of work

This year, *The Lancet* published its series on midwifery; it included an important acknowledgement of the 461 Cochrane Systematic Reviews (produced by the Cochrane Pregnancy & Childbirth and Neonatal Groups), which it used as the basis for the series. Professor Mary Renfrew went further in an email to Professor Jim Neilson of the Cochrane Pregnancy and Childbirth Group, stating:

“The first paper, which sets the foundation and direction of travel of the series, was only possible because of the Cochrane Pregnancy and Childbirth reviews.”

This inspiring example demonstrates how the importance of Cochrane Reviews goes beyond simply the big 'blockbusters'. Each Cochrane Review Group, and each review author team, contributes to a body of work that can be viewed collectively, as well as in isolation.

Cochrane UK

At the Centre we continue to deliver two broad work streams, Learning & Development and Engagement. In preparation for the start of the new contract period we have worked with communications consultants, Katie Abbotts and Claire Barry, to develop a strategic plan and approach to our communication and dissemination. We retain our guiding vision:

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

As a team, we looked in detail at the key audiences we aim to reach, in the broad categories of patients, health professionals and organizers and funders of health care. This has been a useful exercise in developing a more focussed communication style. It provides a valuable guide to the team, when assessing whether potential projects are congruent with our vision and whether the project objectives meet the needs of one, or more of our key audiences.

In line with Cochrane’s new brand identity, the Centre now operates under the simpler brand of Cochrane UK, consistent with the Cochrane identity across all groups. We do, of course, continue to support Cochrane Ireland and the following report outlines our major areas of work in the UK and Ireland.

Cochrane Goal 1: Producing evidence

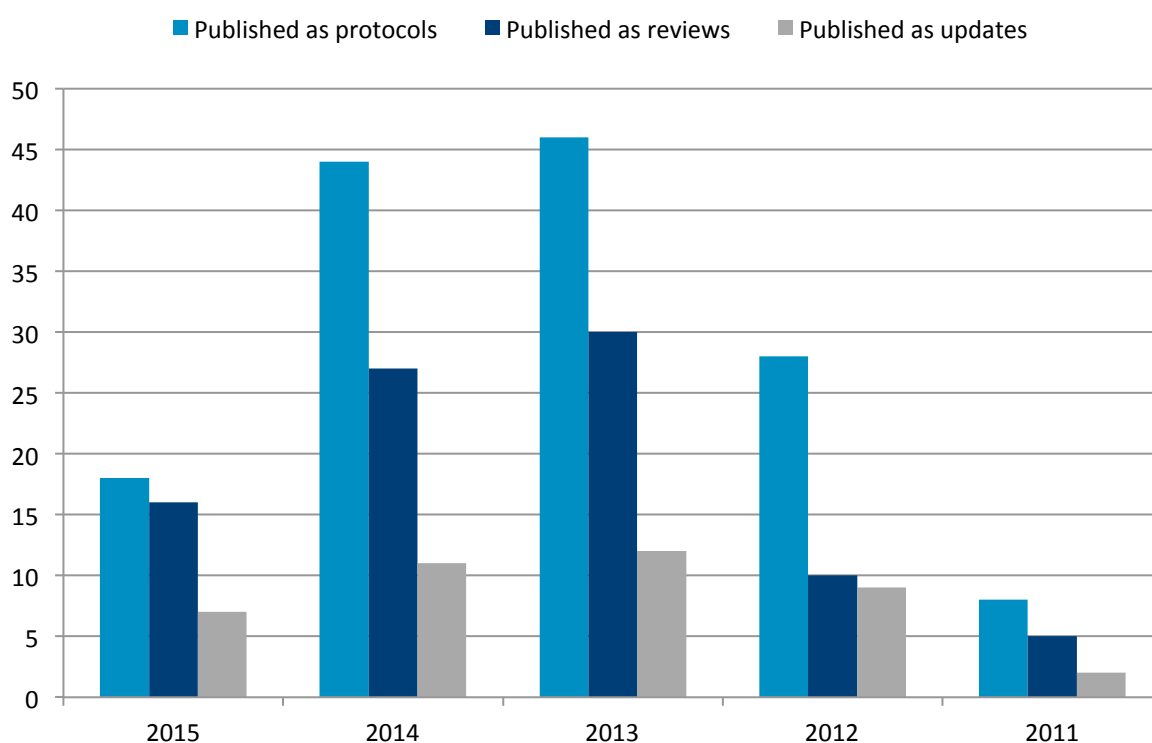


Author training: Cochrane Intervention Reviews

We continue to have a strong focus on providing high quality training for authors undertaking Cochrane Systematic Reviews. Central to this programme are our Review Author (RA) training modules, which are delivered as one-day courses by our experienced team of faculty trainers. Throughout 2014/15 we delivered 18 individual courses, to 183 participants, across the modules RA 1 to 4. The courses have been provided in Oxford, London, Manchester and Liverpool with help and expertise from the Cochrane Review Groups (CRGs) in these areas (Cochrane Airways, Oral Health and Pregnancy & Childbirth).

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

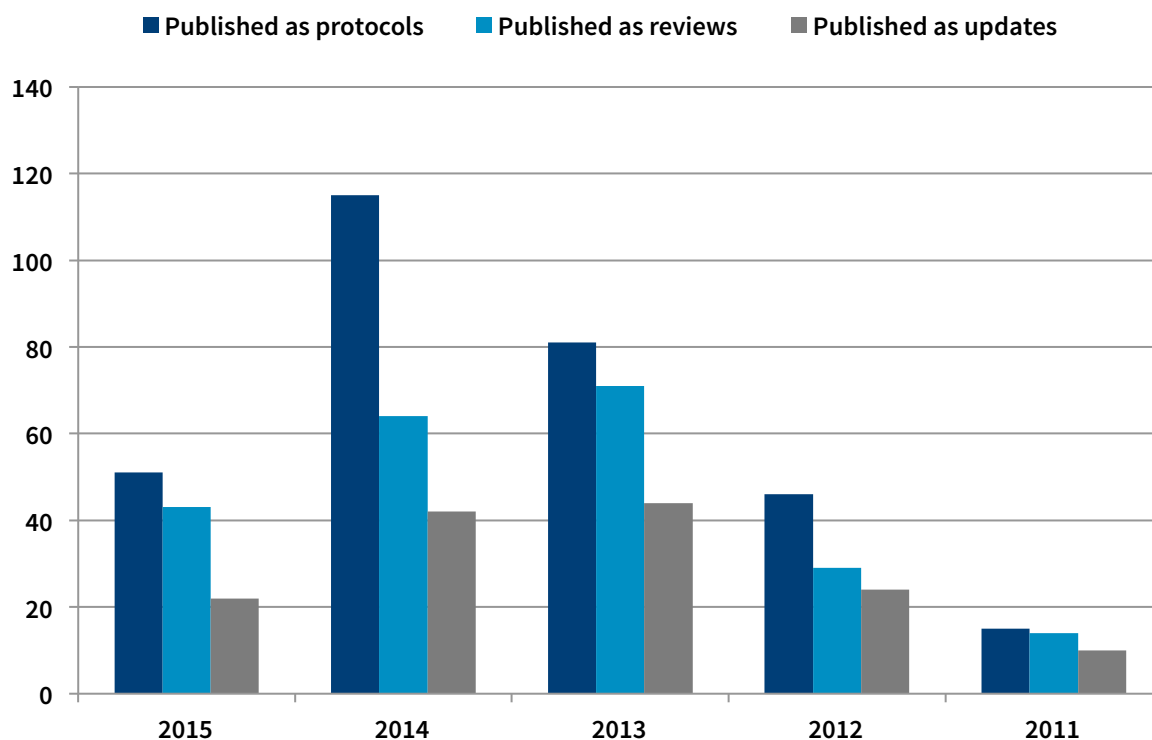
We searched Issue 6, 2015 of the Cochrane Database of Systematic Reviews. During the five-year period from 2011 to 2015, 501 Cochrane UK training event participants worked on 426 review titles and approximately a third are as yet unpublished (n=153). Of the 273 that have been published, 144 are protocols (34%), and 129 are reviews (30%) of which 41 are updates. The majority have publication dates in the last three years.



PUBLICATION STATUS (IN ISSUE 6, 2015 OF THE COCHRANE DATABASE OF SYSTEMATIC REVIEWS) OF THE REGISTERED TITLES OF PARTICIPANTS WHO ATTENDED COCHRANE UK TRAINING EVENTS (2011 TO 2015)

We also tracked the participants by searching on their names as authors to determine how many Cochrane publications they have achieved during the five-year period of the data set

(2011 to 2015). Of the 501 participants who attended Cochrane UK training events between 2011 and 2015, just over a quarter have not yet published (n=145) and 356 have published a total of 308 protocols, 221 reviews and 142 review updates, an average of just over 1 per person (range: one to 28).



COCHRANE PUBLICATIONS (IN ISSUE 6 2015 OF THE COCHRANE DATABASE OF SYSTEMATIC REVIEWS) BY PARTICIPANTS WHO ATTENDED COCHRANE UK TRAINING EVENTS (2011 TO 2015)

Training in Diagnostic Test Accuracy reviews continues to be provided via contract 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. These courses have trained 23 Cochrane Authors over four modules, addressing different stages of the review process.

Additional Training Cochrane Ireland

Cochrane Ireland was instituted this year as an official Cochrane entity and as such, we were able to launch the website Ireland.cochrane.org as one of the Cochrane family of websites. Cochrane Ireland ventured onto social media, establishing a twitter and Facebook presence to facilitate communication, dissemination and sharing of content. The team also developed a database, with contact details of all Cochrane Authors on the Island of Ireland. There is already a strong Cochrane community, due to the established training and fellowship programmes. The database is a great step forward in co-ordinating and working with this community.

Dónal O'Mathúna, convenor of Cochrane Ireland has spent much of the year promoting Cochrane Ireland through meetings with individual academic and health services representatives across Ireland. This has been a valuable exercise in highlighting the role of the organization and an opportunity to discuss ways Cochrane Ireland can engage with them to contribute to the health professions. Dónal represented Cochrane at the Medical Leadership & Quality Improvement conference in Belfast, in November 2014, the National Clinical Effectiveness conference in Dublin in November and at the Health Research Board conference in Limerick, in February 2015. He attended the Cochrane mid-year meeting in Panama City and the Cochrane Colloquium in Hyderabad, India, representing Cochrane UK and Ireland at the Centre & Branch Directors' Board meeting.

The two-day 'Cochrane systematic reviewing training course' was delivered in Belfast, Dublin, Galway and Cork throughout the year. The half-day 'Introduction to Cochrane' course was held in Dublin, with additional tailored sessions provided to the University of Limerick and the Health Information Quality Authority.

A survey was conducted this year of everyone who applied for Cochrane training in 2013 and 2014, with the aim of evaluating the existing programmes and gathering data on the training needs of Cochrane authors. The results of the survey will be used to adjust the content of the training offerings for 2015.

Outcomes Most Important to Patients, Public and Practitioners (OMIPPP)

The OMIPPP project was an initiative, delivered by Sally Crowe, of Crowe Associates and her team. The aim of the project was to identify outcomes that are most important to patients, the public and practitioners and in doing so, contribute to the development of core outcome sets for reviews. Three Cochrane Review Groups were selected to take part: Airways, Pregnancy & Childbirth and ENT. Each review group used one of the following methods to identify outcomes:

- Face-to-face workshop with patients, carers and health practitioners
- Online survey
- Review of experiential transcripts from Healthtalk online.

All three methods resulted in a set of outcomes with relevance for outcomes used in systematic reviews. Two of the groups were able to produce prioritized outcomes sets (asthma and rhinosinusitis) and the results of all three groups will contribute to broader work developing core outcome sets. Importantly, the project provided valuable learning about the advantages and limitations of each of the methodologies and helped to establish new and exciting relationships between the groups and stakeholders, which all groups identified as beneficial. The full report is available on request.

Professional systematic reviewer support

Cochrane UK has an established partnership with Ateimed Ltd, a small professional systematic review consultancy business. This allows us to connect Cochrane Review Groups with professional systematic review services, where required, to support quality and speed of production of individual reviews. We have established further relationships with professional systematic review services this year and continue to connect individual reviewers with the groups upon request.

Cochrane Goal 2: Making our evidence accessible



Cochrane Colloquium 2014

A highlight of the year was the very successful Cochrane Colloquium 2014, held in Hyderabad, with the theme 'Evidence Informed Public Health – Opportunities and Challenges'. We were pleased to be able to present some of the work of the Centre, in oral presentations and workshops throughout the five days, highlighting our work in communication and dissemination, Students 4 Best Evidence and our experiences and engagement with Wikipedia.

Media engagement

This year Cochrane has worked hard to increase engagement with the media. For the first time, the Collaboration has arranged global press conferences to publicise important reviews, with the aim of promoting balance and avoiding sensational reporting; this was successful.



We were particularly delighted with the press coverage of a review completed as part of a Cochrane UK Oxford Deanery Training Fellowship, entitled 'Hormone therapy for preventing cardiovascular disease in post-menopausal women'. The press conference was arranged by the Cochrane Communications team, in partnership with the Science Media Centre, inviting a wide range of journalists, to highlight the review findings and to provide an opportunity for journalists to have their questions answered by the lead author, Dr Harry Boardman. As a result, the review featured in broadcast media on radio and television and in print articles in major newspapers and online news sources.

This winter also saw an appearance on The One Show by our Director, Professor Martin Burton, on a featured slot about the use of vitamin C for the treatment of the common cold. The One Show has an average daily audience of 5 million viewers, offering the ideal opportunity to highlight Cochrane evidence to a wide and potentially new audience.

We have been working with a Communications and Media Consultant, Katie Abbotts, to support our communication efforts in the UK. Katie has been instrumental in distributing press briefings to UK media, supporting our work with journalists and co-ordinating media enquiries and responses. Katie joined our Knowledge Broker, Sarah Chapman, in a presentation to UK-based Managing Editors at the Cochrane UK and Ireland Annual Symposium. This was a successful session to explain how we can help and support them in communicating their reviews to a wider audience and how we can work together to achieve this goal.

Cochrane UK Wikipedia Project

Since the Students 4 Best Evidence Wiki Week campaign (See page 20), Cochrane UK has been keen to promote the use of best evidence in Wikipedia articles. Working with Cochrane's Wikipedian-in-Residence Sydney Poore, we launched the Cochrane UK Wikipedia Project. The

aim of the project is to provide a list of the latest Cochrane Reviews of interest to a UK and Ireland audience to the Wikipedia community. We list the reviews on a Wikipedia project page, within Wikipedia, and highlight the findings of the review, indicate whether it is a new review and, for updates, signify if the results have changed or are unchanged. The Wikipedia project page is used by Wikipedians, to update existing Wikipedia articles with new evidence, update citations and to start new articles where appropriate.

Evidently Cochrane

Between 1 April 2014 and 31 March 2015 we published 83 blogs. 147 reviews were featured from 37 Cochrane Review Groups (22 UK based). 15 blogs were on social media topics.

New evidentlycochrane.org website

We worked with Minervation Ltd. to redevelop the site, with feedback from user testing, which helped us to improve the user experience and to clarify for whom the blogs are intended, as this needed to be made clearer. The new site was launched on 1 April 2014.

Evidently Cochrane

Sharing health evidence you can trust

Campaigns

As well as our weekly blogs, we ran several campaign weeks, with multiple blogs on one topic. Our first campaign was Men's Health Week in June 2014, followed by Back to School, Palliative Care Week, Evidently Advent and Menopause Week. These all tied in with wider events, maximizing their impact.

Bringing patient experience to the blogs

Over this year we have explored new ways of sharing evidence in the context of the experience of patients and professionals and this has significantly contributed to the popularity of the blogs.

For example, a blog on communicating with children and young people in hospital, which included Cochrane evidence but also stories from two mothers of young people with cancer, had responses like these:

“So glad you [@SWcareer, social worker] shared ‘communication w/ young people in hospital [blog link] by @SarahChapman30. I got up & cheered.”

Sean Erreger, blogger on social work, mental health & youth mental health @StuckonSW, 24 February 2015

A blog published during Motor Neurone Disease (MND) Month (June 2014) came to the attention of some of the editorial staff of the *BMJ* and helped establish a connection with the new Patient Editor, Rosamond Snow. It was widely shared on social media. The blog shared the story of a man who lived with MND, told by his family, and looked at the evidence for available treatments in the context of his experiences. It was also an opportunity to highlight the NIHR's 'OK To Ask' campaign, as he had participated in a trial.

We have increased the number of guest blogs (26 this year), including one by a nine year old living with cystic fibrosis, which was highly praised and widely shared. @TheEvidenceDoc shared it at #TEDMED2014, which greatly boosted the number of views, commenting:

“Great example of empowered patient and she’s only 9. Way to go Tess!” Adding, in response to my reply, “An amazing young woman who demonstrates remarkable health literacy and empowerment. Thanks for sharing her story.”

Digital Impact

Every quarter we record our digital impact across all our platforms. For us digital impact means the following:

- **Growth:** We measure the basic numbers across all our digital platforms, to find out whether our followers and users have increased. This is our first key measurement when it comes to our digital impact metrics; we initially want to know if more and more people are accessing our content
- **Conversations:** We record online conversations with people through our digital platforms. We do this simply by taking a screen shot of each conversation. This is key information that tells us how well we are engaging with our stakeholders and where we could improve. We use these conversations to add depth of understanding to the data we record around Growth. This provides a rich source of information on how people are accessing and using our content and adds to our ongoing digital story
- **Campaign engagement:** Campaign engagement looks at specific campaigns we have run and data surrounding them to answer the questions:
 - Have the campaigns engaged with our key stakeholders?
 - Have our audiences clicked through to our content?
 - Have the campaigns led to new relationships that will be beneficial in the future?

To measure campaign engagement we have a formula relating to the data on the campaign content: *Conversations + analytics (page views + new visitors + time spent) + new relationships*

- **New relationships:** What new relationships with our stakeholders, have been formed in the last year? We record a basic list of the people. This is important as we could use the relationships in future projects

GROWTH

We have seen impressive growth across all our digital platforms. Here are some key results:

- Our Cochrane UK Twitter following increased from 6,197 people in quarter one to 9,042 people by the end of quarter four

- Cochrane UK Facebook likes almost doubled from 317 likes in quarter one to 612 by the end of quarter four
- The number of users going to Evidently Cochrane has increased dramatically from 9,469 people at the end of quarter 1 to 17,712 by the end of quarter four
- S4BE Twitter followers went over 1,000 during quarter four
- Numbers of users visiting the S4BE website have gone from the 35,935 during quarter two to 55,291 by the end of quarter four

CONVERSATIONS

Most of the conversations we have with stakeholders take place on Twitter, where we are best able to identify and respond to people seeking information, or to offer it in the context of topics under discussion, in addition to sharing evidence through planned tweets each day.



Our responsive service has been noticed and appreciated by both individuals and organizations and during this year we have been particularly successful in engaging with the nursing community. As well as leading, or participating in, tweet chats with the #WeCommunities, including @WeNurses, @WeMidwives and @WeSchoolNurses, we have been able to supply evidence responsively, as noted by the NIHR Clinical Research Network North West Coast who tweeted:

“Fantastic to see @ukcochrane centr tweeting evidence to the @WeNurses and #WeNurses community. Proactive evidence, given not sought.”

@NIHRCRN_nwcoast, 13 June 2014

This was echoed by a nurse with whom we quickly supplied the evidence she sought, who commented:

“This is Twitter at its best. You don’t know but you find a person who does. And I didn’t even need to try to remember my Athens username and password!”

Victoria Annis, Clinical Governance Manager @toribird79, 13 June 2014

Seeing and responding to opportunities to engage with potential users of Cochrane evidence on social media remains a really important part of what we do and as our following grows and we build up our experience and skills we are able to do this increasingly effectively.

As well as using social media to build our own networks and relationships, we can also help others to become connected, a basic principle of good social media use. This is also appreciated. As the new Patient Editor of the *BMJ*, Rosamond Snow commented, after we had facilitated a successful connection,

“Thanks for that. You are one of the most useful people to follow!”

Rosamond Snow, email, 29 September 2014

Conversations about our Evidently Cochrane blogs also mostly take place on Twitter, both about individual blogs and about the site overall. For example:

“Great work making high quality evidence accessible to both health consumers and professionals throughout the blog.”

Smart Motion Physio @smphysio, 18 August 2014

Content writer for NHS Choices and NHS News UK, Rob Finch @finchwrites first came across Evidently Cochrane in September 2014 when he tweeted

“I’ve just discovered Evidently Cochrane and I think I’m in love!”

He then became our contact for weekly dissemination of the blogs to NHS Choices.

Students 4 Best Evidence

‘A beginners guide to interpreting odds ratios, confidence intervals and p values’ tutorial was published in August 2013 by Tim Hicks (University of Aberdeen, UK), and still receives the most comments and feedback of all the blogs on Students 4 Best Evidence. Receiving 69 comments since publication, 59 of which were written between April 2014 and now. Here are some example comments:

“Thanks, 3rd year mature student nurse doing my dissertation and this has really helped explain things to me.

Just one question though, when you say that the CI is 0.9 to 1.1 how do you calculate this to a 60 and 40 percentage value? Apologies, never remember doing anything like this at school so I’m a bit dim. Thanks”

Laura Anderson, October 2014

“If the CI is 0.9 – 1.1 then it would be 10% less to 10% more, if you take a look at the question from Andrea and the reply I wrote to it, it will help with understanding why.

It’s great to see nursing students using the S4BE website, please be sure to let as many other students know about it as possible.

Best wishes, Tim”

Tim Hicks, October 2014

“This really is awesome!!! Have had two semesters of biostatistics and epidemiology and this really puts everything together. Thank you for keeping it so straightforward.”

Chris, May 2015

‘Less is More: The dangers of too much medicine’ by Danny Minkow (Brenau University, USA) published in January 2015 has been pingbacked (linked to and referenced in) three other external blogs. It also received this comment from a business student:

“I think this is a wonderful article about the over-treatment (and over-use) of medication. I don’t think enough people are talking about this issue in healthcare given how relevant and important it is to our costly healthcare system. I am a business student at the Judd Leighton Business School of Indiana University South Bend studying Healthcare Management and I’m happy to say that this is a topic I have had my professors discuss with us during class sessions. Over-treatment is not only costly, but can have negative long-term effects for the patient, which in turn lowers their quality of care. We have also been fortunate enough to have been introduced to the idea of Evidenced Based Medicine and it’s benefits for administration. Great article!”

Kessa Kearse, February 2015

CAMPAIGN ENGAGEMENT

During 2014/15 we ran the following campaigns:

Quarter 1: Men’s Health Week

This was our first campaign, timed to tie in with Men’s Health Week in the UK and Australia and Men’s Health Month in the USA. The main objective was to bring a new audience to Cochrane. We had an introductory blog and three guest blogs. The blogs were shared on Twitter and on various international Men’s Health Facebook pages. We shared our learning from this first campaign in an article for ‘Cochrane Community’ (the internal Cochrane newsletter).

The analytics show a high percentage of new visitors on each blog but high bounce rates, which means that visitors were not going on to explore other pages on the site.

We gained around 150 new Twitter followers that week, compared to around 100 in a normal week.

The blogs were shared and discussed on Twitter and we were able to direct people talking about men’s health topics that week to the blogs.

In including a guest blog from two doctors from the US, tackling overdiagnosis and testing for, and treating, low testosterone, we hoped to appeal to a wider audience and to highlight this interesting and important issue, but this blog was the least popular. It did not resonate with the themes of Men’s Health Week in the UK and Men’s Health Forum were keen to stress the differences between approaches to men’s health (particularly screening) in the UK and US.

Quarter 2: Palliative Care Week

This tied in with Help the Hospice's Hospice Care Week. It was a good opportunity to strengthen our links with Marie Curie Cancer Care and they were pleased to be asked to write a guest blog for Evidently Cochrane. We also engaged with palliative care practitioners on Twitter.

The analytics show really good engagement on the blogs. Two minutes is regarded as a measure of good engagement and readers were spending between 2.3 and 4.3 minutes on each blog.

Quarter 2: Students 4 Best Evidence Wiki Week

During September 2014, Students 4 Best Evidence (S4BE) organized a Wikipedia campaign to get more students involved in editing Wikipedia using the latest health evidence. It was organized with the help of Cochrane's Wikipedian-in-Residence, Sydney Poore, as well as Cochrane UK's summer 2014 Student on Placement, Ammar Sabouni.



The campaign consisted of a variety of blogs on S4BE around how to edit Wikipedia and why Wikipedia should be kept up to date with the latest evidence. The campaign was also run through a Wikipedia project page where all the resources and information was listed.

During the campaign week, S4BE held a live Wikipedia Editathon, for people to come along to the Cochrane UK office and learn more about editing Wikipedia. Three Wikipedia editors and trainers came to the editathon, including Sydney Poore and John Byrne, who was the Cancer Research UK Wikipedian-in-Residence; Cancer Research UK's News and Multimedia Manager Henry Scowcroft; two students attended in person and four students joined via Google Hangout. The hangout was archived online via the S4BE YouTube channel.

The campaign was not successful in getting more students involved in editing Wikipedia. But it did highlight the issue that Cochrane UK should do more to improve the evidence base of articles in Wikipedia. The Campaign prompted a new Cochrane UK Wikipedia Project.

Quarter 3 Evidently Advent

During advent, blog posts were published daily on the Evidently Cochrane blog, using Christmas themes to draw attention to certain notable Cochrane Reviews from the past year. Reviews were also selected so as to be representative of as many UK- and Ireland-based Cochrane Review Groups as possible. The aim, by producing attractive, bite size, shareable content, was to direct traffic towards Evidently Cochrane and to raise awareness of Cochrane Reviews in general.

A variety of media were used, such as stop motion Lego animation, short video clips, illustrations, and an interactive quiz.

Whilst most of the posts had to be prepared well ahead of publication, it was possible to capitalize on topics currently in the news, which we did with these:

- The brand new e-cigarettes review received a dedicated advent blog post on the day of its publication, capitalizing on global publicity elsewhere.
- Twitter was used to direct members of the public interested in a trending news story about breastfeeding to an advent blog post referring readers to a number of Cochrane Reviews on the subject.

Quarter 4: Menopause Week

'Menopause Week' consisted of a series of seven blog posts published on the Evidently Cochrane blog over the course of a week between the 6th and the 13th of March 2015. Six of these were blog posts written by guest authors, with whom we worked closely to ensure high quality content and to maximize the impact of the blogs. The campaign enabled us to make, or build on, links with influential individuals and other organizations. The guest bloggers were Professor June Girvin (Faculty of Health and Life Sciences at Oxford Brookes University), Anne Cooper (a senior nurse working in informatics), Elaine Miller (physiotherapist and comedian), Jenny Hislop (Health Experiences Research Group and Healthtalk.org), Dr Martin Hirsch (Queen Mary University) and Dr Harry Boardman (University of Oxford). The central team for the week also included the founders of Menopause UK, Dr Hannah Short and Natasha North.

The aim of the campaign was to produce some good quality writing about menopause to coincide with Menopause UK campaign for NHS Change Day on March 11th, using the hashtag #changethechange. Their campaign aims are to get people talking about the menopause, get reliable information about it and get menopause on the agenda. We felt that tackling a taboo health topic affecting a huge population and promoting reliable information about it was a good fit with Cochrane UK's aims.

To read our full **Digital Impact Report 2014/15**, go to: uk.cochrane.org/reports

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 Cochrane UK guidelines data set of Cochrane Reviews that have informed UK-published healthcare guidance.



In the reporting period (April 2014 to March 2015), NICE has published nine new guidelines and 15 updates: 19 (79%) of these have been informed by 125 Cochrane Reviews (71 With UK- or Ireland-based authors) from 22 Cochrane review groups (10 UK based).

NICE has also published four new Public Health Guidance documents and two updates: three (50%) of these informed by 12 Cochrane reviews (nine With UK- or Ireland-based authors) from five Cochrane Review Groups (two UK based).

NICE has also published two Safe Staffing guidelines one (50%) of these informed by four Cochrane Reviews (all with UK- or Ireland-based authors) from two Cochrane Review Groups (one UK based)

SIGN has published five new guidelines and one update: four (67%) of these informed by 85 Cochrane Reviews (44 with UK- or Ireland-based authors) from 16 Cochrane Review Groups (eight UK based).

Overall, 225 Cochrane Reviews (127 with UK- or Ireland-based authors) from 33 Cochrane Review Groups (16 UK based) have been used to inform 27 of 38 (71%) UK published guidelines (NICE Clinical Guidelines, NICE Public Health Guidance, NICE Safe Staffing Guidelines and SIGN guidelines) (*see Figure 1*).

- maximum number of reviews used from any one Cochrane review group is 54 (Airways)
- maximum number of reviews used to inform any one guideline is 63 (British guideline on the management of asthma – SIGN publication no. 141)

Beyond guidelines, we are also interested in knowing whether Cochrane Reviews are being used in guidance for best practice in primary care and in shared decision-making initiatives designed to assist patients and healthcare professionals to determine the best possible options for patient-centred health care.

Are Cochrane Reviews being used to inform best practice guidance in primary care?

(NICE Clinical Knowledge Summaries)

We recently completed a systematic search covering the last three years (2012 to November 2014 inclusive) of guidance for best practice in primary care published by NICE in Clinical Knowledge Summaries.

As at 28 November 2014, 381 Cochrane Reviews from 40 Cochrane Review Groups (23 of 24 UK-based) have been used to inform 144 of 214 (67%) Clinical Knowledge Summaries, published in the last three years (*see Figure 2*).

- maximum number of reviews used from any one Cochrane review group is 42 (Menstrual Disorders & Subfertility)
- maximum number of reviews used to inform any one Clinical Knowledge Summary is 16 (Back pain – low: without radiculopathy)
- 17 reviews have been used in more than one Clinical Knowledge Summary:
 - 12 in 2
 - 3 in 3
 - 1 in 6
 - 1 in 7

The top **four** Clinical Knowledge Summaries using the highest number of Cochrane Reviews are:

The National Institute for Health Research is the largest single funder of Cochrane UK, which is part of Cochrane, an independent not-

Clinical Knowledge Summaries - **Back pain - low (without radiculopathy)** (using **16** Cochrane Reviews: 16 – Back Group)

Clinical Knowledge Summaries – **Sinusitis** (using **14** Cochrane Reviews: 9 - Acute Respiratory Infections Group; 5 - Ear, Nose & Throat Disorders Group)

Clinical Knowledge Summaries – **Endometriosis** (using **11** Cochrane Reviews: 11 – Menstrual Disorders & Subfertility Group)

Clinical Knowledge Summaries - **Urinary tract infection (lower) – women** (using **10** Cochrane Reviews: 7 - Renal Group; 3 - Pregnancy & Childbirth Group)

Are Cochrane Reviews being used to inform patient decision aids in shared decision-making initiatives?

(NHS Shared Decision Making; Dartmouth Center for Health Care Delivery Science Option Grid Collaborative - some with NICE accreditation)

We have recently completed a systematic search of patient decision aids published in the last three years (2012 to November 2015) in two initiatives by NHS England and by the Dartmouth Center for Health Care Delivery Science, Option Grid Collaborative (three are NICE accredited). These online initiatives provide tools designed to facilitate shared decision making between patients and healthcare professionals to enable them to discuss the benefits and risks of harm of a range of healthcare options in order to select the best possible patient-centred option:



- (i) NHS Shared Decision Making – patient decision aids (UK)
(<http://sdm.rightcare.nhs.uk/pda/>)

As at 28 November 2014, 77 reviews from 20 Cochrane Review Groups (8 UK-based) have been used to inform 28 of 36 (78%) NHS Shared Decision Making Sheets and Patient Decision Aids (see Figure 3).

- maximum number of reviews used from any one Cochrane review group is 13 (Musculoskeletal Group and Tobacco Addiction Group)
- maximum number of reviews used to inform any one patient decision aid is 13 (NHS Shared Decision Making – Patient Decision Aid: Smoking Cessation)

The top **five** patient decision aids informed by the highest number of Cochrane reviews are:

- NHS Shared Decision Making – patient decision aid: **Smoking Cessation** (used **13** Cochrane reviews - Tobacco Addiction Group)

- NHS Shared Decision Making – patient decision aid: **Osteoarthritis of the Knee** (used **8** Cochrane reviews – Musculoskeletal Group)
 - NHS Shared Decision Making – patient decision aid: **Carpal Tunnel Syndrome** (used **7** Cochrane reviews – Neuromuscular Group)
 - NHS Shared Decision Making – patient decision aid: **Chronic Obstructive Pulmonary Disease** (used **6** Cochrane reviews – Airways Group)
 - NHS Shared Decision Making – patient decision aid: **Gallstones** (used **5** Cochrane reviews – Hepato-Biliary Group)
- (ii) Dartmouth Center for Health Care Delivery Science (US): Collaborative Option Grids – (<http://www.optiongrid.org>)

As at 28 November 2014, 16 reviews from 10 Cochrane Review Groups (four UK based) have been used to inform 11 of 34 (32%) Collaborative Option Grids (*see Figure 3*).

- maximum number of reviews used from any one Cochrane review group is **five** (Musculoskeletal Group)
- maximum number of reviews used to inform any one option grid is **three** (Option grids: Statins; Osteoarthritis of the Knee)

The top **two** option grids informed by the highest number of Cochrane reviews are:

- Collaborative Option Grid: **Osteoarthritis of the Knee** (used **three** Cochrane reviews – Musculoskeletal Group)
- Collaborative Option Grid: **Statins** (used **three** Cochrane reviews – Depression, Anxiety & Neurosis Group; Heart Group; Metabolic & Endocrine Disorders Group)

Figure 1

Number of Cochrane reviews used to inform UK healthcare guidance (NICE & SIGN guidelines; NICE Public Health Guidance) published between April 2014 and March 2015

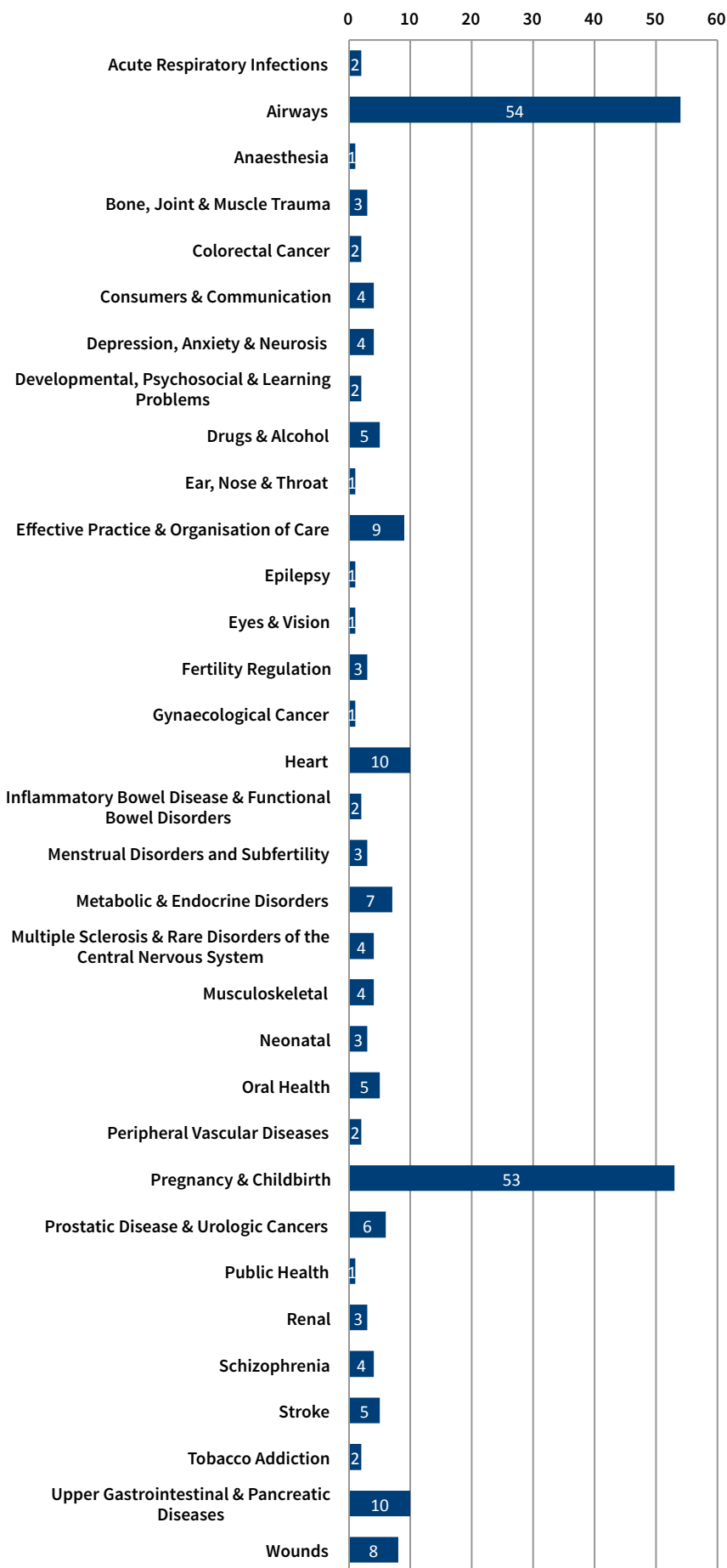


Figure 2

Number of Cochrane reviews used to inform primary care guidance in NICE Clinical Knowledge Summaries published from 2012 to 2014

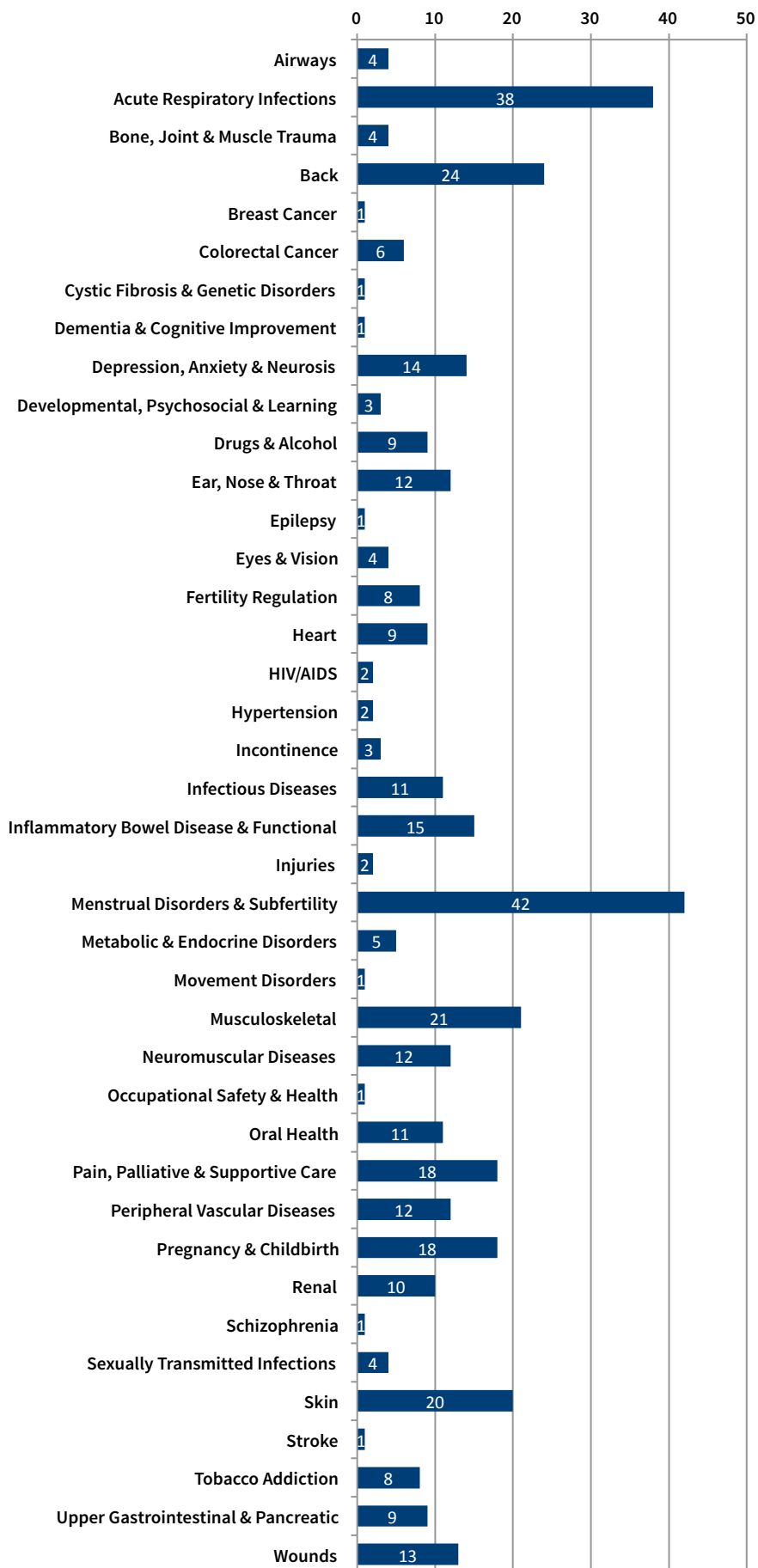
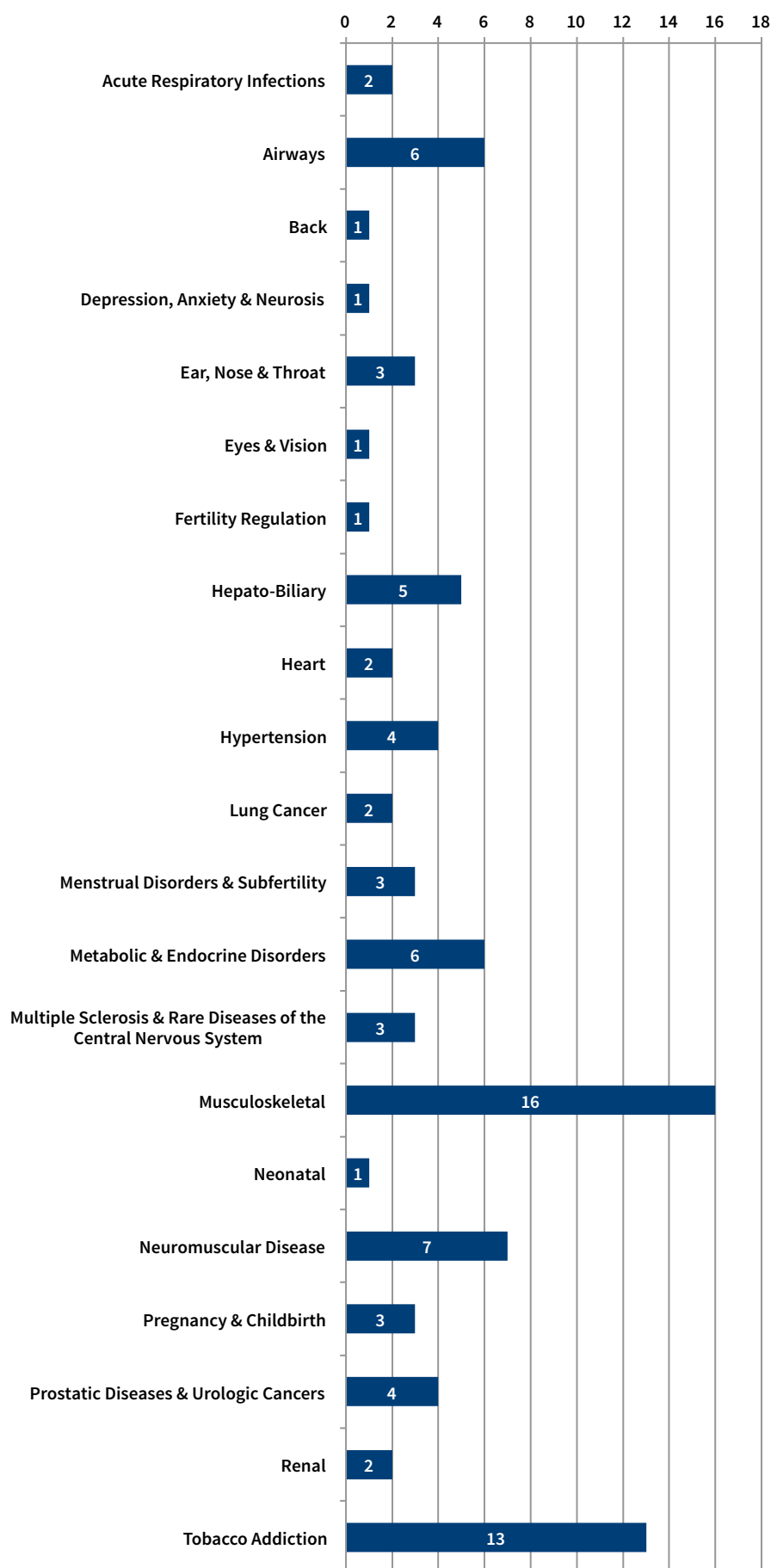


Figure 3

Number of Cochrane reviews used to inform shared decision-making tools (NHS England Patient Decision Aids and Dartmouth Collaborative Option Grids) published 2012 to 2014



Beyond auditing the use of Cochrane Reviews in guidelines and other evidence-based guidance and initiatives, we are also interested in tracking policy documents where Cochrane Reviews are contributing data for preventing harm or for promoting health and wellbeing.

Are Cochrane Reviews contributing evidence to prevent harm?

One review from the Cochrane Injuries Group contributed evidence of harm leading to the suspension of a drug license as directed by the UK Medicines and Healthcare Products Regulatory Agency (MHRA), reported in the Agency's *Drug Safety Update* of June 2013 (Available from:

<http://webarchive.nationalarchives.gov.uk/20150122075153/http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con287041.pdf>)

Perel P, Roberts J, Ker K. Colloids versus crystalloids for fluid resuscitation in critically ill patients. Cochrane Database of Systematic Reviews 2013, Issue 2. Art. No.: CD000567. DOI: 10.1002/14651858.CD000567.pub6

Hydroxyethyl starch intravenous infusion: suspension of licences

“Results from large randomised clinical trials have reported an increased risk of renal dysfunction and mortality in critically ill or septic patients who received hydroxyethyl starch (HES) compared with crystalloids. The risks of HES products for plasma volume expansion outweigh the benefits in all patient groups and clinical settings. The licences for all HES products have been suspended.”

“The most accurate estimate of the magnitude of these risks is from meta-analyses of published data. A Cochrane review that included 25 studies with mortality data reported an increased relative mortality risk of 1.10 (95%CI 1.02–1.19) for HES compared with crystalloid.”

Action taken:

“Although a formal EU regulatory position has not been finalised, on the advice of the UK Commission on Human Medicines, the licences and therefore use of HES products is being suspended in the UK.”

Advice for healthcare professionals:

“There is clear evidence of harm from increased renal dysfunction and mortality associated with the use of HES, and overall the risks outweigh the benefits.”

“There is no evidence that infusion solutions containing HES for plasma volume expansion provide additional clinically relevant benefit to patients compared with crystalloids in any indication.”

“HES should not be used for plasma volume expansion. An alternative resuscitation fluid should be selected according to clinical guidelines.”

“A recall of all remaining HES stock has been issued.”

A more recent example, in this reporting period, is a review by the Cochrane Epilepsy Group, which contributed data supporting and strengthening evidence on warnings of harm related to medicines related to valproate use in pregnancy.

Bromley R, Weston J, Adab N, Greenhalgh J, Sanniti A, McKay AJ, Tudur Smith C, Marson AG. Treatment for epilepsy in pregnancy: neurodevelopmental outcomes in the child. Cochrane Database of Systematic Reviews 2014, Issue 10. Art. No.: CD010236. DOI: 10.1002/14651858.CD010236.pub2

The risk of abnormal pregnancy outcomes with medicines related to valproate were reported in the UK Medicines and Healthcare Products Regulatory Agency’s *Drug Safety Update* of January 2015 (Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409045/January_2015_Drug_Safety_Update.pdf)

“Data from the Clinical Practice Research Datalink suggest that approximately 35,000 women aged 14 to 45 per year had a prescription for sodium valproate between 2010 and 2012, the majority for epilepsy. Of these, at least 375 per year had a prescription for sodium valproate while pregnant.”

“The Cochrane review (Bromley et al, 2014) published in October 2014 assessed 22 prospective cohort studies and 6 registry studies. The review supported findings from the European review that children exposed to valproate in utero were at an increased risk of poorer neurodevelopmental scores compared to the general study population both in infancy and when school aged.”

“A dose-related risk of developmental disorders was reported for valproate in 6 of the 28 studies included in the Cochrane review. However, based on the available data, it is not possible to establish a threshold dose below which no risk of developmental disorders exists”.

Action taken:

The product information will now be updated to reflect current understanding of the available evidence and to make information as clear as possible.

Valproate is now a black triangle medicine and is subject to additional monitoring. Any suspected side effects should be reported via the Yellow Card scheme.

Pharmaceutical companies holding licences for valproate containing medicines must monitor the usage of these medicines to assess the effectiveness of these new measures on reducing the number of pregnant women taking valproate.

Valproate usage will continue to be monitored using the Clinical Practice Research Datalink.

The MHRA will also work with stakeholders such as clinical guideline bodies to develop tools to aid decision-making for healthcare professionals and patients.

Information booklets for healthcare professionals and patients have been developed (January 2015)

Educational materials are available to healthcare professionals and patients in order to inform about the risks associated with valproate in female children, female adolescents, women of childbearing potential and pregnant women (January 2015)

Advice for healthcare professionals:

The corresponding directive from the MHRA sent to all NHS healthcare professionals on 21 January 2015 mentions the Cochrane evidence. (Available from:

https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=102094).

Are Cochrane Reviews being used to promote health and wellbeing?

Cochrane has provided evidence (in 45 reviews) of ‘what works’ in child health care to inform a major UK policy programme for implementation from October 2015

(<https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence>).

The ‘Healthy Child Programme’ (HCP) is the main universal health service for improving the health and wellbeing of children, through:

- health and development reviews
- health promotion
- parenting support
- screening and immunisation programmes



From 1 October 2015, local authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to five years old. Public Health England commissioned a rapid review of new evidence to support this transition and to ensure that the Healthy Child Programme is underpinned by up-to-date evidence of ‘what works’, as the programme was last updated in 2009.

This rapid review, published in March 2015, was informed by 45 Cochrane Reviews from seven Cochrane review groups (5 UK based)

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf).

- Pregnancy & Childbirth (23)
- Developmental, Psychosocial & Learning Problems (11)
- Injuries (4)
- Tobacco Addiction (3)
- Heart (2)
- Public Health (1)
- Neonatal (1)

Are Cochrane Reviews contributing evidence to...? Generating ‘impact stories’

Similarly, we have now begun to generate ‘impact stories’ where Cochrane Reviews have changed clinical practice, led to new research, influenced the withdrawal of ineffective interventions or influenced the introduction of interventions designed to save lives and improve health and wellbeing. One source we are exploring is impact case studies embedded in the Research Excellence Framework 2014, conducted jointly by the Higher Education Funding Council for England (HEFCE), the Scottish Funding Council (SFC), the Higher Education Funding Council for Wales (HEFCW) and the Department for Employment and Learning, Northern Ireland. We are seeking to follow the evidence trail from the initial use of Cochrane evidence through to any subsequent changes in policy or practice and charting any resulting effects on health status of patients, the wider population or health service delivery, to understand better the impact of such evidence on the health and wellbeing of the nation.

For example, we are currently investigating the role of a Cochrane Review (5 UK authors) by the Infectious Diseases Group, first published in 2010 and updated in February 2012 and again in November 2012, which highlighted the benefits of rotavirus vaccinations in all populations, in contributing evidence leading to the introduction of the rotavirus vaccine into the UK childhood immunization programme in July 2013, by the Department of Health (England).

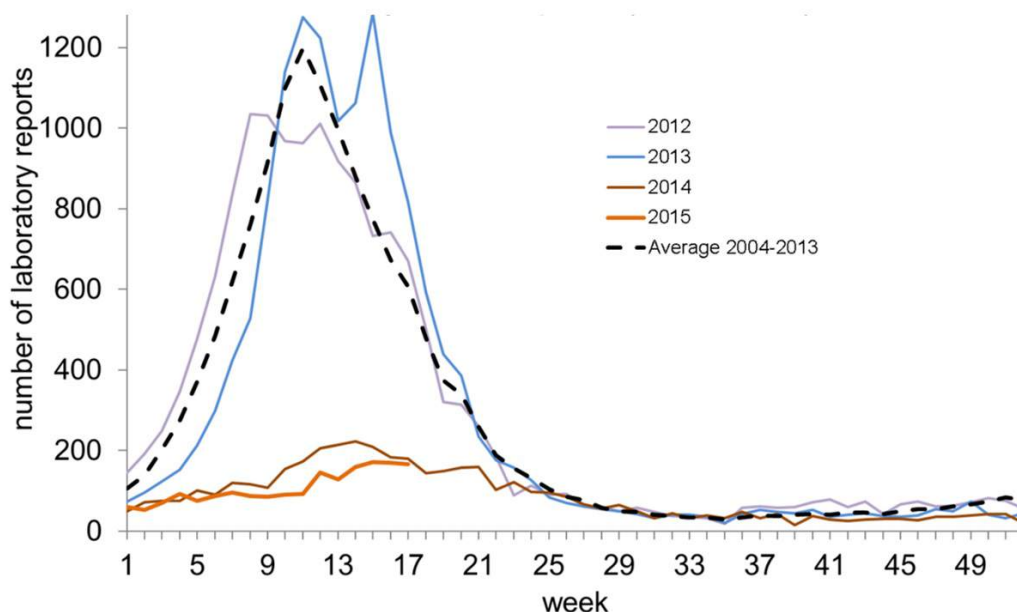
Soares-Weiser K, MacLehose H, Bergman H, Ben-Aharon I, Nagpal S, Goldberg E, Pitan F, Cunliffe N. Vaccines for preventing rotavirus diarrhoea: vaccines in use. *Cochrane Database of Systematic Reviews* 2012, Issue 11. Art. No.: CD008521. DOI: 10.1002/14651858.CD008521.pub3

Latest outcomes of the vaccination programme:

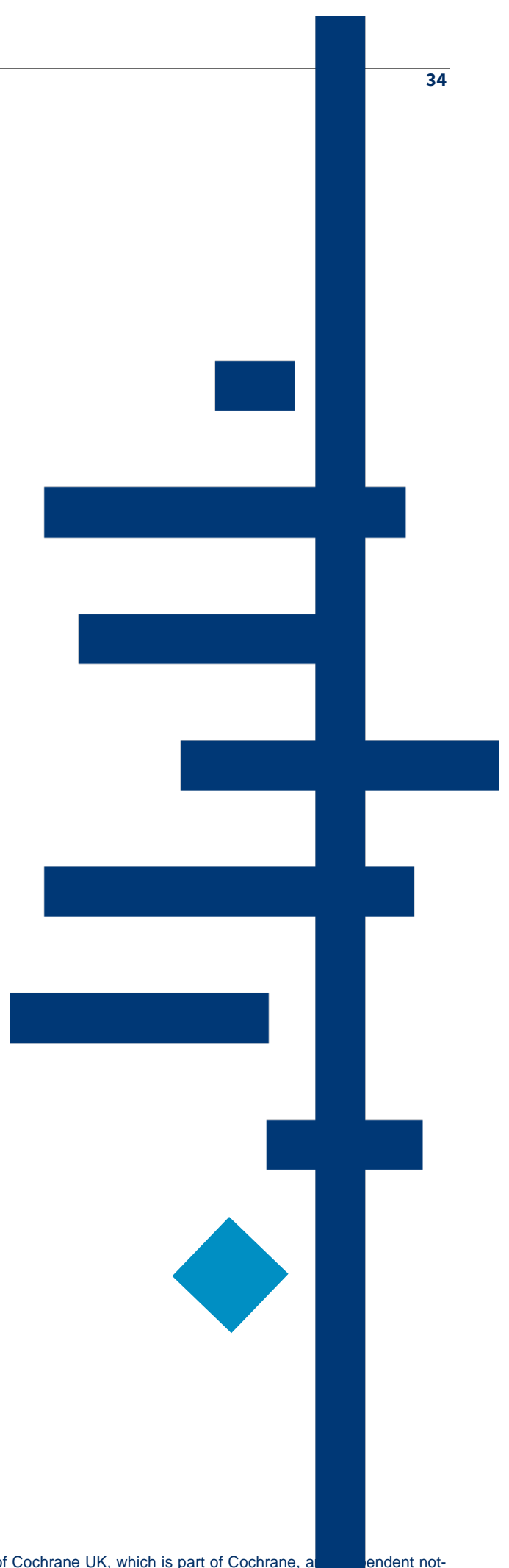
According to the latest figures compiled by Owain John at the Oxford Vaccine Group (<http://www.ovg.ox.ac.uk/rotavirus-vaccine>) in 2014 and the first four months of 2015, the number of reported cases of rotavirus fell by over 70% in the UK compared to previous years. Rotavirus infections tend to peak between January and March, but in 2014 (and up to April 2015) there was no significant peak in cases (see the brown and orange lines on the graph below):

Weekly rotavirus laboratory reports for 2012 – 2015, compared to the average for 2004-13 (England and Wales)

Source: Public Health England



Cochrane Goal 3: Advocating for evidence



Students 4 Best Evidence

Students 4 Best Evidence (S4BE, students4bestevidence.org) is an international community for students who want to learn more about evidence-based health care. Cochrane UK is the S4BE supporting partner. S4BE also has 34 other partner organizations that help promote the work of the community.



S4BE has continued to expand internationally with the help of its partner organizations. Here are the key numbers for 2014/15:

- The community is currently made up of 166 student contributors
- Of 35 partner organizations, 13 joined during 2014/15
- The S4BE community has been represented at the following events, during 2014/15:
 - Cochrane UK & Ireland Symposium 2014, Manchester, UK
 - Cochrane Colloquium 2014, Hyderabad, India
 - Student evidence-based conference, Kingston, Jamaica

Critical Appraisal Skills Programme and Cochrane Project

As part of the engagement work stream, we partnered with the Critical Appraisal Skills Programme (CASP), to deliver a series of workshops on Critical Appraisal and Cochrane. The half-day courses, were delivered to groups of health professionals and members of the public, in locations around the UK. The feedback and evaluation report from this pilot indicates that the courses were successful in increasing participant confidence in their ability to read and appraise research materials. Overall participants rated the course as good or excellent. We found that the courses were easier to market to health professionals than the public; overall the pilot has provided excellent information and learning on how to reach these groups with future offerings. The full report on this project is available on request.

Cochrane UK & Ireland Symposium 2015

We held another successful Symposium in Dublin this year, attracting 186 delegates, with over 70 of these coming from Ireland. This year's theme was 'Advocating for Evidence'. The meeting was an opportunity to launch Cochrane Ireland officially, and Dónal O'Mathuna, convenor of

Cochrane Ireland opened the event with a short talk detailing the Cochrane training and fellowship opportunities available on the Island of Ireland. He was followed by a selection of speakers from the UK and Ireland, covering topics around the theme, including communication, primary care and healthcare research. Overall the feedback from delegates was extremely positive and the meeting was a great success. Videos of the plenary sessions are available on the Cochrane UK website (uk.cochrane.org).

Medical Trainees

An important aspect of the work of Cochrane UK is delivering a high quality communication programme, to raise stakeholder awareness and knowledge of evidence-based decision making in general and Cochrane in particular. We have been working with a Public Health Consultant, Emma Plugge, to identify a specific programme focussing on medical 'trainees', that is, doctors who have qualified but are still in further training to become general practitioners or hospital consultants.



Core to this work is the newly established Cochrane UK and Ireland Trainees Group (CUKI). This is a group of medical trainees, who will be working with Cochrane UK staff to develop links with and opportunities for trainees across the UK and Ireland.

Cochrane UK is already working with trainees in a number of ways, for example, running week-long programmes for Academic Clinical Fellows (ACF) and providing a six month full-time placement for a local trainee as a 'Cochrane Fellow' supported by the Oxford Deanery. This year we have successfully provided three ACF training courses in Critical Appraisal and Leadership skills to 58 participants with excellent feedback.

We have also had a Cochrane Fellow, Roba Khundkar, a Plastic Surgery trainee, with us for six months. Roba has been leading an update of a review with the Cochrane Wounds Group and was instrumental in establishing the CUKI Trainees Group.

Cochrane Goal 4: Building an effective and sustainable organization



Funding and Finance

This was the final year of the five-year funding period from 2010 to 2015 and we were pleased to end this time with a break-even financial position. We were delighted to be awarded the contract last year to provide Cochrane UK services and we are now entering the new funding period.

Staffing

We are delighted to welcome Janet Robertson to the Cochrane UK team. Janet brings a wealth of experience from her research and clinical nursing background and is doing an excellent job of supporting the Information Service within the centre. We have a small, but stable team at the centre with a high level of complementary skills. This year Holly Millward worked part-time on secondment to Cochrane, supporting the rebranding project. During Holly's secondment we recruited Robbie Dawson on a short contract and he successfully supported Students 4 Best Evidence, Wikipedia Project and website development.